



Photo Credit: Tilson Homes

2022

Gillespie, Blanco and Kendall Counties, TX

Community Health Needs Assessment

*Paper copies of this document may be obtained at: Hill Country Memorial Hospital
1020 S State Hwy 16, Fredericksburg, TX 24333 or by phone 830-997-4353 or via the hospital website.
hillcountrymemorial.org*

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Perspective / Overview

About Hill Country Memorial Hospital

Who We Are

We are: Innovators, dreamers, believers, experts, caretakers, life givers. We are a lot of things, but above all, we are Hill Country Memorial.

At Hill Country Memorial, we take a different approach to health care. We are passionate about helping our patients achieve lifelong happiness and wellbeing.

We believe there is so much more to medical care than sick care. With a focus on individualized care and a team of dedicated medical professionals, we are a comprehensive yet intimate medical system which develops close relationships with our patients. We feel personally responsible for every life that begins here, and every life that is saved or enhanced in our system of remarkable care.

Vision, Mission & Values

Vision

Empower others. Create healthy.

Mission

Remarkable Always.

Values

Compassion, Ownership, Innovation, Excellence

Hill Country Memorial will always be a health care organization born from the community, built to serve the community.

Aside from our exceptional health care offerings and convenient locations, we also have robust structures in place to give back to the areas we serve and improve the health of the community on a holistic scale.

Our Services

We provide our community with a comprehensive array of services to help, heal and care for you. Our primary goal has always been your wellness. So whatever care you require, we are determined to be here for you every step of the way.

Service Offerings:

- Post-Acute Care Services
- Supportive Care
- Home Care
- HCM Medical Group
- Immediate Care Clinics
- Maternity Care/Obstetrics
- Emergency Care
- Outpatient Services
- Hospice
- HCM Ambulatory Surgery
- HCM Wellness Center
- Orthopedics
- Breast Center
- Primary Care
- Gastroenterology
- Wound Care

Creating a Culture of Health in the Community



Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.Countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Gillespie, Blanco and Kendall Counties, Texas.

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.

2022 Community Health Needs Assessment

This document is a hospital facility-specific Community Health Needs Assessment (CHNA) for Hill Country Memorial Hospital (HCMH).

Hill Country Memorial Hospital, as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and services company based out of Nashville, Tennessee, provided the analysis of community health data, analyzed survey data, conducted the interviews and provided community health education to the hospital board and community leaders.

- ✔ Starting on December 31, 2022, this report is made widely available to the community via Hill Country Memorial Hospital's website <https://www.hillcountrymemorial.org> and paper copies are available free of charge at Hill Country Memorial Hospital 1020 S State Hwy 16, Fredericksburg, TX 24333 or by phone 830-997-4353
- ✔ Hill Country Memorial Hospital's Board of Trustees approved this assessment in December 2022.

PROJECT GOALS

- ① To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making, and collective action that will improve health.
- ② To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
- ③ To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

“ We initiated the Community Health Needs Assessment with the goal to assess the health and needs of the community. This process is an affirmation of what we’ve been doing to improve health and has jumpstarted our next implementation plan,” said Jayne Pope, CEO Hill Country Memorial Hospital.

The information gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the community to inform and support our implementation plans,” added Amanda Stevens, Chief Strategy Officer, Hill Country Memorial Hospital. ”

Community

Input and Collaboration

Data Collection and Timeline

In April 2022, Hill Country Memorial Hospital began a Community Health Needs Assessment for Gillespie, Blanco and Kendall Counties and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in June – July 2022.
- 23 community members participated in individual interviews for their perspectives on community health needs and issues from July 25-29, 2022.
- 423 surveys were completed: 178 landline phone, 97 cell phone, 148 Web-based (23 via SurveyMonkey) from July 1-August 19, 2022.
- Videos were produced to educate the board and community about the secondary community health data as well as the results of the community interviews and surveys.

Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community’s health needs.

Participation by those Representing the Broad Interests of the Community

Twenty-three individuals participated in interviews and 423 in the surveys to contribute to a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Gillespie, Blanco and Kendall Counties. The four-month process centered on gathering and analyzing data, as well as receiving input from persons who represented the broad interests of the community, to provide direction for the community and hospital to create a plan to improve the health of the communities.

Participation in interviews creating the Gillespie, Blanco and Kendall Counties Community Health Needs Assessment and Improvement Plan included:

Organization
Bethany Preschool
School District
Red Cross
Golden Hub
St. Barnabas Episcopal Church
Bethany Lutheran Church
Gillespie County Veterans Service Officer
Economic Development Commission
Emergency Medical Services
Texas A&M Extension
Good Samaritan Clinic
Police Chief
Victory Fellowship
St. Thomas Orthodox Church
Mayor
Holy Ghost Lutheran Church
Chamber of Commerce
Gillespie County Health Division
Emergency Services District Board
Fredericksburg City Council; St. Barnabas Episcopal Church
Needs Council
Fredericksburg Independent School District
Emergency Services



Photo Credit: HCMH

Community Engagement and Transparency

Close to 500 members of the community participated in individual interviews and the survey. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of our communities. 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 every citizen in one way or another; and join in the improvement efforts.....

Input of the Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received through interviews and the community survey. Agencies representing these population groups were intentionally invited to the interviews. The community survey was representative of the whole community – by age, income, and education.

Input of those with Expertise in Public Health

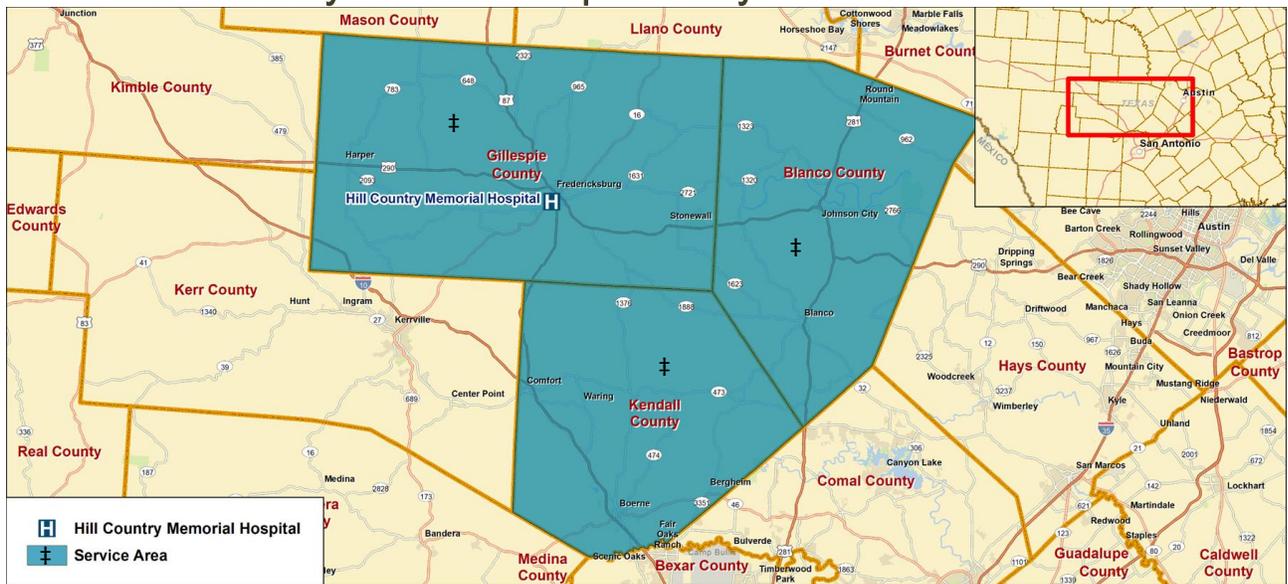
The Texas Department of Health participated in the interviews.

Community Selected for Assessment

Gillespie, Blanco and Kendall Counties was the primary focus of the CHNA due to the service area of Hill Country Memorial Hospital. Used as the study area, Gillespie, Blanco and Kendall Counties provided 62.65% of inpatient discharges from January 1, 2021, through December 31, 2021. The community includes medically underserved, low-income, and minority populations who live in the geographic areas from which Hill Country Memorial Hospital draws their patients.

All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Hill Country Memorial Hospital's Financial Assistance Policy.

Hill Country Memorial Hospital Study Area - 2022



Key Findings

Community Health Assessment

Results

Based on the previous CHNA priorities, secondary data, interviews, and surveys, the following significant health needs will be the focus of the work of community over the next three years.

1. Access to Affordable Care and/or Insurance
2. Behavioral/Mental Health
 1. Specific Focus on Suicide
3. Healthy Eating-Active Living
 1. Specific focus on adult obesity
4. Chronic Disease
5. Substance Misuse
6. Environmental Factors
 - Childcare
 - Transportation
 - Financial Insecurity: Food, Housing, Poverty
 - Domestic Violence

Process and Methods

Both primary and secondary data sources were used in the CHNA.

Primary methods included:

- Interviews with community members
- Community online, landline and cell surveys
- Hospital employee surveys
- Community provider surveys

Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomics – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences

Description of the Communities Served

Demographics

The table below shows the demographic summary of Gillespie, Blanco and Kendall Counties compared to Texas and the U.S.

	3 Counties Combined	Gillespie County	Blanco County	Kendall County	Texas	USA
Population	86,649	28,128	11,951	46,570	29,969,514	333,934,112
Median Age	48.7	52.5	49.1	46.5	35.3	38.8
Median Household Income	\$74,906	\$59,764	\$66,251	\$89,053	\$63,524	\$64,730
Annual Pop. Growth (2021-2026)	2.57%	1.3%	1.1%	3.7%	1.5%	0.7%
Household Population	34,698	12,051	4,923	17,724	10,615,809	126,470,675
Dominant Tapestry	The Great Outdoors (6C)	Midlife Constants (5E)	Exurbanites (1E)	The Great Outdoors (6C)	Up and Coming Families (7A)	Green Acres (6A)
Businesses	4,132	1,582	494	2,056	988,897	12,013,469
Employees	31,141	11,542	3,775	15,824	11,723,194	150,287,786
Health Care Index*	122	104	108	136	99	100
Average Health Expenditures	\$7,614	\$6,471	\$6,705	\$8,460	\$6,149	\$6,237
Total Health Expenditures	\$264.2 M	\$78.0 M	\$33.0 M	\$149.9 M	\$65.3 B	\$788.8 B
Racial and Ethnic Make-up						
White	89%	73%	88%	89%	67%	69%
Black	1%	2%	1%	0%	13%	13%
American Indian	1%	2%	1%	1%	1%	1%
Asian/Pacific Islander	1%	1%	1%	1%	5%	6%
Other	7%	19%	7%	7%	12%	7%
Mixed Race	2%	4%	3%	3%	3%	4%
Hispanic Origin	25%	52%	20%	26%	40%	19%

Source: Esri

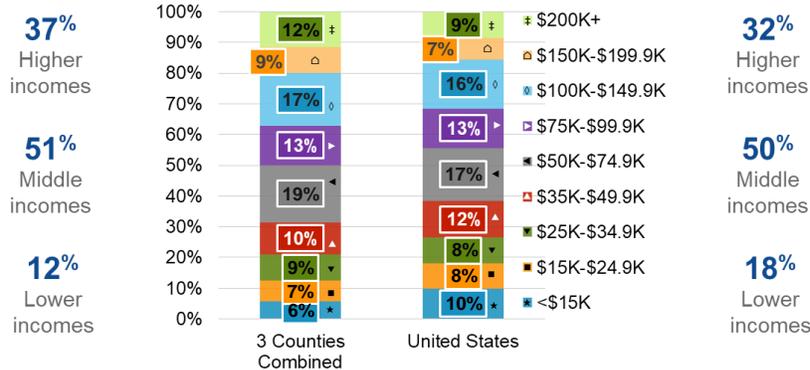
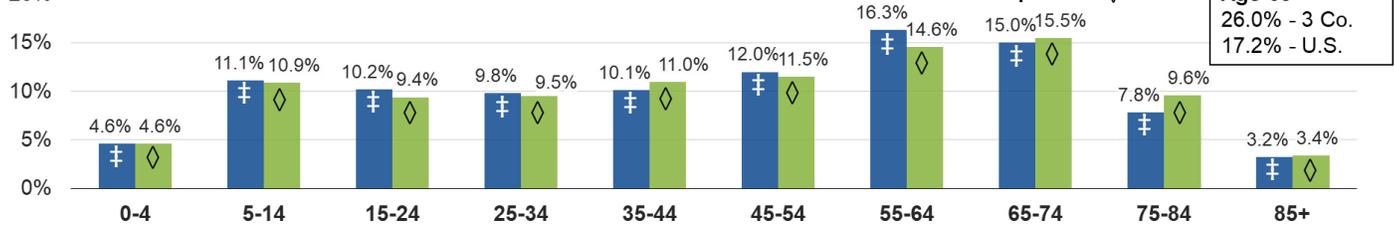
*The Health Care Index is household-based, and represents the amount spent out of pocket for medical services and insurance relative to a national index of 100.

The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

Demographics, cont.

Three Counties

Percent of Population by Age Group

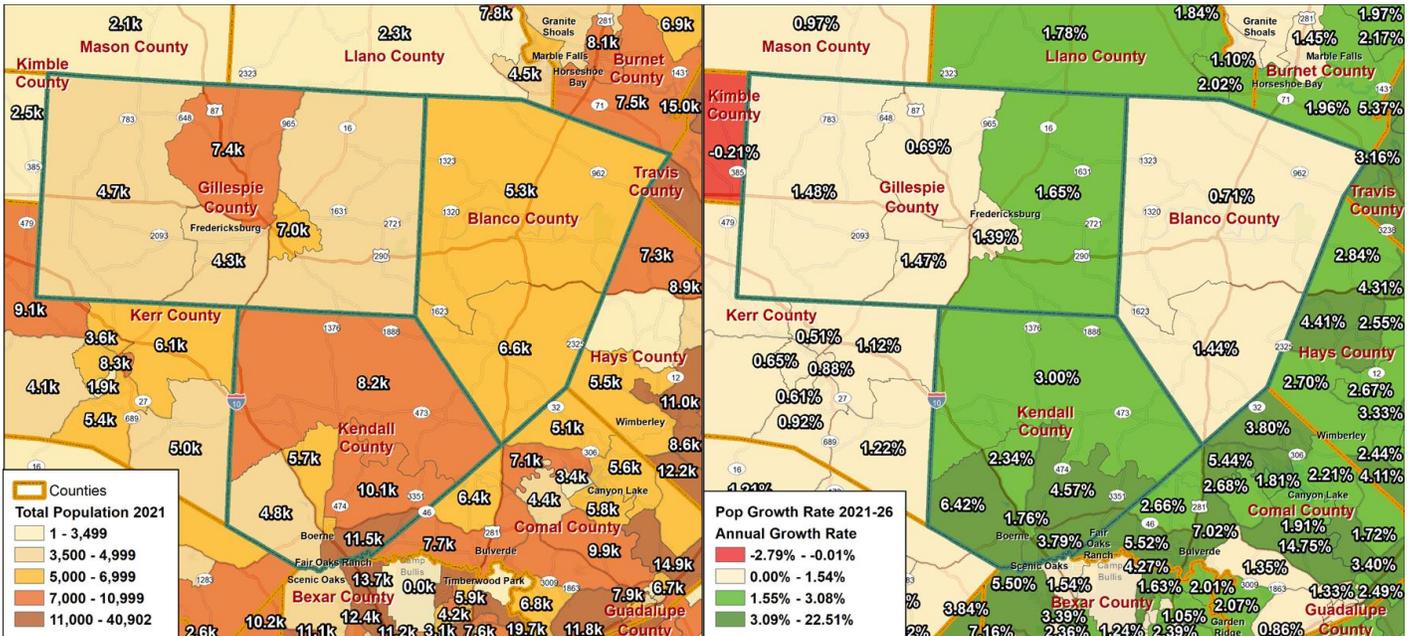


Source: Esri

- The population of the three counties is projected to increase from 2021 to 2026 (2.57% per year). Texas is projected to increase 1.5% per year. The U.S. is projected to increase 0.70% per year.
- The three counties had a higher median age (48.7 median age) than TX (35.3) and the U.S. (38.8). In the three counties the percentage of the population 65 and over was 26%, higher than the U.S. population 65 and over at 17.2%.
- The three counties' median household income at \$74,906 was higher than TX (\$63,524) and the U.S. (\$64,730). The rates of poverty in Gillespie, Blanco and Kendall respectively were 9.2%, 9.8% and 6.7% which were all lower than TX (13.4%) and the U.S. (11.9%).
- The household income distribution of the three counties was 37% higher income (over \$100,000), 51% middle income, and 12% lower income (under \$25,000). The largest income group is the 19% making \$50,000 to \$74,999.
- The health care index measures how much the populations spent out-of-pocket on health care services including insurance premiums. The U.S. index was 100. The three counties' index was 122, indicating 22% more spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits) and insurance premiums.
- The racial and ethnic make-up of Gillespie, Blanco and Kendall Counties was 89% White, 1% Black, 1% American Indian, 1% Asian, 25% Hispanic origin, 2% more than one race, and 7% other. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.)

Demographics, cont.

2021 Population by Census Tract and Change (2021-2026)



Source: Esri

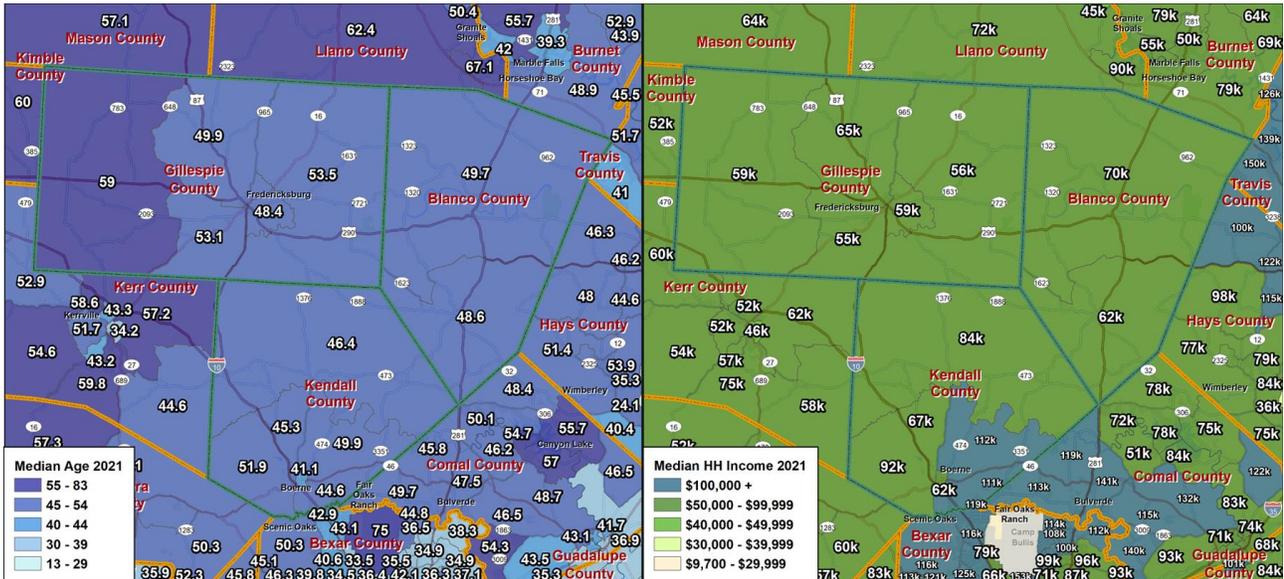
Red is population decline
 Yellow is positive up to the TX growth rate
 Green is greater than the TX growth rate
 Dark green is twice the TX growth rate

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. The higher populated census tracts are smaller geographically and the less populated census tracts are larger in geography. The highest populated census tracts combined were in Kendall with a population of 29.8K. There were also some 7K+ tracts in Gillespie County near and north of Fredericksburg.

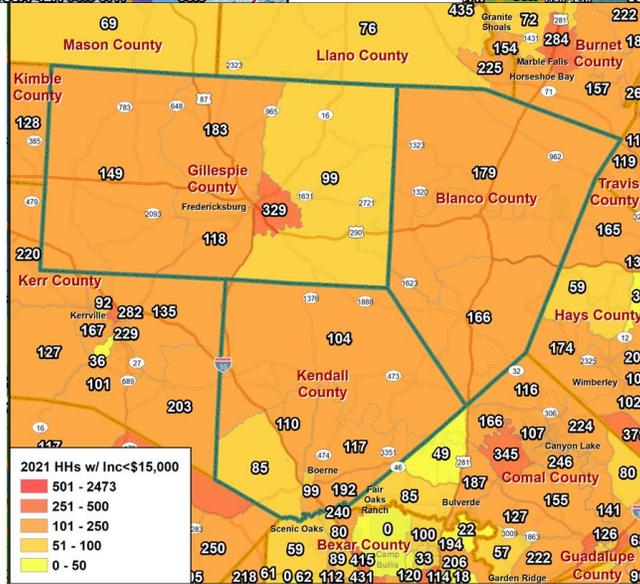
All census tracts in the three counties are projected to increase. The highest projections are in southern Kendall County, northern Kendall County and eastern Gillespie County.

