



Val Verde Regional Medical Center Community Health Needs Assessment

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Executive Summary

A Community Health Needs Assessment (Assessment) was conducted for Val Verde Regional Medical Center, (Hospital) on October 12-15, 2015, 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 of the Val Verde Regional Medical Center speaks of high-quality care, responding to community needs, working with other providers through collaborative arrangements, maintaining fiscal responsibility, and insuring continuous quality improvement. By listening to members of the community, and by 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, which has an average daily census of 30 patients, other hospitals in the area include:

Uvalde Memorial Hospital

- Hospital Authority
- 66 beds

Lillian M. Hudspeth Memorial Hospital

- Hospital District
- 12 beds

Peterson Regional Medical Center

- Not-for-profit
- 124 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 Vision Statement indicates that the Hospital recognizes its' role in the community.

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

1. Business Leaders, Chamber of Commerce representatives
2. Ministers
3. County Sheriff
4. City Manager, Assistant Fire Chief, EMT
5. Hospital District Board and Corporate Board members, Medical Staff members
6. Auxiliary members, Volunteer Chaplains
7. Border Organization members, Val Verde Park Services representative, Teachers
8. Retired community members, members of young families
9. Representatives of small businesses
10. Representatives of Laughlin Air Base, retired military
11. Representatives of radio and newspaper
12. Public Health representative, Del Rio office, Texas Department of State Health Services

The list of questions asked of each group is on page 19 in the Appendix. The focus groups were held at the Hospital, with a variety of participants in each one. Each group had individuals of varying ages and races, with a variety of backgrounds. Some were elected, some employed, and some were retired. Focus groups were also held with the Executive Team and the Hospital Department Managers. 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.

In addition to the six health-related questions asked of each group, the community members were also asked the following:

1. What are your impressions of Val Verde Regional Medical Center becoming an affiliate of the Methodist Healthcare System of San Antonio?

2. Val Verde Regional Medical Center is considering changing its' logo. What are your thoughts about it being changed? Do you have any concerns, or suggestions?

A telephone interview was held with Mr. Jose Guerrero, who is with the Family Community Health Center, Texas Department of State Health Services, in Del Rio. Mr. Guerrero oversees the clinic for Del Rio and Val Verde County, providing immunizations, and seeing patients who have sexually transmitted diseases or tuberculosis. The Clinic also coordinates with the Independent School District to provide education on general health topics, such as the importance of handwashing. He stated that 90% of the children they see are citizens of the United States, attend school in Del Rio, but live in Mexico, and have no insurance. Most of the others they see live in Del Rio, but moved from Mexico. One of the important issues for his patients is the difficulty in connecting with a Primary Care Physician. The three Federally

Qualified Health Clinics in Del Rio will periodically open their schedules for walk-ins, and that is an opportunity for those children to see a provider.

Mr. Guerrero stated that the major health issues in the County relate to Obesity, Diabetes, Hypertension, and other general chronic illnesses. He said that Mental Health, particularly depression, is also a major issue.

Mr. Guerrero also stated that a lack of specialists, particularly in Neurology and Urology, cause problems for many residents who have difficulty traveling to San Antonio or San Angelo, and would like to see the Hospital provide increased specialty care. Other specialties he believes are needed include Endocrinology, and he would like to see availability to alternative therapies such as acupuncture for physical and emotional illnesses.

Finally, with the high incidence of Diabetes and of Obesity, he thinks it would be helpful if the Hospital would increase the availability of education on nutrition and exercise, and on managing Diabetes. Mr. Guerrero has some interaction with the Hospital and/or its Clinics, and is very interested in exploring other ways to partner in order to help address the health needs of the community.

