

Community Health Needs Assessment  
Kerr County, Texas  
2012



*Your Life. Our Calling.*



# Perspective

creating a sense of  
health in the community

The Community Health Needs Assessment defines opportunities for health improvement, creates a collaborative community environment to engage multiple change agents, and opens a transparent process to listen and truly understand the health needs of Kerr County, Texas.

The federal government through the Internal Revenue Service now requires that not-for-profit hospitals conduct a community health needs assessment. These census-like studies help health care providers build stronger relationships with their communities, identify needs, and dedicate funding and other resources toward programs that clearly benefit local residents.

## Participants

Targeted community and health care organizations collaborated to implement a four-stage process focused on identifying and defining local health issues, concerns and needs. The four-month process centered on gathering and analyzing data to provide direction for the full report.

## Project goals and objectives

- Continue the formal and comprehensive community health assessment process that will allow for the identification of key health and health service issues, and a systematic review of health status in Kerr County.
- Create an infrastructure that will permit ongoing updating and easy dissemination of available data.
- Initiate a collaborative partnership with all stakeholders vested in the health of our community.
- Create a health profile to outline the priorities and resource allocations in our community.

# Who Told Us What

data collection and review



The health of the community was studied extensively through primary and secondary research models. Data was gathered using several methods:

- 16 key community members, employers, and government representatives were interviewed one-on-one for their perspectives on community health needs and issues.
- Information gathered using public health sources and hospital-specific data.
- A Community Summit was conducted the next month with 50 community leaders and citizens. The audience consisted of healthcare workers, business leaders, city and county government representatives, school district representatives, hospital and university members, and other concerned community members.



*'We initiated the Community Health Needs Assessment with the goal of identifying public health needs, goals, objectives, and priorities. Although the assessment was a requirement of the IRS, we embraced the opportunity to unveil the findings and use the information as the foundation for improving and promoting the health of our community.'* Patrick Murray, President/CEO Peterson Regional Medical Center.

*'The four month process involved key community members and the general public every step of the way and was a wonderful regional collaboration. Yes, the assessment was required by the federal government but what we learned about our community through this extensive process will benefit every single person we serve for years to come.'* Lisa Winters, Director of Marketing, Peterson Regional Medical Center.



# Collaboration

is key to good health

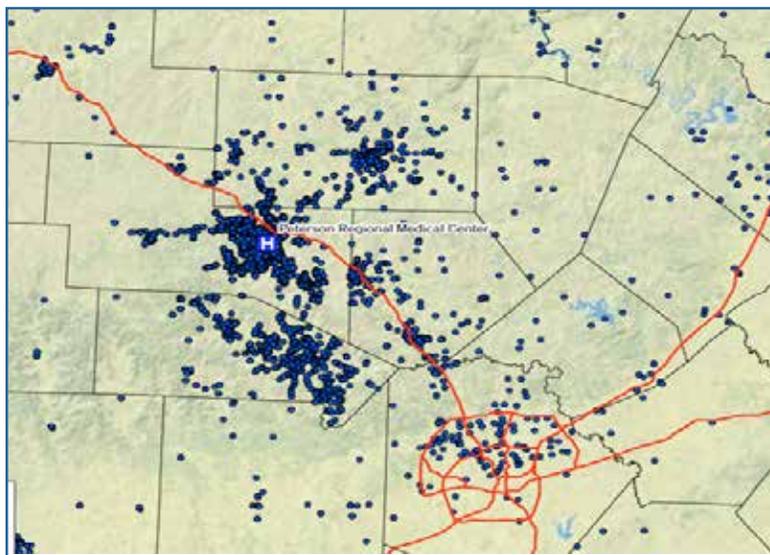


## Community Engagement and Transparency

We are pleased to share with our community the results of the Community Health Needs Assessment. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another.

## Implementation Plans

To successfully create a true sense of health in Kerr County, it is necessary to have a collaborative venture which brings together all of the care providers, citizens, governments, schools, businesses and industries around an effective plan of action. A comprehensive plan will be coordinated across the county to help ensure adequate availability of needed and wanted services.



Data was gathered using Peterson Regional Medical Center's health information for Kerr County. The map above shows the use of healthcare services by residents both in and outside Kerr County.