Demographics, cont.

2021 Median Age & Income



Source: Esri



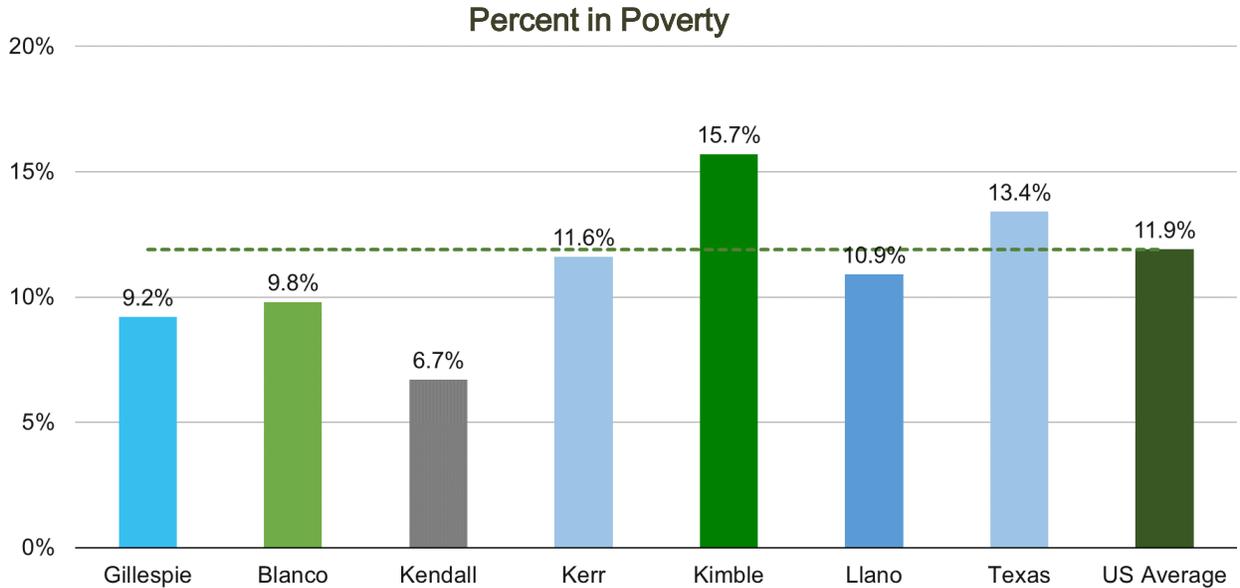
The top two maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the West Gillespie County census tract with a higher median age (59) than the tract in the southern Kendall County with a median age of 41.1

Looking at median household income by census tract also gives insight into health status. The lower income areas may require more resources than the higher income tracts. The lowest median income census tract is in southern Gillespie County at 55K per year. This tract may have different health needs than that of Southern Kendall County with income of 112K per year.

The lower map is the number of households making less than \$15,000 per year. Again, further attempting to identify those areas within the county that may have a lower health status. There are 329 households in Fredericksburg making less than \$15,000.

Demographics, cont.

Kendall, Gillespie and Blanco counties had 6.7%, 9.2% and 9.8% respectively living in poverty compared to Texas at 13.4% and the U.S. at 11.9%. The cost of living in Gillespie, Blanco and Kendall Counties was higher than TX and the U.S.



Business Profile

53.3% percent of employees in the three counties were employed in:

- Retail Trade (14.4%)
- Accommodation & Food Service (12%)
- Health Care & Social Assistance (11%)
- Educational Services (8%)
- Construction (7.9%)

Source: Esri

Retail, accommodation and food service offer health insurance at a lower rate than healthcare, manufacturing, and educational services.

Gillespie, Blanco and Kendall Counties' May 2022 preliminary unemployment was 2.4%, 2.6%, and 2.8% respectively, compared to 4.2% for Texas and 4.0% for the U.S.

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week: work, church and school. These are three excellent places to reach people to create a culture of health.

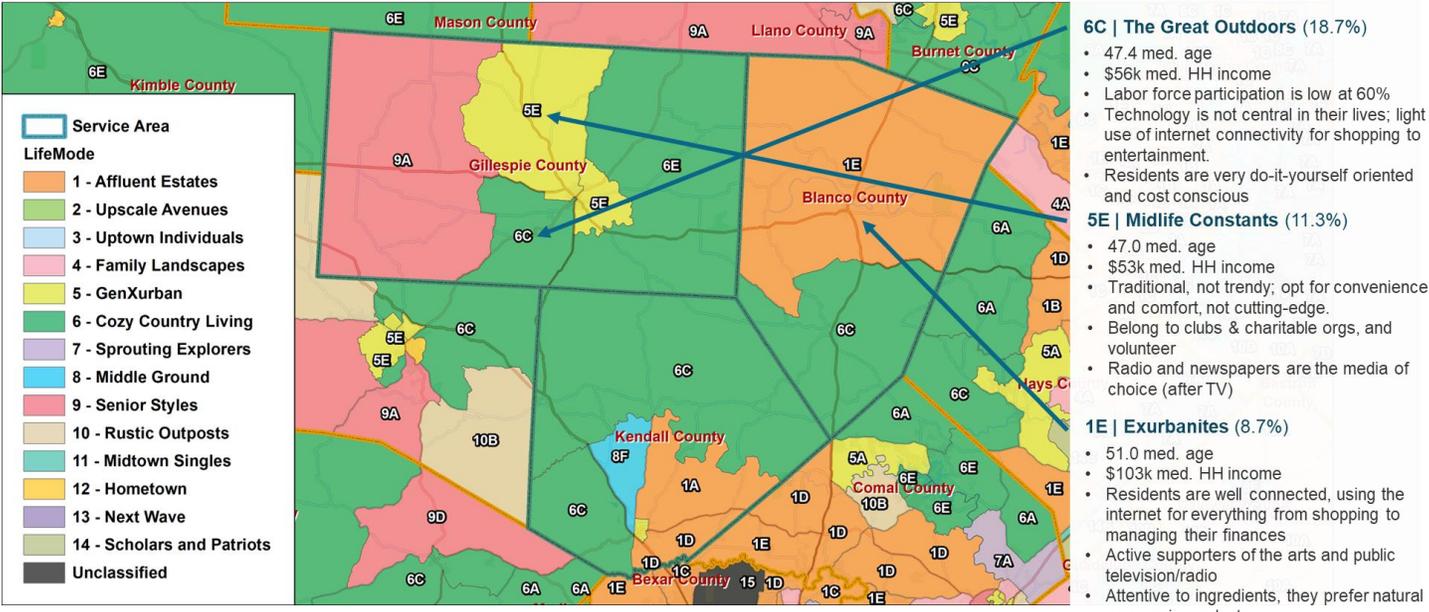
Tapestry Segmentation

Demographics are population, age, sex, and race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. Thirty-eight percent of Gillespie, Blanco and Kendall Counties are included in three Tapestry Segments. This indicates diverse population behaviors. The map below is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly. The dominant Tapestry Segment of each census tract is identified by number.

The dominant Tapestry Segments in the county were The Great Outdoors (18.7%), Midlife Constants (11.3%), and Exurbanites (8.7%). The map below demonstrates the dominant Tapestry Segment by census tract.

There is a very brief description of the segments on the right of the map. There is much more information on Tapestry Segments, at <http://doc.arcgis.com/en/Esri-demographics/data/tapestry-segmentation.htm>. Analyzing the Tapestry Segments in the study area helps determine health habits and communication preferences of residents, enabling more effective communication and implementation of solutions to improve health. Many spoke of meeting people where they are in the interviews. Studying their Tapestry Segment can help do that.

Top three categories represent 38.7% of total households. **Top 3 Tapestry Segments**



Source: Esri

Interviews and Survey Results

interviews

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in individual interviews July 25 through 29, 2022, for their input into the community's health. Community participation in interviews represented a broad range of interests and backgrounds. Below is a summary of the interviews. The full summary is in the appendix.

The participants defined health as wellbeing, encompassing mind, body, spirit, physical, emotional, and mental health. They believe that activity, fitness, diet, prevention and medical treatment are essential to health.

Participants believe the health of all three counties ranges from good to poor, depending on resources.

Respondents believe the most significant health issues in the community are:

- Insurance – affordability, access, many uninsured
- Access to care – affordability, large rural areas, takes a long time to get referrals, doctors particular about which insurance they take
- Financial insecurity – poverty, housing insecurity, inflation, many children on reduced lunches
- Chronic diseases and acute care – obesity, heart disease, diabetes, strokes, aging, orthopedic issues, COVID, allergies, cardiovascular
- Mental health – kids and adults, stress, anxiety, lack of resources, suicide
- Healthy eating/active living –poor diets, lack of access to healthy foods, lack of outdoor activities, lack of exercise
- Substance misuse – drugs, alcohol, nicotine, vaping
- Senior care – conditions of aging, financial insecurity, loneliness
- Domestic violence
- Others – Childcare, transportation, labor shortages, heat

If given a magic wand and no resource restrictions, the participants selected the following solutions to improve health.

- Improve access to care and insurance
- Increase affordable housing
- Focus on the kids/schools
- More parks and outdoor spaces
- Improve support of seniors
- Community building
- More childcare
- Substance use
- Meaning and purpose
- Others: transportation, organization, more emphasis on climate change, more options to work out, initiate a soup kitchen to feed people and provide work training.

Survey Results

Stratason and Hill Country Memorial conducted community surveys in Gillespie, Blanco, Kendall Counties with additional ZIPs from Mason and Llano Counties. 423 surveys were completed: 178 landline phone, 97 cell phone, 148 Web-based (23 via SurveyMonkey). The surveys were conducted from July 1, 2022 – August 19th, 2022.

- 76% of respondents believe their health is good or excellent. They are the least satisfied with their physical activity.
- 15% have had trouble seeing a doctor, 9% seeing a mental health professional, 5% for a juvenile seeking a mental health professional and 13% could not obtain medications when needed.
- 58% believe the pandemic made it easier to discuss mental health issues.

The top three most significant health issues were: (all over 10% of responses)

1. Obesity
2. Substance misuse – alcohol, illegal drugs, prescription drugs
3. Mental health – stress, anxiety, depression, bipolar disorder, etc.
4. Healthy diet
5. Lack of physical activity
6. Access to affordable healthcare

Respondents have been told by a doctor they have the following conditions, diseases or challenges: (all over 10% of responses)

1. High blood pressure
2. High cholesterol
3. Arthritis
4. Depression
5. Heart Disease
6. Cancer
7. Diabetes
8. Asthma
9. Osteoporosis

Healthcare, health education or public health services or programs respondents would like to see offered in the community:

1. Healthcare resources for the uninsured or poor
2. Affordable healthcare
3. Affordable insurance
4. Wellness programs

Survey Results

Healthcare, health education or public health services or programs respondents would like to see offered in the community (cont.): (all responses over 10%)

1. Nutrition/diet education
 2. Exercise resources/fitness center
 3. Substance abuse services
 4. Behavioral health services
 5. Health education for chronic conditions
- 73.3% are somewhat or very likely to utilize virtual physician care through the computer or smart phone.

Stratason and Hill Country Memorial conducted an employee survey about the health of Gillespie County, Blanco County, and Kendall County. A combined total of 46 employees completed the on-line surveys. The surveys were conducted from July 11, 2022, to September 5, 2022.

- Only 7% of hospital employees described the health of the communities as excellent. 54% of employees described the health of the communities as good.

The most prevalent chronic diseases in the communities are: (all over 15% of responses)

1. Diabetes
2. Obesity
3. Heart disease
4. High blood pressure
5. Cancer

The top three issues that impact people's health were:

1. Access to affordable health insurance
2. Access to affordable healthcare
3. Access to mental health & behavioral health services
4. Availability of doctors
5. People taking responsibility for their own lifestyle/health
6. Language barriers

Survey Results

Stratason and Hill Country Memorial conducted a provider survey about the health of Gillespie, Blanco and Kendall Counties. A combined total of 16 providers completed the on-line surveys. The surveys were conducted from July 11, 2022, to September 5, 2022.

- 69% of providers described the health of the communities as good or excellent

The most prevalent chronic diseases in the communities are:

1. Obesity
2. High blood pressure
3. Diabetes
4. Heart disease
5. Mental health
6. Cancer

The top three issues that impact people's health were:

1. Access to affordable health insurance
2. Access to mental health & behavioral health services
3. Aging population/services for elderly
4. People taking responsibility for their own lifestyle/health
5. More specialists
6. Affordable healthcare
7. Alcohol misuse

The top three social determinants of health impacting people's health were: (responses over 20%)

1. Affordable housing
2. Poverty/low income
3. Transportation
4. Available housing
5. Education
6. Jobs/employment
7. Racial inequities

Health Status Data

Based on the 2022 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin², Gillespie County ranked 17th out of 254 Texas counties ranked for health outcomes (1= the healthiest; 254 = unhealthiest), and 11th for health factors. Blanco County ranked 19th for health outcomes and 21st for health factors. Kendall County ranked 7th for health outcomes and 3rd for health factors. Health outcomes are composed of length of life and quality of life. Health factors are comprised of health behaviors, clinical care, social & environmental factors, and physical environment.

County Health Rankings suggested the areas to explore for improvement in Gillespie County were higher adult smoking, higher percentage of adult obesity, higher excessive drinking, higher percentage of uninsured, and lower percentage with some college completion. The areas of strength were higher food environment index, lower number of sexually transmitted infections, lower population to primary care physicians and dentists, lower preventable hospital stays, higher mammography screening, higher percentage of flu vaccines, higher percentage of high school completion, lower unemployment, lower violent crime rates, and lower percentage of people driving alone to work.

County Health Rankings suggested the areas to explore for improvement in Blanco County were higher adult smoking, higher percentage of adult obesity, higher percentage of excessive drinking, higher alcohol-impaired driving deaths, and higher uninsured. The areas of strength were higher food environment index, lower sexually transmitted infections, lower teen births, lower preventable hospital stays, higher high school completion, and lower percentage of unemployment.

County Health Rankings suggested the areas to explore for improvement in Kendall City were higher adult smoking, higher percentage of adult obesity, and higher excessive drinking. The areas of strength were higher food environment index, lower physical inactivity, lower teen births, lower uninsured, lower population to primary care physicians, dentists and mental health providers, higher mammography screening, higher high school completion, higher college attendance, lower unemployment, lower children in poverty, lower number of children in single-parent households, lower injury deaths, and lower percentage of people driving alone to work.

When analyzing the health status data, local results were compared to Texas, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). Where Gillespie, Blanco and Kendall Counties' results were worse than TX and U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest communities in Texas and eventually the nation, Gillespie, Blanco and Kendall Counties must close several lifestyle gaps. For additional perspective, Texas was ranked the 35th healthiest state out of the 50 states. (Source: 2020 America's Health Rankings; lower is better) Texas strengths were lower prevalence of multiple chronic conditions, higher rate of high school graduates, and lower prevalence of housing with lead risk. The challenges for TX were higher percentage of household insecurity, higher teen birth rate, and low prevalence of having a dedicated healthcare provider.



Health Status Data, Rankings and Comparisons, cont.

Comparisons of Health Status

Information from County Health Rankings and America’s Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomic, consumer health spending, and interviews. If a measure was better than Texas, it was identified as a strength, and where an indicator was worse than Texas, it was indicated as an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it’s important to continually focus on them. Opportunities were denoted with red octagons, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

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² *The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America’s Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Texas’s counties every year since 2003.*

Comparisons of Health Status

In most of the following graphs, Kendall County will be gray, Gillespie County will be blue, Blanco County will be red, Texas (TX) will be orange, the U.S. will be green and the 90th percentile of counties in the U.S. will be gold.

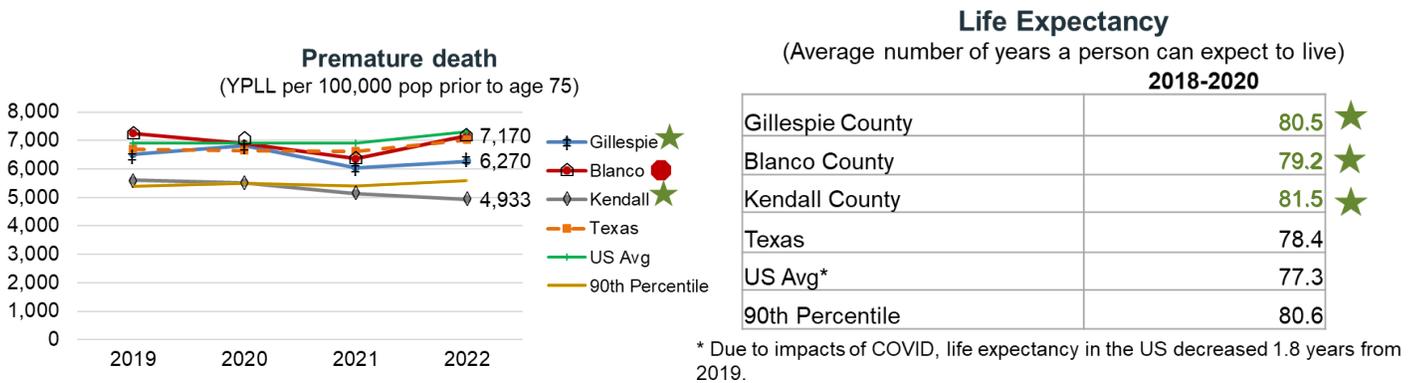
Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Kendall, Gillespie, and Blanco Counties ranked 7th, 17th, and 19th out of 254 Texas counties, respectively.

Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75; here, lower is better. For example, a 25-year-old killed in an accident equates to 50 years of potential life lost prior to age 75. Kendall, Gillespie, and Blanco Counties ranked 8th, 17th, and 34th in length of life in TX, respectively. Gillespie County lost 6,270 years of potential life per 100,000 population, Blanco County lost 7,170 years of potential life per 100,000 population, and Kendall lost 4,933 years of potential life per 100,000. Though Blanco County was higher, Gillespie and Blanco Counties were lower than TX (7,021). All three counties were lower than the U.S. (7,300).

Kendall County residents can expect to live 4.2 years longer than the average U.S. resident and 3.1 years more than the average Texas resident. Gillespie County residents can expect to live 3.2 years more than the average U.S. resident and 2.1 years more than the average Texas resident. Blanco County residents can expect to live 1.9 years more than the average U.S. resident and 0.8 years more than the average Texas resident.



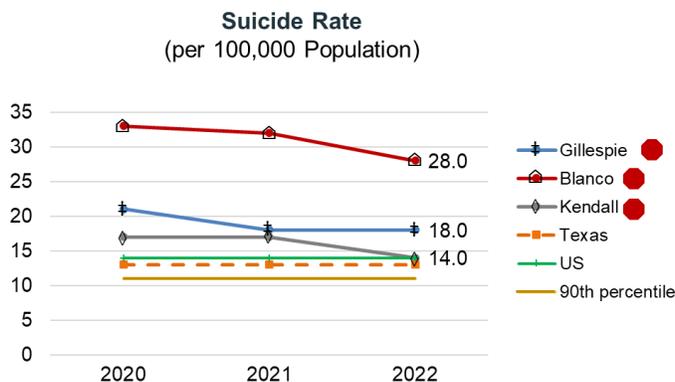
Source: County Health Rankings; National Center for Health Statistics – Mortality File 2018-2020

Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population

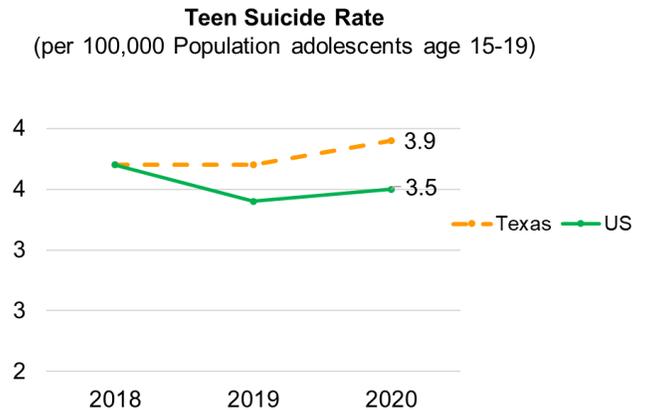
Cause of Death	Gillespie County	Blanco County	Kendall County	Texas	US
Heart Disease	136.0	153.9	142.7	173.9	168.2
Cancer	132.0	162.6	117.4	139.8	144.1
COVID-19*	41.3	NR	54.0	105.2	85.0
Accidents (Unintentional Injuries)	42.6	41.7	28.4	44.6	57.6
Respiratory Diseases	27.8	39.4	30.0	36.2	36.4
Strokes	28.1	27.2	25.2	41.1	38.8
Suicide	18.2	NR	13.8	13.3	13.5
Alzheimer's	30.3	27.3	36.6	44.6	32.4
Diabetes	18.2	20.6	20.4	26.7	24.8
Hypertension and Hypertensive Renal Disease	7.6	NR	10.3	9.3	10.1
Influenza and Pneumonia	8.6	NR	7.3	12.2	13.0
Septicemia	9.6	NR	6.2	11.6	9.7
Liver Disease	16.6	NR	8.5	15.8	13.3
Nephritis, nephrosis	6.9	NR	8.2	15.1	12.7

Age-adjusted rates per 100,000 population.
 Gillespie County, Blanco County, and Kendall County data combined from 2017-2020. US and TX data from 2020
 Rates that appear in red for a county denote a higher value compared to state data.
 Age Adjustment Uses 2000 Standard Population.