Results of the Focus Group interviews have been 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 fair to point out that positive comments were also made. The community appreciates the improvements that have been made in the last recent years, as well as the ways in which Ms. Xochy Hurtado has begun making improvements, and has been very visible in the community. Positive comments were also made about the Hospital's participation in community activities, and the value of having a hospital in the community. Additionally, the following specific services were highlighted:

1. Good care provided
2. Good physicians and mid-level providers
3. Friendliness and competence of Hospital and Clinic staff
4. Willingness of staff to help find answers when needed
5. Labor and Delivery staff providing great care

Finally, one of the questions asked of all groups was whether they use the Hospital and Clinic. While some stated that they or their family members choose to go elsewhere, most respondents stated that they do utilize Val Verde Regional Medical Center and/or will do so when the need arises in the future.

Community Demographics

The Census of 2013 showed the population of Del Rio, Texas, to be 35,589, a 5.1% increase since 2000. Val Verde County showed a population of 48,974, an increase of 9% since 2000. There were 10,778 households in Del Rio, with an average household size of 3.19. Val Verde County showed 15,082 households, with an average size of 3.14. The City of Del Rio land area is 15.4 square miles, with a population density of 2,306 people per square mile.

The median income for a household in Del Rio was \$38,645, compared to \$51,714 for the Texas average, and the estimated per capita income was \$17,107. The median age was 32.7 years, compared to 34.0 years for Texas.

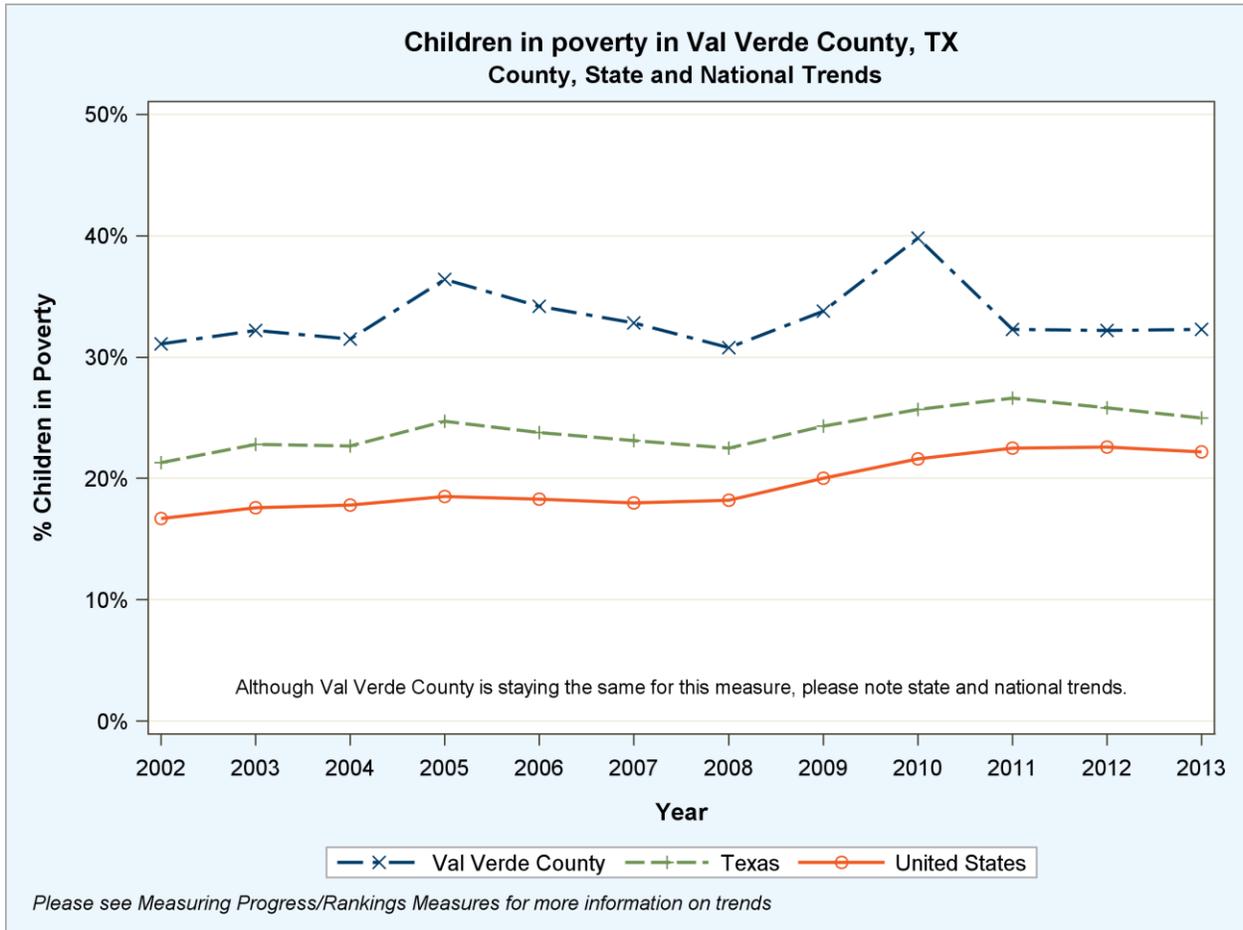
Specific economic measures of Val Verde County are indicated below:

Figure 1

Measure	Val Verde	Texas
Unemployment (9/2015)	5.8%	4.4%
Uninsured Adults	37.0%	31.0%
Uninsured Children	15.0%	13.0%
Living in Poverty	22.1%	17.6%
Children in Poverty	32.0%	25.0%
Children eligible for free lunch program	67.0%	44.0%

The following graph, (Figure 2 on page 7), from County Health Rankings shows the trend line for children living in poverty. Although the percentage in 2013 was the same as it was in 2002 for Val Verde County, the percentage in Texas and in the United States is increasing. County Health Rankings indicates that poverty can result in an increase in the risk of mortality and in prevalence of medical conditions and diseases.

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, based on an article published by The Texas Tribune in 2011, gives a breakdown of the total county residents in poverty, based on three age groups, as well as by race.

Figure 3

County residents below Federal Poverty Level	24.0%
Under 18 years of age	33.1%
18-64 years of age	19.0%
65+ years of age	25.2%
White, non-Hispanic/Latino	9.6%
Black	32.5%
Hispanic/Latino	27.1%

American Community Survey, US Census Bureau, The Texas Tribune 12/15/11

Education levels in Val Verde County, according to www.quickfacts.census.gov, are as follows:

- High School or greater: 67.0% (81.2% Texas)
- Bachelor’s degree or greater: 15.3% (26.7% Texas)

Further, www.countyhealthrankings.org reports that 87% of ninth graders graduate in four years, and 47.7% of adults 25-44 years of age have some amount of college.

Val Verde County is a Health Professional Shortage Area (HPSA) for Primary Care, Dental Care, and Mental Health 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).