## Key Demographic Statistics

- The median age of Kerr County (47.5) is higher than Texas (33.7) and the US (37.2).
- The median household income of Kerr County (\$39,350) is significantly lower than Texas (\$47,753) and lower than the U.S. (\$50,227).
- The per year growth rate from 2011 to 2016 of Kerr County (1.07% ) is lower than Texas (1.51%), but higher than the US (.67%)
- The medical care index for Kerr County (104) is higher than Texas (98) and the U.S. (100). This measures out of pocket healthcare spending of the population.
- The racial and ethnic make-up of the county is 88% white, 2% black, and 24% of Hispanic origin.

- The income distribution of the county 22.5% high income, 44.2% middle income and 33.3% low income, which is similar to the US. The US has slightly less high income 19.9% and slightly higher low income, 35.3%



In 2012, Kerr County ranked 161st healthiest County in Texas out of 221 counties with data (1 being the healthiest and 221 being the unhealthiest). This ranking places Kerr County in the Third Quartile. Texas is ranked the 44th healthiest state out of the 50 states.

#### Key findings of the Community Health Needs Assessment, *according to Stratason consulting team*

Kerr County's motto of 'Lose your heart to the hills' hints at the beautiful outdoors and accompanying activities that abound in the area. When analyzing the health status data, local results were compared to Texas and the top 10% of counties in the US. Where the county results differ significantly negatively from the State, we see an opportunity for group and individual actions that results in improved community ratings. There are several lifestyle gaps that need to be closed to move Kerr County up the ranking to be the healthiest community in Texas and eventually the Nation. Based on this study, the issues needing more attention are: Health behaviors rank low at #153; smoking, obesity, physical inactivity, excessive drinking, motor vehicle crash death rate, and teen birth rate. Social and economic factors rank low at #93: some college, children in poverty, and inadequate social support. Health Outcomes ranks low at #161, #127 for mortality (premature death) and #199 for morbidity: poor to fair health, poor physical health days, poor mental health days, and low birth weight babies.

The overall demand for health services in Kerr County is growing with an aging population. The estimated inpatient visits per population is higher than TX and the US with Kerr County generating 8,137 inpatient hospital visits per year. The estimated physician office visit rates are also higher than Texas and the US with 210,652 physician office visits per year. Outpatient visit rates are equal to Texas, but less than the US, with Kerr County generating 11,484 visits per year. Emergency department visit rate is slightly less than Texas and less than the US. These trends are consistent with an older population, using more inpatient and physician office visits and less outpatient and emergency visits.

#### There are three broad themes that emerged in this process:

- Kerr County needs to create a "Sense of Health" that permeates the culture of the counties, cities, employers, churches, and community organizations, so everyone can buy into health improvement.
- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes.
- While any given measure may show an overall good picture of community health, there are significantly challenged subgroups.

What follows are the key findings of the study. The results for Kerr County are compared to results reported for all of Texas and the US benchmark which is the 90th percentile of the United States, top 10% (only 10% are better than the benchmark).

# Key Findings

## of the community health needs assessment

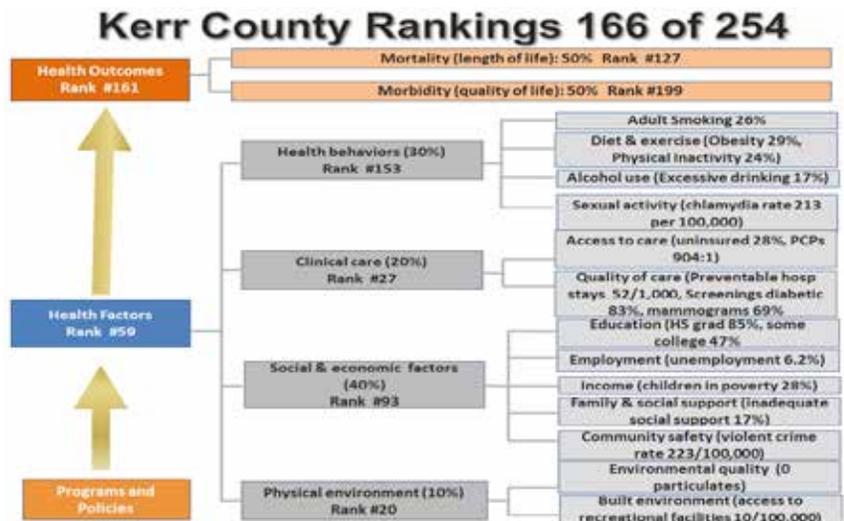
### Overall Health

#### Strengths

- The Physical Environment ranks high for Kerr County at #20. These are factors such as: air pollution-particulate matter days, air pollution-ozone days, access to recreation facilities, access to healthy foods, and access to fast food restaurants
- Clinical care ranks high at #27 consisting of factors: air pollution, access to recreational facilities, limited access to healthy foods and access to fast food restaurants

