CENTRAL TEXAS MEDICAL CENTER

2013 COMMUNITY HEALTH NEEDS ASSESSMENT

Executive Summary: Central Texas Medical Center (CTMC) is a valued healthcare provider serving a varied population in a rapidly growing geographical area. Located in San Marcos, Texas, CTMC is one of two hospitals in Hays County. Adjacent to the east, Caldwell County, along with Hays County, is within the CTMC secondary service area. Caldwell County is served by one critical access hospital. While the demographics of Hays and Caldwell counties are similar, the cities located in CTMC's primary service area (San Marcos, Kyle, Lockhart and Wimberley) are quite diverse. Wide variations exist in the median household income, percentage of residents below the Federal Poverty Level, ethnicity and education.

In 2012, under the respective guidance of a Hospital (HHNAC) and a Community Health Needs Assessment (CHNAC) Committee, a community health needs assessment was conducted. Objective and subjective data was collected which defined the demographics and health profile of CTMC's primary and secondary service area populations. Further analysis and prioritization of this data revealed several focus areas to improve overall health status. The top needs identified included: improved healthcare access for uninsured, low-income adults, timely access to healthcare professionals, especially primary care physicians and mental health professionals, health promotion programs emphasizing the value of making healthier lifestyle choices, disease prevention and treatment programs focused on cardiovascular disease, diabetes, cancer and respiratory disorders, limited transportation resources, especially transportation for healthcare services, and teen pregnancy prevention and support services. After careful review and consideration, it was determined that CTMC has the resources and infrastructures to most effectively address the following (in order of priority):

- Accessing the right level of care, in the right setting, at the right time: rate of uninsured;
- Timely access (including afterhours care) to Healthcare Professionals, especially primary care; accessing care close to home when care is needed;
- Healthier management of lifestyle/making good choices in the areas of nutrition, weight management, exercise, smoking, alcohol use and sexually transmitted infections (STIs);
- Prevalence and/or enhanced outpatient management of heart disease/congestive heart failure (CHF) and related conditions/risk factors such as hypertension;
- Prevalence and/or enhanced outpatient management of diabetes; programs to address anticipated growth of diabetes and related conditions;

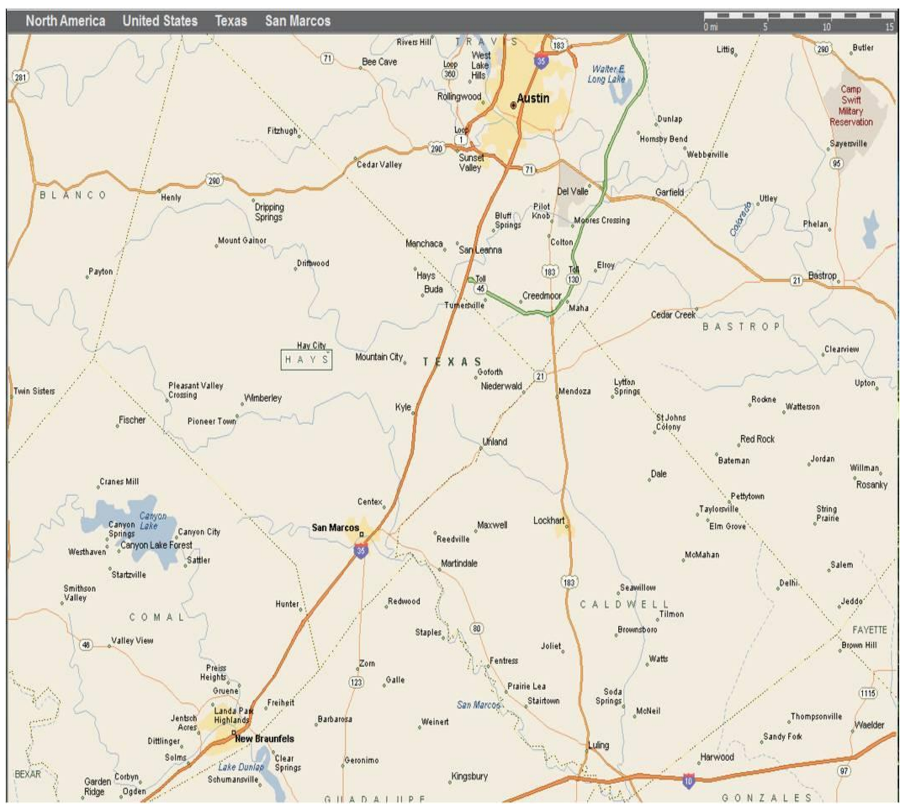
Through a Community Health Plan, CTMC will develop several desired or expected outcomes for each of the selected priorities, evaluate how current services could be expanded or improved to meet targeted outcomes and/or envision potential new projects that will address the identified needs. Projects will be vetted and finalized; quantifiable goals will be established along with tracking mechanisms to record progress and achievement of defined outcomes.

Central Texas Medical Center: Hospital description

Central Texas Medical Center (CTMC), a member of the Adventist Health System, is a 178-bed hospital providing a wide range of complex healthcare services. The CTMC staff of over 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.

Community Health Needs Assessment: Choosing the Community

For this needs assessment project, CTMC identified the boundaries of our community based on the most prevalent zip codes of patients served in 2011. The <u>primary service area</u> is identified as the cities of: Lockhart, San Marcos, Kyle and Wimberley. The <u>secondary service area</u> is Hays County (location of the cities of San Marcos, Kyle and Wimberley) and Caldwell County (location of the city of Lockhart).



Defined Community – Geography

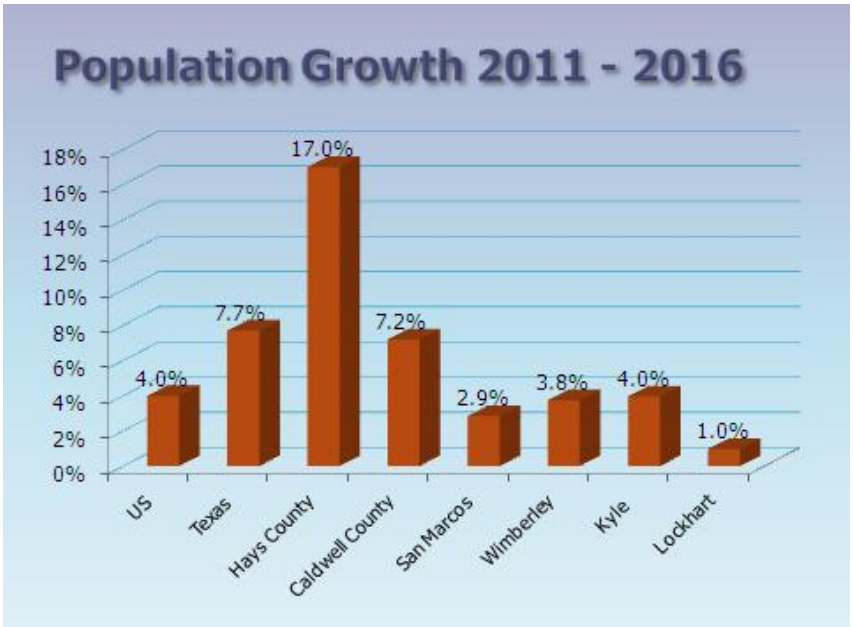
Adjacent to one another, Hays and Caldwell Counties have a very good mix of both urban and rural areas. Central Texas Medical Center is located in the **City of San Marcos**. As noted above, our primary service area consists of San Marcos, the **City of Kyle**, which is located about 12 miles to the north of San Marcos, the **Wimberley** community which is approximately 20 miles to the northwest and the **City of Lockhart** which is about 15 miles to the east and located in Caldwell County. From a larger perspective, San Marcos is about 30 miles south of Austin and 50 miles north of San Antonio, Texas.

According to the 2010 US Census Data, the population of San Marcos is just under 45,000. However, based on recent updated population estimates by the US Census Bureau, San Marcos was designated as the fastest growing large city in the United States. The city added 2,339 new residents between July 2011 and July 2012, an increase of 4.91%, pushing its official population above 50,000 for the first time. The City of Kyle has a population of 28,016, Lockhart is 12,698 and Wimberley is the smallest of the communities with a population just under 2,700.

Primary and Secondary Service Areas

Population Growth

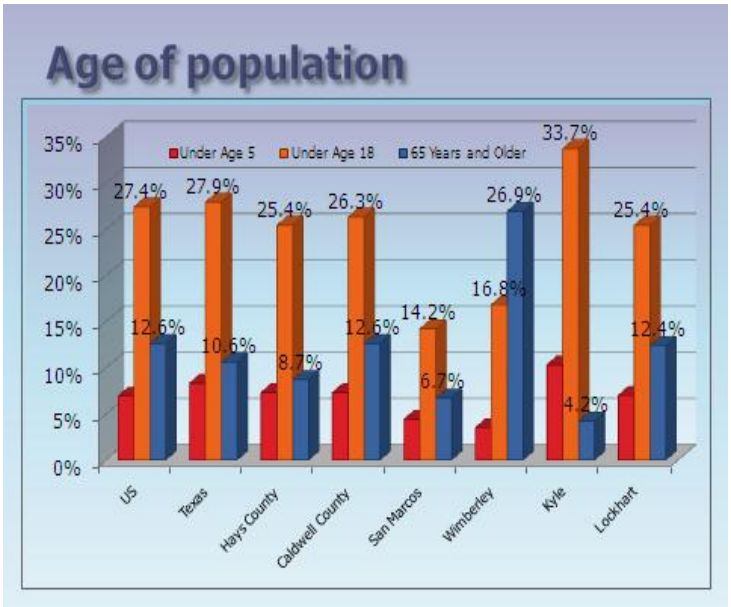
Hays County is much larger than Caldwell County. Based on 2010 US Census data, the population of Hays County is 177,202 with Caldwell County just under 40,000. According to a community needs assessment conducted by Central Health in 2012 as part of the Texas Regional Health Partnership Transformation Waiver, Hays County is one of the fastest growing counties in Texas growing over 60% between 2000 – 2010.



The 2011 Population from the Market Planner Plus estimates that both Hays and Caldwell Counties will experience healthy growth from 2011 – 2016. Hays County will grow an additional 17% and Caldwell County is expected to grow 7.2%. The communities of San Marcos, Wimberley, Kyle and Lockhart also expect single digit growth during this timeframe.

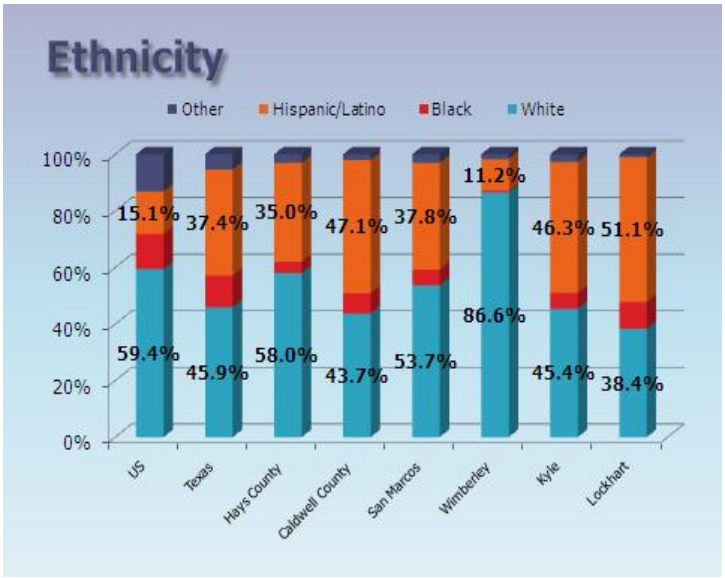
Secondary Service Area Demographics (Attachment 1)

Hays County: Hays County residents have a median age of 39 years; 58% of the population is white, 35% Hispanic and 4% African-American. Almost 28% of the residents do not have health insurance; the median household income is $71,000 with just over 17% below the Federal Poverty Level (FPL). Approximately 32% of the population has a Bachelor's degree or higher; the unemployment rate is 7.5%.