Rates in red had higher death rates than TX. The leading causes of death in Kendall County were heart disease, cancer, followed by COVID-19, Alzheimer's, respiratory diseases, and accidents. The leading causes of death in Gillespie County were heart disease, cancer, followed by accidents and COVID-19. The leading causes of death in Blanco County were cancer, heart disease, followed by accidents and respiratory diseases.



Age-adjusted rates per 100,000 population.
 Gillespie County, TX, and US data are from individual years.
 Age Adjustment Uses 2000 Standard Population.



Crude rates per 100,000 population.
 TX and US data are from individual years.
 Age Adjustment Uses 2000 Standard Population.

The three counties' suicide rate was above TX and the U.S., but the trend is down. The teen suicide rate in TX increased slightly in 2020 and is higher than the U.S.

Source(s): Wonder CDC.gov (2019) Age-adjusted rates per 100,000 population. Age Adjustment Uses 2000 Standard Population.



Length of Life **STRENGTHS**

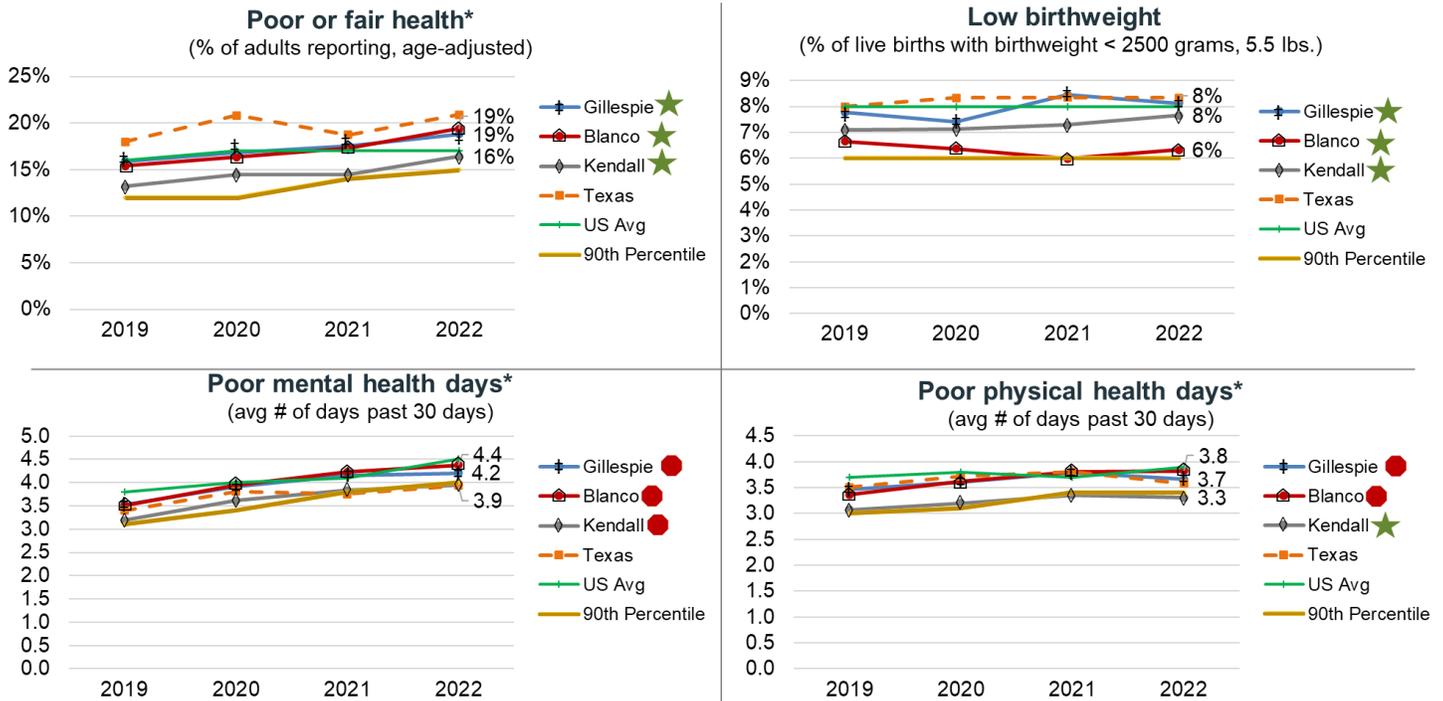
- All three counties had lower death rates from heart disease, accidents, strokes, Alzheimer's, and diabetes than TX.
 - Gillespie and Kendall Counties had lower death rates in 11 out of the 14 leading causes of death than TX.
 - All three counties had longer life expectancies than TX.
 - Kendall and Gillespie Counties had a lower number of years of potential life lost prior to age 75 at 4,933 and 6,270, respectively, than TX at 7,021.
-

Length of Life **OPPORTUNITIES**

- Kendall County had higher death rates from hypertension at 10.3 than TX (9.3).
 - Blanco County had higher death rates from cancer and respiratory diseases at 162.6 and 39.4, respectively, than TX (139.8 and 36.2).
 - Gillespie County had higher death rates from liver disease at 16.6 than TX (15.8).
 - Blanco County had higher number of years of potential life lost prior to age 75 at 7,170 than TX (7,021).
 - All three counties had higher suicide rates than TX at 13.
-

Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. Kendall, Gillespie, and Blanco Counties ranked 10th, 35th, and 15th in quality of life out of 254 Texas counties, respectively.



*Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 should not be compared to prior years.

Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2019
 Source: County Health Rankings; National Center for Health Statistics – Natality files (2014-2020)

Quality of Life STRENGTHS

- All three counties had lower percentages of adults reporting poor or fair health than TX at 21%.
- Blanco County had a lower percentage of low birthweight babies at 6% than TX at 8%.
- Kendall County had a lower average number of poor physical health days at 3.3 than TX at 3.6.

Quality of Life OPPORTUNITIES

- Kendall, Blanco and Gillespie counties had a higher average number of poor mental health days in the last 30 days than TX at 3.9.
- Gillespie and Blanco Counties had a higher average number of poor physical health days at 3.7 and 3.8, respectively, than TX at 3.6.

Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30% of ranking), clinical care (20%), social & economic factors (40%), and physical environment (10%). Kendall, Gillespie, and Blanco Counties ranked 3rd, 11th, and 21st in health factors out of 254 Texas counties, respectively.

Health Behaviors

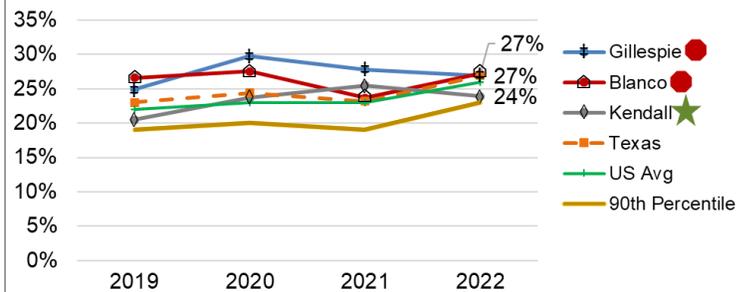
Health behaviors are made up of nine measures and account for 30% of the county rankings. Kendall, Gillespie, and Blanco Counties ranked 7th, 13th, and 23rd in health behaviors out of 254 counties in Texas, respectively.

Adult obesity
(% of adults that report a BMI of 30 or more)
2022

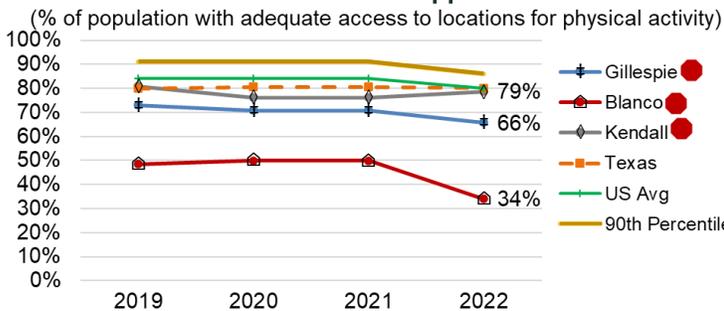
Gillespie County	33%
Blanco County	35%
Kendall County	31%
Texas	34%
US Avg	32%
90th Percentile	30%

Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 released data should not be compared to prior years.

Physical inactivity
(% 20 yo and older reporting no leisure time physical activity)



Access to exercise opportunities



Adult smoking

(% that report every day or "most days")
2022

Gillespie County	15%
Blanco County	16%
Kendall County	14%
Texas	15%
US Avg	16%
90th Percentile	15%

In 1965, 45% of the US smoked

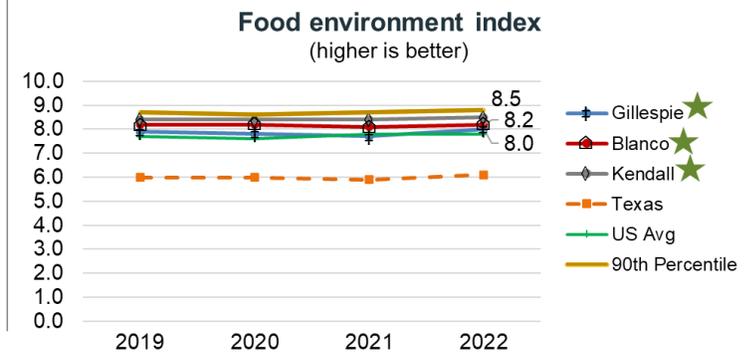
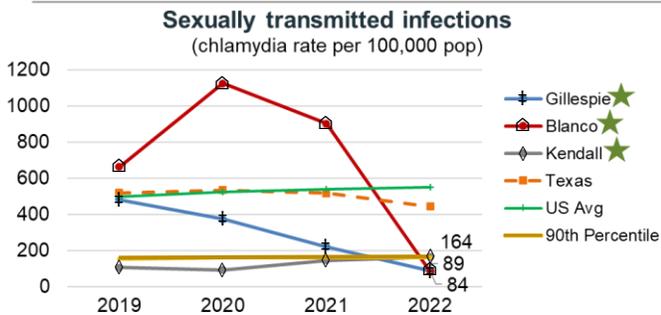
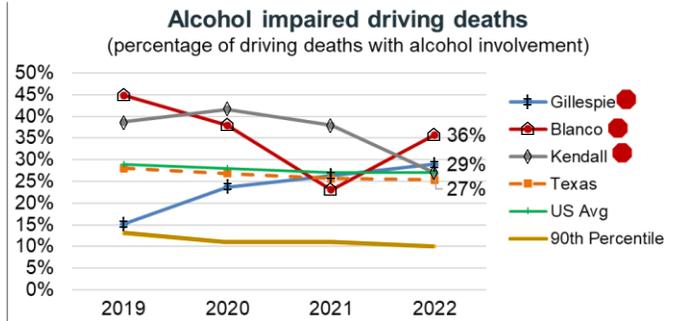
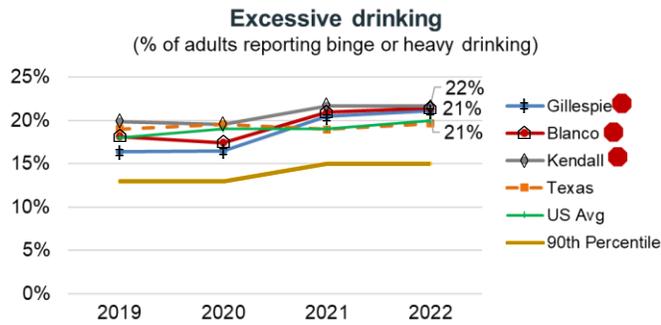
Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 released data should not be compared to prior years.

Source: Obesity & Physical Inactivity – CHR, Behavioral Risk Factor Surveillance System, 2019

Source: Access to exercise opportunities – CHR, Business Analyst, Delorme map data, Esri, & US Census Tigerline Files, 2010 and 2021. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes)

Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2019

Health Behaviors, Cont.



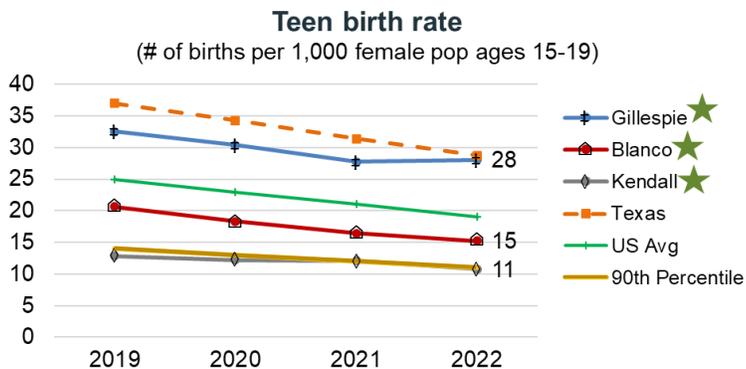
Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2019

Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2016-2020

Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2019

Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019

The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.



Teen birth rate (# of births per 1,000 female pop ages 15-19)

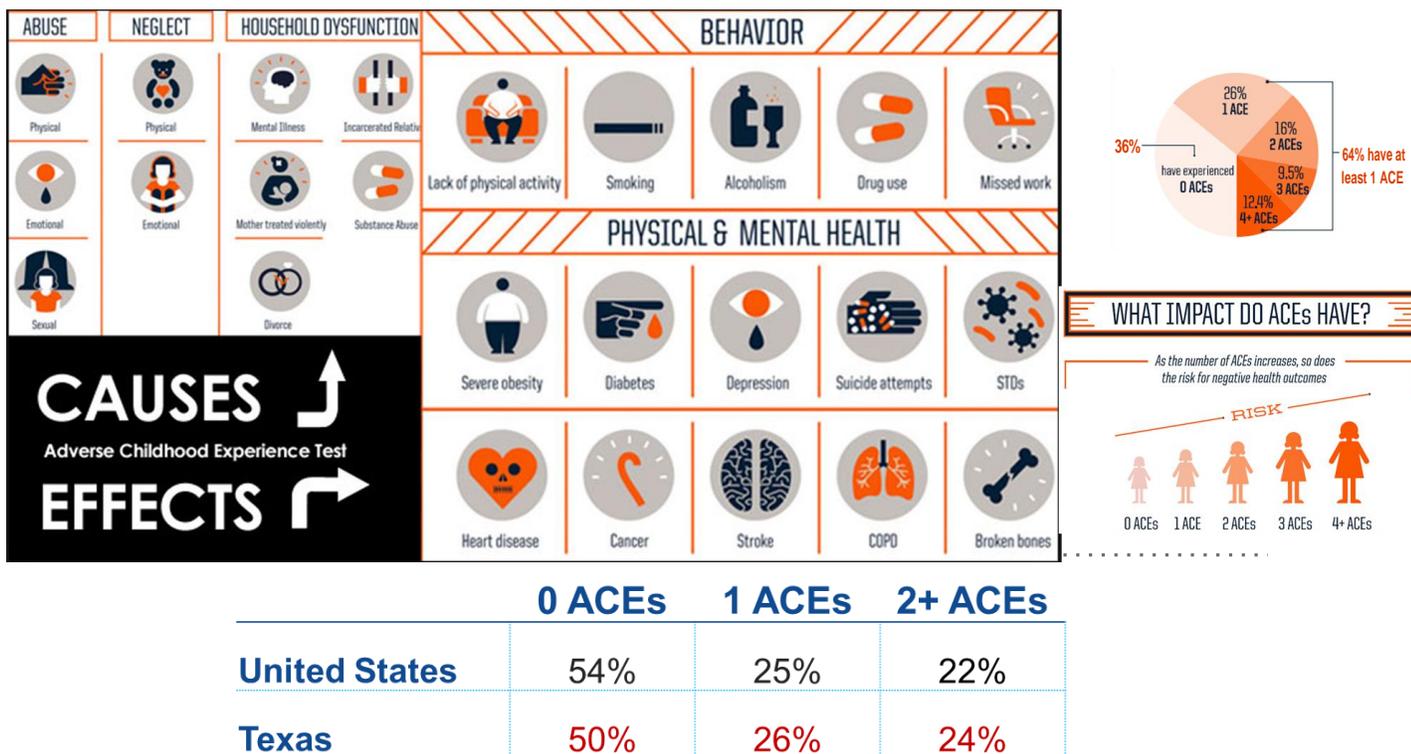
Ethnicity/Race	Gillespie	Blanco	Kendall
Asian	NA	NA	NA
Black	NA	NA	NA
Hispanic	51	20	26
White	15	14	5

Source: Teen birth rate - CHR; National Center for Health Statistics - Natality files, 2014-2020

Health Behaviors, Cont.

Adverse Childhood Experiences (ACEs)

Abuse, neglect and household dysfunction have the effect of poor health behaviors as well as poor physical and mental health. The more ACEs a child has the higher risk they are for poor health outcomes. According to the CDC, “Adverse Childhood Experiences have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity.” ACEs are strongly associated with social inequities. While present in all populations, females, LGBTQ+, people of color, and those experiencing income disparities are at a greater risk of experiencing multiple ACEs.



<https://www.childhealthdata.org/browse/survey/results?q=4783&r=1&r2=45>

Among children from birth through age 17, percentage reported to have had zero, one, and two or more ACEs, nationally and by state. Data Source: National Survey of Children’s Health 2016, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/national-surveys>. Citation: Child and Adolescent Health Measurement Initiative. 2016 National Survey of Children’s Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [09/15/21] from [www.childhealthdata.org].

ACEs data is not available for Kendall, Gillespie, and Blanco Counties. However, Texas had a lower percentage of youth with no ACEs and higher percentages of youth with 1 or 2 or more ACEs.



Health Behaviors STRENGTHS

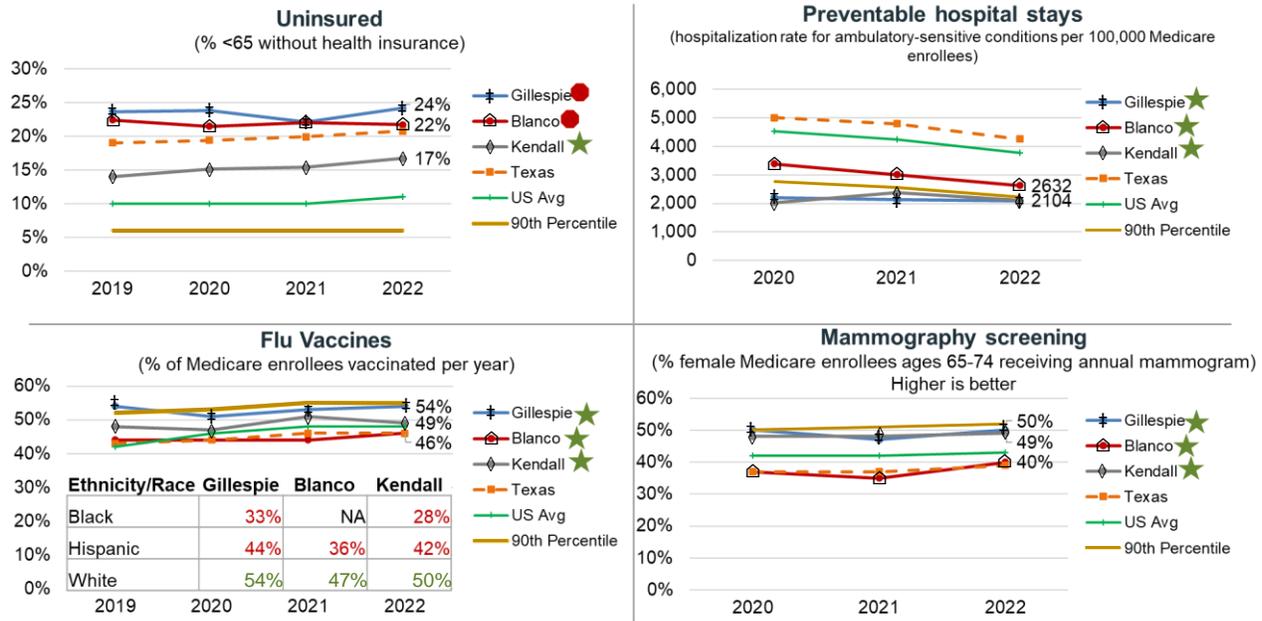
- Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in all three counties than TX (445).
 - The food environment index was higher (better) in all three counties than the TX (6.1).
 - Adult obesity was lower in Gillespie and Kendall Counties at 33% and 31%, respectively, than Texas at 34%.
 - Physical inactivity was lower in Kendall County at 24% than TX at 27% .
 - Gillespie and Kendall Counties had the same and lower percentage of adult smoking at 15% and 14%, respectively, than TX at 15%.
 - The teen birth rate in all three counties was lower than TX at 29 and is currently is trending down.
-

Health Behaviors OPPORTUNITIES

- All three counties had less access to exercise opportunities compared to TX (80%).
- Alcohol impaired driving deaths were higher in all three counties than in TX (25%).
- All three counties had a slightly higher percentage of adults reporting binge or heavy drinking at 21% than TX at 20%.
- Adult obesity was higher in Blanco County at 35% than Texas at 34%. Obesity puts people at increased risk of chronic diseases including diabetes, kidney disease, joint problems, hypertension, and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's and often leads to metabolic syndrome and type 2 diabetes.
- Blanco County had a higher percentage of adult smoking at 16% than TX at 15%.