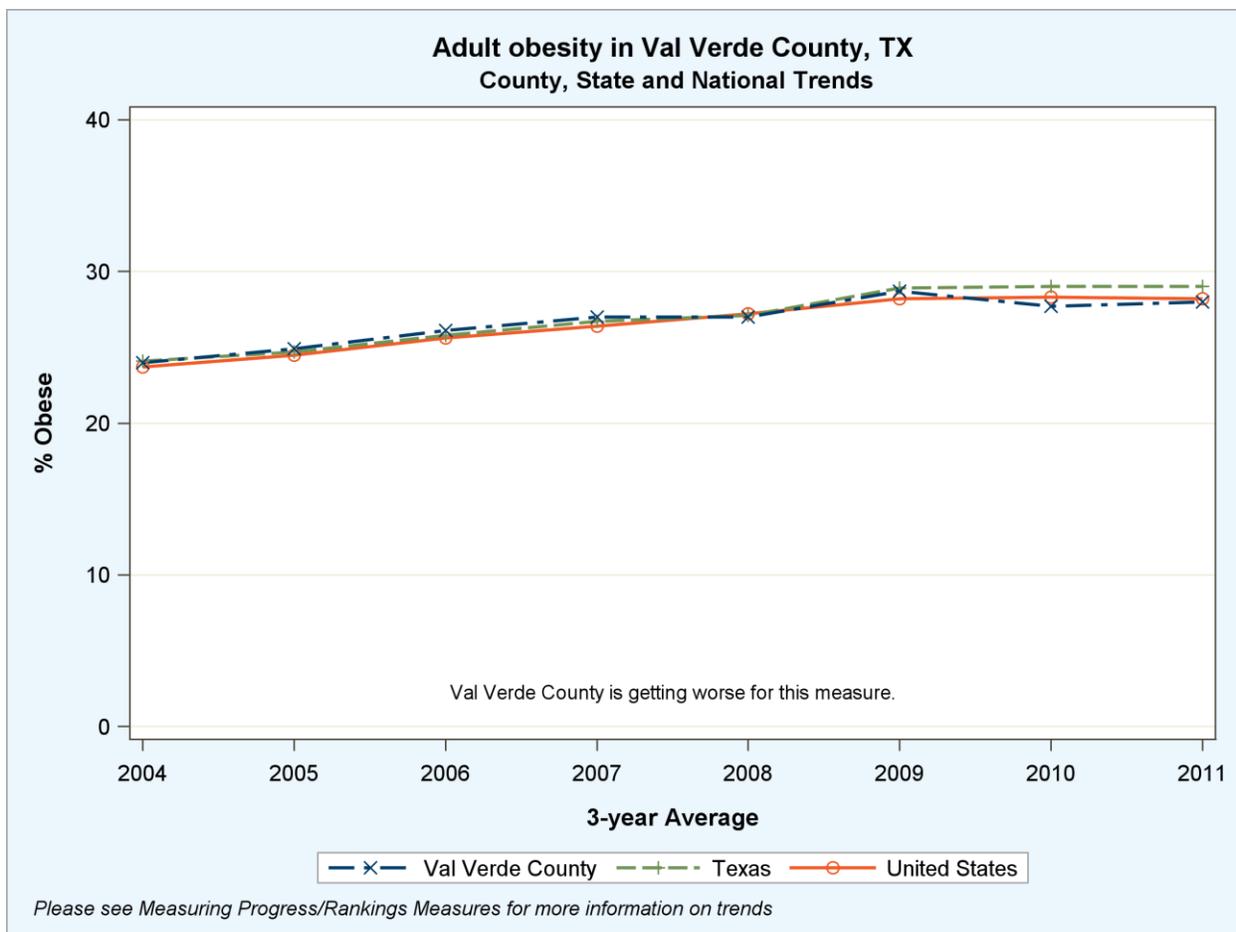
County Health Rankings (www.countyhealthrankings.org) shows the following measures for Val Verde County for Adult diabetes and obesity. Additionally, City-data.com (www.city-data.com) shows the 2012 rate for low-income pre-school obesity:

1. Adult Diabetes rate: 10.0% (9% in Texas)
2. Adult Obesity rate: 28.0% (29.0% 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. While the numbers are not particularly higher for Del Rio and Val Verde County, these three issues contribute significantly to the cost of health care, and the overall health of the community. All three were brought up in the Focus Groups as participants discussed major health issues in the community. The rate of Obesity among adults is growing in Val Verde County, as well as across the United

States, as indicated in Figure 4. Exercise and education are being 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 and Clinic can help.

Figure 4



www.countyhealthrankings.org

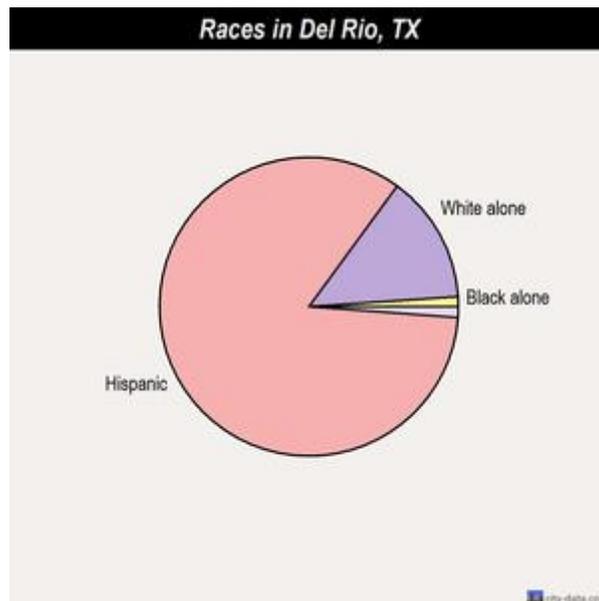
Obesity is an area of concern, both in Adults and in Children, as it can lead to Diabetes, Coronary Artery Disease, Circulatory Disease, and many other chronic conditions, as well as premature death. According to the Texas Diabetes Council, 9.7% of Adults in Texas who are age 18 and above have been diagnosed with Diabetes (approximately 1.8 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. This is a major area of concern for Healthcare Providers and School Districts throughout the State and Nation.