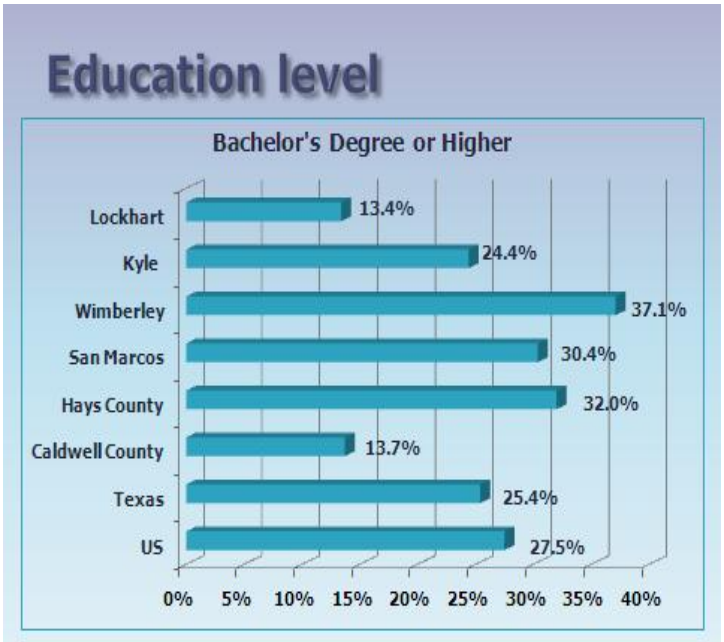


Caldwell County: Caldwell County residents have a median age of 36 years; 44% of the population is white, 47% Hispanic and 7% African-American. The 2012 needs assessment conducted for the Texas Transformational Waiver Program, Regional Health Plan 7 (Central Health) reports that Caldwell County has one of the highest uninsured rates in Central Texas at 31%. The median household income is $44,000 with just over 19% below the Federal Poverty Level (FPL). Approximately 14% of the population has a Bachelor's degree or higher; the unemployment rate is 9.6%. The per capita income is $17,897.

Primary Service Area Demographics (Attachment 1)



The primary service area is quite diverse. The City of **San Marcos** has a median age of 24 years. Slightly under 54% of the population is white, 38% is Hispanic and 5.5% is African-American. The median income is $27,597 with just under 36% of residents below the FPL. Thirty percent (30%) of all residents have a Bachelor's degree or higher. San Marcos is the home to the Texas State University – San Marcos. Student enrollment is over 34,000; the University offers 96 bachelor's, 87 master's and 12 doctoral degree programs and adds to the richness and diversity of the community.



In contrast, the small retirement community of **Wimberley** has a population of 2,626 with a median age of 53 years. Just under 87% of the population is white, 11% is Hispanic and less than 1% is African-American. The median income is $62,222; 37.1% of all residents have a Bachelor's degree or higher.

The vastly growing **City of Kyle** has a population of 28,000 with a median age of 30 years. Just under 46% of the population is white, 46% is Hispanic and 5.6% is African-American. The median income is $73,790 with just under 10% of residents below the FPL. Just under 25% of all residents have a Bachelor's degree or higher. The unemployment rate is 6.2%. The per capita income is $23,285.

The **City of Lockhart** has a population of 12,698 with a median age of 36 years. Just under 39% of the population is white, 51% is Hispanic and 9.4% is African-American. The median income is $42,591 with just under 20% of residents below the FPL. Almost 14% of residents have a Bachelor's degree or higher.

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Committee Structure

Two committees provided administrative oversight and guidance for this needs assessment project.

- *The Hospital Health Needs Assessment Committee (HHNAC - Attachment 2)* The Hospital Health Needs Assessment Committee is comprised of members of the CTMC leadership team with expertise in clinical services, patient care, strategic planning, Federal/State assistance programs, community outreach, and healthcare related programs and services. The HHNAC meets at least monthly.
- *Community Health Needs Assessment Committee (CHNAC – Attachment 3):* The CTMC Community Health Needs Assessment Committee is comprised of individuals who represent multiple communities and embody diverse community programs, services and organizations. Each member not only brings a rich understanding of the primary and secondary service areas but are also "subject matter experts" in a variety of areas including public health, mental health, government, education, non-profit, agencies/advocacy groups, faith-based organizations, and the medical community. As a result, most of those on the CHNAC roster served dual roles as both stakeholders and committee members. The CHNAC meets quarterly.

Data Collection - Data collection activities for this Community Health Needs Assessment were conducted through two processes.

1) The first process was identifying and gathering objective, quantifiable data that defined the demographic profile of the primary and secondary service areas (pages 2 – 5 of this needs assessment and Attachment 1). Data sources used for this included: 2010 US Census Data, 2011 Population From the Market Planner Plus, 2012 Social Security Administration and 2012 LCRA Community and Economic Development documentation.

   This first process also described population health indictors and outcomes, physical environment, access to healthcare services and providers and social support services for the secondary service areas. An outline of this data is found on Attachment 4. Data sources used included: County Health Rankings, Texas Department of State Health Services and the Texas Health Institute. Augmenting this, aggregated Central Texas Medical Center data was reviewed.

2) Internal data was analyzed focusing on top diagnoses by admission type, re-admission rates for chronic diseases, and emergency department utilization by patient zip code.

3) The third process used was identifying and gathering subjective, qualitative data that highlighted perceived community needs and the current programs/services offered to address these needs for both the primary and secondary service areas. This data was collected via a "stakeholder input process"; individual and group interviews with targeted community leaders.

Stakeholder Input Process:
In order to accurately assess health needs within both the primary and secondary service areas, the groups listed below were identified as "stakeholders" and representatives from each were interviewed as part of this assessment project. They were identified as stakeholders because they provide resources and/or programs that promote or enhance the health needs of residents in the primary and secondary service areas.

The goal of this process was to distinguish prevalent health issues impacting residents in the primary and secondary service areas, identify community programs and/or services currently being offered to address the health needs of the population, and recognize gaps that prohibited or limited access to services or disrupt the continuity of care. Many of these organizations offer services that specifically target low-income populations, minority populations, the medically underserved or those with chronic disease needs.

- *Area Agency on Aging of the Capital Area* – provides quality services to support and advocate for the health, safety and well-being of older adults of all income levels in a 10-county region including Hays and Caldwell Counties.

- *Hays County Health Department* – mission is to protect, promote, maintain, and improve the health and quality of life for Hays County citizens and visitors through a responsive, well managed, and organized effort. Services include immunizations, communicable disease treatment/management/reporting and emergency preparedness.

- *Women, Infants and Children (WIC) Program* – is a health and nutrition program with a successful record for improving the diet of infants, children, and pregnant, postpartum and breastfeeding women who are at risk for nutrition-related illness. The main focus of the WIC program is to educate low-income, often medically underserved parents/caregivers on the proper nutrition for babies and young children. In additional to nutrition education, WIC clients also receive breastfeeding support and education, supplemental WIC foods and referrals to other health services.

- *Faith Community Nurses of Hays County (FCNOHC)* - seeks to meet the needs of the church and community by assessing a person's spiritual and physical health, promotion of health and wellness programs, and the intentional integration of faith and the practice of nursing. The mission of this program is to help people achieve wholeness in, with, and through the community of faith in which we work and live. FCNOHC holds health screenings in the community, teaches health related classes, participates in community health panels, works one-on-one with congregants to navigate the healthcare system, works with chronically ill patients of all ages, ethnicities and income levels to ensure better outcomes and facilitates connections with those in need to the proper resources.

- *Live Oak Health Partners and Community Clinic* – a multi-specialty physician practice that offers both primary and specialty care including family and internal medicine, general surgery, orthopedics, ENT (ear, nose, throat) and plastic surgery. Clinics are located in Kyle, Lockhart, San Marcos and Wimberley. They also operate the Live Oak Health Partners Community Clinic. This clinic 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.

- *National Center for Farmworker Health (NCFH)* – is a private, not-for-profit corporation dedicated to improving the health status of farmworker families by providing information services, training and technical assistance, and a variety of products to community and migrant health centers nationwide, as well as organizations, universities, researchers and individuals involved in farmworker health. NCFH has a long history in support of improving access to health care to the farmworker population, most of whom are minority individuals who are low-income and medically underserved.

- *San Marcos Consolidated Independent School District (SMCISD)* – the school district covers 210 square miles mainly in Hays County and portions of Guadalupe and Caldwell counties. With a sharp focus on ensuring every student has an opportunity to achieve success, SMCISD serves the community with six elementary schools, two middle schools and one high school. For this needs assessment project, input was solicited from those that manage the child nutrition program and teen parenting program for students of all races, incomes and ethnic backgrounds.

- *Community Action, Inc. (CAI)*– a community-based not-for-profit organization operates 14 Head Start and Early Head Start centers in Hays and Caldwell counties. The HeadStart Program is a Federal program that provides comprehensive education, health, nutrition and parent involvement services to low-income children and their families. Community Action also offers reproductive health services to low-income women in Hays County and a Prescription Assistance Program for uninsured residents of Hays County. They are a major HIV/AIDS service provider offering education, testing, counseling, and intensive case management to HIV positive individuals. CAI is the Breast and Cervical Cancer Control Program provider in six rural capital area counties. CAI operates two health clinics in Hays and Caldwell Counties and is the primary medical home for hundreds of low income women. CAI is a major provider of adult literacy education, GED preparation, and English as a second language education.

- *Hays County Diabetes Coalition* – Agency provides education for those who are pre-diabetic and/or those who are diagnosed diabetic or know someone who is diagnosed. Services help individuals understand the disease, maintain normal blood glucose levels through diet, exercise, and medication, prevent diabetes related to childhood obesity, identify resources for diabetes supplies and work with local restaurants to provide diabetes-friendly meal options. Residents of all income levels are served by the Coalition.

- *Susan G. Komen Foundation* – the largest source of non-profit funds dedicated to the fight against breast cancer in the world, the Komen Foundation raises money to provide breast cancer screening, education and medical services as well as financial and emotional support for those affected by this disease. The Komen Foundation helps pay for mammograms and other breast cancer services for low-income women.

- *Seton Cancer Care Team* – serves patients on active treatment for cancer who live in Central Texas. Care is provided to patients at their home or in outpatient settings. The Cancer Care Team helps patients and their families assess their needs and can provide case management support for patients that need assistance. Seton works in partnership with patients and their families to identify and prioritize financial, social, emotional and spiritual needs. We help develop a plan of care designed to improve patients' lives during and after treatment.