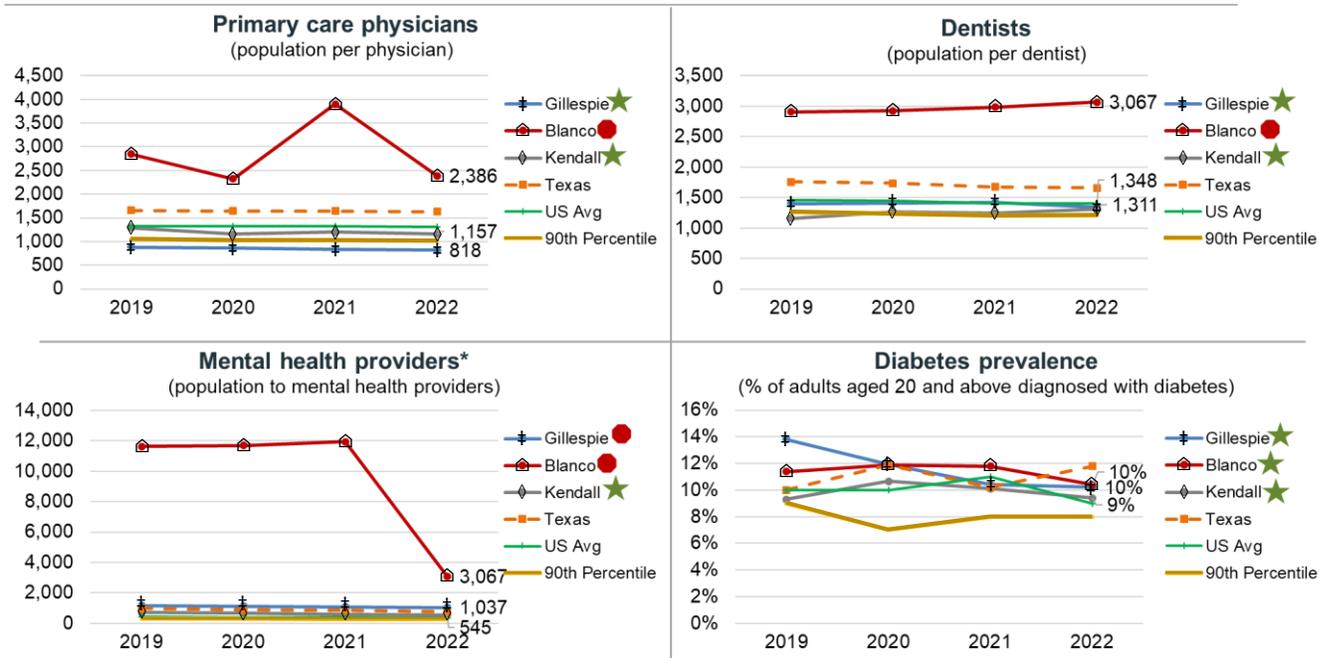
Clinical Care

Clinical care ranking is made up of seven indicators, and accounts for 20% of the county rankings. Kendall, Gillespie, and Blanco counties ranked 2nd, 5th, and 44th in clinical care respectively out of 254 Texas counties.



Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2019

Source: Preventable hospital stays, mammography screening, flu vaccinations – CHR, CMS Mapping Medicare Disparities Tool, 2019



Source: Pop to PCP - CHR; Area Health Resource File/American Medical Association, 2019

Source: Pop to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2020

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) CHR; CMS, National Provider Identification, 2021

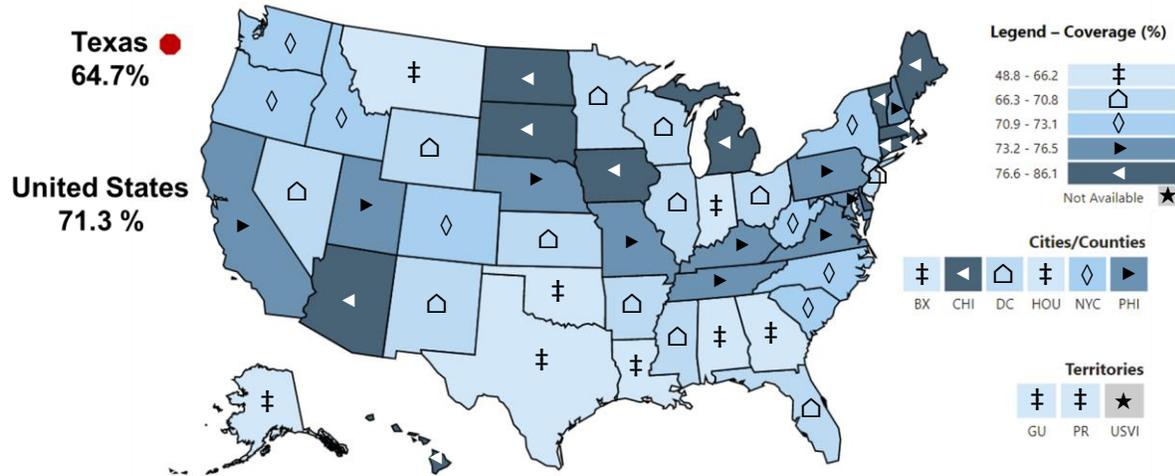
Source: Diabetes prevalence – Behavioral Risk Factor Surveillance System, 2019

Clinical Care, cont.

TX had a lower vaccination percentage among children 24 months old than the U.S. and lower COVID-19 vaccination rates.

Vaccination Coverage Among Children and COVID-19 Vaccination Rates

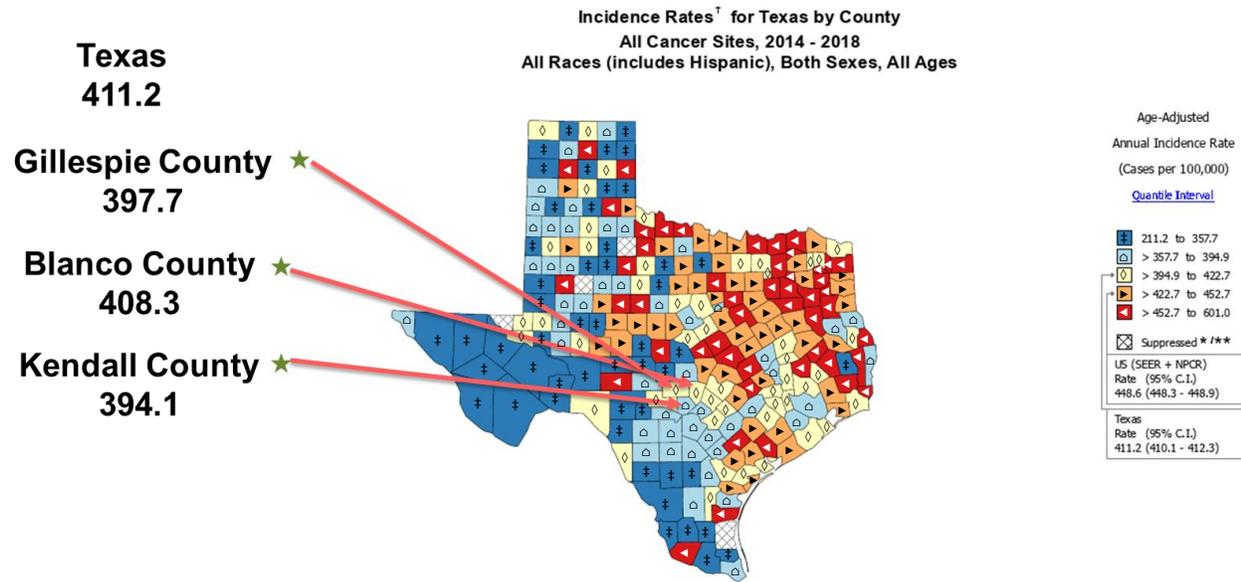
Combined 7 Series Vaccination Coverage by Age 24 Months among Children Born in 2018, National Immunization Survey-Child (NIS-Child), 2018



Combined 7 vaccine series (4:3:1:3*:3:1): 4 or more doses of DTaP, 3 or more doses of Polio, 1 or more doses of MMR, Hib full series (3 or 4 doses, depending on product type received), 3 or more doses of HepB, 1 or more doses of Varicella, and 4 or more doses of PCV (In 2013 data, referred to as 4:3:1:4:3:1:4-FS)

Source: CDC, National Center for Immunization and Respiratory Diseases (2017 data posted 2020)

Cancer Incidence Rates – TX Counties



Notes:
 * State Cancer Registries may provide more current or more local data.
 † Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries (for more information).
 ‡ Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The 1969-2018 US Population Data File is used for SEER and NPCR incidence rates.
 § Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see [malignant.html](#).
 ¶ Data have been suppressed to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period.
 †† Data for the United States does not include data from Puerto Rico.

Cancer incidence rates (cases per 100,000 population) were lower in all three counties than TX and the U.S.

COVID-19 Vaccine Rates as of 8/8/22

	Fully Vaccinated
Gillespie County	53.3%
Blanco County	56.2%
Kendall County	61.5%
Texas	61.4%
United States	67.3%

Clinical Care STRENGTHS

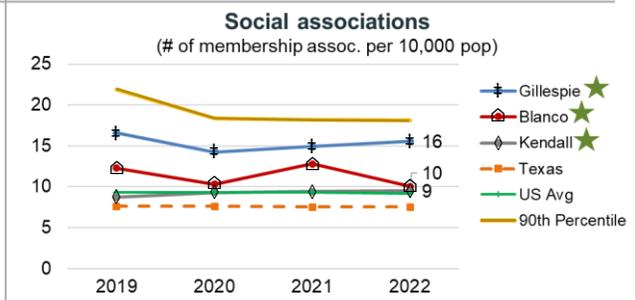
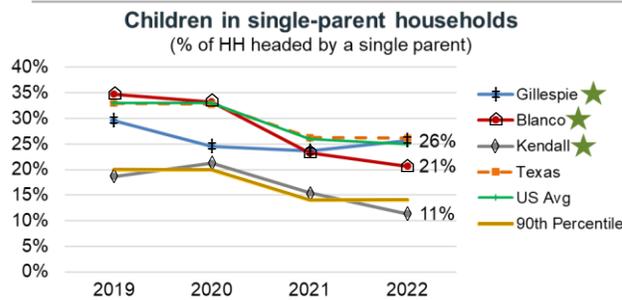
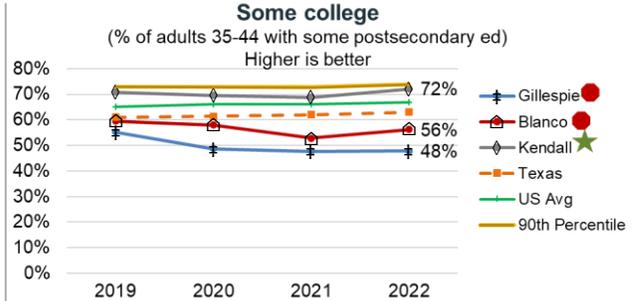
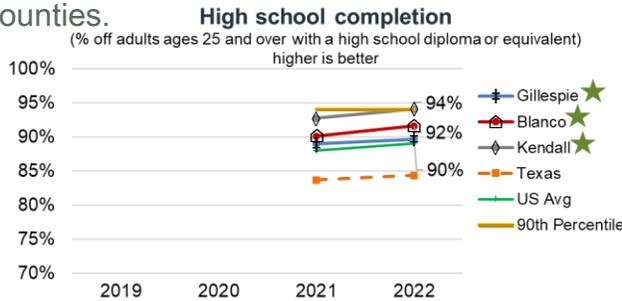
- The percent of Medicare enrollees receiving flu vaccines per year was higher in Gillespie and Kendall Counties at 54% and 49%, respectively, than TX (46%).
- in all three counties, preventable hospital stays per 100,000 Medicare enrollees was lower than TX (4,255). Hospitalization ambulatory-care sensitive conditions, which are diagnoses treatable in outpatient settings, suggests that the quality of care provided in the outpatient setting was less than ideal. This measure may also represent a tendency to overuse hospitals as a main source of care. Preventable Hospital Stays could be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care-sensitive conditions primarily as a proxy for access to primary health care. Source: CHR; Brumley R, Enguidanos S, Jamison P, et al. Increased satisfaction with care and lower costs: Results of a randomized trial of in-home palliative care. J Am Geriatric Soc. 2007;55:993-1000.
- Mammography screening was higher in all three counties than TX at 39%.
- The population per dentists was in Gillespie and Kendall Counties was 1,311 and 1,348, respectively, lower than TX at 1,660.
- The population per mental health provider was lower in Kendall County at 545 than TX (759).
- All three counties had a lower prevalence of diabetes than TX (12%).
- The population per primary care physician in Gillespie and Kendall Counties was lower at 818 and 1,157, respectively, than TX at 1,629.
- In Kendall County, COVID-19 vaccinations were higher at 61.5% than TX at 61.4%.
- The cancer incidence rates in all three counties were lower than TX (411.2).

Clinical Care OPPORTUNITIES

- The population per dentist in Blanco County was higher at 3,067, than TX at 1,660.
- The population per mental health provider was lower in Gillespie and Blanco Counties at 1,037 and 3,067, respectively, than TX (759).
- In Gillespie and Blanco Counties, COVID-19 vaccinations were lower at 53.3% and 56.2%, respectively, than TX at 61.4%.
- The population per primary care physician in Blanco County was higher at 2,386 than TX at 1,629.

Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Kendall, Gillespie, and Blanco counties ranked 4th, 30th, and 17th in social and economic factors out of 254 Texas counties.

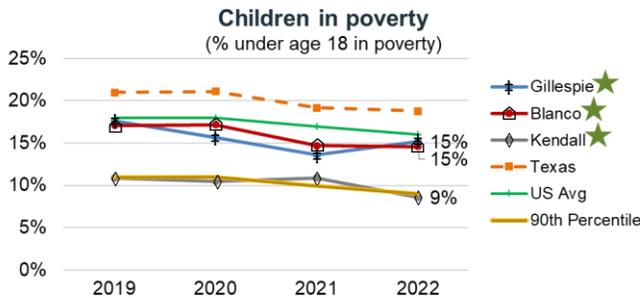


Source: High school completion– CHR, American Community Survey, 5-yr estimates, 2016–2020

Source: Some college CHR; American Community Survey, 5-year estimates, 2016–2020.

Source: Children in poverty - CHR; U.S. Census, Small area Income and Poverty Estimates, 2020

Source: Social associations - CHR; County Business Patterns, 2019

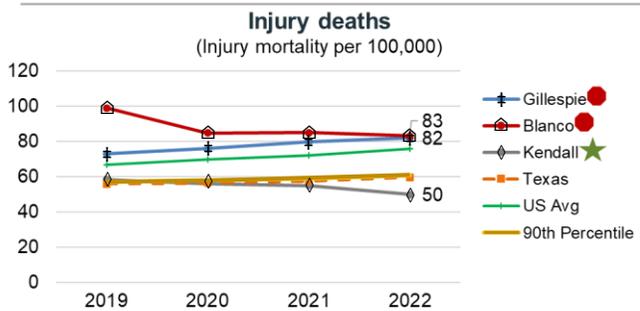


Children in poverty

(% under age 18 in poverty)

Ethnicity/Race	Gillespie	Blanco	Kendall
American Indian & Alaska Native	39%	NA	NA
Asian	NR	NA	NA
Black	NR	NA	NA
Hispanic	38%	27%	7%
White	9%	14%	4%

51% of Gillespie, 44% of Blanco, and 24% of Kendall County children are eligible for free or reduced-price lunches 2020–2021, compared to 60% for TX



Injury deaths

(Injury mortality per 100,000)

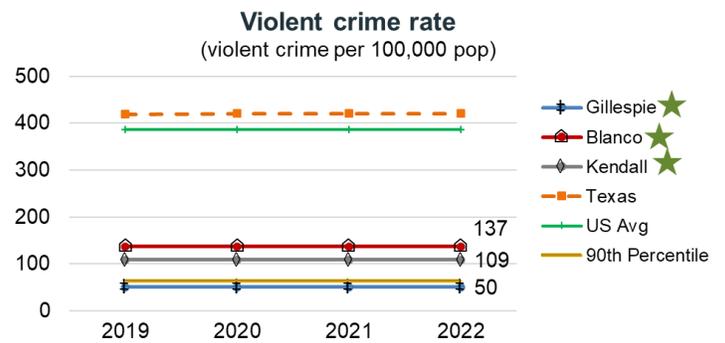
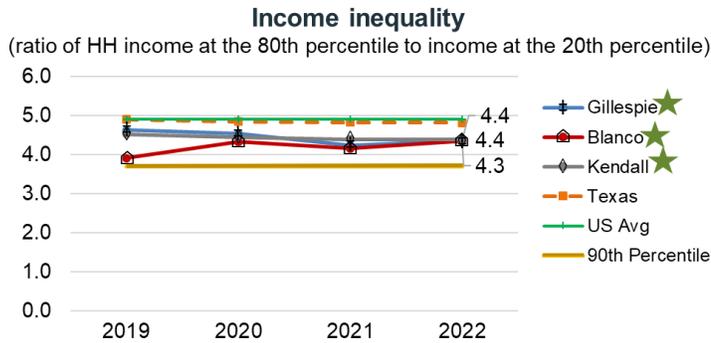
Ethnicity/Race	Gillespie	Blanco	Kendall
American Indian & Alaska Native	NR	NR	NR
Asian	NR	NR	NR
Black	NR	NR	NR
Hispanic	48	NR	38
White	95	NR	55

Source: Income inequality and children in single-parent households - CHR; American Community Survey, 5-year estimates 2016–2020

Source: Injury deaths – CHR; National Center for Health Statistics – Mortality Files, 2016–2020

Source: Violent crime - CHR; Uniform Crime Reporting – FBI, 2014 & 2016

Social & Economic Factors cont.



Social & Economic Factors STRENGTHS

- The percentage of children in single-parent households in Blanco and Kendall Counties was 21% and 11%, respectively, lower than TX (26%).
- Social associations were higher in all three counties than TX with 8 memberships. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations.
- Income inequality represents the ratio of household income at the 80th percentile compared to income at the 20th percentile. Income inequality was lower in all three counties than TX at 4.9.
- The violent crime rate per 100,000 population in all three counties was lower than TX at 386.
- The high school graduation rate was higher in all three counties than TX at 84%.
- Kendall County had a higher percentage of postsecondary education at 72% than TX at 61%.
- The poverty estimates for 2020 in all three counties were lower than TX at 13.4%.
- Injury deaths were lower in Kendall County at 50 than TX at 61.
- Median household income in Blanco and Kendall Counties was \$66,251 and \$89,053, respectively, higher than TX (\$63,524).
- The children in poverty rate was lower in all three counties than TX (19%).

Social & Economic Factors OPPORTUNITIES

- Blanco and Gillespie counties had a lower percentage of postsecondary education at 56% and 48%, respectively, than TX at 67%.
- Median household income in Gillespie County was \$59,764, lower than TX (\$63,524).
- Injury deaths in Gillespie and Blanco Counties were 82 and 83, respectively, higher than TX at 61.

Physical Environment

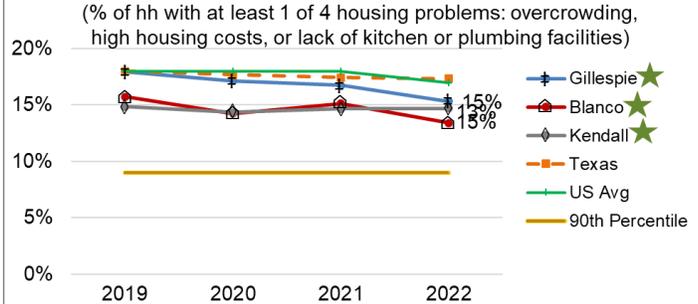
Physical environment contains four measures in the category and accounts for 10% of the county rankings. Kendall, Gillespie, and Blanco Counties ranked 139th, 103rd, and 160th in physical environment out of 254 Texas counties, respectively.