#### Opportunities

- Health behaviors rank low at #153: smoking, obesity, physical inactivity, excessive drinking,, motor vehicle crash death rate, sexually transmitted infections and teen birth rate
- Social and economic factors rank low at #93: high school graduation, some college, children in poverty, inadequate social support, violent crime rate
- Health Outcomes ranks low at #161, #127 for mortality (premature death) and #199 for morbidity (poor or fair health, poor physical health days, poor mental health days, low birth weight babies)



### Health Outcomes

#### Strengths

- The percent of adults reporting poor or fair health (17%) is lower than Texas, but higher than the US Benchmark

#### Opportunities

- Kerr County's % of low birth weight babies (10.2%) is higher than Texas (8.2%) and the U.S. benchmark of 6%
- Years of potential life lost before age 75 per 100,000 population is higher than Texas and the US Benchmark and has been increasing
- Poor physical health days out of the last 30 days are higher at 4.1 than Texas at 3.6 and the US Benchmark of 2.6
- Poor mental health days out of the last 30 are higher at 4.0 than Texas at 3.3 and the US Benchmark at 2.3
- The Northern segment of Kerr County indexes higher for taking a prescription drug for asthma than the US
- Kerr County indexes higher for taking a prescription drug (insulin) for diabetes than the US, particularly the eastern section of the county
- Kerr County indexes higher for taking a prescription drug for high blood pressure than the US, particularly the northwest section of the County and the areas south of PRMC

### Social and Economic Factors

#### Strengths

- Lower prevalence of violent crime in Kerr County (223 per 100,000 pop.) than Texas (503), but higher than the U.S. benchmark at 73
- Unemployment is lower in Kerr County (6.2%) than Texas (7.1%), and the US (7.8) but higher than the U.S. Benchmark of 3%
- Kerr County has a 85% high school graduation percentage, compared to Texas at 84%

#### Opportunities

- Higher percentage of children living in poverty in Kerr County (28%) than Texas (26%) and the U.S. Benchmark of 13%
- Lower post-secondary education rates (47%) compared to Texas (56%), and the U.S. Benchmark of 68%
- Kerr County has lower median household income than Texas and the US.



## Health Behaviors

### Strengths

- Sexually transmitted infections are lower in Kerr County (213 Chlamydia infections per 100,000 pop.) than Texas (435), but higher than the US Benchmark of 84
- Leisure time physical inactivity (percent of adults age 20 and over reporting no leisure time physical activity), 24%, is lower in Kerr County than Texas (25%) but higher than the US Benchmark of 21%

### Opportunities

- Motor vehicle crash death rate per 100,000 population (27) is significantly higher than Texas (17) and the US Benchmark of 12
- Adult Smoking in Kerr County is significantly higher (26%) than Texas (19%) and significantly higher than the U.S. Benchmark of 14%. Kerr County also indexes higher than the US for smoking 9+ packs of cigarettes per week.
- Adult obesity, 29%, is the same as Texas and higher than the US benchmark of 25%
- Obesity puts people at increased risk of chronic diseases: diabetes, kidney disease, joint problems, hypertension and heart disease
- Teen Birth Rate per 1,000 female population, ages 15-19 (67) is higher than Texas (63) and the US benchmark of 22
- Excessive drinking (the percent of the adult population that reports either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average is higher at 17% than Texas at 16% and the US Benchmark of 8%

## Clinical Care

### Strengths

- Input from the community is very positive regarding care at Peterson Regional Medical Center
- Diabetic screening is higher at 83% than Texas (81%) but below the US benchmark of 89%
- Mammography screenings are higher at 69% than Texas (62%) but below US benchmark of 74%
- Preventable hospital stays (Hospitalization rate for ambulatory sensitive conditions per 1,000 Medicare enrollees) at 52 is lower than Texas (73) and close to the US Benchmark of 49.