- *San Marcos Healthy City Task Force* - comprised of people from numerous organizations as well as a few interested individuals, this task force is committed to the health and wellness of San Marcos residents. The goal of the task force is to promote physical

activity, educate and encourage nutrition, and develop a community facility plan to share the use of facilities. As noted above, the population of San Marcos is 38% Hispanic and 5.5% African-American. The median income is $27,597; 36% of residents have incomes below the Federal Poverty Level.

- *Wimberley Mayors Fitness Council* - an all volunteer organization that works to support and promote all aspects of health and wellness in the Wimberley Valley communities through a comprehensive, ongoing strategy to provide all citizens with information and access to improved, health, fitness and wellness events, programs and services.

- *Corridor Primary Care* - a family focused pediatric care practice treating patients from infancy all the way through adolescent, with internal medicine providers continuing that care through adulthood into elderly care. Clinics are located in San Marcos, Kyle and Buda.

Asset Inventory (Attachment 5)

The Demographic Profile (Attachment 1) and Health Indicator data (Attachment 4) were merged with the subjective, qualitative data and perceived community needs gathered via the "stakeholder input process". All this was compiled into an **Asset Inventory**. The purpose of the asset inventory is to identify common themes and sort the findings into categories known as **Areas of Focus**. Within each focus area, a list of "assets" or current community programs/resources and current CTMC programs were listed in order to help us prioritize the health issues upon which we will build our implementation strategies (Community Health Plan). The goal of this process is to assess the quantity, if any, of existing community resources available to address each focus area. As a result, of the Asset Inventory process, the following 10 areas of focus were identified:

- Accessing the right level of care, in the right setting, at the right time: rate of uninsured;
- Timely access (including afterhours care) to Healthcare Professionals, especially primary care; accessing care close to home when care is needed;
- Healthier management of lifestyle/making good choices in the areas of nutrition, weight management, exercise, smoking, alcohol use and sexually transmitted infections (STIs);
- Prevalence and/or enhanced outpatient management of heart disease/congestive heart failure (CHF) and related conditions/risk factors such as hypertension;
- Prevalence and/or enhanced outpatient management of diabetes; programs to address anticipated growth of diabetes and related conditions;
- Prevalence of respiratory disorders including asthma and chronic obstructive pulmonary disease (COPD) and access to programs/services that reduce "rescue care";

- Timely access to local mental health services including treatment for substance abuse;
- Prevalence of some cancer-related conditions and timely access to screening services and treatment;
- Limited transportation resources, especially transportation for healthcare services and related services;
- Reduced teen pregnancy rates; support services including healthcare for pregnant teens.

The Asset Inventory told a tale of "feast or famine". It was discovered that some of the identified focus areas had numerous community programs and resources dedicated to address recognized needs while other areas of focus had few or no community advocates or programs. For example, cancer resources, especially for breast cancer, diabetes programs/screenings, healthy living programs/classes and services for pregnant teens appear fairly abundant.

Services and programs that provide access to healthcare services and healthcare providers for low-income, uninsured residents, mental health services, programs focusing on cardiovascular disease and respiratory disorders, and services specifically for the aged and special needs population are sparse with noted gaps or do not have the capacity to meet the demand. While mental health issues was clearly identified as an area of concern, it was difficult to obtain statistical data for the secondary and/or primary service areas specific to common conditions and the prevalence within the population. Transportation was also a noted priority. Hays and Caldwell counties have no mass transportation system. There is no bus system or light rail. CARTS (Capital Area Rural Transportation System) addresses some transportation challenges but it has to be pre-arranged and wait times can be significant.

Priority Selection Report (PSR): Preliminary Data Review and Data Analysis (Attachment 6)
For each of the 10 focus areas listed above, the population demographics (Attachment 1) and Health Indicator data (Attachment 4) was merged with the findings outlined in the Asset Inventory (Attachment 5). The totality of this data was compiled into a Priority Selection Report (PSR) (Attachment 6). The purpose of the PSR is to analyze the collected quantitative and qualitative data and prioritize the 10 focus areas based on prevalence and overall impact to the health status of the population. Under the guidance of the Hospital Health Needs Assessment (HHNAC) and Community Health Needs Assessment (CHNAC) Committees, all the focus areas were independently prioritized based on a review of primary data, secondary data and internal hospital data respectively. Table 1 lists how these 10 focus areas were prioritized based on the gather needs assessment data.

Table 1: Prioritization of 10 Focus Areas based on primary, secondary and internal CTMC Data

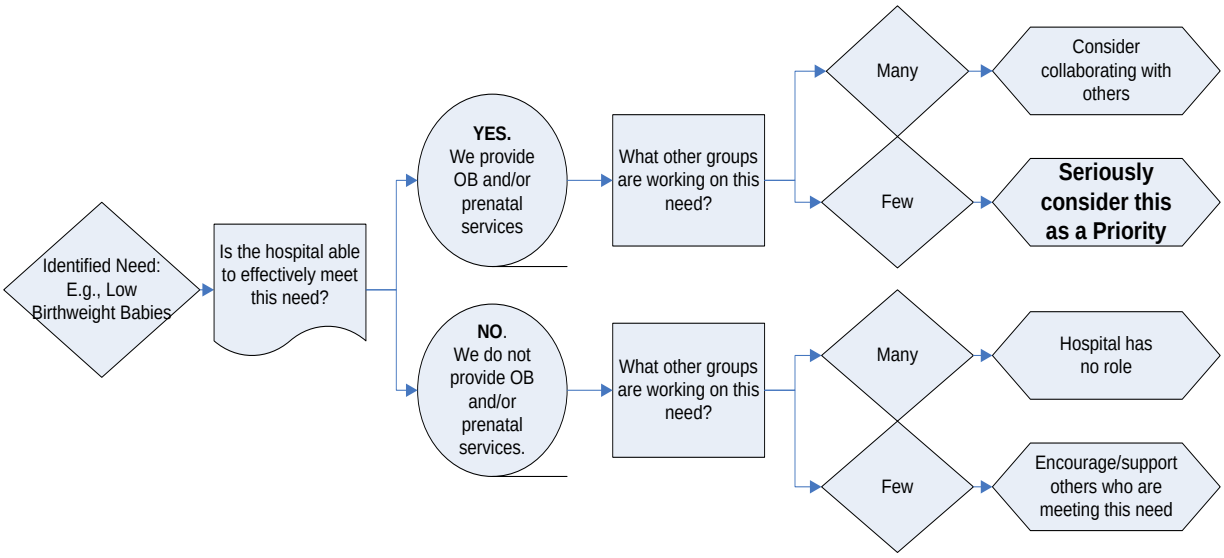
List the top 8-10 health priorities determined by **Primary** (local) Data collected from local community /multi-hospital health assessments, interviews, surveys, etc.			
1	**Access to Healthcare services – uninsured/low income**	6	**Teen Pregnancy**
2	**Access to Healthcare Professionals**	7	**Healthy Living – Obesity**
3	**Transportation**	8	**Cancer Prevention and Services**
4	**Mental Health Services and Support**	9	**Heart Disease**
5	**Diabetes Prevention**	10	**Respiratory Disorders**
List the 8-10 health priorities determined by **Secondary** Data from AHS, Health Department and other publicly available sources.			
1	**Access to Healthcare Providers**	6	**Cancer Screening, Treatment and Support**
2	**Diabetes Prevention**	7	**Respiratory Disorders**
3	**Heart Disease/CHF**	8	**Teen Pregnancy**
4	**Access to Healthcare services – uninsured/low income**	9	**Transportation**
5	**Healthy Lifestyle/Lifestyle Deficiencies**	10	**Mental Health Services**
List the 8-10 health priorities determined by internal **Hospital** Data			
1	**Access to Healthcare services – uninsured/low income**	6	**Healthy Lifestyle/Lifestyle Deficiencies**
2	**Access to Healthcare Professionals**	7	**Teen Pregnancy**
3	**Heart Disease/CHF**	8	**Mental Health Services**
4	**Diabetes**	9	**Transportation**
5	**Respiratory Disorders/COPD**	10	**Cancer Screening, Treatment and Support**

Priority Selection Report (PSR): Decision Tree and Template

The Hospital Health Needs Assessment Committee (HHNAC) reviewed each of the 10 focus areas using a Decision Tree. The Decision Tree process assessed two main areas:

- Does CTMC currently have the infrastructure and capacity to effectively impact a focus area by either developing new services or expanding existing services?
- What is the prevalence of existing community services programs/resources addressing a focus area? Are there opportunities to collaborate with community partners to develop new and innovative programs, expand existing community programs and/or explore opportunities to make current programs more targeted and pervasive within the community?

Decision Tree and Template



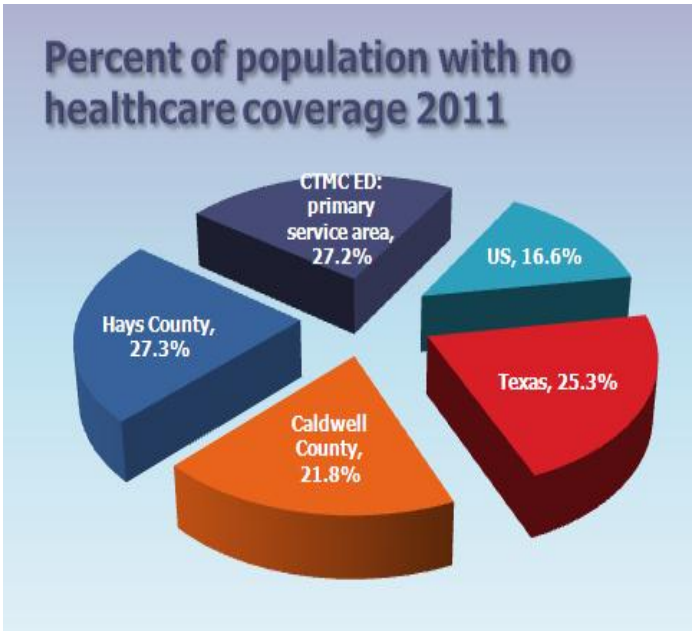
Defining Final Priorities

Cognizant of the two objectives noted above, each focus area was put through the Decision Tree process. After careful consideration, the HHNAC, with CHNAC approval, determined the following 5 focus areas would become CTMC's Community Health Needs Assessment priorities. Listed in order of priority, the rationale for each selection is explained below.

