



Community Health Needs Assessment

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TORCH Management Services, Inc.

Dick Sweeden

dnmsweeden@gmail.com

254.760.3358

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Executive Summary

A Community Health Needs Assessment (Assessment) was conducted for Val Verde Regional Medical Center (Hospital) from January 29th – February 1st, 2018, through focus groups that included a number of community members from Del Rio and Val Verde County. The value of an Assessment is that it allows healthcare organizations to better understand the needs of the communities they serve, with the ultimate goal of improving the overall health of the local citizens. Whether or not an organization is required by regulation or statute to conduct a Community Health Needs Assessment, it is an extremely valuable tool for fulfilling its role in the community.

The mission statement of the Val Verde Regional Medical Center is: *We live to deliver healthcare our community can trust.* Its' vision is *to be the premier provider for all healthcare needs,* and its' legacy statement *is to strengthen its foundation through empowerment.* By empowering its' staff, listening to members of the community, and understanding the community demographics, the Hospital can gain information on health status, and on where the gaps in healthcare delivery currently exist. Further, it solidifies the Hospital's role in the community as a partner in improving the overall health status, and in areas beyond health, such as in education and economic development. The Hospital identifies its' primary market area as Val Verde County, with its' secondary market to include small sections of surrounding counties.

In addition to Val Verde Regional Medical Center, other hospitals in the area include:

Uvalde Memorial Hospital

- Hospital Authority
- 25 beds

Lillian M. Hudspeth Memorial Hospital

- Hospital District
- 12 beds

Sid Peterson Regional Medical Center

- Not-for-profit
- 124 beds

Fort Duncan Regional Medical Center

- Investor owned
- 101 beds

The Association for Community Health Improvement (ACHI) points out that this assessment process provides help in understanding where the needs are, and where and how to spend the available health care dollars in a community. ACHI also describes the importance of the

Hospital working together as a partner with other local organizations (Schools, Churches, Businesses, other Healthcare entities, etc.) to improve the health of all citizens, from the child to the senior adult.

The Assessment included focus groups with representatives of the following constituencies:

1. Business and Industry representatives
2. Hispanic Chamber of Commerce Director
3. School superintendent, and members of leadership team
4. Representatives of Laughlin Air Force Base
5. Representatives of Mexican Consulate
6. Hospital District Governing Board Chair and other Board members
7. Hospital Volunteers President
8. Retired citizens and young adults
9. Home Health representatives
10. Sheriff, Chief of Police, City Fire Chief, Volunteer Fire Department Chief
11. Representatives of local Churches and Hospital Chaplains

The list of questions asked of each group is on page 20 in the Appendix. The focus groups and interviews were held primarily at the Hospital. In addition, two telephone interviews were conducted with individuals who could not attend one of the sessions, and several more submitted their comments by email. The participants included individuals of varying ages and races, with a variety of backgrounds. A focus group was also held with the Hospital Department Managers, and a meeting was held with the Chief Executive Officer and members of the Executive Team. Topics discussed included the major health needs of the community, participants' perceptions of the Hospital, and what the Hospital needs to do to address those needs.

The Hospital contacted Mr. Jose Guerrero, RN, who is a public health nurse with the Texas Department of State Health Services, Region 8. Mr. Guerrero listed the following major health needs in the community:

1. Need more primary and specialty physicians
2. Need more education on diabetes
 - a. How to control with minimal use of medications
 - b. Proper nutrition for control of diabetes and cholesterol
 - c. Many residents with complications from diabetes, including losing limbs, eyesight, and kidney function
3. Need to educate regarding controlling high blood pressure
4. Obesity very high among the population
5. Mental Health awareness
 - a. Depression, chronic depression, other behavioral challenges
 - b. Anger management

In terms of ways the Hospital can help address the health needs of the community, Mr. Guerrero offered the following:

1. Set up opportunities for community to meet medical providers in relaxed, informal settings.
2. Community needs to provide alternative treatments that are effective
 - a. Licensed acupuncturist
3. Providers should make referrals to Chiropractor's as appropriate
4. Offer Tai Chi and Yoga for all adults

Results of the focus group interviews were shared with the Chief Executive Officer of the Hospital. The findings were very broad, but common themes were discovered throughout the interviews and from those interviews, a prioritized listing of the most important issues has been developed.