### Opportunities

- The percent uninsured at 28% is higher than Texas at 26%, and higher than US benchmark of 11% as well as the US average of 16%
- The number of population per physician is high, although slightly less than Texas, but well above the US Benchmark. The physician needs analysis indicates a shortage of primary care physicians. The community needs to work together collaboratively with the hospital and existing medical staff to attract more primary care and specialists to the community.

## Physical Environment

### Strengths

- Air pollution is 0 and there have been no chemical releases
- The fast food restaurants as a percent of total restaurants at 48% is lower than Texas (53%), but higher than the US benchmark of 25%
- The percent of low income population with no grocery store near is lower at 2% (better) than Texas (12%) but above (worse) the US benchmark of 0%
- Access to recreational facilities per population is higher (10 per 100,000 pop.) than Texas (7), but below the US benchmark of 16.



In October over 50 members of our community gathered to learn the results from the assessment and begin a plan of action.

The Summit attendees each listed the three most important health issues in Kerr County and placed them on the wall. The results of the exercise are below.

1. Access and Affordability (24)
1. Obesity (18)
1. Chronic Diseases (primarily diabetes) (9)
2. Smoking/Tobacco use 7
3. Education/Personal responsibility 6
4. Mental health 4
5. Substance abuse 3
6. Aging 3
7. Other 3 (stress, teen pregnancy & preventable injuries)



Collectively, the group offered to tackle six primary concerns and begin a plan of action. In a table top exercise, community summit leaders broke into groups and outlined goals to solve the problem and highlight individuals or organizations that could support Peterson in each particular area.

### 1. Access and Affordability:

Goal 1: Increase fill rate and compliance with prescribed medication

Action 1: Provide low cost medication lists to doctors, clinics and Emergency Department

Action 2: Provide comprehensive patient education on need for and the risks associated with not taking prescribed medication

Action 3: Create a fund to offset cost of medication for lower income residents

Responsible: Physicians, social workers, mental health professionals

Goal 2: Recruit three additional primary care providers

Action 1: Use/retain physician recruiters

Action 2: Provide financial incentives for physicians to locate to Kerr County

Action 3: Create new/different practice model

7 Responsible: PRMC



Goal 3: Increase the % of pregnant females receiving prenatal care in the first trimester

Action 1: Develop education/communication plan for school nurses

Action 2: Work with the pregnancy resource center

Responsible: Raphael Clinic, school systems

## 2. Obesity:

Goal 1: Maintain 29% obesity in Kerr County for next 3 years and decrease obesity by 1% by the end of 2017

Action 1: Increase community awareness of current situation through educational offerings, newspaper and food bank

Action 2: Sponsor Health/Wellness Fairs at local businesses 2 times per year

Action 3: Area fitness centers organize a free group/community physical activity 1 time per month

Action 4: Local businesses organize a free group/community physical activity 1 time per month (intra business challenges)

Responsible: PRMC, media, Dietert Center, school districts, food bank, churches, YMCA, fitness centers, Kerrville Area Chamber of Commerce

Goal 2: Decrease childhood obesity

Action 1: Obtain county level Youth Risk Behavioral Survey data from the Center for Disease Control for Kerr County by oversampling Kerr County to obtain obesity data or create our own survey

Action 2: Expand walking program to all Kerr County Schools (similar to program currently offered at Starkey)

Responsible: Kerr County Independent School District, YMCA, school nurses, youth agencies

## 3. Chronic Diseases and Education:

Goal 1: Create health education alliance for Kerr County and implement by the end of 2013

Action 1: Identify participants and potential resource agencies (PRMC, KCAD, Schreiner, MHMR) and form steering committees and organize by end of 2013

Action 2: Create educational awareness programs and make available for community presentations in 2013

Responsible: PRMC, KCAD, Schreiner, MHMR, physicians



Goal 2: Develop community education strategies for specific chronic diseases, e.g. diabetes

Action 1: Improve community awareness about incidence/prevalence of diabetes in Kerr County

Action 2: Expand screenings at large public venues (Wal-Mart, H.E.B. universities, high schools)

Action 3: Expand the diabetes strategy as more disease management oriented care emerges, as opposed to episodic, incident based using case studies and testimonial based speakers