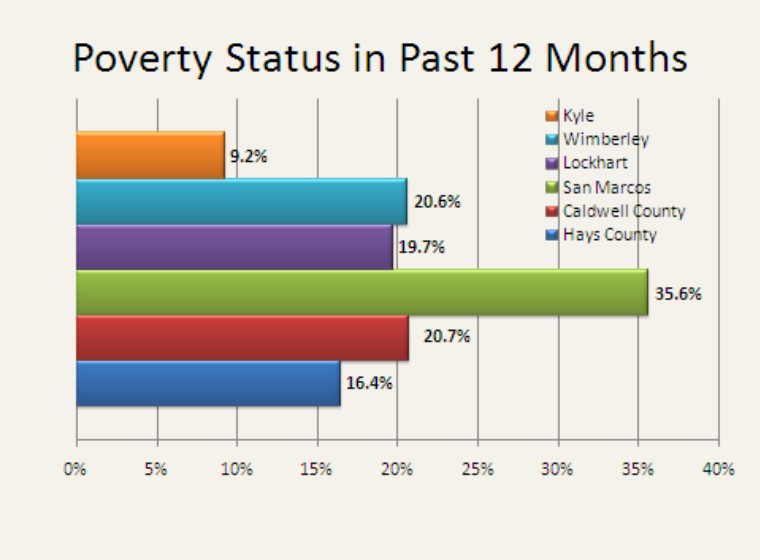
- *Priority 1:* Accessing the right level of care, in the right setting, at the right time: rate of uninsured;
- *Priority 2:* Timely access (including afterhours care) to Healthcare Professionals, especially primary care; accessing care close to home when care is needed;
- *Priority 3:* Healthier management of lifestyle/making good choices in the areas of nutrition, weight management, exercise, smoking, alcohol use and sexually transmitted infections (STIs);
- *Priority 4:* Prevalence and/or enhanced outpatient management of heart disease/congestive heart failure (CHF) and related conditions/risk factors such as hypertension;
- *Priority 5:* Prevalence and/or enhanced outpatient management of diabetes; programs to address anticipated growth of diabetes and related conditions;

Priority 1: Accessing the right level of care, in the right setting, at the right time: rate of uninsured;

As noted earlier, Hays County was the fastest growing county in central Texas between 2000 and 2010 growing 61% during the decade. The 2012 community needs assessment, conducted by Central Health as part of the Texas Regional Health Partnership Transformational Waiver, projects aggressive population growth for both Hays and Caldwell counties between 2010 - 2016. Their assessment data indicates Hays County will grow an additional 36%; Caldwell County is expected to grow an additional 13%. Despite recent and continued population growth, Hays and Caldwell counties have limited safety net infrastructures for primary health care services.

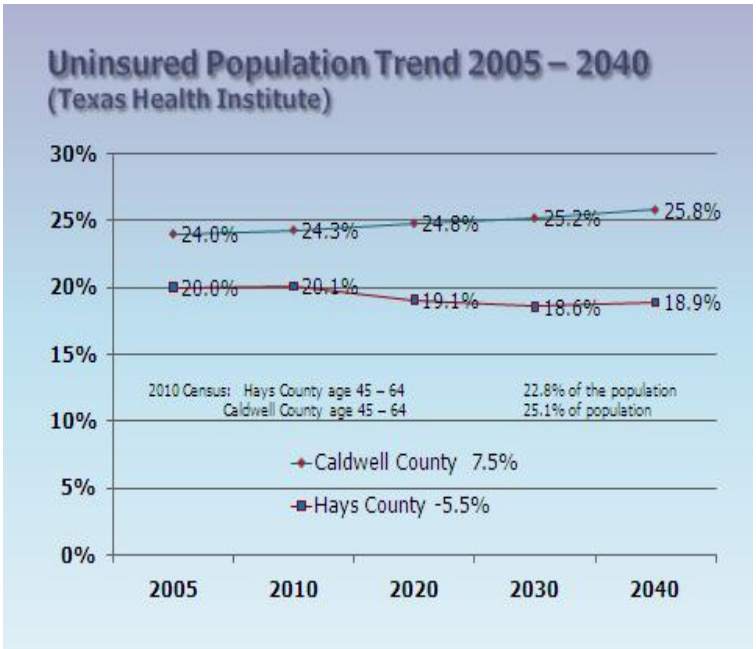


According to the 2011 Population From the Market Planner Plus, 27.3% of the Hays County's adult population and 21.8% of Caldwell adult residents do not have health insurance coverage.



The 2012 Central Health needs assessment for the Texas Transformation Waiver Project, indicates that Caldwell County has one of the highest uninsured rates in Central Texas at 31%. Analysis of 2011 emergency department utilization at CTMC reflected that over 27% of individuals in the *primary service area* were unfunded. A significant percentage of these visits could have likely been treated/managed at a lower level of care. In all cases, these areas exceed the United States average of 16.6% and are very close to the Texas uninsured percentage of 25.3%.

Compounding the uninsured rates are the poverty levels. According to the US Census Bureau via the 2007 - 2011 American Community Survey 5-Year Estimates, 16.4% of Hays County residents and 20.7% of Caldwell County residents lived below the Federal Poverty Level (FPL) during the past 12 months. San Marcos, the largest city in Hays County, has the largest percentage at 35.6%. Of this, 39.7% are aged 18 – 64 years. In Hays County, 18.1% of residents between this age range are uninsured and for Caldwell County, the percentage is 17.4%. The age range of 18 – 64 is significant because this population is less likely to qualify for Medicaid or Medicare coverage. These demographic indicators highlight the need for primary care access for low-income adults that do not qualify for Federal or State health assistance programs and cannot access private health care coverage.



By 2020 the uninsured percentage is projected to grow to 24.8% in Caldwell County and will slightly reduce in Hays County to 19.1%, The rate of uninsured residents in San Marcos is 22.8%.

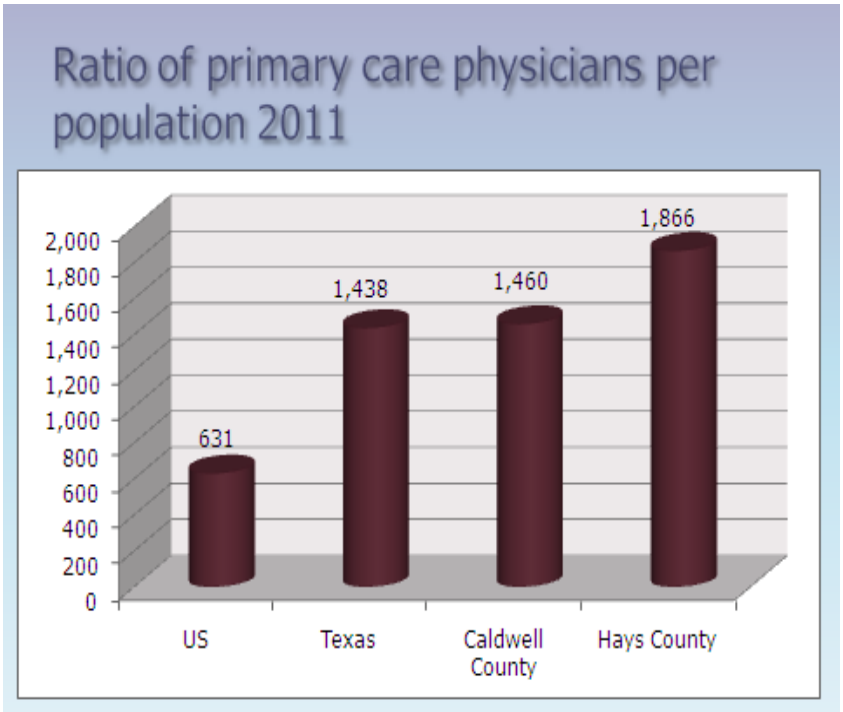
Access to healthcare services is limited. There are two Federally Qualified Health Centers (FQHC) in Hays County, none in Caldwell. Both Hays and Caldwell Counties have indigent health programs. Eligible recipients must be at or below 21% of the FPL. Community Action (CAI) offers primary health care services to those with income between 25% - 150% of the FPL. At this time it is difficult to speculate how Health Care Reform legislation and the healthcare exchanges will impact this population.

Central Texas Medical Center recently opened the Live Oak Health Partners Community Clinic, a primary care clinic that offers expanded and integrated health care services to low-income adult residents of Hays and the surrounding counties. The clinic replaces services formerly provided by the Hays County Health Department. While this clinic provides valuable services, additional service hours (especially evening hours) and access to primary care physicians is greatly needed. Currently, physician assistants and nurse practitioners staff the clinic. A

primary care physician will not only expand primary care access but offer a wider scope of services that will be beneficial when managing patients with urgent care needs and/or complex medical needs.

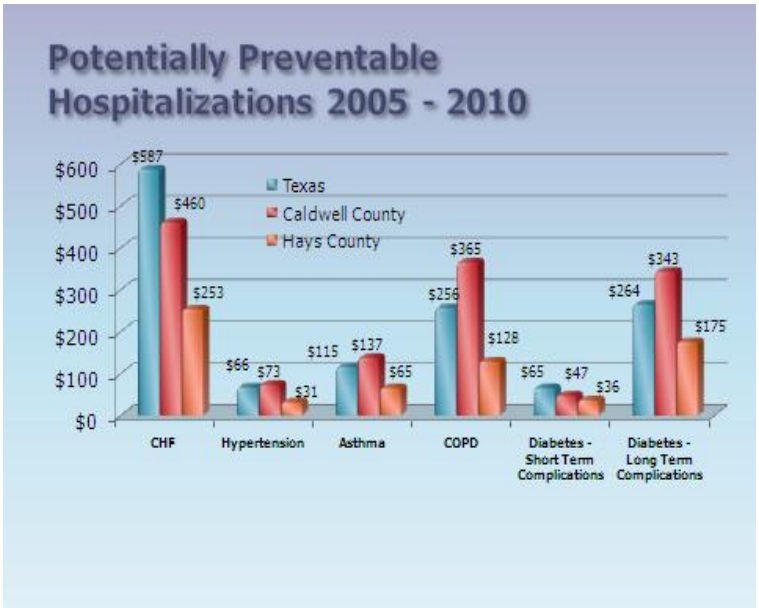
Priority 2: Timely access (including afterhours care) to Healthcare Professionals, especially primary care; accessing care close to home when care is needed

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. Unfunded patients comprise approximately 25% of all emergency department encounters at Central Texas Medical Center.



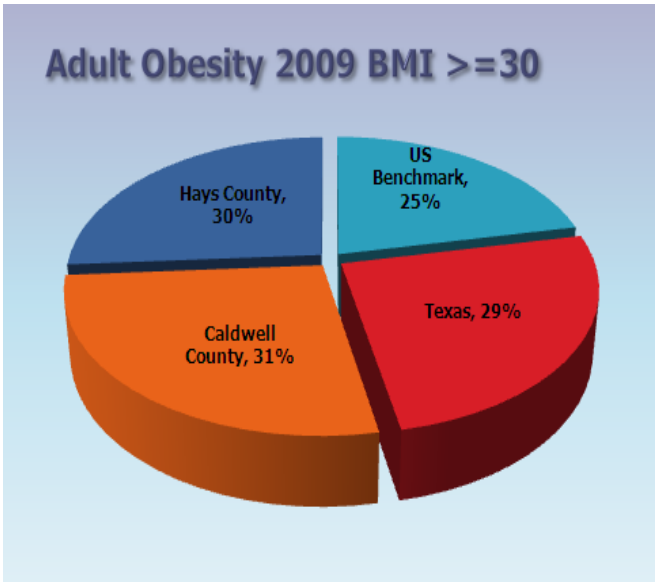
Hays and Caldwell Counties are designated as a Health Professional Shortage Area (HPSA) and Medically Underserved Area (MUA). Hays County has 1,866 residents per primary care physician which exceeds the Texas ratio of 1,438 residents per primary care physician. Caldwell County is slightly better at 1,460 residents per primary care provider. All are significantly higher than the US average. 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. In Hays County, the percentage of adults that could not see a doctor in the last 12 months due to cost between 2004 – 2010 was 18%. The Texas average is 19%. According to the Texas Medical Association website statistics

highlighting the uninsured in Texas, "the uninsured are up to four times less likely to have a regular source of health care and are more likely to die from health-related problems. They are much less likely to receive needed medical care, even for symptoms that can have serious health consequences if not treated. Lacking a medical home, uninsured people tend to look for health care in the emergency room, the most expensive setting they could possibly choose."