Drinking water violations

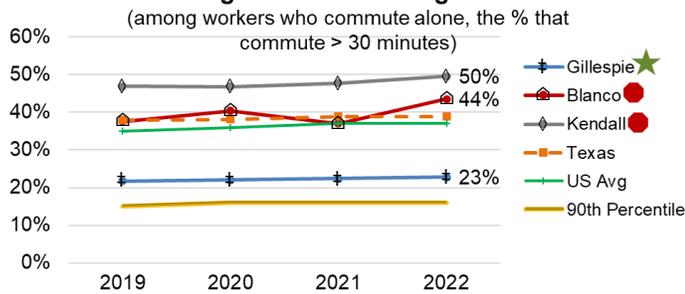
	2020	2021	2022
Gillespie County	Yes	Yes	Yes
Blanco County	No	Yes	Yes
Kendall County	Yes	Yes	Yes

Source: EPA Safe Drinking Water Information System.

Severe housing problems



Long commute- driving alone



Broadband access

(% of households with broadband internet connection)

2022	
Gillespie County	83%
Blanco County	88%
Kendall County	92%
Texas	85%
US Avg	85%
90th Percentile	88%

Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2020 Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2014-2018. Source: Driving alone to work and long commute – County Health Rankings; American Community Survey, 5-year estimates, 2016-2020. Source: Air pollution – County Health Rankings; CDC National Environmental Health Tracking Network, 2018
Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2016-2020

Physical Environment STRENGTHS

- In all three counties, severe housing problems were lower than TX (17%).
- Gillespie County's workers who commute alone over 30 minutes were lower at 23% than TX at 39%.
- Blanco County reported no drinking water violations in 2020.
- In Blanco and Kendall Counties, broadband access was 88% and 92%, respectively, higher than TX at 85%.

Physical Environment OPPORTUNITIES

- Gillespie and Kendall Counties reported drinking water violations in each of the last three years.
- Blanco County reported drinking violations in 2021 and 2022.
- In Gillespie County, broadband access was 83%, lower than TX at 85%.
- Blanco and Kendall Counties' workers who commute alone over 30 minutes were 44% and 50%, respectively, higher than TX at 39%.



There were Four Broad Themes that Emerged in this Process:

- Kendall, Gillespie, and Blanco Counties needs to continue to create a “Culture of Health” which permeates throughout the towns, employers, churches, and community organizations to engender commitment to 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, subgroups such as the lower income census tracts may experience lower health status measures.
- It takes partnerships with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Gillespie, Blanco and Kendall Counties have many assets to improve health.

Results of the 2022 CHNA: Community Health Summit Prioritized Health Needs

Prioritization of Health Needs

Prioritization Criteria

At the Community Health Summit, the attendees reviewed the community health information and used the criteria below to prioritize the health needs in the community.

Magnitude / scale of the problem	How big is the problem?
Seriousness of Consequences	What would happen if the issue were not made a priority?
Equity	Is this problem worse for a segment of the population?
Feasibility	Is the problem preventable? How much change can be made?

Most Significant Community Health Needs

The following needs were prioritized:

1. Access to Affordable Care and Insurance
2. Behavioral/Mental Health
 1. Specific Focus on Suicide
3. Healthy Eating-Active Living
 1. Specific focus on adult obesity
4. Social Determinants of Health: Environmental Factors
 - Affordable and Available Housing
 - Transportation
 - Financial Insecurity: Food, Housing, Childcare
 - Racial Inequities
 - Education
 - Jobs & Employment

Significant Health Need 1: Access to Affordable Care and Insurance

✓ **Goal 1 - Focus, develop, and implement healthcare resources and healthcare literacy for the underserved**

Action 1 - Have an action fair with insurance providers to provide information, improve literacy, and increase prevention- translate into multiple languages, include CHIP program, Medicare Advantage, etc.

Action 2 - Select a community expert/educator to provide community education on healthcare access, coverage, resources, etc.

Action 3 – Utilize Medicare Advantage community liaisons to help educate people on Medicare options

Action 4 – Write regular articles for the newspaper to improve health and health insurance literacy

Resources/Collaborators Needed: Newspaper, school district, Hill Country Memorial, educator/expert

✓ **Goal 2 – Increase access to healthcare outside the hospital**

Action 1 - Develop a coalition for transportation with a focus on geriatric care and family support

Action 2 - Create a list of volunteers to bridge the gap of care and support to improve senior socialization

Resources/Collaborators Needed: Ministry alliance, needs council, housing development, transportation

Significant Health Need 2: Behavioral/Mental Health

✓ **Goal 1 - Increase the number of Behavioral Health providers**

Action 1 – Form relationships with established facilities in Austin, Kerrville, and San Antonio to provide possible services (Texas Advisory Council in San Antonio)

Action 2 - Explore tele-health options and education, including school counselors, jails, and other members of the community

Action 3 – Integrate Behavioral Health into primary care offices to increase access and decrease stigma

Action 4 – Provide mental health first aid in the community – police, schools, public

Resources/Collaborators Needed: Hill Country Memorial, other hospitals, providers, and treatment facilities

✓ **Goal 2 – Improve suicide prevention education.**

Action 1 – Review the current suicide prevention education process and explore new opportunities for communication

2022 Community Health Goals and Actions

Action 2 - Find resources and make connections

Action 3 - Share the information and make one central facility/organization for referrals and navigation for providers and the public. Create a shared information center: “one call, that’s all”.

Resources/Collaborators Needed: All providers, Med-Com, STRAC, other social service organizations, local businesses

Significant Health Need 3: Healthy Eating - Active Living

- ✓ **Goal 1 – Increase nutrition education for the youth and families- educate 1,500 youth and families on nutrition, shopping, simple meals, etc.**

Action 1 - Invite major employers to create a health council

Action 2 - Catalog existing resources and work with MDs to create access to families with education sessions on healthy eating

Resources/Collaborators Needed: Employers, MDs

- ✓ **Goal 2 – Increase knowledge of the access and resources available. Create an exercise fair with new exercise opportunities across the community. Make a cultural change for physical activity.**

Action 1 - Create an online resource of all exercise groups/opportunities

Action 2 - Encourage employers to incentivize exercise in families

Action 3 - Encourage MDs to write prescriptions for exercise

Action 4 - Integrate with insurance plans for discounts

Resources/Collaborators Needed: MDs, employers, community leaders, chamber newspaper, Hill Country Memorial website, churches, Ag extension

Significant Health Need 4: Environmental Factors

- ✓ **Goal 1 – Increase education on vaping among youth within 3 years**

Action 1 - Increasing youth to youth education to reduce/prevent substance abuse/misuse by utilizing Healthy Texan Youth Ambassadors. Increase number of bilingual ambassadors

Action 2 - Encourage youth to educate community, parents, grandparents.

Resources/Collaborators Needed: Youth prevention programs, Healthy Texas Youth Ambassadors

- ✓ **Goal 2 – Reduce injury and poor health outcomes related to substance abuse among adults within 3 years**

Action 1 - Catalog available resources, explore grants, expand available resources, services, and donations

Action 2 - Collaborate with Behavioral Health providers, law enforcement, faith-based communities and medical providers. Linkage to treatment for the addicted

Resources/Collaborators Needed: Healthcare, law enforcement, mental health providers, existing resources, religious groups

Significant Health Need 4: Environmental Factors

✔ **Housing Goal – Increase percentage of housing stock that is affordable at 30% of the median household income.**

Action 1 - Create/focus on multi-family income-based housing

Action 2 - Recruit outside investments such as philanthropy, city development, construction groups to increase supply of appropriate lot types

Action 3 - Increase broadband supply and recruit alternative industries to increase job diversity

Resources/Collaborators Needed: City development, apartment real estate developers, Habitat for Humanity, Haus Verein, City development, construction groups

✔ **Water Quality Goal – Evaluate water quality needs across the counties.**

Action 1 - Identify areas that need support.

Resources/Collaborators Needed: City development, government, health department

✔ **Childcare Goal – Open more than 300 spaces in pre-schools/day cares.**

Action 1 - Obtain funding from state and foundations for childcare efforts

Action 2 - Partner with churches, businesses, and organizations for expanded and newly informed programs. Create incentives for employees

Resources/Collaborators Needed: City council, employers, pre-schools and day cares, businesses, churches

✔ **Health Literacy for seniors Goal – Establish a community liaison program to prevent isolation and perform wellness checks**

Action 1 - Ask the local Mayor's office to establish a grid system to create reps in each grid for communication

Action 2 - Hire a community liaison to coordinate programs and be the eyes and ears across the community.

Resources/Collaborators Needed: Local city officials, Mayor's office, medical providers, community liaison

Impact of 2019 CHNA and Implementation Plan

Impact

COVID-19 impacted implementation in 2020. Groups were unable to meet in person and services were limited in the community. However, progress was made prior to COVID.

In 2019, Hill Country Memorial Hospital selected the following significant health needs:

1. Access to care and insurance
2. **Behavioral health**
3. **Healthy eating/Active living**
4. Substance use
5. Affordable housing
6. Childcare
7. **Health literacy**
8. Senior care

The following outlines initiatives and impact of those initiatives.

Impact of 2019 CHNA and Implementation Plan, cont.

Impact

Behavioral Health: Mental Health Services

Collaborations: The activities for this goal will be carried out by HCM leadership and in partnership with the local independent primary care physician practices. Anticipated partners include local behavioral health providers, the Good Samaritan Center, MHDD, telemedicine, schools, law enforcement, Boys and Girls Clubs, and local FQHCs.

Lead: Partin, Polivka

Strategic Alignment: The intended impacts is to reduce average length of stay to 4 hours or less for 90% of patients seen in the HCM Emergency Department with behavioral health or addiction primary diagnosis code.

THREE YEAR GOAL:	TARGET POPULATIONS	OUTCOME MEASURES
Reduce annual length of stay to 4 hours or less for 90% of ED patients	Emergency departments patients with behavioral health or addiction primary diagnosis code	Reduce average length of stay to 4 hours or less for 90% of patients seen in the HCM Emergency Department with behavioral health or addiction primary diagnosis code. 2022 :45% reduction in length of stay over 2019 data

Impact of 2019 CHNA and Implementation Plan, cont.

Impact

HEALTHY EATING – ACTIVE LIVING SENIOR HEALTH

Collaborations: The actions for this goal will be selected by the Create a Healthy Community Council, a multidisciplinary group that is part of HCM’s shared governance structure. Participants include HCM clinical staff, community health organization partner representatives, and HCM Wellness Center staff.

Lead: Create A Healthy Community Council

Strategy Alignment: The anticipated impact is a decline in Gillespie County, Blanco County, and Kendal County’s obesity levels in the long-term, and increased physical activity and knowledge of nutrition in the short term.

ANNUAL GOAL:	TARGET POPULATIONS	OUTCOME MEASURES
1650 Individuals	Individuals age sixty-five or older	Reach 1650 individuals over three years with health and wellness information targeted for a sixty-five and older population 2022: 3,458 participants reached over three years

Impact of 2019 CHNA and Implementation Plan, cont.

Impact

HEALTHY EATING – ACTIVE LIVING: CHILDREN’S HEALTH

Collaborations: The actions for this goal will be selected by the Create a Healthy Community Council, a multidisciplinary group that is part of HCM’s shared governance structure. Participants include HCM clinical staff, community health organization partner representatives, and HCM Wellness Center staff.

Lead: Create A Healthy Community Council

Strategy Alignment: The anticipated impact is a decline in Gillespie County, Blanco County, and Kendal County’s obesity levels in the long-term, and increased physical activity and knowledge of nutrition in the short term.

THREE YEAR GOAL	TARGET POPULATIONS	OUTCOME MEASURES
Reach 1650 individuals	Individuals eighteen and under. A decline in Gillespie County, Blanco County, and Kendal County's obesity levels in the long-term, and increased physical activity and knowledge of nutrition in the short term.	Reach 1650 individuals over three years with children's health and wellness information to motivate healthy behaviors 2022: 2217 individuals reached over three years

Impact of 2019 CHNA and Implementation Plan, cont.

Impact

HEALTH LITERACY: CHRONIC DISEASE MANAGEMENT

Collaborations: The activities for this goal will be carried out by HCM leadership and in partnership with the local independent primary care physician practices.

Lead: Partin, Polivka

Strategic Alignment: The intended impacts are that, (1) our community will have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions, (2) chronic diseases will be identified early, and appropriately managed, (3) those with chronic disease will have lower illness burden as a result of their disease management.

THREE YEAR GOAL:	TARGET POPULATIONS	OUTCOME MEASURES
1100 screenings for chronic diseases.	Individuals with chronic diseases Our community will have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Individuals will have lower illness burden as a result of their disease management.	Identify and act upon additional screening opportunities for community 2022: 1,288 screenings and educational offerings provided over three years.
2021-2022 COVID-19 Inoculations	High risk population (+65 years of age) in Gillespie, Blanco, and Kendall county Our community will have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions concerning the COVID-19 virus. Individuals will have lower illness burden as a result of their disease management and prevention.	Provide inoculations to residents in Gillespie, Blanco, and Kendall county. <ul style="list-style-type: none"> • 9,064 inoculations provided to residents within the counties we serve. • 5,197 of those residents in our service area were 65 and older. • 29,789 total inoculations provided through Vaccination Clinic.

Impact of 2019 CHNA and Implementation Plan

Impact

HCM does NOT intend to address the following significant health needs due to lack of expertise and resources:

- 1. Access to care and insurance** is a health need that HCM cannot directly impact at this time. HCM will continue to provide more access to affordable healthcare by recruiting primary care doctors to expand access and continuing to offer its financial assistance program.
- 2. Substance Use:** Due to resource limitations, HCM is not directly addressing substance abuse/addiction health needs at this time. HCM will continue to partner with local rehabilitation centers and social services better positioned to directly address this health need.
- 3. Affordable housing:** While this is important to our community it is a difficult item for HCM to directly address. HCM will continue to partner with local government and community leaders seeking solutions to make affordable housing available in the community.
- 4. Child Care:** While we agree that this is a need in our community, we see others in our community better-positioned to fill the gap at this time. HCM will continue to offer children's programming during certain school holidays at our Wellness Center and continue to collaborate with social services focusing on children.
- 5. Senior Care:** Due to resource limitations, we are not addressing geriatric healthcare services at this time. HCM will continue to partner with local senior services and community leaders seeking solutions to make geriatric healthcare services available in the community.

HCM will monitor the progress through the hospital's executive team and then create a Healthy Community Council and will annually report the progress to the board of trustees and the community.

There is a link on the HCM's website for the community to provide written input into the 2019 CHNA and implementation plan.

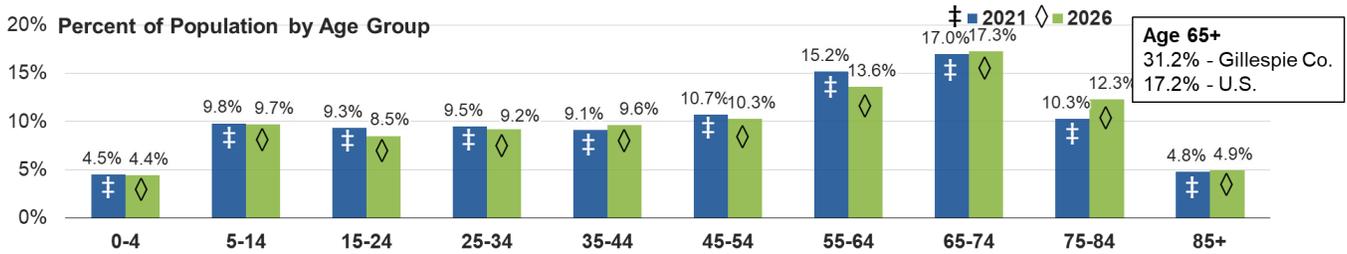
Appendices

1. Additional Demographics
2. Focus Group Summary
3. Survey Summaries
4. Community Asset Inventory

Demographics

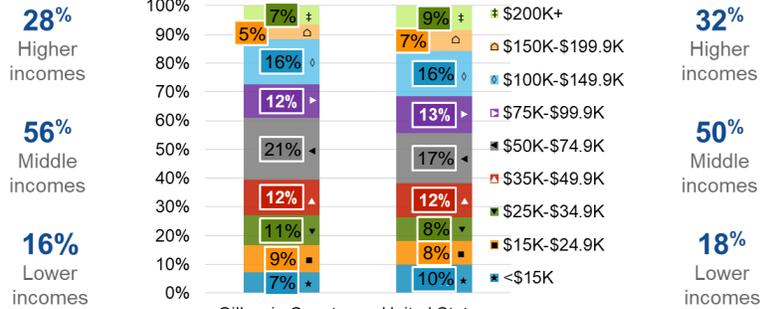
Gillespie County

20% Percent of Population by Age Group



Age 65+
31.2% - Gillespie Co.
17.2% - U.S.

Median Household Income (2021)



28%
Higher incomes

56%
Middle incomes

16%
Lower incomes

32%
Higher incomes

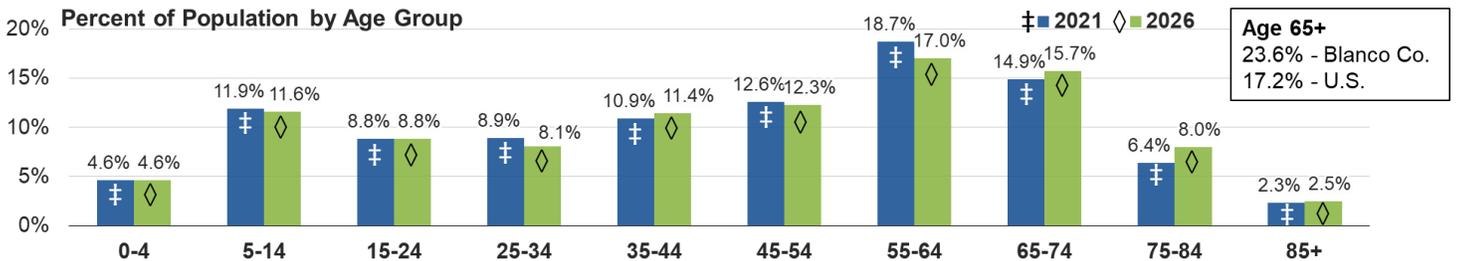
50%
Middle incomes

18%
Lower incomes

Source: Esri

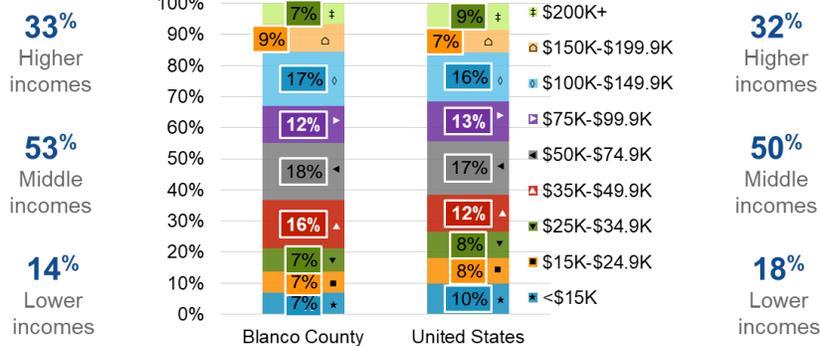
Blanco County

20% Percent of Population by Age Group



Age 65+
23.6% - Blanco Co.
17.2% - U.S.

Median Household Income (2021)



33%
Higher incomes

53%
Middle incomes

14%
Lower incomes

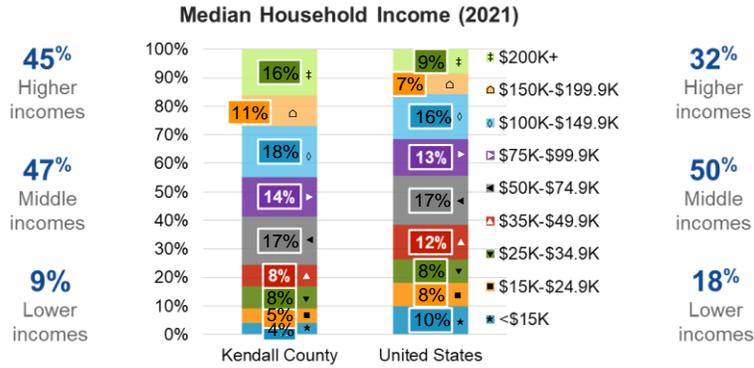
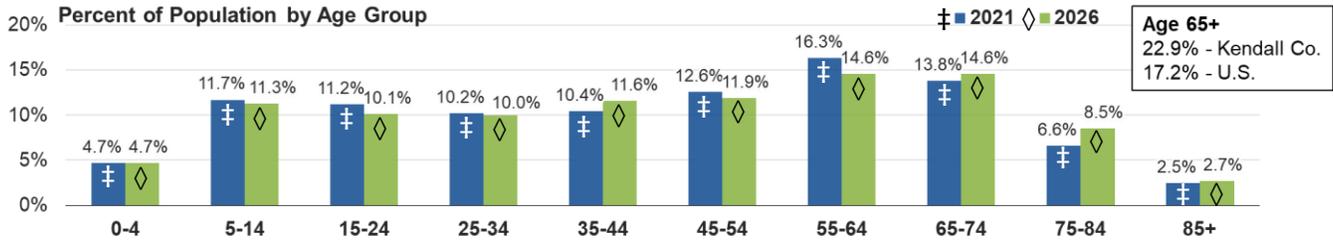
32%
Higher incomes

50%
Middle incomes

18%
Lower incomes

Demographics

Kendall County



Source: Esri

Interview Results

interviews

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in individual interviews July 25 through 29, 2022, for their input into the community's health. Community participation in interviews represented a broad range of interests and backgrounds. Below is a summary of the interviews.