While opportunities for improvement were offered, it is important to point out that positive comments were also made. Overall, the community appreciates having a local facility where services are provided without patients having to travel out of town. Many participants commented on the leadership of Mrs. Xochy Hurtado, and the positive changes that have occurred over the last three years. Additionally, other comments included:

1. Good Hospital and Providers
2. Good Radiology, Obstetrics, Newborn, and Surgery departments
3. Excellent Physical Therapy
4. Good nursing staff, friendly and caring
5. Improved care in Emergency Department with new providers
6. Very good Walk In Clinic
7. Excellent SANE program (concerns were expressed about the need for additional trained registered nurses).

Finally, the majority of participants indicated they have used or will use the Hospital or Clinic when needed. Some use a provider from outside the community, due to convenience or long-term relationships with those providers. Some habitually go elsewhere due to perceived quality issues, physician turnover, and lack of knowledge of specific services by specialty physicians.

Community Demographics

The Census of 2014 showed the population of Del Rio, Texas, to be 36,079, an increase of 6.5% since 2000. Val Verde County showed a population of 50,504, an increase of 13% since 2000. There were 10,820 households in Del Rio, with an average household size of 3.0. Val Verde County showed 14,977 households, with an average size of 3.15. The City of Del Rio land area is 15.4 square miles, with a population density of 2,377 people per square mile. Val Verde County land area is 3,170 square miles, with a population density of 16.0 people per square mile.

The median income for a household in Del Rio was \$42,500, compared to \$55,700 for the Texas average. The median age was 32.5 years, compared to 34.5 years for Texas.

Specific economic measures of Val Verde County are indicated below:

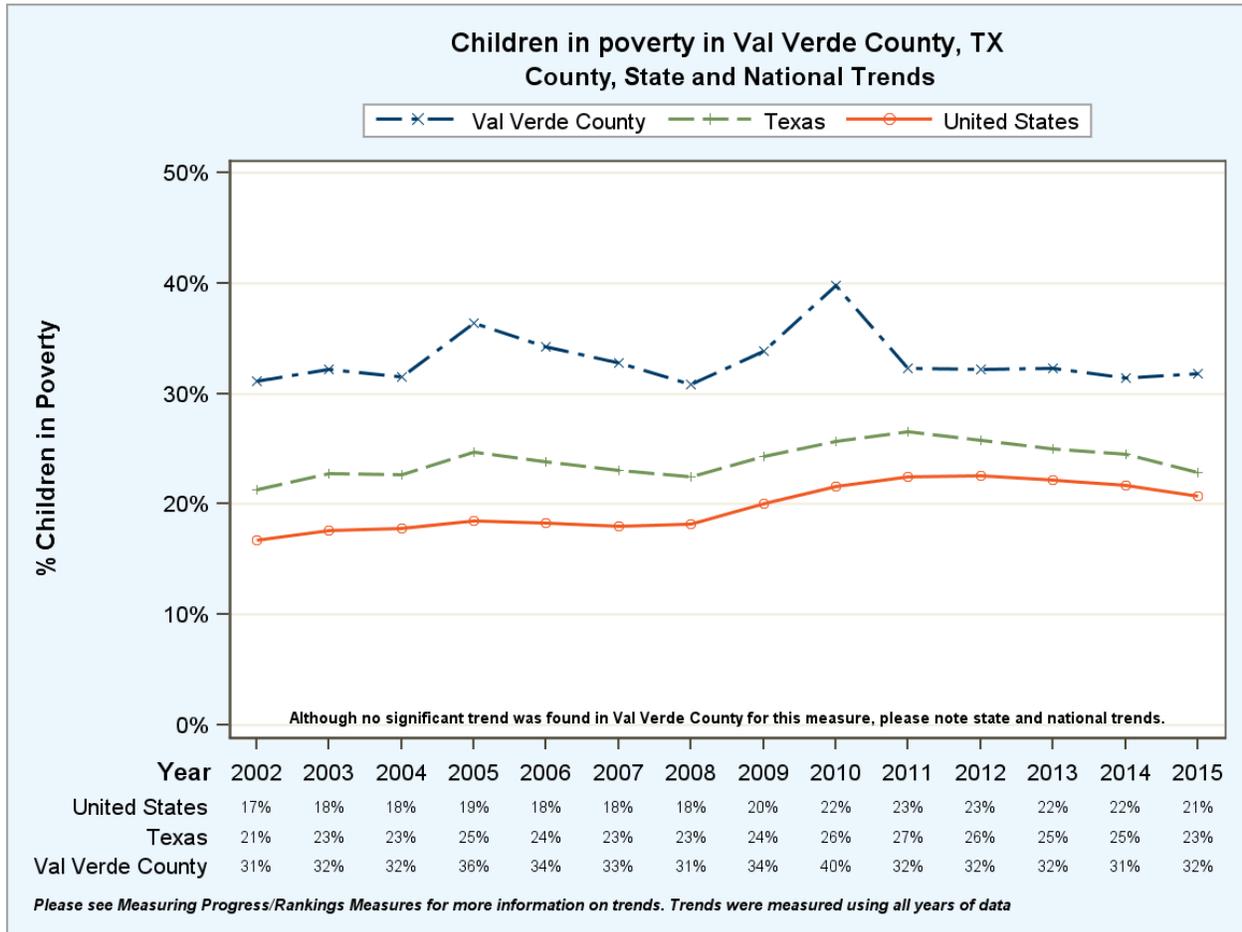
Figure 1

Measure	County	Texas
Unemployment (12/2017)	4.54%	3.7%
Uninsured Adults 2017	32.0%	26.0%
Uninsured Children 2017	14.0%	12.0%
Living in Poverty 2016, all ages	22.2%	15.6%
Children in Poverty 2017	32.0%	23.0%
Children eligible for free lunch program 2017	74.0%	59.0%

www.countyhealthrankings.org; Texas Center for Health Statistics; www.city-data.com; www.homefacts.com

The following graph, (Figure 2), from County Health Rankings, shows the trend line for children living in poverty. The percentage for Val Verde County has been flat since 2011, and is essentially at the same level as in 2002, while the state and national levels show a steady increase over that same period. County Health Rankings indicates that poverty can result in an increase in the risk of mortality and in prevalence of medical conditions and diseases. The Hospital cannot address poverty on its own, but as a community member, can partner with other groups on this important issue.

Figure 2



www.countyhealthrankings.org

County Health Rankings measures poverty by family, taking into consideration the number of family members and the number of children less than 18 years old. If the total family income is less than the poverty threshold, the family is considered in poverty.

The following chart, (figure 3), with information from Health Facts Profiles, produced by the Texas Department of State Health Services, shows the percentage of residents living below the poverty level, and the percentage of children living below the poverty level in 2009. It also shows percentages of residents without health insurance.

Figure 3

County residents below Federal Poverty Level, all ages	22.2%
County residents below Federal Poverty Level, Under 17 years of age	32.0%
<u>County residents without health insurance, Ages 0-64years</u>	26.0%
<u>County residents without health insurance, Ages 0-17 years</u>	14.0%

Health Facts Profile, TDSHS,2013: www.countyhealthrankings.org

Education levels for adults 25 years and over in Val Verde County, according to www.census.gov/quickfacts, are as follows:

- High School or greater: 66.9%
- Bachelor's degree or greater: 17.5%

Further, www.countyhealthrankings.org reports that 93% of ninth graders graduate in four years, and 49% of adults have some amount of college.