Of significance to Del Rio and Val Verde County, 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 2013 that the population in Val Verde County of White (non-Hispanic or Latino) citizens was 17.2% and in Del Rio, 13.8%. The African American population in Val Verde County was 1.8%, and in Del Rio, 1.5%. By ethnicity, 80.2% of the population in Val Verde County is of Hispanic or Latino origin, and in Del Rio, 84.1%.

Figure 5

Races in Del Rio, TX (2013)



White alone	14.0%
Hispanic/Latino	84.6%
Black alone	1.1%

Read more: <http://www.city-data.com/city/Del Rio -Texas.html#ixzz3g42f8fnY>

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 48th of 237 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 102nd of 237 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, and is common in most communities, particularly rural communities, where opportunities for exercise are limited.

Figure 6

Health Behaviors	Val Verde County	Top US*	Texas
Physical Inactivity	26%	20%	23%
Access to Exercise	85%	92%	84%
Teen Births**	81	20	55
Adult smoking	12%	14%	17%
Adult obesity	28%	25%	29%
Alcohol-impaired driving deaths	27%	14%	33%

*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 in Interviews

Much of the information presented from the focus groups is based on the perceptions of the members of the community, most of whom have had some experience with Val Verde Regional Medical Center and its services and staff. Even if a comment made was only perception and

not based on actual experience, perception is reality to those individuals, and needs to be considered. Additionally, information shared in focus groups and/or interviews is often what gets repeated within the community, and therefore becomes the basis for what people believe about the Hospital.

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 developed.

1. Medical Staff

- a. Increase number of Primary Physicians/Mid-level Providers
- b. Increase number of and access to Specialty Providers
 - i. Oncology, Gastroenterology, Orthopedics, Cardiology
 - ii. Pediatrics, Neurology, Urology, Dermatology, Ophthalmology, Geriatrics
- c. Tele-psych is used, but increased access to Mental Health services is needed
- d. Update recruitment plans to account for current 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 Pediatrics
- 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
 - i. Long waits, perceived errors in diagnosis and treatment
 - ii. Lack of communication with patients/families
 - iii. Complaints about Physicians
- b. Difficulties in getting timely appointments; confusion with Walk-in Clinic hours
- c. Customer service issues in Hospital
- d. Issues with Billing Department
 - i. Errors
 - ii. Collections process
 - iii. Contact person(s) for questions or concerns
- e. Wound management

- i. With the Hospital no longer having a hyperbaric chamber, patients go to Eagle Pass (One participant stated that the Lions' Club would help with the purchase)
- 4. Marketing of services and educational offerings
 - a. Increase involvement in community, through sponsored programs, speakers
 - b. Seek opportunities to partner with Schools, Churches, other organizations
 - c. Increase patient education opportunities
 - i. Diabetes, nutrition in general
 - ii. Healthy life style/preventive health
 - d. Hold health fairs and other educational offerings off site, to draw in participants
 - i. Churches
 - ii. Schools
 - iii. Adult Day Care centers
 - e. Consider variety of methods to communicate to the public
 - i. Newspaper, social media, community meetings (State of the Hospital)
 - ii. Consider use of Mexican radio stations to broaden the audience
 - iii. Promote providers, services (Walk-in Clinic), programs (air ambulance)

Medical Staff Services

Participants in the interviews spoke about the need to add specialists, and/or to increase the frequency of visits of current specialists. It was suggested that any increase in the frequency of specialty visits would be helpful in reducing the need to travel out of the community. For many, trips to San Antonio and San Angelo are becoming more challenging, due to age or expense.