The Texas Department of State Health Services conducted a study examining potentially preventable hospitalizations 2005 – 2010. The hospital charges associated with these hospitalizations was divided by the 2010 adult county (or State) population. Caldwell County exceeded the per adult potentially preventable hospitalizations between 2005 – 2010 over the State average for several conditions including hypertension, asthma, chronic obstructive pulmonary disease (COPD) and Diabetes – long term complications. Many of these conditions can be successfully managed by a physician on a much less costly outpatient basis.

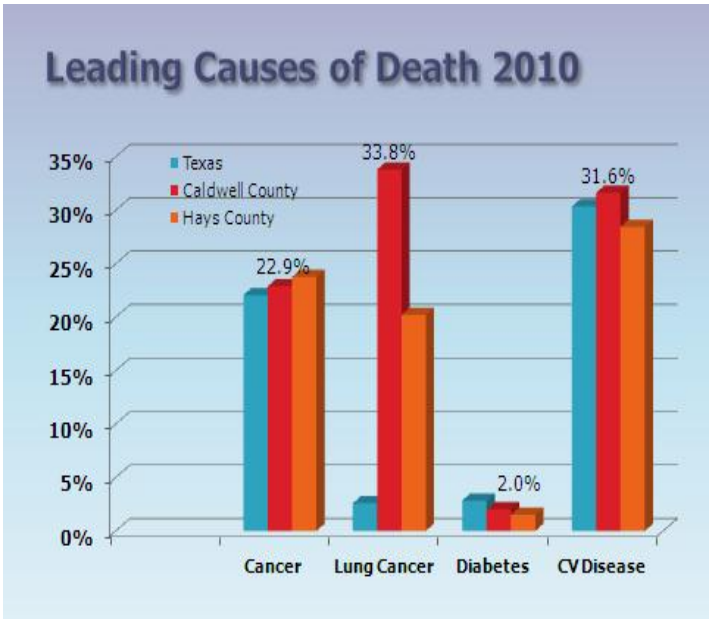
Priority 3: Healthier management of lifestyle/making good choices in the areas of nutrition, weight management, exercise, smoking, alcohol use and sexually transmitted infections (STIs)



Hays and Caldwell Counties exceed the US Benchmark for a number of key indicators including: body mass index (BMI), physical inactivity, alcohol consumption, sexually transmitted infections, and smoking (Caldwell County). 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. CTMC 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.

Priority 4: Prevalence and/or enhanced outpatient management of heart disease/congestive heart failure (CHF) and related conditions/risk factors such as hypertension



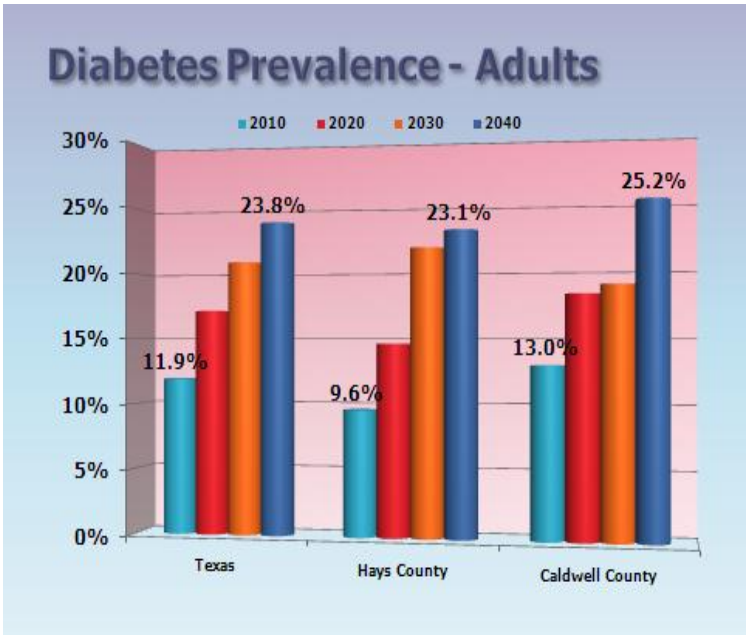
In 2010, almost 30% of all Texans died of cardiovascular (CV) disease. This percentage was consistent in the CTMC service area with 31.6% for Caldwell County and 28% for Hays County. Via the Texas Department of State Health Services Potentially Preventable Hospitalization data, 2005 – 2010 (graph on page 13), one of the highest areas for Hays County was for congestive heart failure (CHF) at $253 per adult. These statistics are especially revealing as many patients with cardiovascular disease generally have multiple chronic diseases including diabetes. In 2011, almost 10% of all admissions to CTMC were for circulatory system issues. In that same year, the 30 day re-admission rate at CTMC for congestive heart failure (CHF) for inpatient, observation, same day surgery and emergency department patients was 17%.

Very few community resources are available for those with heart disease and related conditions. This lack of resources is compounded as socioeconomic and compliance issues become barriers that inhibit a patient's ability 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. This is especially noted in congestive heart failure (CHF) patients. When acute care episodes occur, many patients, especially low-income, uninsured patients' access the only safety net they have which is high cost emergency department care e.g. "rescue care".

Priority 5: Prevalence and/or enhanced outpatient management of diabetes; programs to address anticipated growth of diabetes and related conditions.

In 2011, almost 12% of all CTMC admissions for the local service area were for diabetes; 13.3% of admissions were for kidney and urinary tract issues likely related to diabetes complications. Also in 2011, the 30 day re-admission rate for diabetes for inpatient, observation, same day surgery and emergency department patients was 13% for diabetes, long and short term complications respectively. Research highlights that medical expenditures for people with diabetes is about 2.3 times higher than medical expenditures for those who are not diabetic.

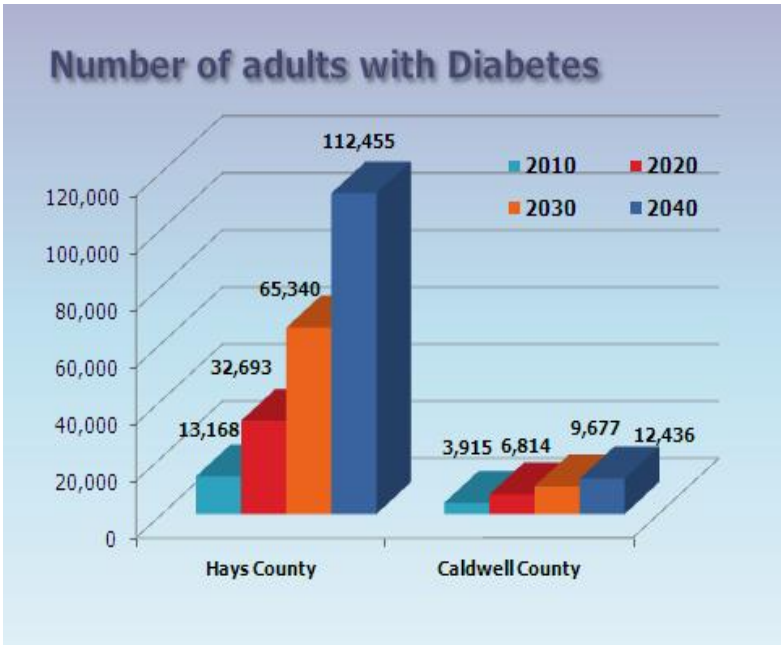
Diabetes is the 6th leading cause of death in Texas however it is the 4th leading cause of death among Hispanics and African-Americans. In 2010, 11.1% of the Hispanic population and 13% of the African-American adult Texas population have diabetes. Projections by the Texas State Demographers Study indicate 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. In 2010, 11.9% of adult Texans have diabetes; 9.6% of Hays County residents and 13% of Caldwell County residents have diabetes.



Access to diabetes screening services is apparent. In 2009, the percentage of diabetic Medicare patients whose blood sugar control was *screened* in the past year (HbA1c) levels was 81% for Texas, 89% for Caldwell and 86% for Hays County. The US Benchmark is 89%. However, the *management* and *control* of diabetes poses challenges.

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.



Rationale for not selecting a Focus Area as a Priority

Not all the focus areas were selected as an aggregated priority. Below is the rationale why these 5 focus areas were not selected.

1. **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).

2. **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 that 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.

3. **Prevalence of some cancer-related conditions and timely access to screening services and treatment.** CTMC offers screening and related services specifically for breast cancer however we do not offer clinical programs necessary 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.

4. **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 healthcare 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.

5. **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 healthcare services CTMC is not in the best position to reduce teen pregnancy rates through education and birth control. Therefore, this is not an identified priority at this time.

Next Steps: Community Health Plan

Through a Community Health Plan, CTMC 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 CHNA 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.

Summary and Conclusion

Central Texas Medical Center is a valued healthcare provider serving a varied population in a rapidly growing geographical area. A community health needs assessment was conducted revealing several focus areas to improve the overall health status of the populations located within the CTMC primary and secondary service areas. After careful consideration, five (5) health needs were selected as the focus of a Community Health Plan. Through a Community Health Plan, CTMC will strive to develop and/or expand community programs and services to positively address the identified needs.