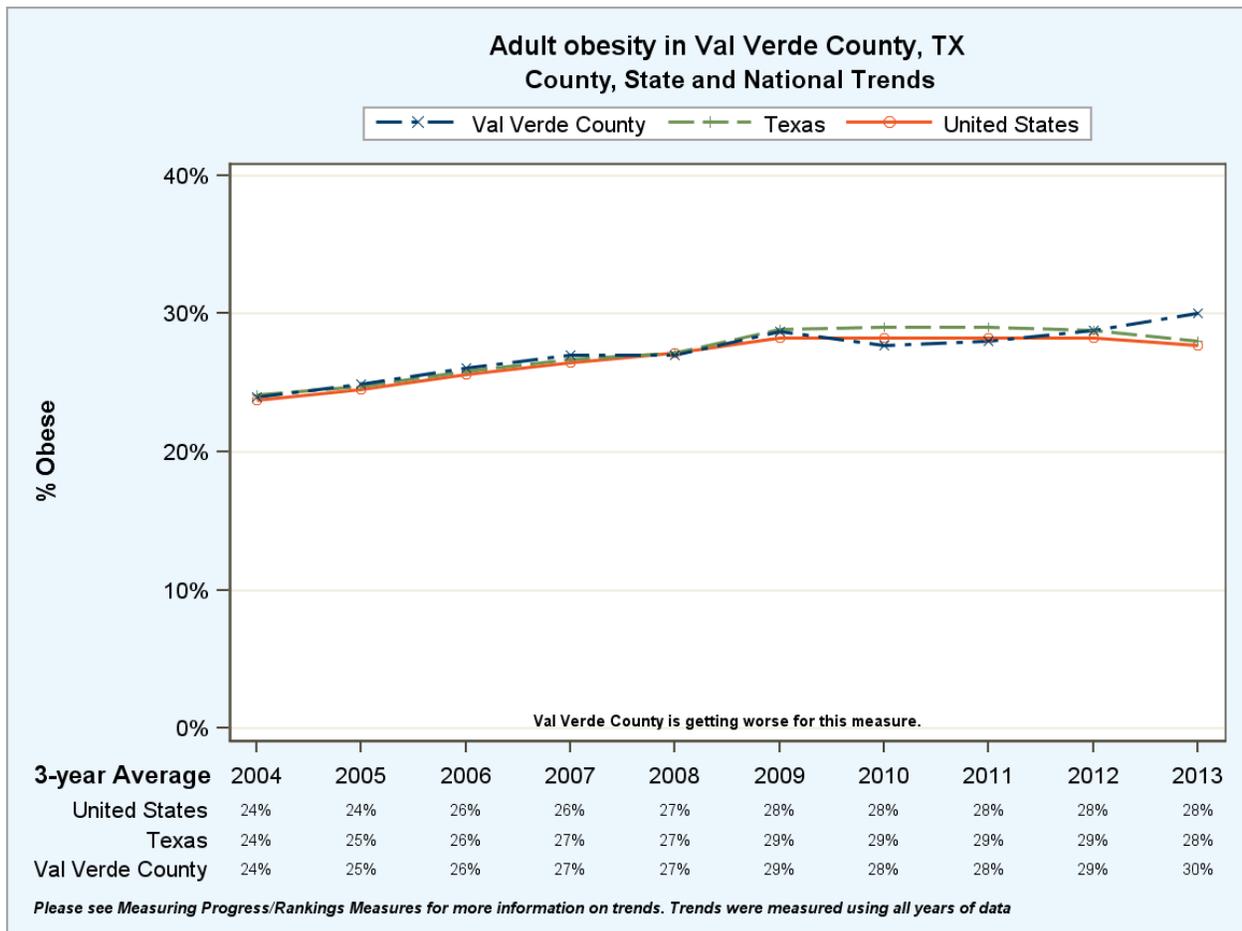
Val Verde County is a Health Professional Shortage Area (HPSA) for Mental Health and Primary Care Providers, and a Medically Underserved Area (MUA), as designated by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

County Health Rankings (www.countyhealthrankings.org) shows the following measures for Val Verde County for adult diabetes and obesity. Additionally, City-data.com (www.city-data.com) shows the 2016 rate for low-income pre-school obesity:

1. Adult Diabetes rate: 9.0% (9.0% in Texas)
2. Adult Obesity rate: 30.0% (28.0% in Texas)
3. Low-income pre-school obesity rate: 17.7% (15.7% in Texas)

These rates are comparable to other rural counties throughout Texas, and like most other counties, the rates are increasing in Val Verde County over time. These issues contribute significantly to the cost of health care, and the overall health of the community. Diabetes and Obesity were brought up in several of the Focus Groups as participants discussed major health issues in the community. For Val Verde County, exercise and education can be utilized in many areas to address this issue, both for adults and children. There has to be a willingness on the part of the community to address obesity and diabetes, in order for the health providers to have an impact. Continuing to provide education, and to promote a healthy lifestyle, are ways in which the Hospital can address these issues.

Figure 4



www.countyhealthrankings.org

Obesity is an area of concern, both in adults and in children, as it can lead to Diabetes, Coronary Artery Disease, Circulatory Disease, and many other chronic conditions, as well as premature death. According to the Texas Diabetes Council, in 2015, 11.4 % of Adults in Texas who are age 18 and above had been diagnosed with Diabetes (approximately 2.0 million people).

The Council reports that while there is no significant difference between males and females in the prevalence of Diabetes, the rate increases with age, impacting the elderly.