1. How do you define health?

- **Wellbeing – mind, body, spirit, physical, and mental health**
 - State of wellbeing of mind, body, and spirit
 - Personal definition of health. Goal is to help you achieve a state of health and wellness according to your own definition. Different for every person
 - Physical, mental health and health of the community. Also encompasses the economy, the quality of life and general wellbeing of residents.
 - Physical, mental, overall capacity to function day in day out, functioning at your best
 - Social determinants of health, how stressors in your life impact ability to function.
 - Being whole, not fragmented, not compromised by things you can do something about
 - Spiritual, mental, physical health
 - Wholistically, not just physical, mental, physiological, emotional, whole being
 - Physical body functioning at its peak, mental, spiritual, psychological health
- **Activity, fitness, diet, medical treatment**
 - Kids are active, see them pursuing physical activities and activities like summer camps
 - Fitness, access to healthcare, diet, eating healthy – fiber, fruit, and vegetables
 - Preventative care, prevention and treatment
 - Doesn't have a lot of health conditions or take medications
 - Ability to move about and take care of yourself and your family without impairment
 - Wellness, responsibility
 - Perspective on how one feels, attitude
 - Mental health – positive interaction with others
 - Aren't having to receive doctor or hospital care on a regular basis, health status

2. For the purposes of this Community Health Needs Analysis, the community is Gillespie, Blanco and Kendall Counties, generally, how would you describe the community's health?

- **Rating**
 - 2
 - 2 to 3
 - 3 IIIIIIIII
 - Average
 - 3.5 II
 - 4 II
 - Healthy community overall, 4 active citizens, health conscious, try to eat right. Good majority fit into that category. Some struggle or find it difficult to be healthy.
 - Good, 4– with some physical health improvements.

Interview Results, cont.

- At least a 4+ but for improvement. Economically performing extremely well. Recovered quickly from COVID. Real estate is a big deal in the community. The economy is starting to slow down. Not insulated from national challenges.
- 4 or 5 but clearly aware of the pockets for which this isn't the case
- **Comments**
 - Have resources but many don't take advantage of those resource, underutilized
 - Mixed bag – can rally around causes and play on peoples' generosity to get things built
 - A lot of denial – poverty, alcoholism, substance use, mental health issues, the German mindset: “pull yourself up by your bootstraps”
 - Affluent population
 - Don't know – deteriorating due to aging population, having more health issues
 - Great if you can afford to be healthy, or bad if can't afford to be healthy.
- 3. What are the biggest health concerns or issues for the communities today?**
- **Access to affordable insurance and healthcare**
 - Insurance
 - Affordable health insurance, access to health insurance, conditions go untreated
 - Small businesses – lack of ability to get health insurance, only 2 insurance products available on the exchange. Middle class can't get access to decent health insurance.
 - Lots of people that fall in the gap – too young for Medicare, don't qualify for Medicaid, or can't afford to buy insurance through work or otherwise
 - Some people travel to Mexico to get healthcare.
 - Access to care
 - Affordable health care, access to care in the rural areas
 - No trained EMS in Harper, western side of the county, don't have resources. Have to drive 30 minutes either way. Could use a clinic, or emergency center locally.
 - Doctors are very particular about the insurance they're going to take. Discriminate against retired military, won't take TriCare.
 - Takes a long time to get referrals, 6 months out for dermatology, ophthalmology, etc. Some specialists are in their 60s so should be retiring soon.
 - Don't have a good emergency room – ER records don't link to the hospital records, can't take care of any trauma, heart attacks or strokes, expensive, often misdiagnosis, lack of follow up
 - Kids in CPS care have to go to other communities for dental, eye care, therapy.
- **Financial insecurity**
 - Poverty, financial insecurity huge, money isn't going as far as it used to
 - Housing insecurity, affordability of living here, lack of affordable housing options
 - Difficult to live here unless you're a millionaire
 - Huge gap for younger people between income and cost of housing. Don't have money leftover for medical care
 - School district data economically disadvantaged 67% or 68% on free and reduced meals. That population is taxed for resources. All resources are filled.
 - Growth happening all around the community. Housing and labor so intertwined. Tourism economy, lower paying jobs which don't support high-cost housing.

Interview Results, cont.

- **Chronic diseases and acute care**
 - County has high prevalence of obesity II, heart disease III, diabetes IIII, chronic health conditions, cardiovascular, strokes lately
 - Aging – surgeries
 - Orthopedic issues –ortho doctors don't treat backs, so referrals to San Antonio or Austin
 - Knees, hip joints
 - Cedar allergies, allergies, pollen, higher percentage of asthma and allergies
 - COVID
- **Mental health**
 - Mental health in kids and adults, one of the biggest issues, hard to get people treatment
 - Have a lot of suicides and is emblematic and denial of issues, not dealing with mental health, suicidal ideation with kids
 - Experienced an awful lot of stress due to COVID, high cost of housing, high cost of living
 - Mental and spiritual aspects not doing as well as we could – many unchurched
 - Limited resources when talking about mental health treatment
 - Mental issues that aren't treated as well as they should. COVID didn't help. Community doesn't have a broad spectrum of resources. More of a concern than physical health
- **Healthy eating/active living**
 - Diet – don't choose fruits and vegetables and eat fast food. Expensive right now.
 - Food insecurity, poor diet, eating habits, obesity, diabetes
 - Not a great place for outdoor activity – no walking tracks, lake area, conducive to walking
 - Have a Farmer's Market, but is just another place to buy expensive food
 - More healthy eating establishments
 - Lack of exercise, not enough exercise
- **Substance use – drugs and alcohol**
 - Drugs in the community –Bigger issue than we would like to admit
 - Alcohol issues, too much wine
 - Substance use. abuse – alcohol, marijuana, meth, vaping
- **Senior Care**
 - Resources for aging population.
 - Caregivers with the older population risk their health to take care of loved ones.
 - Aging population – retirement community. Those who didn't move away after high school, continuing to age.
- **Domestic violence**
 - Domestic violence, unsafe housing and don't know how to get away
 - Safe housing and family situations for women and children
- **Others:**
 - Childcare is a big issue; lots of single mothers
 - COVID – fair share of and still have COVID going around like other parts of the country.
 - Physical health -fewer health needs recently. Not an overwhelming demand on hospitals
 - Lack of good public transportation – ART bus, schedule a week in advance.
 - As seriousness increases go to higher level of care facilities
 - Heat

Interview Results, cont.

- The services of the city (like EMS) are designed around the population of the city and county. However, the population doubles on the weekends and some services may not be designed to handle the larger population
- On the challenge side, have a severe labor shortage. Where are we going to find the labor to accommodate the growth? HCM and the school district also running short on labor. Getting by with less labor and employment. People are working harder and longer than they should have to and puts stress on well-being.

4. What are the most important health issues facing various populations including medically-underserved, low-income populations?

● Access to care and insurance

- Not having a primary care physician and having to use the ER
- High rate of uninsured – less access to care or concerns about whether they can pay when they need it, need to be able to afford medical insurance
- Even employers who offer insurance; its too expensive for some people to pay for
- Knowledge of resources and access to care for underinsured Hospital needs to do a better job of informing the community.
- Subspecialty care – dialysis, cancer treatment, neurosurgery, specialists who aren't locally available
- Transportation and their ability to get to healthcare, free clinic, or hospital or wherever
- Don't ever see the low income at the hospital, extremely underserved group
 - Prescription drug costs
 - Financial burden of healthcare services
- Have Good Samaritan Clinic and must meet income criteria to be seen, also dental. Some veterans don't qualify for VA healthcare. Primary care is 30 minutes away
- Not having a primary care doctor or the ability to pay for urgent care, so most likely end up in the ER as primary care.
- If above the income amounts, then many people don't go for care and health worsens
- Getting proper physician care they need if they had better health insurance and afford the office visits.
- Lack of prevention going to the doctor, lack of health insurance and knowing how indigent care works. Or head straight to the ER instead of preventative care.
- HCM large number of uncompensated care. People may be ignoring day to day care and getting more expensive care.

● Nutrition/Food insecurity leading to diabetes and obesity/ lack of exercise

- Nutrition
- Food insecurity
- Kids not eating well
- Higher risk of diabetes going back to nutrition – cheaper food junk food, obesity
- Need more health awareness, better eating
- Overweight people leading to diabetes, higher percentage of diabetes
- Limited financial resources to access nutritious food. Unhealthy food at food pantries.
- High cost of food – people eating what they can afford, less healthy
- Poor choices in diet dictated by income, sugar and fatty foods
- Lack of exercise – lots of manual labor

Interview Results, cont.

- **Financial insecurity**
 - Low incomes
 - City Council meetings focus on rich people's problems. Never address poverty.
 - Tale of two cities – lots of wealth and half of public school kids on reduced lunches
 - Public schools 50% Hispanic, 50% on free and reduced lunches
 - More millionaires per capita than anywhere in TX, poverty level lunches at the school
- **Affordable housing**
 - Housing insecurity, housing costs rising – affects wellbeing, environment,
 - People crowded in homes
 - Being kicked out of houses they've rented because its being sold. End up in crowded conditions. 3 families in a mobile home, not safe and clean, then raise the rents.
- **Mental Health**
 - High rate of suicide
 - Mental health – stress the low income are under PTSD, not knowing how they're going to make it another month
- **Substance use**
 - Substance abuse – alcoholism, addiction is hard, treatment is difficult to find if unfunded
 - Substance abuse self-medicating, COVID contributed to this
- **Others**
 - Transportation – access, grocery shopping, doctor visits
 - Education – don't have education and knowledge to take care of themselves
 - Childcare
 - Diabetes not monitored as well as it could be
 - Limited access to resources to explain insurance.

5. What are the most important health issues facing various populations including minority populations?

- **Chronic disease**
 - Chronic illness affecting minority populations. Education about prevention and management. Access to medical facilities due to income constraints.
 - Appears statistically that Hispanics have a higher rate of diabetes.
 - Diabetes III, prediabetes, obesity II, chronic disease, heart disease
 - Hypertension
 - Most are Mexican or Mexican American. Cultural diets leading to diabetes and obesity.
 - Growing Hispanic population – diabetes/obesity is concerningly high in this population
- **Exercise/nutrition**
 - No brown people at the Wellness Center - Expensive to join a gym, intimidating if no one there who looks like them. Need free, public places to exercise and see nature.
 - Primarily Hispanics – nutrition, physical inactivity
 - Hispanic and white and hardly any other. Lack of education for nutrition, how to care for yourself, how to prepare healthy foods, poor eating habits contributing to diabetes.
 - Not exclusive to them, but expensive to eat healthy, diabetes, obesity, poor nutrition
 - Incredibly hard working and may not pay attention to diet as much
 - General nutrition, good health practices. Working so hard don't have time to dedicate to the best health practices for them or their children. Child nutrition

Interview Results, cont.

- **Lack of primary care provider and prevention**
 - Not having primary care or keeping up with preventative care, using ER as primary care
 - Not preventative, more emergency care.
 - Not valuing preventative health, dentist, primary care
- **Cost of care**
 - Cost of healthcare is expensive
 - Dental care
 - Being able to pay and getting the care they need and paying for insurance
 - Difficulty buying groceries so not paying to go to the doctor
- **Others**
 - Health isn't as much broken down by racial and ethnic lines, but more by income lines.
 - Drugs, alcohol – post all people who get arrested. 80% are Hispanic.
 - Major crimes that went unsolved or poorly resolved and both were Hispanic families that couldn't push for a more robust investigation.
 - Language barriers – some don't speak any English
 - Cultural – fear of seeking health, being deported. Don't have access to care from peach orchard owners like they did in the past. Some go to Mexico to receive care.
 - Cultural differences – some people are scared. COVID changed dynamics of things. Service workers, hospitality industry, if they don't work, they don't get paid, so most do not have benefits.
 - Some people are here illegally, but the town would fall apart without them.
 - Mental health – violence, sexual abuse crosses income and cultural lines. COVID made this worse.
 - Started getting men with children crossing the border and working hard to send money home. Want the kids to work as soon as possible to contribute. Now their rent is going up and can't afford it.
 - Hispanic's will have several families living under one roof

6. What are the most important health issues facing children?

- **Mental health III**
 - Mental and spiritual health –broken families, immense stress/pressure. Making poor choices, have no support, guidance or boundaries.
 - Youth mental health exacerbated by COVID, gut punches these unprecedented
 - Hispanic and white and hardly any other
 - Not exclusive to them, but very expensive to eat healthy, more diabetes, obesity, poor nutrition, child nutrition
 - Incredibly hard working and may not pay attention to diet as much
 - General nutrition, good health practices.
 - Need to change their diet and their lifestyles II – hospital reaching out
- **Lack of primary care provider and prevention**
 - Not having primary care or keeping up with preventative care, using ER as primary care
 - More emergency care, not valuing preventative health, dentist, primary care

Interview Results, cont.

- **Access to care and insurance**
 - Migrant kids in high school and Spanish speaking kids don't have insurance. The schools have a parent liaison who helps anyone who calls her. Spanish speaker. Contacts Good Samaritan. Makes sure they have immunizations. The schools will find help if they know about the needs. Kids aren't being seen regularly, getting vaccines
 - Access to medical insurance if you are in the middle range, not eligible for programs.
 - Cost of health insurance if they don't qualify for Medicaid. Most jobs do not include health insurance. And if have insurance then very expensive.
- **Nutrition/food insecurity/activity**
 - Hunger, food insecurity, proper nutrition/meals. Eating only at school
 - Food and nutrition – don't have healthy eating out options
 - Children's gardens – teaching nutrition, how to raise, grow and eat food you grow.
 - Child obesity – why isn't there more activity programs affordable and available, convenient for kids to get to. Lack of activity, sports programs.
 - Affordable recreation – needs more activities for kids, classes
- **Substance use/Vaping**
 - Substance abuse, use. Vaping – big deal right now, kids are using meth, overwhelming. Alcohol abuse issues – starts young, drug usage
- **Parenting**
 - If parents don't take care of themselves, kids probably can't either.
 - Lots of room for parents' support groups – facing unprecedented issues
 - Need parenting classes - kids addicted to phones, failing school, depressed
- **Sleep deprivation**
 - Sleep deprivation –on screens, staying up late, up early, and tired during the day
 - Hard to keep students engaged – screens introduced early, short attention spans
 - Unwanted Teenage pregnancies – don't like to acknowledge this
- **Education**
 - For the kids who lagged during COVID harder to keep up. Learning from home good for some, not for others. Lost socialization, but avoided bullying
 - Kids not finishing school. Education is key.
 - Lost many public school teachers – low pay. Classes combined because of shortage
- **Others**
 - Violent kids
 - Created non-profit foundation to support schools – need to build the fund to last. Some who rely on the schools for everything are the ones who suffer. Town has paid no attention to the schools, doesn't care about schools and it hurts everything.
 - Learn how to behave and take care of yourself, besides academics. The money from the town doesn't go to schools, only property taxes.
 - Infectious diseases
 - Sports or horse-related injuries
 - Data from school district more than 50% in public education meet definition of low income and underserved and yet the school must send money to the state. Population is probably larger than we think it is and may not be getting the services they need because the awareness may not be there.

Interview Results, cont.

7. What are the most important health issues facing seniors?

- **Aging community with issues of aging and chronic diseases**
 - Aging community
 - Chronic diseases II – affect people as they get older
 - Cancer III
 - Dementia
 - Cognitive issues, dementia, not taking care of themselves
 - Slow slide into dementia or Alzheimer's
 - Degeneration, surgeries
 - Physical inactivity – joint pain, harder to move
 - Chronic issues of aging – arthritis, bodies breaking down, most handle relatively well, some are massively independent and won't accept limitation and get depressed and cranky
 - Falls IIII
 - Not understanding their medication
 - Caregiver support needed
 - Knee replacements from obesity
 - Diabetes IIII
- **Financial insecurity and high cost of care**
 - Many on a fixed income II – have income insecurities young people have but can't get a job. Living on social security only, spent all their savings. Leads to food insecurity
 - Access to care because of finances
 - Seniors are using the not-for-profits because they can't make it on social security or pension. Financial insecurity
 - Meals on Wheels - look around and see all of those not on meals on wheels and all they're missing. Get the word out through doctors. Doctors can ask about nutrition and make referrals to meals on wheels.
 - People are so proud, don't ask for help, apologize for asking for help. German mentality.
 - Challenge for the family – getting them placed and expensive when they need long-term care or Assisted living
 - People are having to work longer. Working at WalMart, HEB into their 70s.
- **Isolation**
 - Rarely leave their home except to see the doctor
 - Loneliness III, not having local family
 - Hide at home for fear of being found out and sent to a nursing home.
 - Isolation since they don't drive. Don't have social contact any longer.
 - Lack of access to social structures
- **Transportation**
 - Elderly need access to the services of the hospital, need transportation, need advocates
 - Transportation III – lose the ability to drive, volunteers aging, volunteerism isn't what it was 20 years ago.
- **Mental Health**
 - Concerned about mental health. Have a decent system for physical health, but don't have much support at all for the geriatric psychiatric needs.
 - Depression II

Interview Results, cont.

- **Access to care and insurance**
 - Worse – insurance part, particularly for employers, not access to care
 - Access to insurance definitely up there
 - Not enough being done for access to insurance. Some do not know they're eligible or can't afford it. Yes, there is a problem with underinsured, but they don't have to be without insurance. Lack of awareness.
 - Insurance for the middle class is a big deal. No way it should be this hard and expensive.
 - Continue to be mad at the cost of insurance. Getting hammered by health insurance premiums and not many choices to spur competition and keep premiums in check.
 - More businesses are offering insurance. Labor shortage.
 - Don't have bigger city access to care, but close to San Antonio, limited but not bad
 - Only one provider in town takes TriCare which veterans have
 - Access to healthcare has improved through Ambetter
 - Access to care may be better – physicians taking new patients, Medicare patients can in
 - Affordable healthcare definitely not improved, like another mortgage, so expensive
 - Access to emergency healthcare in a rural county is real. 30 to 40 minutes from the hospital.
- **Childcare**
 - Childcare got worse III, several closed down
 - Day care side – lost some, opened some III
 - Waiting list over 100 kids at one daycare
 - Childcare especially hits the low income
 - People can't work because they can't find childcare. Would move this one up the list.
 - Improved a little, still a chronic need
- **Housing**
 - Affordable housing and childcare needs – Identified things that contributed to labor shortages, these two were on the list. Affordable housing has gotten worse in the last 3 years. Accelerated people's timetable to leave the cities and move to the country. Also learned to do job remotely. Spurred investment in real estate and prices went up. Avg sale price \$658,000 in Fredericksburg first six months of 2022, up \$100K from last year. Far outpacing the earnings and wage rates.
 - Affordable housing is horrible, and has got worse IIIIIII
 - Housing much worse in the last 3 years. Median over \$700K now. No affordability there. Nothing under \$300K. No housing for middle class.
 - Worse, multiple families living under one roof
- **Mental health**
 - Mental health still definitely at the top, a major need, need more resources III
 - Mental health gets into the substance abuse and domestic violence. Many are resistant to care. Not sure if people would use resources if they were available.
 - Mental health – more are aware that mental health is important and an issue. Might be #1 now. COVID and the mass shootings have opened people's eyes to mental health issues.
 - About the same
 - Wouldn't have mental health that high – don't see that much need for it, lower on the list 4, 5 or 6.

Interview Results, cont.

- **Healthy eating/active living**
 - See a lot of people exercising and active
 - Difficult to eat healthy in Fredericksburg, good restaurants with rich food
 - Active living has improved
 - **Additions**
 - Would include health and public education. Should be more concerned with public education.
 - Parks weren't funded because they weren't considered priority
 - **Priority Order**
 - Move elderly up
 - Others don't know if moved one way or the other.
 - Resources available on nutrition and activity, but an issue of making these a priority.
 - New order: housing, access to care, substance use, childcare, healthy eating, seniors, mental health, health literacy.
 - **Other**
 - Hospital not allowing family or clergy to see patients was wrong during COVID.
 - Hospital didn't treat people until they were almost dead. Kept turning people away because they weren't sick enough.
 - Senior care – some are living in dire circumstances
- 9. What environmental or social factors have the biggest impact on community health?**
- **Opportunities for exercise/green spaces/parks**
 - Need community center (free or low cost access) to give opportunities to engage in physical activity
 - Wellness Center has relationship with Good Samaritan center to use the center. Don't think people know about this.
 - Getting better at having access to exercise, walking trails
 - Wellness Center has been hyped, but it is a high-cost center II
 - Can always use more parks and trails II, sports courts
 - Fredericksburg has lots of sidewalks, people get out walking. II Policy that if you build have to add a sidewalk, so making progress. Safe places to exercise.
 - Texas heat is a major factor in getting outside is tough
 - Great places to walk and exercise, wide streets if no sidewalks, room for bikes
 - Low priority on public spaces, parks, to be with nature, changes the psyche of people for the better
 - Access to public land for more outdoor activities
 - Need a Splash pads for those who don't swim yet, keep pools open with lifeguards
 - Do a pretty good job with exercise, wide streets, sidewalks.
 - Having good youth sports is a good, community-building activity, but access is more difficult, resources not maintained
 - Very little green space available. Land is expensive.
 - The neighborhoods are dotted with rentals owned by out of towners.
 - Lack of sidewalks II, parks III
 - Need more robust parks and rec, need more bike and walking trails III, need more recreational programs

Interview and Focus Group Results, cont.