Central Texas Medical Center

Community Health Needs Assessment - 2013

Attachment 1 Demographic Profile

	Population		Age of Population				Gender		Ethnicity									Insurance Coverage	Income			Education		Employment	Disability
DEMOGRAPHICS	Total Population	5 Year Population Growth Rate (2011-2016)	Median Age	Under Age 5	Under Age 18	65 Years or Older	Male	Female	White	Black	Hispanic/Latino	Asian	American Indian	2 or More Races	Other	Pacific Islander	% Speaking a Language Other Than English at Home	Uninsured	Median Household Income	Per Capita Income	Persons Below Federal Poverty Level	High School Graduates	Bachelor's Degree or Higher	Unemployment Rate	Disabled Adults
National/State																									
U.S.	301,461,533	4.00%	37	6.9%	27.4%	12.6%	49.3%	50.7%	59.4%	12.4%	15.1%	4.4%	0.8%	2.2%	5.6%	0.1%	20.0%	16.6%	51,425	29,050	13.50%	84.6%	27.5%	6.50%	2.2%
By State																									
Texas	25,435,007	7.70%	37	8.3%	27.9%	10.6%	49.9%	50.1%	45.9%	11.3%	37.4%	3.4%	0.4%	1.5%	0.1%	0.1%	33.6%	25.3%	41,799	21,908	16.80%	79.3%	25.4%	6.80%	2.0%
By County																									
Caldwell	39,636	7.20%	36	7.3%	26.3%	12.6%	49.8%	50.2%	43.7%	7.2%	47.1%	0.5%	0.3%	1.2%	0.1%	0.0%	31.8%	21.8%	43,757	17,897	19.40%	74.5%	13.7%	9.60%	2.0%
Hays	177,202	17.00%	39	7.3%	25.4%	8.7%	50.1%	49.9%	58.0%	4.0%	35.0%	1.1%	0.3%	1.4%	0.1%	0.0%	22.3%	27.3%	71,513	30,906	17.80%	87.1%	32.0%	7.50%	0.8%
By Service Area																									
San Marcos	44,894	2.85%	24	4.4%	14.2%	6.7%	49.7%	50.3%	53.7%	5.5%	37.8%	1.6%	0.9%	3.1%	N/A	0.1%	24.5%	22.8%	26,734	15,021	36.9%	83.3%	29.8%	10.6%	N/A
Wimberley	2,626	3.75%	53	3.5%	16.8%	26.9%	47.6%	52.4%	86.6%	0.5%	11.2%	0.3%	1.5%	1.5%	N/A	0.0%	N/A	N/A	56,594	32,481	N/A	94.0%	45.0%	4.9%	N/A
Kyle	28,016	3.96%	30	10.3%	33.7%	4.2%	49.8%	50.2%	45.4%	5.6%	46.3%	1.1%	0.8%	3.6%	N/A	0.0%	28.4%	16.0%	70,166	23,266	7.8%	88.4%	25.4%	7.3%	N/A
Lockhart	12,698	0.97%	36	7.0%	25.4%	12.4%	48.7%	51.3%	38.4%	9.4%	51.1%	0.4%	0.8%	2.7%	N/A	0.0%	33.6%	N/A	42,604	15,603	20.9%	72.9%	12.5%	11.9%	N/A

US Census Data 2010
2011 Population From the Market Planner Plus
LCRA Community and Economic Development
Social Security Administration
N/A=Not Available

ATTACHMENT 2

HOSPITAL HEALTH NEEDS ASSESSMENT COMMITTEE (HHNAC)

ROSTER

Hospital Name: **Central Texas Medical Center**
City & State: **San Marcos, TX**
Year: **2013** ***Community Benefit Manager:*** **Ann Berghammer-Miller**

	Name	Position	Expertise
1	Ann Berghammer-Miller	CB Manager Director of HIM and Managed Care	Strong working knowledge of the net revenue cycle in a healthcare setting. Extensive experience in the areas of managed care, Medicare, Medicaid, county indigent programs, and medical records management.
2	Saundra Damuth	Infomatics Coordinator	Responsible for education, planning and workflow for new interfaces, upgrades, and changes to the hospital Electronic Medical Record (EMR).
3	Clay DeStefano	Administrative Director, PR and Marketing	Directs marketing and community service programs. Coordinates a wide array of community outreach programs and services including the CTMC Institute for Healthy Living.
4	Lana Cameron	Vice President of Nursing	Knowledge of all CTMC clinical and education service lines. Advanced nursing and clinical operations knowledge and experience.
5	Sam Huenergardt	President/CEO	Provides leadership and strategic planning/guidance for all hospital operations.
6	Sue Noyes	Case Management Director	Extensive experience with patient case management and patient discharge planning. Skilled in matching patient needs with appropriate community programs, services and resources.
7	Karen Morris	Administrative Director, Ancillary Services	Provides oversight for hospital ancillary departments including radiology, laboratory, wound care, rehabilitation and cardiopulmonary services ensuring these services support patient care management in the outpatient setting.

ATTACHMENT 3

COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE (CHNAC)

ROSTER

Hospital Name: **Central Texas Medical Center**
City & State: **San Marcos, TX**
Year: **2013**
Community Benefit Manager: **Ann Berghammer-Miller**

	Name	Entity/Agency Represented	Title
1	Margie Rodriguez Amelia Flores	Hays County Health Department	Administrative Assistant II
2	Bobbi Ryder	Healthy Communities Collaborative	Coordinator
3	Lawrence Estaville, PhD	Texas State University – San Marcos	Professor/Author
4	Pam Foster, RN	Ministerial Association/Parish Nurse Program	RN, BSN
5	Bea Flores	SMCISD	Director of Student Services
6	Derry Ann Gonzales	WIC Program	Assistant Director of Community Services
7	Ryan Thomason	San Marcos City Council	Council Member
8	Debbie Ingelsbe	Hays County Commissioners Court	County Commissioner
9	Jennifer Scott	Area on Aging	Director
10	Dr. Dawn Brunkenhoefer	Schieb Center	MH Clinic Director
11	Carole Belver	Community Action	Executive Director
12	Ken Strange	Wimberley EMS	Director
13	Lenore DePagter, DO	Live Oak Health Partners	Medical Director

Central Texas Medical Center

Community Health Needs Assessment - 2013

Attachment 4 Health Indicator Data

	U.S. National Benchmark*	Texas	Caldwell	Hays
HEALTH INDICATORS (countyhealthrankings.org)				
*Reverse-coded measures, the national benchmark is the 90th percentile. For all other measures, the national benchmarks is the 10th percentile.				
HEALTH OUTCOMES				
Premature death (2006-2008) Years potential life lost before age 75 per 100,000	5,466	7,186	7,021	5,622
Poor or fair health 2004-2010 (Self-reported health status by questionnaire)	10%	19%	16%	16%
Poor physical health days 2004-2010 (Average number of reported physically unhealthy days in past 30 days.)	2.6	3.6	3.3	4.0
Poor mental health days 2004-2010 (Average number of reported mentally unhealthy days in past 30 days.)	2.3	3.3	3.1	3.5
HEALTH FACTORS				
Health Behaviors				
Adult smoking 2004-2010 (% adults that report smoking >=100 cigarettes and currently smoking.)	14.0%	19.0%	19.0%	14.0%
Adult obesity 2009 (Adults reporting a BMI >= 30)	25%	29%	31%	30%
Physical inactivity 2009 (% adults aged 20 and over reporting no leisure time physical activity)	21%	25%	25%	26%
Excessive drinking 2004-2010 (Reported binge drinking [4-5 drinks on a single occasion in past 30 days] or heavy drinking defined as more than 1-2 drinks per day on average)	8%	16%	12%	17%
Motor vehicle crash death rate (per 100,000) 2002-2008	12	17	26	19
Sexually transmitted infections (per 100,000) 2009 [chlamydia - new cases]	84	435	436	609
Teen birth rate (per 1,000 female pop, ages 15-19) 2002-2008	22	63	75	32

	U.S. National Benchmark*	Texas	Caldwell	Hays
Clinical Care				
Preventable hospital stays 2009 (Conditions that can usually be addressed in the OP setting and do not normally require hospitalization if the condition is well-managed) per 100,000 Medicare enrollees	49	73	125	59
Diabetic screening 2009 (% of diabetic Medicare patients whose blood sugar control was screened in the past year (HbA1c) levels	89%*	81%	89%	86%
Mammography screening 2009 (% of female Medicare enrollees age 67 - 69 that had at least one mammogram over a 2-year period	74%*	62%	59%	63%
Social & Economic Factors				
Children in poverty 2010 (% of children under age 18 living below FPL)	13%	26%	26%	14%
Inadequate social support 2006-2010 (% of adults responding to question: How often do you get the social and emotional support you need?	14%	23%	N/A	18%
Children in single-parent households 2006-2010	20%	32%	37%	25%
Violent crime rate (per 100,000) 2007-2009 (National Benchmark at 90th percentile)	591	503	431	225
Physical Environment				
Air pollution-particulate matter days 2007 (annual number of days that air quality was unhealthy for sensitive populations due to fine particulate matter) (National Benchmark at 90th percentile)	7*	1	0	0
Air pollution-ozone days 2007 (Annual days that air quality was unhealthy for sensitive populations due to ozone levels)	4*	1	0	0
Access to recreational facilities 2009 (Number of recreational facilities per 100,000)	16*	7	5	10
Limited access to healthy foods 2006 (Proportion of the population who are both living in poverty and do not live close to a grocery store. Metro/1 mile or less, non-Metro/10 miles or less.	0%	12%	27%	19%
Fast food restaurants 2009 (Proportion of restaurants in a county that are fast food establishments)	25%	53%	58%	53%
ADDITIONAL MEASURES				
Health Outcomes				

	U.S. National Benchmark*	Texas	Caldwell	Hays
HIV prevalence rate (per 100,000) 2008	N/A	319	1	1
Health Care				
Could not see doctor due to cost 2004-2010 (% of adults that could not see a doctor in the last 12 months due to cost)	N/A	19%	N/A	18%
Social & Economic Factors				
High housing costs 2006-2010 (% of household with housing costs >=30% of household income)	N/A	32%	30%	37%
Physical Environment				
Access to healthy foods 2006-2010 (% of zip codes in a county with a healthy food outlet, defined as a grocery store or produce stand/farmer's market)	N/A	62%	40%	71%
HEALTH INDICATORS (Texas Department of State Health Services 2010)	**U.S.**	**Texas**	**Caldwell**	**Hays**
Summary Measures of Health				
Average life expectancy		78.1	76.4*	78.7*
* communityhealth.hhs.gov 2009				
Measures of Birth and Death				
Birth Measures				
Low Birth Wt. (<2500 g) % of all births < 2500 grams		8.4%	9.6%	7.7%
Births to Women 17 years and younger (% of all births)		4.3%	7.8%	3.2%
On-set of prenatal care within the first trimester		60.8%	57.4%	69.7%
Ten Leading Causes of Death 2009 (per 100,000 population)				
Heart Disease		186.7	192.2	148.9
All Cancer		167.6	134.3	140.3
Cerebrovascular Diseases		45.8	--	25.2
Accidents		40.0	64.7	33.4
Chronic Lower Respiratory Diseases		43.4	--	46.2
Alzheimer's Disease		26.9	--	44.7
Diabetes Mellitus		23.1	--	--
Nephritis, Nephrotic syndrome and Nephrosis		18.2	--	27.2
Septicemia		15.0	--	--

	U.S. National Benchmark*	Texas	Caldwell	Hays
Influenza and Pneumonia		16.7	--	20.3
ADULT DIABETES PREVALENCE (Texas Health Institute)	**U.S.**	**Texas**	**Caldwell**	**Hays**
2010				
Total number of adults with diabetes		2,221,717	3,915	13,168
Percentage of population with diabetes		11.9%	13.0%	9.6%
2020				
Total number of adults with diabetes		3,903,995	6,814	32,693
Percentage of population with diabetes		17.1%	18.3%	14.6%
2030				
Total number of adults with diabetes		5,783,481	9,677	65,340
Percentage of population with diabetes		20.8%	19.0%	21.8%
2040				
Total number of adults with diabetes		7,980,225	12,436	112,455
Percentage of population with diabetes		23.8%	25.2%	23.1%
Percentage increase in diabetes prevalence 2010 - 2040		259%	218%	754%
CAUSE OF DEATH 2010 (Texas Department of State Health Services)	**U.S.**	**Texas**	**Caldwell**	**Hays**
All Deaths		166,059	297	791
Deaths due to Cancer		36,652	68	188
Deaths due to Lung Cancer		9,506	23	38
Deaths due to Diabetes		4,738	6	12
Deaths due to Cardiovascular Disease		50,418	94	225
HEALTHCARE PROVIDER ACCESS 2011 (Texas Department of State Health Services)	**U.S.**	**Texas**	**Caldwell**	**Hays**
Primary Care Physicians	1:631	1:1438	1:1460	1:1866
Dentists		1:2203	1:4927	1:2960
Psychiatrists		1:14,657	0	1:21,460
Marriage and Family Therapists		1:9003	1:39,415	1:7804
Licensed Professional Counselors		1:1550	1:3032	1:1080
Licensed Psychologists		1:3876	1:4303	1:2159
Licensed Clinical Social Worker		1:1472	1:2074	1:1152
Licensed Chemical Dependency Counselor		1:3417	1:2463	1:3012