Further, the Council reports that 26,000 Texas youth (less than 18 years of age) have been diagnosed with Diabetes. Approximately one in every 400-600 children and adolescents in Texas has Type I Diabetes. Additionally, though it is rare, there is an increasing number of children and adolescents who have Type II Diabetes, or are pre-diabetic. Historically, Type II has been most common among adults 45 years and older. This is a major area of concern for healthcare providers and School Districts throughout the State and Nation.

Of significance to Val Verde Regional Medical Center, the Diabetes rate among Hispanics is higher than among other ethnic groups. Additionally, the incidence of hypertension tends to run high among Hispanics. The U.S. Census (www.quickfacts.census.gov) reported in 2015 that the population in Val Verde County of White (non-Hispanic or Latino) citizens was 15.6%. The African American population in Val Verde County was 1.3%. By ethnicity, 81.7% of the population in Val Verde County is of Hispanic or Latino origin. See figure 5 for another source of information on population. Although the sources are not exactly the same, and are from different years, the percentages are comparable.

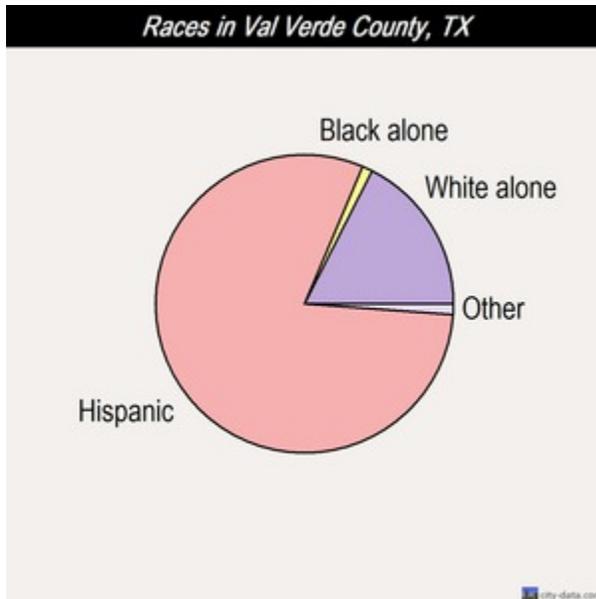


Figure 5

Races in Val Verde County, Texas:

- **Hispanic or Latino** (81.3%)
- **White Non-Hispanic Alone** (16.0%)
- **Black Non-Hispanic Alone** (1.1%)
- **Two or more races** (1.0%)

Read more: http://www.city-data.com/county/Val_Verde_County-TX.html#ixzz546UtqEHX

Additional chronic diseases being treated in Del Rio and Val Verde County include Cardiovascular and Respiratory illnesses, along with Congestive Heart Failure, Hypertension, and other diseases. According to County Health Rankings, www.countyhealthrankings.org, Val Verde County ranks number 67 of 243 Texas Counties in terms of Health Outcomes, which is indicative of length of life and quality of life. In looking at Health Factors, which includes health behaviors, clinical care, socio-economic measures, and physical environment, Val Verde County ranks number 173 of 243 Texas Counties.

The following table from County Health Rankings shows the incidence of certain behaviors, and how Val Verde County compares to best performers in the United States as well as all counties in Texas. Physical inactivity is related to obesity, diabetes, and other health issues.

Figure 6

Health Behaviors	Val Verde County	Top US*	Texas
Physical Inactivity	28%	19%	23%
Access to Exercise	86%	91%	84%
Teen Births**	78	17	49
Adult smoking	16%	14%	15%
Adult obesity	30%	26%	28%

*Best performers in US

**Teen births per 1,000 population of ages 15-19

www.countyhealthrankings.org

The Hospital can use the information from County Health Rankings to view a variety of measures, including those above, and compare Val Verde County to other counties in Texas. The website also provides information on programs that others are using to address such health needs as these.