Responsible: Media, Civic groups, Emergency Department, PRMC

#### 4. Smoking/Tobacco Use:

Goal 1: Continue the reduction of youth tobacco use from 12% to 10%

Action 1: Develop an awareness campaign

Action 2: Seek state and not-for-profit organizations grant funding

Action 3: Training and awareness of suppliers regarding age of buyers and enforcement

Responsible: PRMC, schools, not-for-profit organizations, suppliers, law enforcement

Goal 2: Clearly identify the areas of highest tobacco use and develop programs to reduce tobacco use by 5% in 5 years

Action 1: Increase the number of smoking cessation programs

Action 2: Utilize local cancer victims and their families and vendors including specific incentives

Action 3: Convene a group to develop the programs and implement the plan

Responsible: Public Health Organization, PRMC, law enforcement, recovery personnel

#### 5. Mental Health/Substance Abuse:

Goal 1: Recruit a psychiatrist

Action 1: Hire a recruiter

Responsible: PRMC, medical staff, community



Goal 2: Connect mental health/substance abuse resources

Action 1: Host a summit of mental health providers to determine needs, estimate capabilities, and address needs

Action 2: Establish list of community resources

Responsible: PRMC

Goal 3: Offer new programs and ongoing engagement based on results of the summit

Action 1: Implement programs identified

Action 2: Work to continue to identify new programs and needs

Responsible: PRMC

## 6. Aging Issues:

Goal 1: Decrease the amount of self neglect within the senior population

Action 1: Improve access to information about available resources

Action 2: Educate the workforce

Responsible: PRMC, churches, not-for-profit organizations, Dietert Center, physicians, social workers, case managers

Goal 2: Reduce healthcare costs

Action 1: Implement a new outpatient clinic to decrease inappropriate ER visits

Action 2: Educate stakeholders for volunteers and mobilize to help

Responsible: Providers, case managers, social workers, not-for-profit organizations, and parent-teacher organizations

Goal 3: Attract younger workers and retain our youth to work in healthcare professions

Action 1: Expand business community to support economic development

Action 2: Continue the training and tuition incentives for nursing and other health professions

Action 3: Maintain competitive salaries to retain and recruit

Responsible: Kerrville Area Chamber of Commerce, Convention and Visitors Bureau

# *Giving Credit Where Credit is Due*



## Acknowledgements

The Community Health Needs Assessment is just the first step in the right direction as Peterson Regional Medical Center continues to identify, meet, and improve the needs of our community.

We would like to acknowledge the efforts of this collaborative group. It is energizing when a diverse group of citizens come together to work toward a common cause. Funding of this project has been provided by Peterson Regional Medical Center.

Participation in the interviews and in creating the Kerr County Community Health Improvement Plan:

Alamo Area Council of Governments  
City of Kerrville  
Dietert Center  
First Christian Church of Kerrville  
Hill Country Cares  
Hill Country Community Journal  
Kerrville Area Chamber of Commerce  
Kerrville Police Department  
Kerr County Sheriff's Office  
Kerrville Daily Times  
Kerr County Commissioners  
Kerrville Independent School District  
Partners in Ministry  
Peterson Community Care  
Peterson Foundation

Peterson Home Care  
Peterson Hospice  
Peterson Regional Medical Center and  
Board of Directors and Staff  
Plaza on the River Nursing and Rehabilitation  
Raphael Clinic  
Rotary Club  
Schreiner University  
Security State Bank & Trust  
Stratasan, L.L.C.  
Sound Physicians (Hospitalists)  
Texas Department of Health  
Texas Department of State Health Service  
Tivy High School Parent Teacher Organization  
and other community members.

*This is not the end of  
the road...the journey  
continues!*



Currently, several small groups will form to begin implementation on several fronts related to the goals and actions identified in the Community Summit. Please contact Lisa Winters at Peterson Regional Medical Center for information regarding ongoing efforts and how you may get involved.

The primary and secondary research is the basis of the Community Health Needs Assessment report for Kerr County, Texas. The health information contained in these reports will be utilized to define community health priorities, develop an updated community plan and guide collaboration and resource allocation.

Meet the people from Peterson Regional Medical Center who have brought this important information together. As a community, we are appreciative of their work, their time and their talents.

- Peterson Regional Medical Center, Board of Directors
- Patrick Murray, President/Chief Executive Officer
- Steve Pautler, Chief Operating Officer
- Bob Walther, Chief Financial Officer
- Lisa Winters, Director of Marketing

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