	U.S. National Benchmark*	Texas	Caldwell	Hays
UNINSURED POPULATION TREND 2005 - 2040 (Texas Health Institute)				
2005			24.0%	20.0%
2010			24.3%	20.1%
2020			24.8%	19.1%
2030			25.2%	18.6%
2040			25.8%	18.9%
Percent change 2005 - 2040			7.5%	-5.5%
POTENTIALLY PREVENTABLE HOSPITALIZATIONS 2005 - 2010 **(Texas Department of State Health Services)**	**U.S.**	**Texas**	**Caldwell**	**Hays**
Hospital Charges Divided by 2010 Adult County (or State) Population				
Bacterial Pneumonia		$495	$529	$262
Dehydration		$80	$65	$43
Urinary Tract Infection		$213	$319	$156
Angina (without procedures)		$18	$20	$7
Congestive Heart Failure		$587	$460	$253
Hypertension (High Blood Pressure)		$66	$73	$31
Asthma		$115	$137	$65
Chronic Obstructive Pulmonary Disease		$256	$365	$128
Diabetes Short-term Complications		$65	$47	$36
Diabetes Long-term Complications		$264	$343	$175

Central Texas Medical Center

Community Benefit Project

Attachment 5

Asset Inventory

Area of Focus defined by Primary/Secondary Data	Current Community Programs	Current Hospital Programs	Potential Projects
Access to Health Care Services and Health Care Providers Uninsured Population	✓ 2 Federally Qualified Health Centers ✓ Hays County Health Department Clinic offers primary care services on a sliding fee scale ✓ School-based wellness clinic via HCISD ✓ Primary Care Program - offering limited primary care services to those that qualify ✓ CVS Prescription Discount Care Program – Collaboration between City of San Marcos and National League of Cities. Average savings of 23% off the retail price of prescription drugs. ✓ Community Action – offers primary health care services to those with income between 25% - 150% of FPL; prescription assistance. ✓ Hays and Caldwell County Indigent Programs – health care services to those with incomes at or below 21% of the FPL ✓ CARTS (Capital Area Rural Transportation System) offers limited transportation services. Such services must be scheduled/pre-arranged with significant wait times.	✓ DSHS Medicaid enrollment staff on –site ✓ In 2011, provided over $15 million in care for the underprivileged and elderly ✓ Live Oak Health Partners – offers primary and limited specialty health care on a sliding fee scale. ✓ Creation of the Live Oak Community Clinic	✓ Increased number of PCPs and hours of the Live Oak Community Clinic ✓ Expanded hours of Live Oak Health Partners to include evenings
Mental Health Services including Substance Abuse	✓ Hill Country MHMR (Scheib Mental Health Center) – support services to those with mental, psychosocial, behavioral, developmental disabilities and chemical dependency. ✓ Mobile Crisis Outreach Team (MCOT) – screening and psychiatric assessments ✓ Hay Caldwell Council on Alcohol and Drug Abuse – services include Project Hope (teens		

Central Texas Medical Center

Community Benefit Project

Attachment 5

Asset Inventory

Area of Focus defined by Primary/Secondary Data	Current Community Programs	Current Hospital Programs	Potential Projects
	with substance abuse issues), Adult Intensive Outpatient Treatment Program (IOP), Juvenile Intensive Treatment Program, prevention programs/education designed for students/teens		
Cancer Resources: Screening, Treatment, Support Services/Groups	✓ Breast Cancer Support Group in San Marcos, Seguin, McQueeney and surrounding areas ✓ Susan G. Komen for the Cure (breast cancer assistance) ✓ National Center for Farm Workers – awareness of free breast screenings ✓ Hands (Komen Foundation) – meals and activities of daily living (ADL) services ✓ Wings of San Antonio – assistance for those with a breast cancer diagnosis ✓ Shivers Center – funding and treatment for cervical cancer ✓ LiveStrong – national hotline to help callers identify resources in their area ✓ Hays County Indigent Program ✓ Caldwell County Indigent Program ✓ Seton Cancer Team – (pink van) low cost mammograms ($10) to women with no insurance/low income ✓ Community Action of Central Texas – offers breast and cervical cancer screenings in Lockhart and San Marcos	✓ CTMC Foundation - emergency funding for patients who qualify ✓ Partnerships with various agencies to coordinate annual fundraisers and awareness for programs/services that assist those affected by breast cancer. ✓ Annual partnership with San Marcos Medical Imaging and Community Action to provide 100 free mammograms each October – December for those that qualify	

Central Texas Medical Center

Community Benefit Project

Attachment 5

Asset Inventory

Area of Focus defined by Primary/Secondary Data	Current Community Programs	Current Hospital Programs	Potential Projects
Heart Disease including Stroke (CVA), Heart Disease and Congestive Heart Failure (CHF)	✓ AHA HeartHub Patient Information – resource linkages	✓ Cardiac Rehabilitation Program in the works! Will add cardiac outreach and education	✓ CHF Chronic Care Management Program
Respiratory Disorders: Smoking, Asthma and Chronic Obstructive Pulmonary Disease (COPD)	✓ Smoking Cessation – no local area support groups. All services are on-line such as the American Lung Association "Freedom from Smoking" program ✓ 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		
Diabetes Services: Screening, Treatment, Education	✓ Hay County Diabetes Coalition – screenings, resource linkage, education, exercise classes, support groups, prescription assistance ✓ Hays County Health Department – primary care services to include screening and treatment ✓ Thorpe Lane Pharmacy – Diabetes Education class once a month; weight loss/lifestyle support group meets every other Thursday ✓ El Buen Pastor United Methodist Church – offers monthly diabetes support group ✓ HEB – all pharmacies hold health screenings on second Saturday of each month	✓ Diabetes Education classes (with physician order) ✓ Diabetes Support Group – meets every other Thursday evening ✓ Diabetes screening – first Wednesday of every month ✓ Free Annual Dialogue on Diabetes Day – day long multi-disciplinary seminar for those living with diabetes ✓ Free Annual Diabetes Alert	

Central Texas Medical Center

Community Benefit Project

Attachment 5

Asset Inventory

Area of Focus defined by Primary/Secondary Data	Current Community Programs	Current Hospital Programs	Potential Projects
	✓ Salvation Army – prescription assistance ✓ Community Action – prescription assistance ✓ Seton Hays – diabetes education classes ✓ Lockhart Community Health Coalition – offer treatment/care for diabetics as well as diabetes education classes ✓ Wimberley Home Health – free education classes at the Wimberley Community Center	Day – provides resources to assist those affected by diabetes	
Healthy Living: Nutrition, Weight Management, Exercise	✓ Numerous community fitness programs, retail fitness centers, farmer's markets, county and city parks/green space/playgrounds and access to school fields/facilities are available. ✓ San Marcos offers a Community Activity Center that offers classes, pool, gymnasium and community football, soccer, baseball and softball leagues. ✓ Hays County Food Bank ✓ Wimberley's Mayor's Fitness Council provides an annual health fair and ongoing promotion of wellness programming in the Wimberley area ✓ San Marcos Healthy City Task Force supports /promotes health and wellness programming in the San Marcos area.	✓ Free quarterly Healthy Cooking Classes ✓ Healthy Meal Options for patients and visitors, including selections of fresh raw fruit/vegetables and vegetarian options ✓ Individualized Nutrition Counseling ✓ Weight Watchers meets at CTMC ✓ TOPS (Take Off Pounds Sensibly) meets at CTMC ✓ Free Speakers Bureau offered at clubs, organizations ✓ Annual HealthCheck Screening and Fair ✓ Interactive website at ctmc.org with numerous resources, including a	

Central Texas Medical Center

Community Benefit Project

Attachment 5

Asset Inventory

Area of Focus defined by Primary/Secondary Data	Current Community Programs	Current Hospital Programs	Potential Projects
		wellness blog ✓ CTMC walking trail located on the CTMC campus	
Maternal Health and Pregnancy: Birth Control, Teen Pregnancy, Prenatal Care	✓ Hays County Health Department – provides prenatal/postnatal care to low-income women on a sliding fee scale and those on Medicaid. ✓ San Marcos School District and Hays ISD– offers parenting classes, case management, child care, transportation, home instruction/Compensatory Education Home instruction, support groups, child development education, counseling, sex education. Follow-up is conducted with students 1 year past drop out, withdrawal or graduation. ✓ Community Action of Central Texas – offers well woman checkups, pregnancy testing, STD treatment. ✓ WIC Services of Hays County	✓ Free Childbirth Education services including Breastfeeding/Lactation consultation and support group ✓ Free Car Seat safety Checks and Voucher program; distribute free car seats to those that qualify. ✓ Women's Services Director meets monthly with SMISD liaison Jennifer Vogel	

Central Texas Medical Center

Community Benefit Project

Attachment 5

Asset Inventory

Area of Focus defined by Primary/Secondary Data	Current Community Programs	Current Hospital Programs	Potential Projects
Aging Population/Services Targeted to Senior Population	✓ Area Agency on Aging – regional programming including benefits counseling (Medicare), caregiver support, care coordination post hospitalization. Additional services include: fall prevention courses and linkages with regional resources. ✓ San Marcos Senior Nutrition Program ✓ San Marcos Senior Center ✓ Kyle Senior Nutrition Program ✓ Wimberley Senior Center ✓ Lockhart Senior Nutrition Program		
Special Needs Population	✓ Hill Country MHMR – support services to those with mental, psychosocial, behavioral, developmental disabilities and chemical dependency.		

ATTACHMENT 6

PRIORITY SELECTION REPORT (PSR)

Hospital Name: **Central Texas Medical Center** *CB Manager:* **Ann Berghammer-Miller** *Year:* **2013**

Preliminary Data – high-level findings

	Identified Need	Ethnic Group	Age Group	State (or National or County) Variation	Selection Rationale
1	Accessing the right level of care, in the right setting, at the right time: Rate of Uninsured	All but primarily minorities	Adults under age 65	US uninsured 16.6% Texas uninsured 25.3% Caldwell County uninsured 21.8% Hays County uninsured 27.3% San Marcos uninsured 22.8%	▪ One fourth of Hays County's adult population is uninsured with just under 18% living under the Federal Poverty Level (FPL) ▪ By 2020 the uninsured percentage will grow to 24.8% in Caldwell County and will slightly reduce in Hays County to 19.1% ▪ About 25% of all ED visits to CTMC are by unfunded patients. A significant percentage of these visits could have been treated/managed at a lower level of care. ▪ Access to healthcare services is limited. There are two FQHC in Hays County, none in Caldwell. No free clinics exist; the Hays County Health Department recently ceased offering primary care services on a sliding fee scale. ▪ Both Hays and Caldwell Counties have indigent health programs. Eligible recipients must be at or below 21% of the FPL. ▪ Community Action offers primary health care services to those with income between 25% - 150% of the FPL.