Priorities Identified

Before considering the results of this assessment, it is important to look at the last assessment, completed in 2015, and review the progress the Hospital has made. The following priorities were identified at that time:

1. Medical Staff
 - a. Increase number of Primary Care Providers
 - b. Increase number of and access to Specialty Providers
 1. Oncology, Gastroenterology, Orthopedics, Cardiology
 2. Pediatrics, Neurology, Urology, Dermatology, Ophthalmology, Geriatrics
 - c. Increase access to Mental Health services
 - d. Update recruitment plans to account for gaps in coverage as well as for future retirements
2. Major health issues identified
 - a. Diabetes
 - b. Hypertension
 - c. Obesity
 - d. Renal
 - e. Mental health, including for children
 - f. Cancer
 - g. Allergies, Dental Dermatology, ENT
 - h. Preventive Medicine
 - i. Care for Seniors
 - j. Care for Veterans

3. Patient Services
 - a. Issues with Emergency Department
 - b. Difficulties in getting appointments, confusion with Walk-in Clinic hours
 - c. Customer service issues in Hospital
 - d. Issues with Billing Department
 1. Errors
 2. Collections process
 3. Contact person(s) for questions or concerns
 - e. Wound management
4. Marketing of services and educational offerings
 - a. Increase involvement in community
 - b. Seek partnerships with schools and other organizations
 - c. Increase patient education opportunities
 - d. Healthy life style
5. Hold health fairs and other offerings off site, to draw in participants
 - a. Churchs, schools, adult day care centers
6. Consider variety of methods to communicate to the public
 - a. Newspaper, social media, community meetings
 - b. Consider use of Mexican radio stations to broaden the audience
 - c. Promote providers, services (Walk-in Clinic), programs (air ambulance)

Based on the priorities, the following recommendations were made and action plans were developed by the Hospital.

1. Utilizing the upcoming Physician Manpower Assessment, update and maintain the current Medical Staff Management Plan to insure availability of Primary and Specialty Care providers, commensurate with the needs of the community.
2. Review the Hospital's ability to address the major health issues in the community, particularly Diabetes and Obesity, through adequate staffing, programs, equipment, and space. Consider partnerships as appropriate.
3. Continue plans to correct the issues in the ER and Business Office, including potential of customer service training.
4. Review the feasibility of re-establishing the wound management program.
5. Review and modify the marketing plan as needed, to insure on-going marketing of services throughout the community, to include educational offerings being held in the community.

Since the completion of the 2015 CHNA, the Hospital has added several new providers in Pediatrics, Obstetrics, and General Surgery, and has recruited additional Pediatricians and Family Physicians, who are arriving during this year. One of the Family Physicians has extensive experience in Geriatrics. An additional General Surgeon is also joining the community. In terms of Specialty Clinics, the Hospital has added Interventional Cardiology and Cardiac Rehab, and is recruiting providers in Podiatry, Pulmonology, Orthopedics/Spine, Urology, (retiring from the Air Force), OB/GYN, Gastroenterology, and ENT. The Hospital has

made a major commitment to recruitment of Physicians and mid-level providers, and the results are benefitting the community.

Telemedicine for Mental Health has continued to be developed, and other uses for that technology are under consideration. Further, the Walk-in Clinic has been moved into a larger space and is being utilized by many in the community. The feasibility of providing hyperbaric services for wound care was reviewed and it was determined that there is not enough patient volume to support such a program in Del Rio, since programs already exist in Eagle Pass and Uvalde.

There has been a great deal of effort to expand the marketing outreach of the Hospital, and several participants in the focus groups commented on the progress that has been made. Additionally, efforts are on-going to enhance the Hospital's ability to address the major health issues in the community, to include adding partnerships, particularly with the School District. The Hospital will be developing a Community Advisory Committee and has hired a Population Health Coordinator to address the health needs of the community.

Finally, the Chief Financial Officer is focusing on the revenue cycle, to include addressing concerns that were expressed in the focus groups regarding billing and collections. Major changes are being made in the Emergency Room, to include a new group of contracted providers, and early indicators are that this has been a positive move. Additionally, the Hospital is working on process improvement as well as customer service training needs.

With the successful implementation of many of the items included in the 2015 assessment, the Hospital will be able to continue on track with the 2018 assessment.

In reviewing the information in the 2018 assessment, it is important to remember that many of the comments made are based on perception. Most of the participants have had at least some experience with the Hospital. Even if a comment was only perception and not based on experience, it is reality to that individual and needs to be considered.

The following topics were most often repeated by a significant number of participants, and are listed as priorities for the Board and Administration to consider as future planning is being done.