Additionally, many expressed the frustration in getting timely appointments, and in long waits once in the Clinic. The need for additional Primary Care providers, and for additional Pediatricians, was spoken of in practically every focus group. The Walk-in Clinic has relieved some of the frustrations for acute needs, but the issues with getting general appointments are high on the list of concerns in the community.

The Hospital is fortunate to have a strong group of Physicians and Mid-level providers available, but several are in the later stages of their careers. With the upcoming Physician Needs Assessment, it will be important for the Administration and Board to maintain an on-going proactive Medical Staff Management plan that clearly defines the on-going needs in the community for both primary and specialty care.

Major Health Issues Identified

While there was a strong appreciation for the Hospital from many participants, there was also a concern for the impact of chronic diseases in Del Rio, including Diabetes, Cardiovascular,

Cancer, Hypertension, and issues of particular importance to the elderly population, such as Dementia and Joint Disease. As noted earlier, the rate of Diabetes in Val Verde County is 10.0%, and Obesity in Adults is 28.0%. These two conditions can lead to many other issues related to the Heart and Vascular systems, as well as other health issues. Renal disease was also brought up by participants, and appreciation for local dialysis services was expressed.

The Hospital cannot solve all community health issues by itself, but there may be opportunities to partner with other organizations on the issues of Mental Health. The Hospital could work with others to help address this issue, perhaps through grants or other sources. While the Hospital does offer tele-psych services through the Emergency Room, there are still gaps in the level of care provided for adults and children, as there are in every community.

In general, several participants spoke of the needs of an aging population, stressing the importance of addressing chronic health issues as well as the importance of a proactive healthy lifestyle.

Patient services

The most consistent topic discussed in the Focus Groups was the Emergency Room. Concerns revolved around long waits, lack of communication with patients and families, and Physician attitudes. Although there was usually an appreciation for the fact that the most critical patients receive care first, many participants felt that the waits in general are excessive. Several individuals felt that the long waits would be better tolerated if the patient and family were communicated with while waiting. It was said that the department previously had a staff member who would periodically update those who were waiting, and that it was helpful.

Several participants spoke of good experiences in the ER, including one whose spouse's life was saved. However, there is a lack of confidence in the ER among many in the community. Each group was advised that Ms. Hurtado is working on a new program to address issues in the ER, and implementation will occur by December.

As an alternative to the ER, the Clinic and the Walk-in Clinic are appreciated. However, the general consensus is that getting appointments in the Clinic is a challenge, for adults and children. One person reported a two month time frame to get a routine appointment, and others agreed with the statement. As noted under Medical Staff Services, addressing the availability of Primary Care Providers will have a positive impact. The Walk-in Clinic received good marks from the participants, many of whom have used it. The main frustration at this time is the lack of clarity of hours of operation. Apparently the hours have been changed several times since the Clinic opened, and community members are not sure what the operating hours actually are.

The issue of customer service came up several times, and while some think there has been improvement, others believe that more needs to be done. In general, participants were very complimentary of the Nursing staff and other departments, but felt that customer service in general should be addressed throughout the organization. A focused training program on customer relations, if not already in place, should be considered.

Numerous comments were made about the Hospital's billing and collections process. Examples were given often, such as duplicate billings, collection letters on accounts that had been previously paid, and one person who said a call was received from the Collection agency before the patient was dismissed. Several participants stated that the staff in the Business Office do their best to help when contacted, but there isn't a clear understanding about whom to call when issues arise. Participants were advised that Administration is aware of the problems and is working diligently to correct them.

Finally, one service that was brought up several times was the need for a hyperbaric unit for wound management and for diving injuries. Apparently there was one at some point in time. Eagle Pass offers this service, so patients travel there when they have a need. Because the Hospital is preparing to undergo a strategic planning process, this service could be reviewed as to its' potential success in the community.