- **Housing**
 - Need affordable housing – depressing, not building \$100K houses, but much more expensive
 - Fredericksburg is expensive, lack of affordable housing for people to live/work there
 - Housing is huge, massive
 - Not sure how housing affects people's health.
 - Gap between what people earn and must pay for a house is huge. Housing affect everything.
 - Lack of affordable housing causing people to commute long ways.
 - Supply of housing is so limited, so many live out of town that work in the city.
- **Transportation**
 - Access to transportation – affordability for those who need it, cost of fuel, lack of public transportation, hard to get a job without transportation, challenging to get to parks and trails, could use more Uber and cabs
 - Transportation – more Uber, cabs, helps a little bit
 - For lower income, may not have a car or a license.
 - Huge push from DOT for a road that goes around the city for trucks
- **Jobs/employment/wages**
 - Jobs primarily because provide insurance and the pay to afford insurance
 - Every business hiring but not paying enough to live here. Wage gap,
 - Not a lot of industry and opportunity with lots of health and retirement benefits.
 - Places need jobs filled and having a hard time finding people to work.
- **Jobs/employment/wages**
 - Jobs primarily provide insurance and they pay to afford insurance
 - Every business hiring but not paying enough to live here
 - Not a lot of industry and opportunity with lots of health and retirement benefits.
 - Places need jobs filled and having a hard time finding people to work.
- **Tourist versus Locals Focus**
 - So crowded in Fredericksburg on the weekends, can't enjoy our own town.
 - Short on restaurants – can't get in, long waits
 - Residents v tourists – residents on board with vaccines/masks, tourists want to escape, county focuses more on tourists. Money from tourism should be spent on walking trails
 - Economy geared around tourists to the detriment of locals. Overcrowded by tourists
- **Heat and drought**
 - Water levels low - have to ration water, gardens all dying, grapes, tomatoes, everything.
 - Heat – too hot to exercise outside, losing livestock from temps/drought, people only active in the morning
- **Others**
 - Food prices are going up, school supplies
 - Access to care – hospital, Good Samaritan, Needs Council, all offer some access to health and mental health care. All comes down to affordability and falling in the gap for middle aged without low enough income.
 - Good air quality
 - If you want to participate in groups, there are lots of groups, big volunteer community.
 - Childcare – can't work because they can't get childcare. Probably less than 300 slots. Forced to hire private people, find relatives, etc.

Interview Results, cont.

10. What do you think the barriers will be to improve health in the communities?

- **Money/funding/expenses/cost of healthcare and insurance**
 - Money III, funding II
 - Insurance II – small and midsize employers struggling to provide benefits to workers. May have very high deductibles, which may make the insurance worthless.
 - Money and desire to invest in the health improvement activities
 - Expensive wellness center
 - Cost of food, medicine, gas, cost of healthcare II
 - Finances – can you afford health insurance, doctor visits, healthy eating or McDonalds
 - Working together to develop programs that are affordable and all contributing to health of the community.
 - Economics driving force – service industry, until there are more higher paying jobs offering health insurance
 - Access to parks becomes an issue
 - Income and education disparity
- **Values/attitudes**
 - The haves acknowledge the have nots and see it as their responsibility to help the have nots to have the same opportunities. Attitude of the blessed people that they might open up their pocketbook, but don't feel an obligation to help their community. Social divide.
 - Stubbornness of people to fulfill their own hunger and wishes. Not willing to sacrifice and hurt. Emphasis on comfort. Contribute to substance use too, escape not dealing with reality.
 - Stubborn, independent streak – need a spiritual, foundational attack on this.
 - Habits – break habits, start new ones
 - City did not pass a bond for more sports fields. Don't value kids' activities
 - Huge gaps between the rich and the poor
 - Silos have a negative impact on the community. We need to learn from people who are different than us.
- **Education**
 - How do we get people more involved in creating a healthy lifestyle for themselves?
 - Increase education – if you lead a healthy life, you'll save money on healthcare
- **People and Time**
 - Staffing at the hospital and throughout the community
 - Having the appropriate caregivers for the size of the community, have to travel to get specialized care
 - Have great human capital, where people retire, who have built businesses and can use their skillsets here locally. Bring their experience and knowledge. Barrier is reaching out to them and getting them to work on solutions. New day in local government to draw on people who will help government to help with solutions. Expertise in housing, transportation, hospitality, labor, they're here. Obstacle making the time and making it appealing to them to help.
 - Time – more time spent working than working out. Health must be made a priority. Although many team activities for kids, few for adults.
 - People themselves. Resist seeking medical care.
 - Personal ownership of health. Access can be facilitated – wellness center, trails, but if you as an individual don't use it, not going to be healthy.

Interview Results, cont.

- **Others – childhood intervention, outdoor opportunities, political will**
 - Need to create early intervention programs for children to keep them out of our new county jail facility
 - Hospital and doctors need to take all the insurances (TriCare)
 - Parks are good for softball and playground, but not for running trail or track
 - Political will
 - Over 500 Airbnb's in town decreases neighborhoods
 - Skate park – not safe anymore. Drug dealers and homeless people hang out there.

11. What community assets support health and wellbeing?

- **Healthcare**
 - Good Samaritan Center Clinic III – hiring patient advocate to coordinate resources
 - HCM – good hospital for size of community, handle most issues, good number of doctors for the community
 - Tremendous hospital that provides a breadth of services, health savior of the community. Has done a great job to integrate healthcare, engage with physicians, senior care facilities, rehabilitation facilities, good coordination between all those. Provides access and quality of care that doesn't exist in larger markets.
 - Hospitals - tremendous, desire to offer good care, meets most needs, has active, good, energetic people, plays a major role
 - Fortunate to have a good hospital here. Good regional hospital that is well run and a handful that isn't supported by a taxing district or part of a system. Not a trauma center so some transferring occurring. Fortunate to have it.
 - HCM Wellness Center IIIII
 - Wellness Center – classes and meetings, reduced or free membership at Wellness Center, blood work done. Huge benefit to those who participate. Programs like that are very good for promoting a healthy lifestyle, expensive
 - Good Assisted Living facilities, high quality, memory care, expensive, exercise classes
 - Excellent, fire, police, emergency services
- **Civic Clubs**
 - Civic organization, clubss – Rotary III, Optimist, Lions,
- **Religious Organizations**
 - Churches have good relationships with each other and work well together
 - Knights of Columbus
 - St. Denis
 - St. Vincent's resale store
 - St. Mary's Church and school visit older folks
 - Church organizations and groups – good job with community events
 - MOM Center II– women who are pregnant, could help single parents with children

Interview Results, cont.

- Lots of active churches trying to reach people, give them meaning, purpose and value
- Certified counseling at the Holy Ghost Lutheran Church free of charge.
- Suicide support once a year at the Episcopal church
- **Social Service Organizations**
 - Good social support systems, supporting people who are down and out
 - Very robust non-profit community. Provide social assistance
 - Needs Council IIIII – phenomenal, mental health, financial assistance
 - A lot of nonprofit organizations – new nonprofits
 - Grace Center to help with domestic abuse – women and children shelter
 - Schatze Haus Resale boutique to support the Grace Center shelter for women/children
 - Golden Hub IIII
 - Golden Hub – Senior Center, provides meals, exercise classes, Meals on Wheels
 - Boys and Girls Club, Boy Scouts
 - FFA
 - Food pantries – not great hours, food boxes are really good II
 - 4-H program II
 - Leadership Gillespie County
 - Agricultural Extension II
 - Meals for Vets under age 60 for low income. Meals mailed to them
- **Schools and School organizations**
 - School allows gyms to be used for youth activities
 - Schools – allow healthy TX youth ambassadors
 - HOSA at the high school
 - School tracks – see families walking
- **Foundations**
 - Dian Graves Owen Foundation generous with non-profits
 - Scripps family do a lot behind the scenes to help nonprofits
 - Philanthropists willing to fund initiatives
- **Businesses**
 - Fortunate to have an HEB and a Walmart. There are shopping options.
 - Fitness centers
 - HEB has healthy food
 - Farmer’s Market – knowing people who grow your food
- **Cooperation**
 - All work together for education
 - Non-profits and churches collaborating, not competing
- **Parks and wellness**
 - Playgrounds, Skate park
 - Lady Bird Park
 - City promotes wellness checks, physicals, gym memberships
 - Pools, when they have staffing
- **Others**
 - The community may only take care of themselves instead of sharing resources
 - Organizations need to work together and reach out to those who needs their services
 - Why isn’t Meals on Wheels being talked about by everyone?

Interview Results, cont.

- Why isn't everyone talking about the transportation? Especially doctors' offices.
- Obamacare huge blessing in the community to have access to insurance
- AgriLife Extension learning about gardening
- Need to advertise more about the resources
- Events getting people out of their houses to learn and service projects.
- Building some low-cost housing – Homing Lane
- City and County provide ambulances and non-emergency transfers to San Antonio and Austin
- Wish more programs at the parks, more activities at Market Platz

12. What, if any, health issues or inequities did the COVID-19 pandemic expose in the community?

● Isolation and Mental Health

- Mental health issues - lack of social contact, depression, anxiety, isolation, lost job
 - Impacts their physical health
- Kids struggled, wasn't beneficial.
- The spiritual and emotional residue of COVID is still with us – fear still present

● Financial inequity/ low income

- Exposed disparities of low income families - low-income kids suffered with online school, adults didn't have savings and needed to work
- Financial hardships lost businesses, jobs
- Economics – if you had access to test kits at \$25, the service workers couldn't afford that. If you had money had access.
- When we had to stay home, some families can't quarantine, five or so people living in a small space, sharing bedrooms and bathrooms. COVID spread fast in these households.

● Workforce

- Workforce that isn't willing to work – lots of job openings
- Lack of staff closing childcare centers. People can't work without childcare.
- Hard to find qualified people to staff healthcare providers

● Technology

- Seniors struggle with technology, so have issues accessing care

● Misinformation and political divides

- Vaccination was fascinating to watch play out. Skepticism of the vaccine and people pushing to get the vaccine sooner.
- Misinformation and disinformation - politics ultraconservative so the pandemic had a harsher impact on the community than otherwise would have, relied on other sources other than health professionals

● Others

- Free school lunch and breakfast
- Underreported cases. Still need mask-wearing especially in larger groups.
- The government made testing and vaccinations free of charge. The hospital got ahead of the vaccinations and got a lot of people vaccinated.
- HCM and Good Samaritan created very little disparity between wealthy and poor.
- Healthcare improvised during pandemic. Canceled elective procedures, learned new ways to do business. Some new ways stayed – doing more electronically.

Interview Results, cont.

- How patients were treated – treat them when they first show up and have family and clergy around if they're hospitalized.
- Alcoholism and drug use increased
- Domestic violence – huge issue, shut out, weren't able to go to school or work.
- People of means stockpiled necessities, those without means went without.
- Some undocumented people were ashamed to get COVID and didn't tell anyone.
- When hospitalizations were up, quickly overwhelmed the hospital

13. If you had a magic wand, what improvement activities should be a priority for the counties to improve health?

● Improve access to care and insurance

- Insurance – access, affordability and understanding
 - Increase access to health insurance
 - HCM to teach people how to understand/select insurance, access the health system.
 - The state would expand Medicaid.
 - Access to affordable healthcare, good insurance, low deductible
- Staffing
 - Add healthcare and medical staff and pay them accordingly
 - Recruit highly qualified physicians to the community in more specialties
- Healthcare - access
 - Hospital should reach out to the lower income in the community.
 - HCM become a full-service hospital that takes care of trauma, heart, strokes and have own ER staff, not contract.
 - Build community health centers
- Mental Health
 - Provide more mental/behavioral health outreach and services, accept all insurance
 - Build a counseling center, available to everyone
- Prevention
 - Mandate people to get annual wellness exams, and have a primary care provider
 - Need a shot clinic in Fredericksburg for kids' immunizations.
 - Encourage primary care visits and wellness checks.

● Increase affordable housing

- Provide affordable housing – barrier to entry is housing prices
 - Decrease need for working people to live 30 miles away
 - Incentivize building affordable housing with tax incentives
 - Affordable housing – can't afford to live here, puts stress on the community, affects everything. Workplaces may not be staffed because of lack of affordable housing
- Low income in the slums of Fredericksburg, need to make housing accessible to them
- Provide affordable housing, hard to think about health without a home
- Build multiple smaller housing projects that would be rent to own throughout the community with parks

● Focus on the kids/schools

- Need a youth activity center, child development center to keep kids out of trouble.
- Seeing drug issues, teen pregnancy
- Early childhood intervention programs, begin healthy lifestyle programs early

Interview Results, cont.

- Pay more attention to schools in every way. Provide opportunities for learning, activities, completely community-based and group specific
- Cater more to local life instead of tourists. Make it a good place for children to grow up.
- YMCA with sliding scale to improve health of community, increase accessibility
- At least one social worker in each school to support teachers and kids
- **More parks and outdoor spaces**
 - Need more parks, playgrounds, trails, fields within walking distance to all homes.
 - Social aspect for community networking and increasing physical activity
 - Important to the mental and physical health of the community
 - Need places for young families to walk outside, activities in the center of town
 - People could afford to take time to do the things they need to do, make healthy choices.
 - Neighborhood doesn't have sidewalks.
- **Improve support of seniors**
 - Check on elderly daily, create a program for homebound folks, reduce isolation.
 - Increase access to care, purchase handicapped accessible vans to transport elderly
 - Would like to have a senior center next door to a day care center
 - Hold quarterly events where the community works to help those less fortunate and provide educational opportunities related to preventative care.
 - Force people to be in other people's shoes, see how their behaviors impact their health.
 - A community center where people would gather and get to know each other.
 - The community was known for being cohesive, so get people more together again.
- **More Childcare**
 - More childcare for working people, build a childcare center for all incomes
 - Implement pre-K for 4-year-olds for all Texans – regardless of income or language.
 - Increase childcare capacity. All interrelated and housing underlies most.
- **Substance Use**
 - Decrease vape shops, educate on effects, stop early addiction
 - Reduce alcohol consumption, contributes to other issues
- **Meaning and purpose**
 - People would have a sense of meaning/purpose in their lives, moral structure, ethics
 - Everyone's body would work and everyone would be fulfilled, have purpose
- **Others**
 - Transportation – affordable for everyone
 - Have a structure of leadership of alliance of all the organizations
 - Focus on climate change – water, carbon neutral, be environmentally responsible.
 - More public workout options – trails, classes, nice facilities, running tracks, large gym
 - Soup kitchen – training kitchen to train people and cook dinner every night and get healthy food for free or pay if you can and train to get a job in the restaurant industry.
 - Might be some misunderstandings of the Wellness Center and who can benefit. Misnomer it's really expensive and there are scholarship opportunities and make people aware of the costs and benefits.
 - Opportunities to offer more services, underserved or programs haven't been built out to full potential. We're a community of rich people and rich people come visit, but we rely on the low income to power the mechanism and not taking care of their needs. At some point this doesn't work.

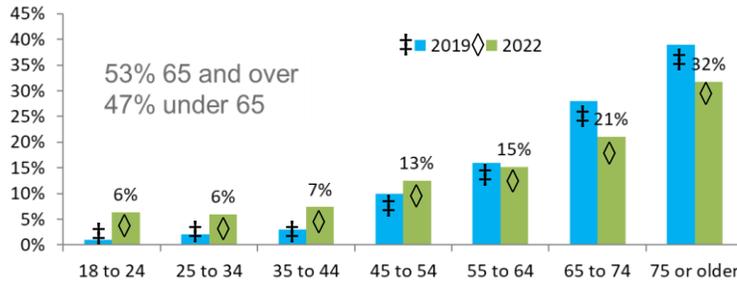
Survey Results

Community Surveys

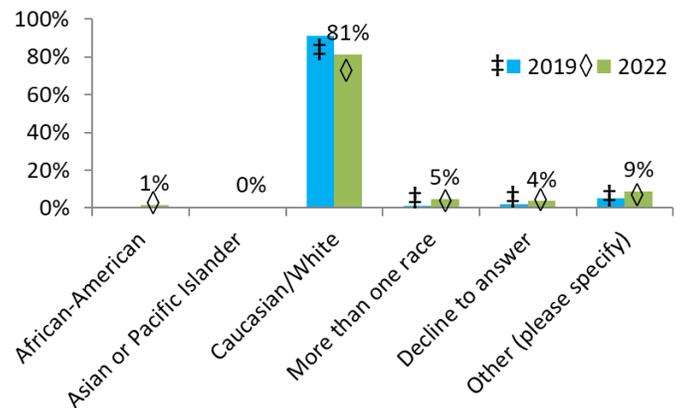
Stratasan and Hill Country Memorial conducted community surveys in Gillespie, Blanco, Kendall Counties with additional ZIPs from Mason and Llano Counties. 423 surveys were conducted from July 1, 2022 – August 19th, 2022.

Demographics

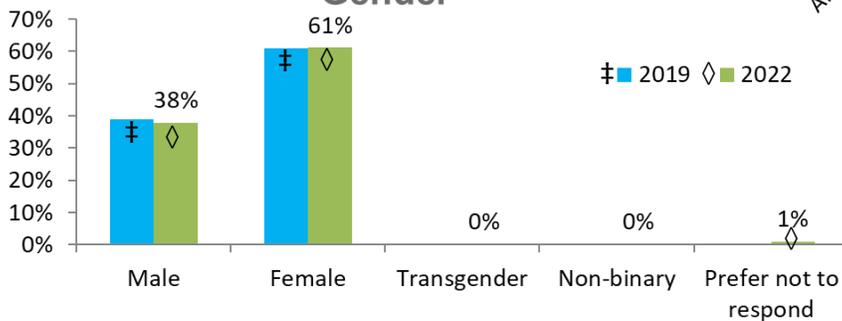
Age



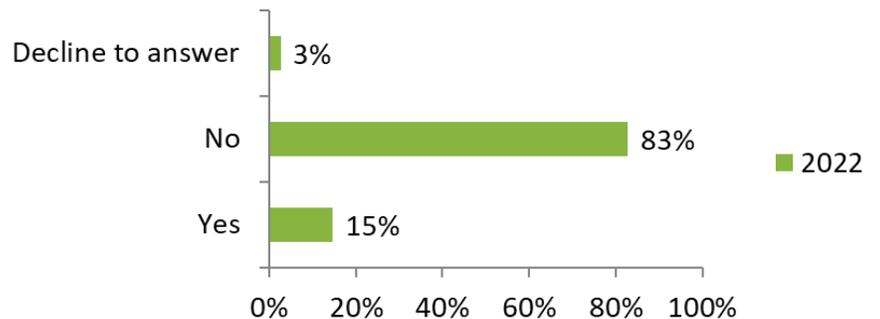
Race



Gender



Ethnicity



N=419 Q59: Gender

N=423 Q1: Which of the following ranges includes your age?

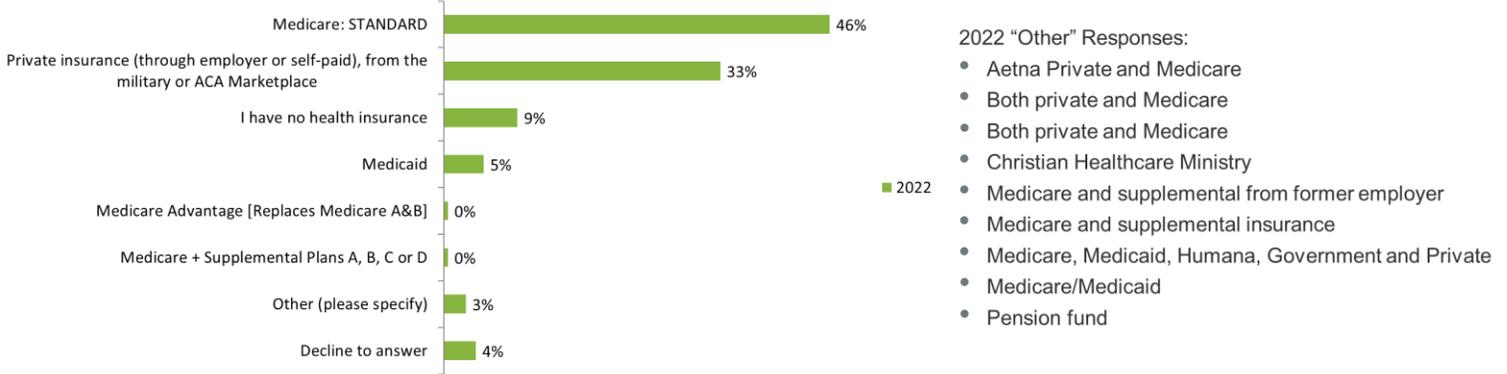
N=419 Q57: What is your race or ethnic background?