1. Physician access
 - a. Add/expand specialty clinics, including Cardiology, ENT, Dermatology, Orthopedics, Oncology, and others
 - i. Address difficulty in getting timely appointment
 1. Changing physician schedule templates for easier scheduling
 - ii. Several of these specific specialists being recruited now
 1. Five Pediatricians and three Family Practice physicians by the end of 2018
 - b. Add primary care providers to shorten time for getting appointments
 - i. New physicians (Family Practice and Pediatrics) recruited to start in 2018
 - c. Increase services/providers for Mental Health issues
 - i. Primary focus with population health initiative
 - ii. Continue/expand tele-psych services

- iii. Partner with other organizations to address counseling needs
- 2. Service needs
 - a. Chronic disease issues
 - i. Diabetes and Obesity
 - ii. Cardiology
 - iii. Mental health
 - iv. Allergy
 - 1. Possibly clinic with ENT Group
 - v. Oncology
 - vi. Gastroenterology
 - vii. Neurology
- 3. Community outreach (through population health strategic plan)
 - a. Nutrition issues and Obesity
 - b. Healthy living/preventive health for all ages
 - c. Offer classes in community as well as on site
 - i. Schools, community centers, churches, neighborhoods
 - d. Partner with community organizations on major issues and topics
 - i. School system, Office of Public Health, City/County offices
- 4. Communication needs
 - a. Continue to promote providers and services available at the Hospital
 - i. Utilize variety of means to communicate
 - 1. Billboards, social media, newspaper, community presentations
 - b. Publish schedule of specialty clinics
 - c. Publicize the new Emergency Room group to show efforts to improve access and quality

Physician Access

Many participants in the focus groups spoke highly of the physicians and mid-level providers in the Clinic, as well as most of the specialists who are now coming to the Clinic. However, many expressed concern with the length of time it takes to get an appointment for primary care, and the length of time often spent in the waiting room once they arrive for their appointment. The availability of the Walk-in Clinic is seen by most as a good alternative. The arrival of additional Pediatricians, and of the Family Practice physicians, will certainly help address the delays in getting in to see a provider.

There were a few suggestions about additional specialists, particularly in Dermatology, Orthopedics, Oncology, Mental Health, and ENT. Some were not aware of the level of Cardiology services being offered, or which other specialists are visiting the community. Some participants also expressed that because the specialists come infrequently, it can be difficult to get an appointment with them. This seemed to be one of the reasons that people choose to go out of town for specialty care, even with specialists available. Participants also pointed out that additional specialists and/or additional appointment times would be helpful in reducing travel time for patients, many of whom are elderly.

Community members still speak a lot about the Emergency Room, and there are many anecdotes of long waits and/or clinical quality issues, (primarily before the new group arrived), and the fact that the physicians are not part of the community. Some participants have

experienced the new ER group, and all but one were very complimentary. This is an opportunity to let the community know about the new group, especially since one of the new physicians is from Del Rio originally.

The most important reason to address Physician Access is, of course, to meet the needs of the community. Beyond that, supplementing Primary Care with a good mix of Specialty Clinics is also important for keeping community members in Del Rio.

Service Needs

While there was an overall appreciation for the Hospital from most participants, there was also a concern for addressing chronic diseases in Del Rio, including Diabetes, Heart, Cancer, and Mental Health. As noted earlier, the rate of Diabetes in Val Verde County is 9.0%, and Obesity in Adults is 30.0%. These two conditions can lead to many other issues related to the Heart and Vascular systems, as well as other major health issues. The health needs of an aging population were discussed in several groups, specifically relating to chronic diseases. According to the Centers for Disease Control, one in two adults has a chronic disease, and one in four has two or more. 86% of health care dollars are spent on treating chronic diseases.

The issue of Mental Health needs was expressed in every focus group, by many individuals. It was generally agreed that the availability of tele-psych services is helpful, but that there is still a great need among children and adults for follow-up counseling services. Law enforcement also has concerns about the need to transport patients who require hospitalization, with a severe shortage of beds across the state. The coalition that is working on establishing a facility in the region, if successful, will be able to help ease that issue.

The issue of Mental Health services is a major problem for rural communities everywhere, and it cannot be solved by Hospitals and providers alone. It is a community issue, and requires support of community organizations and leaders in order to be resolved.

Because of the shortage of mental health professionals and the issues of reimbursement, the majority of counties in Texas, and throughout the nation, are facing the same issue. Some are beginning to look to telemedicine as Val Verde Regional Medical Center has already done, and this is one of the most promising options for communities. The Hospital cannot solve all community health issues by itself, but there may be opportunities to partner with other organizations on these important issues. The Hospital could work with others to help address these needs, perhaps through grants or other sources.