Marketing of services and educational offerings

It was acknowledged that the Hospital participates in activities in the community, and people would like to see an increased participation through sponsored activities, presentations to community organizations, and other activities, thereby increasing the Hospital's visibility to the people of Del Rio. It was also suggested that partnerships with other organizations, such as the Schools, the City and County governments, Churches, and other agencies should be considered.

As noted earlier, the major health issues in the community that were most frequently mentioned, and which provide opportunities for education, are:

- a. Diabetes and Obesity
- b. Renal disease
- c. Hypertension
- d. Mental health
- e. Cardiac issues
- f. Cancer
- g. Care for Seniors
- h. Dental care, especially for children

Diabetes and Obesity are considered by the community to be serious issues, and are admittedly a matter of culture and ethnicity to a great extent. However, additional teaching and counseling on these two related issues will be favorably received by the community, and there is an opportunity for the Hospital to take the lead in how the community addresses these issues.

The Hospital is in a unique position to provide such education, both among the adult population as well as with those under 18 years of age. The rate of Diabetes in children in Del Rio appears to be stable, according to several participants, but the rate of Pre-school Obesity for

low-income children is at 17.7%, and addressing nutrition and healthy living at an early age is important. Educating the children can be an important first step in educating their parents.

Participants expressed the need for education on healthy living, to include nutrition and exercise, and preventive care. Several commented that the Hospital is doing a better job of being in the community but needs to increase its visibility. There is the belief that many do not know the “story” of the Hospital from the standpoint of what services it can offer, and how it sees itself as a part of the broader Del Rio community. A “State of the Hospital” could be an annual program, and could be offered in a variety of venues.

It was suggested that health fairs and other educational or screening services should be held off site, as some people simply will not go to the Hospital for such activities. A participant stated that some will be more likely to take part in free screenings and related activities if they are offered in the community rather than at the Hospital. It was suggested that Churches and/or community centers would be appropriate locations to reach many of the residents of Del Rio.

In terms of communicating information, it was suggested that, in addition to using newspaper and social media, the Hospital should consider using the Mexican radio stations to reach those who do not or cannot read the newspaper and who may not have access to Facebook. The various media are a good resource to promote the Providers, the services, such as the Walk-in Clinic, and new programs, such as the Air Ambulance.

As with every community in the State, Del Rio and Val Verde County have individuals who are dealing with one or more major health issues. The Health Fairs and other screening activities that have been held in the past were described as very important by many, and participants want to see these continue, especially out in the community. The fact that they were brought up in several focus groups points to the value of some form of community education. Again, as with every community, the growing number of senior citizens presents a special need for education on disease prevention, education, and counseling on specific diseases. The Hospital is encouraged to seek opportunities to partner with other organizations to continue and expand educational offerings.

Summary and Recommendations

In summary, the feedback from the various participants can be very beneficial to the Hospital, as the future needs of the Hospital are considered. The level of services currently being provided by the Hospital is 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. The partnership with Methodist Health Systems has been well received by members of the community, as reflected in the Focus Groups, and is seen as a major advantage for the Hospital and the community.

Val Verde Regional Medical Center is indeed a community-based entity, by virtue of the services it offers, and as reflected in the Mission Statement. 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 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. Based on the federal requirements, both the Community Health Needs Assessment and the Implementation Plan, after Board approval, are to be shared with the Community, either by posting on the website and/or distributing by other means.

Recommendations are as follows:

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.

TMSI, Inc. is appreciative of Xochy Hurtado and her team, especially Mari Acosta, Angela Prather, and Hatali Breckenridge, for assistance in scheduling the participants for the interviews. We 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. It has been a pleasure to assist you in conducting this Community Health Needs Assessment.

Appendix

Focus Group Questions

1. What is healthy/unhealthy 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?

In addition to these specific questions, participants also were asked to comment on their perceptions of the Methodist affiliation and the potential changing of the current logo. Responses to these two questions have been shared with the CEO.

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/