2	Timely access (including afterhours care) to Healthcare Professionals, especially primary care; accessing care close to home when care is needed.	All groups	All Ages but primarily unfunded adults	▪ Caldwell County exceeds the Texas provider ratio for most areas including PCPs, psychiatrists, therapists, LPCs and Licensed Psychologists. Hays County exceeds the Texas ratio except for Family Therapists, LPCs and Licensed Psychologists. Both counties exceed the Texas ration for dentists. ▪ According to the US Census Bureau via the 2011 American Community Survey, 18.1% of Hays County residents between 18 – 64 years of age are under the FPL.	▪ The Texas ratio of PCPs is 1:1438. Caldwell County has a ratio of 1:1460 and Hays County has a ratio of 1:1866. ▪ The Texas ratio of dentists is 1:2203. Caldwell County has a ratio of 1:4927 and Hays County has a ratio of 1:2960. ▪ The percentage of adults that could not see a doctor in the last 12 months due to cost between 2004 – 2010 was 18%. The Texas average is 19%. ▪ Via the Texas DSHS, Caldwell County exceeded the per adult potentially preventable hospitalizations between 2005 – 2010 over the State average for several conditions including hypertension, asthma, COPD and Diabetes – long term complications. Two of the highest areas for Hays County were for CHF ($253 per adult) and diabetes – long term complications ($175 per adult). ▪ Through Live Oak Health Partners, CTMC continues to recruit primary care physicians and specialists to Hays and Lockhart Counties. ▪ Few options are available for after hours care forcing many patients to access care via emergency departments.
3	Healthier Management of Lifestyle/Making good choices in the areas of Nutrition, Weight Management, Exercise, smoking/alcohol use, STIs	All Groups	All Ages	▪ The US Benchmark for a BMI greater or equal to 30 is 25%. In 2009, the percentage was 30% for Hays County and 31% for Caldwell County. The Texas percentage was 29%. ▪ The US Benchmark for physical inactivity in 2009 was 21%. Texas and Caldwell County were both 25%; Hays County was 26%. ▪ In 2009, 53% of all restaurants were considered fast food establishments. This percentage was 58% for Caldwell County and 53% for Hays County. The	▪ For CTMC admissions in 2011 from the primary service area, 20.2% of all adult admitted had a BMI between 30 – 34.9, 10.6% has a BMI between 35 - 39.9 and almost 11% had a BMI greater than or equal to 40. ▪ Via County Health Rankings, between 2004 – 2010, 19% of Texans self-reported their health as poor or fair. This percentage was 16% for both Hays and Caldwell Counties. The US Benchmark is 10%. ▪ Via County Health Rankings, between 2004 – 2010, the average number of Texans self-reporting the number of physically unhealthy days in the past 30 days was 3.6. For Caldwell County, the number

				US Benchmark is 25%. ▪ Between 2004 – 2010, the US Benchmark for excessive drinking was 8%. The Texas rate was 16%; Caldwell County was 12% and Hays County was 17%. ▪ In 2009, sexually transmitted infections per 100,000 was 435 for Texas 436 for Caldwell and 609 for Hays County. The US Benchmark is 84. ▪ The US Benchmark for number of recreational facilities per 100,000 is 16. For Texas the number is 7, Caldwell County 5 and Hays County is 10. ▪ In 2006, the proportion of the population who are living in poverty and do not live close to a grocery store is 27% for Caldwell County residents and 19% for Hays County residents. The US Benchmark is 0%; the Texas percentage is 12%.	reported was 3.3 and for Hays County is was 4.0. The US Benchmark is 2.6 days. ▪ Numerous community fitness programs, retail fitness centers, farmer's markets, county and city parks/green space/playgrounds and access to school field/facilities are available. CTMC offers healthy cooking classes, weight loss programs and HealthCheck, an annual screening and education event. However, there sill is a need for programs that support adherence to healthy living initiatives.
4	Prevalence and/or enhanced outpatient management of Heart Disease/Congestive Heart Failure (CHF) and related conditions/risk factors such as hypertension.	All Groups	Adults under age 65	▪ In 2009, per 100,000 population, 186.7 Texans died from heart disease. For Caldwell County, the rate was 192 per 100,000 and for Hays County the rate was 148 per 100,000. ▪ Between 2005 -2010 Texas spent approximately $587 per adult for potentially preventable hospitalizations for CHF. The spend was $460 for Caldwell County and $253 for Hays County. ▪ In 2010, almost 30% of all Texans died of CV disease. The percentage was 31.6% for Caldwell County and 28% for Hays County.	▪ In 2011, 3.4% of all CTMC admissions were for CHF. ▪ For 2011, the 30 day re-admission rate for CHF for IP, OBS, SDS and ED patients was 17%. This is for patients in the primary service area that were re-admitted within 30 days for the same condition. ▪ There are no active cardiovascular health programs identified in Caldwell or Hays Counties. ▪ Via the Texas DSHS, Caldwell County exceeded the per adult potentially preventable hospitalizations between 2005 – 2010 over the State average for several conditions including hypertension, asthma, COPD and Diabetes – long term complications. Two of the highest areas for Hays County were for CHF ($253 per adult) and diabetes – long term

					complications ($175 per adult). ▪ In 2011, almost 10% of all admissions to CTMC were for circulatory system issues. ▪ Very few community resources are available for those with heart disease and related conditions. Effective outpatient case management could reduce reliance on "rescue care".
5	Prevalence and/or enhanced outpatient management of diabetes; programs to address anticipated growth of diabetes and related conditions	All groups however it is the 6th leading cause of death in Texas but it is the 4th leading cause of death among Hispanics and African-Americans. In 2010, 11.1% of the Hispanic population and 13% of the African-American adult Texas population have diabetes. The Texas State Demographer's Study projects that the Hispanic population will increase by 77% by 2040 and will account for the majority of diabetes cases.	All age groups	▪ Currently, 11.9% of Texans has diabetes; 9.6% of Hays County residents (13,168) and 13% of Caldwell County residents (3,915) have diabetes. ▪ Potentially Preventable Hospitalizations, 2005 – 2010 for diabetes, short and long term complications is high. Texas spends about $329 per adult per year. For Caldwell County this spend is $390 and for Hays County it is $210. ▪ In 2009, the percentage of diabetic Medicare patients whose blood sugar control was screened in the past year (HbA1c) levels was 81% for Texas, 89% for Caldwell and 86% for Hays County. The US Benchmark is 89%.	▪ By 2040, 23.8% of Texans are projected to have diabetes; 23.1% of Hays County residents (112,455) and 25.2% of Caldwell County residents (12,436) will be diagnosed with diabetes. ▪ In 2011, almost 12% of all CTMC admissions for the local service area were for diabetes. ▪ For 2011, the 30 day re-admission rate for diabetes for IP, OBS, SDS and ED patients was 13% for diabetes, long and short term complications respectively. This is for patients in the primary service area that were re-admitted within 30 days for the same condition. ▪ Medical expenditures for people with diabetes is about 2.3 times higher than medical expenditures for those who are not diabetic. ▪ An abundance of screening and education programs exist but none seem to be tackling the prevalence and growth of the disease. ▪ In 2011, 13.3% of admissions at CTMC were for kidney and urinary tract issues. ▪ Many screening and educational programs are available in the area but these do not seem to be impacting diabetes rates/prevalence.

6	Prevalence of Respiratory Disorders including asthma and COPD and access to programs/services that reduce "rescue care".	All groups	Adults under the age of 65 Childhood asthma	▪ Via the Texas DSHS, Caldwell County exceeded the per adult potentially preventable hospitalizations between 2005 – 2010 over the State average for several conditions including asthma and COPD.	▪ Few local resources available for asthma and/or COPD. ▪ In 2011, almost 5% of all admissions to CTMC were for COPD and related issues. The 30 day re-admission rate was almost 7%.
7	Timely access to local Mental Health Services including treatment for substance abuse.	All groups	Adults under the age of 65 and young adults	▪ Via County Health Rankings, between 2004 – 2010, Texans self-reported 3.3 poor mental health days in the past 30 days. This number was 3.1 for Caldwell County and 3.5 for Hays County. The US Benchmark is 2.3. ▪ Between 2006 – 2010, the percentage of adults responding to the question: How often do you get the social and emotional support you need? The US Benchmark is 14%. For Texans the percentage was 23%, information was not available for Caldwell County. For Hays County the percentage was 18%.	▪ Few local resources are available. Unfunded patients needing mental health services are either discharged without follow-up care or are transferred to the Austin State Hospital. ▪ The ratio of psychiatrist for Texas is 1:14,657. For Caldwell County this ratio is 1:39,415 and for Hays County the ratio is 1:21,460. ▪ 8.3% of all transfers from CTMC in 2012 was due to a mental health condition.
8	Prevalence of some cancer-related conditions and timely access to screening services and treatment.	All groups	Mainly adults	▪ In 2009, per 100,000 population, 167.6 Texans died from cancer. For Caldwell County, the rate was 134 per 100,000 and for Hays County the rate was 140 per 100,000. ▪ In 2010, 22.9 % of Caldwell County residents died from cancer; the rate was 24% for Hays County residents. ▪ Lung cancer is significantly high in Caldwell County which attributed to almost 34% of all cancer deaths. Of Hays County this was 20%. Both counties far exceed the Texas rate of 3% of all cancer deaths are related to lung cancer.	▪ Death rates due to cancer are higher for Hays and Caldwell Counties than the Texas average. ▪ Specific to lung cancer, approximately 19% of all Texans in 2010 were smokers. Caldwell County was also at 19% and Hays County was at 14%. All exceed the US Benchmark of 14%. ▪ Many programs are available for breast and cervical cancer. Limited or no programs for other types of cancer including lung cancer.

				▪ In 2009, the percentage of female Medicare enrollees age 67 – 69 that had at least one mammogram over a 2 year period was 62% for Texans, 59% for Caldwell County and 63% for Hays County. The US Benchmark is 74%.	
9	Limited transportation resources, especially transportation for healthcare and related services	All groups	All ages	▪ Hays and Caldwell Counties have no mass transportation system. There is no bus system or light rail. CARTS (Capital Area Rural Transportation System) addresses some transportation challenges but it has to be arranged ahead of time and the wait times can be significant. ▪ CAMPO provides transportation planning services and helps direct people to transportation resources.	▪ Low income residents have been known to wait until after hours to seek care at a local emergency department. They must wait until a spouse or family member comes home from work before they have access to a vehicle.
10	Reduced Teen Pregnancy Rates; support services including healthcare, for teens who are pregnant	All groups	Ages 17 and under	▪ The US Benchmark for the teen birth rate ages 15 – 19, 2002 – 2008 was 22 per 1,000 females. For Texas, this rate is 63, Caldwell County was 75 and Hays County was 32. ▪ In 2010, 4.3% of all births in Texas were to women 17 years and younger. This percentage was 3.2% for Hays County and 7.8% for Caldwell County.	▪ CTMC currently offers free childbirth education services including breastfeeding/lactation consultation. Also offer free car seat safety checks and voucher program; distribute free car seats to those that qualify.