Community Outreach

It was noted that the Hospital currently offers education in the community, either through the Health Fairs, periodic classes that are offered, or other means. Community members stated that they would like to see more offered on major health topics, such as diabetes awareness, both on site and in the community. There are members of the community who are less likely to attend activities at the Hospital, due to transportation, language barriers, or other reasons, but would be more likely to participate if offered in their neighborhood churches or activity centers.

Many participants encouraged the Hospital to seek opportunities to partner with community organizations, such as the city, county, businesses, churches, and schools. Partnership efforts could include education and screening, and access to active lifestyle options for all ages. Representatives of the School District indicated an appreciation for what the Hospital does for the community, its' current partnerships with the School District, and a desire to work with and support the Hospital in any other way possible. One suggestion was that available space in some of the school properties might be used by the Hospital for educational or screening activities.

Communication Needs

It was noted that the level of communication efforts over the last three years has been significant, and more than one participant spoke of the Hospital's presence in the community. The Health Fairs being offered, speakers being provided at civic and other organizations, and other means of communicating signify the desire of the Hospital to educate and inform the community. While there is a great deal being done to communicate with the community, there is still always the chance that someone will miss the information, so continuing to offer as much information as possible, through a variety of means, is important.

Suggestions from the focus groups included publicizing the new Emergency Physician group from the standpoint of the increased quality of care, as well as publicizing general Hospital data such as the number of particular procedures done, quality data, and other aspects that will help promote the quality of the Hospital and its' providers and services. It was also suggested that the Hospital regularly publish the schedules of the specialty clinics, which may already be done.

Summary and Recommendations

In summary, the feedback from the various participants can be very beneficial to the Hospital, as the Board and leadership plan for the future needs of the Hospital. The level of services currently being provided by the Hospital, and particularly the improvements and expansions that have occurred in the last three years, are a prime example of what can be done when the Board, Administration, Providers, and Staff work with the community to provide the right services in the right location, at the right time.

Val Verde Regional Medical Center is indeed a community-based entity, by virtue of the services it offers, and its current status in the community. Building on what exists today, listening to the community and to the Staff, and seeking innovative ways to deliver care will benefit the community for years to come. The sharing of the findings from this report, (which is a requirement of the IRS), with members of the community is a very important step, as it shows not only that the Hospital sought out their input, but that it is listening and willing to address that input. Once this report and an implementation plan have been approved by the Board, it can be posted to the website. For community members who may not see the website, other means should be considered for dissemination of the findings, as practical.

The future establishment of the Community Advisory group and the Population Health effort are very important to meeting the health needs of Del Rio and Val Verde County, and the Hospital is to be commended for these efforts.

Recommendations are as follows:

1. Continue to assess the needs for specialty care in the community, adding services if needed and feasible.
2. Using the population health model that is being developed, determine ways to further address the Mental Health needs of the community. (It is recognized that the critical shortage of mental health professionals, as well as many other social and financial road blocks, make this a difficult task. The Hospital can provide leadership, but it will require a community effort to accomplish this).
3. Continue to expand educational offerings in the community, partnering with schools and other organizations, particularly the work that is already being done with diabetes education, as well as other chronic diseases.
4. Continue efforts to improve the billing and collections process, with a customer service focus. The Community Advisory group will be an excellent vehicle to address this issue, which continues to create a significant amount of dissatisfaction toward the Hospital.

I want to thank Xochy Hurtado for inviting TMSI, Inc. to return to Del Rio and conduct this Community Health Needs Assessment. I also offer my thanks to Becky Alexander for scheduling the participants, and for support and hospitality while I was at the Hospital. I also appreciate all the individuals who took time to share their insights into the health needs of Del Rio and the surrounding area. Val Verde Regional Medical Center is recognized as a vital part of the community, and shows a strong commitment to its' needs.

Appendix

Focus Group Questions

1. What is healthy about Del Rio/Val Verde County?
2. What are the major health issues in your community?
3. What are your perceptions of Val Verde Regional Medical Center?
4. Do you use the Hospital? If not, why not?
5. What can the Hospital do to address the health issues in the community?

Major Data Sources

1. www.city-data.com
2. www.countyhealthrankings.org
3. www.quickfacts.census.gov
4. www.hrsa.gov
5. www.dshs.state.tx.us/diabetes/
6. www.dshs.state.tx.us/CHS