N=419 Q58: Are you Hispanic

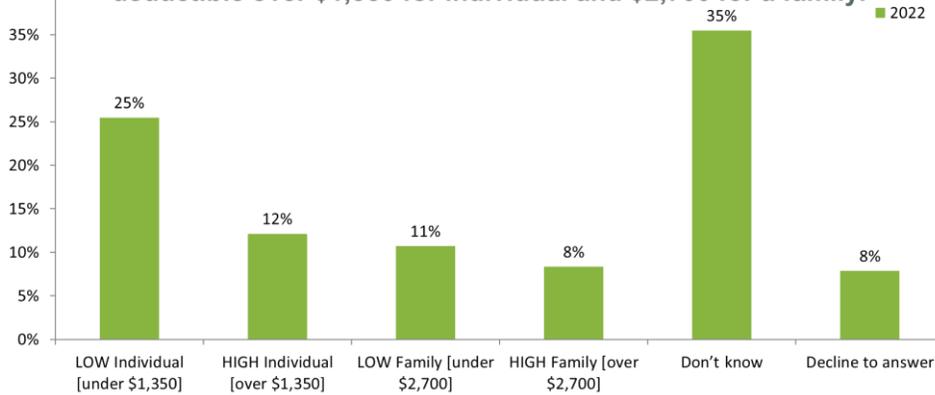
Survey Results

Community Surveys

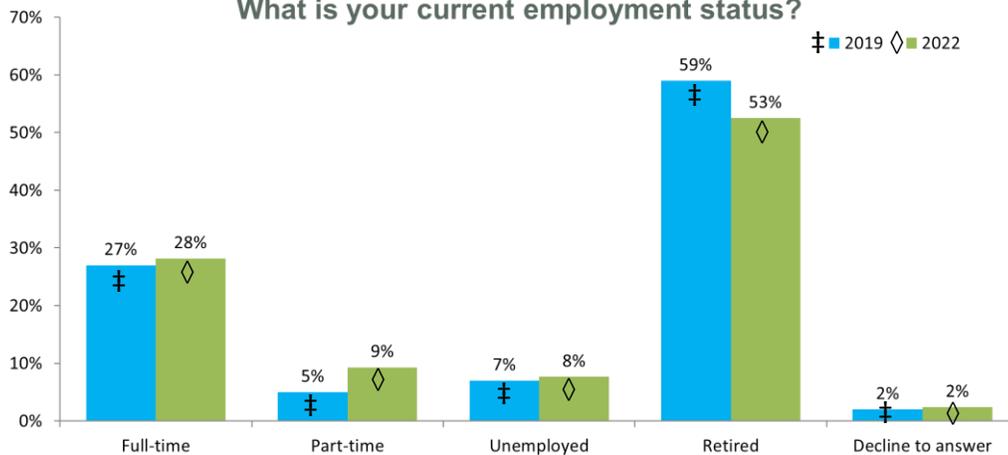
Which of the following best describes your health insurance situation?



What is your annual deductible amount? High is defined as a deductible over \$1,350 for individual and \$2,700 for a family.



What is your current employment status?



N=421 Q16: Which of the following best describes your health insurance situation?

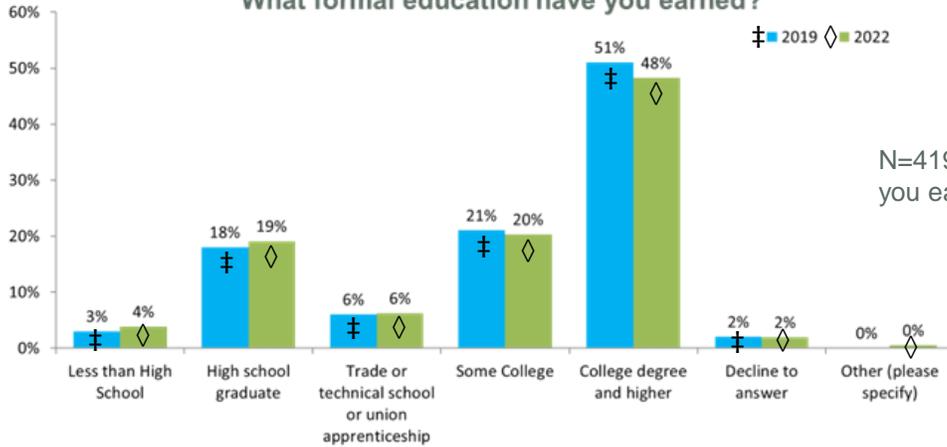
N=420 Q17: What is your annual deductible amount? High is defined as a deductible over \$1,350 for individual and \$2,700 for a family.

N=419 Q55: What is your current employment status?

Survey Results

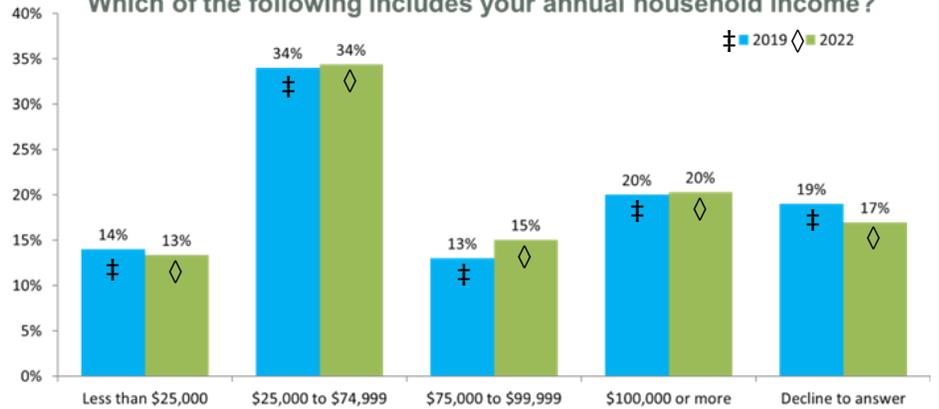
Community Survey

What formal education have you earned?



N=419 Q54: What formal education have you earned?

Which of the following includes your annual household income?



N=419 Q56: Which of the following includes your annual household income?

Health Status

Generally, how would you describe your health?



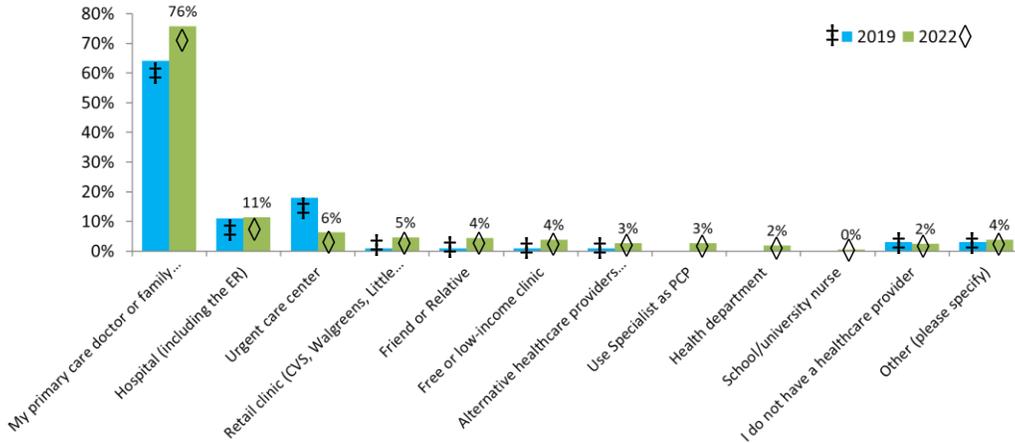
N=395 Q3: Generally, how would you describe your health? Would you say it is...

Survey Results

Community Survey

Health Status (con.)

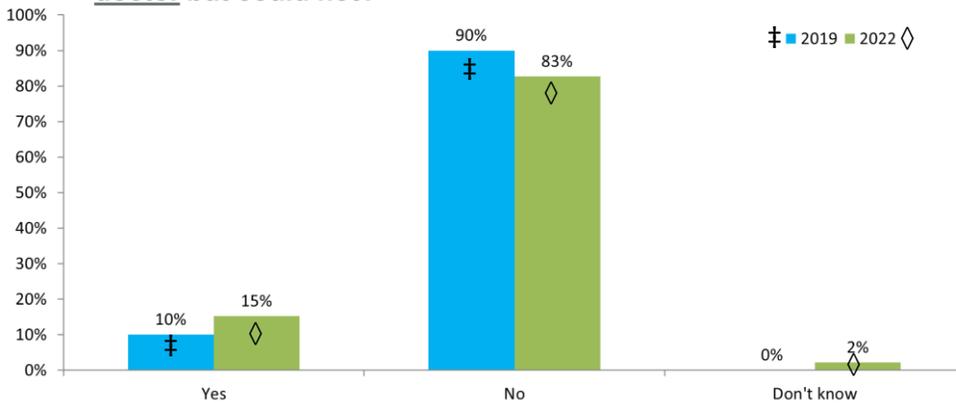
If you have one person or group you turn to for healthcare needs, where do you go most often when you have a non-emergency but urgent health care need?



2022 "Other" Responses:

- Clinic/ chiropractor
- Community Health Clinic
- Heart Hospital
- Homestead
- Interactive Naturopathic Clinic
- Local clinic
- mercola.com
- Midcoast Wellcare
- Online
- Smithson Valley Family Medicine
- VA
- Where my insurance allows me to go
- Wherever accepts my insurance

Was there a time in the past 12 months when you needed to see a doctor but could not?

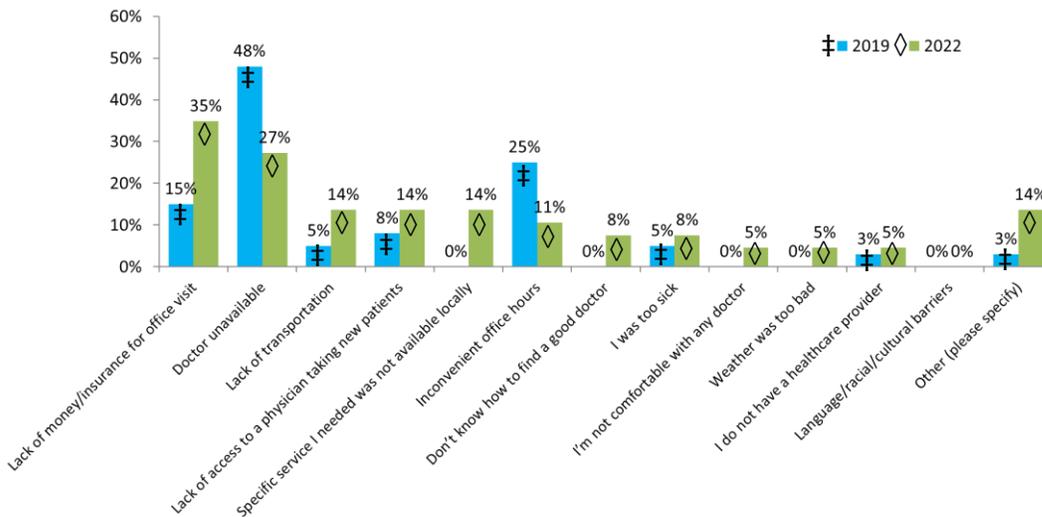


N=416 Q5: If you have one person or group you turn to for basic healthcare needs, where do you go most often? (May select multiple answers)

N=421 Q6: Was there a time in the past 12 months when you needed to see a doctor but could not?

N=66 Q7: What are some of the reasons why you could not see a doctor?

What are some of the reasons why you could not see a doctor?



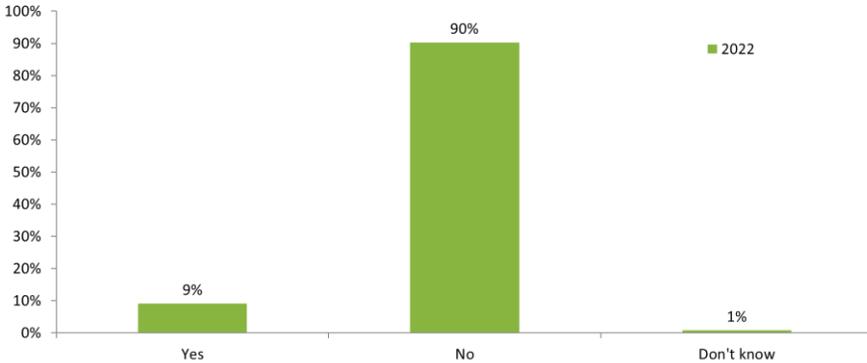
2022 "Other" Responses:

- COVID
- Had to cancel because I had to go out of town
- I don't know why, I called early this week on 08/02/2022 and they told me that they were sorry they couldn't see me until December of this year.
- I had to work.
- I was out of town
- Preexisting conditions Hernia's 2 knee replacements
- WellCare would schedule the appointments to see a doctor then we'd get there and vitals were taken and then be told to go without seeing a doctor.

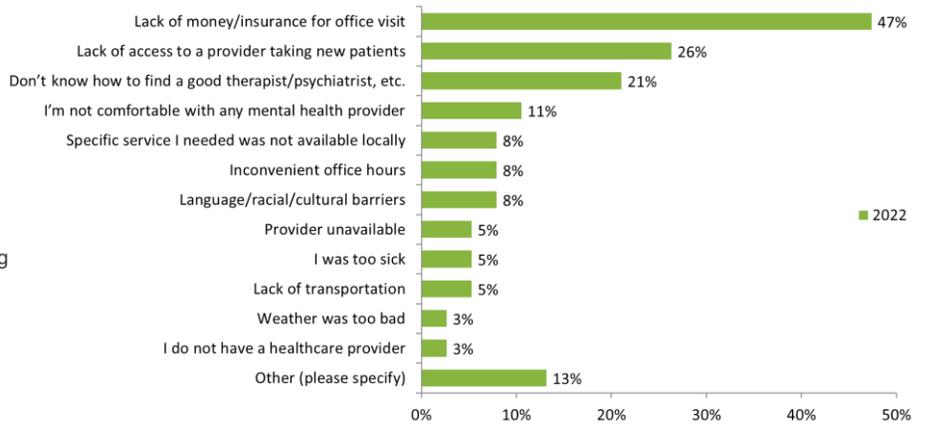
Survey Results

Community Surveys

Was there a time in the past 12 months when you needed to see a mental health professional but could not?



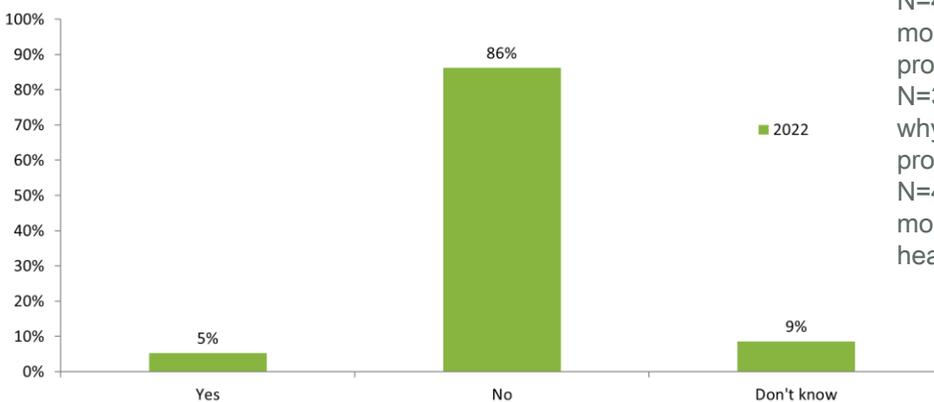
What are some of the reasons why you could not see a mental health professional?



2022 "Other" Responses:

- Can't find one through my insurance
- From what I've seen they've caused things to get worse, not better
- I am shy
- I had a referral to a place and waited there for a very long time and was never seen.
- Time and availability

Was there a time in the past 12 months when a juvenile needed to see a mental health professional but could not?



N=420 Q18: Was there a time in the past 12 months when you needed to see a mental health professional but could not?

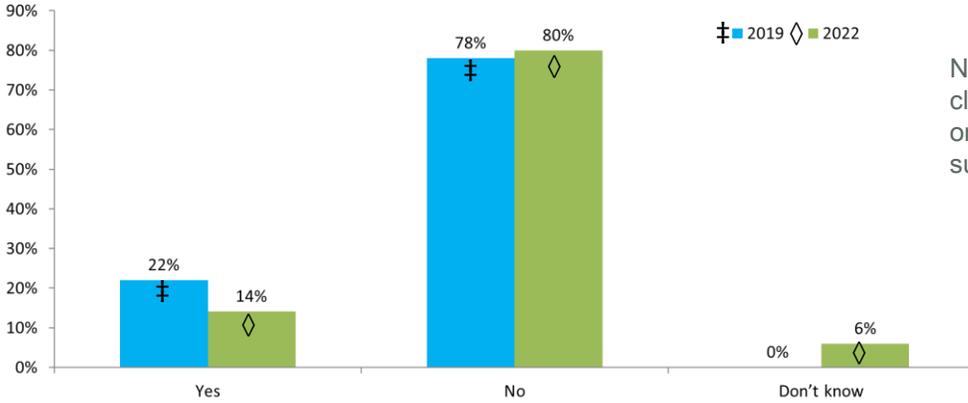
N=38 Q19: If yes, what are some of the reasons why you could not see a mental health professional? (Select all that apply)

N=419 Q20: Was there a time in the past 12 months when a juvenile needed to see a mental health professional but could not?

Survey Results

Community Surveys

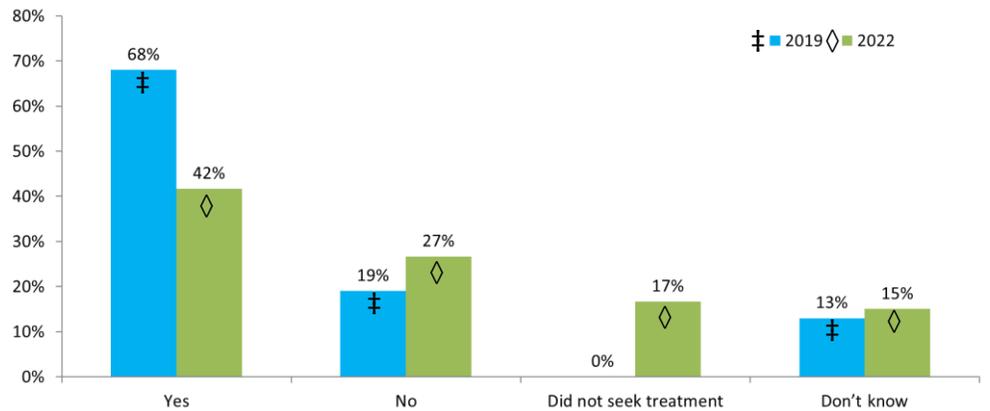
Have you, a relative or close friend living in Gillespie, Blanco, or Kendall counties experienced substance abuse or addiction?



N=419 31: Have you, a relative or close friend living in Gillespie, Blanco, or Kendall counties experienced substance abuse or addiction?

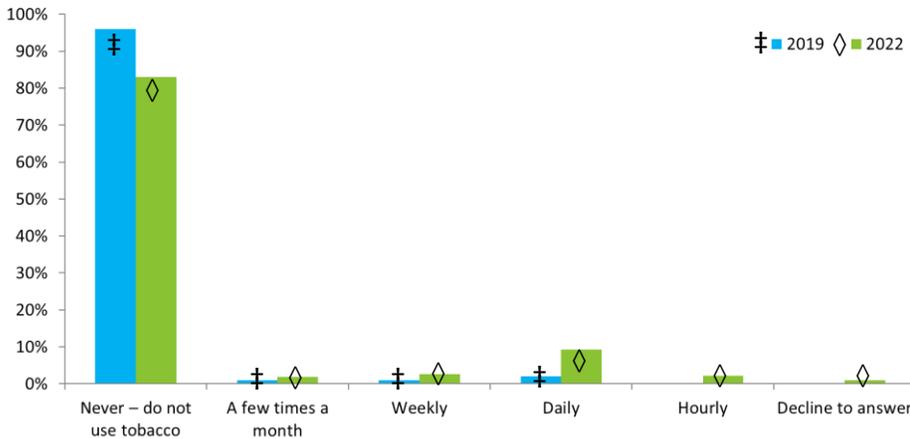
Was addiction treatment available in Gillespie, Blanco, or Kendall counties?

N=60 Q32: If yes, was addiction treatment available in Gillespie, Blanco, or Kendall counties?



Note: In 2019, the question did not specify county.

How often do you smoke or use smokeless tobacco, if you do?

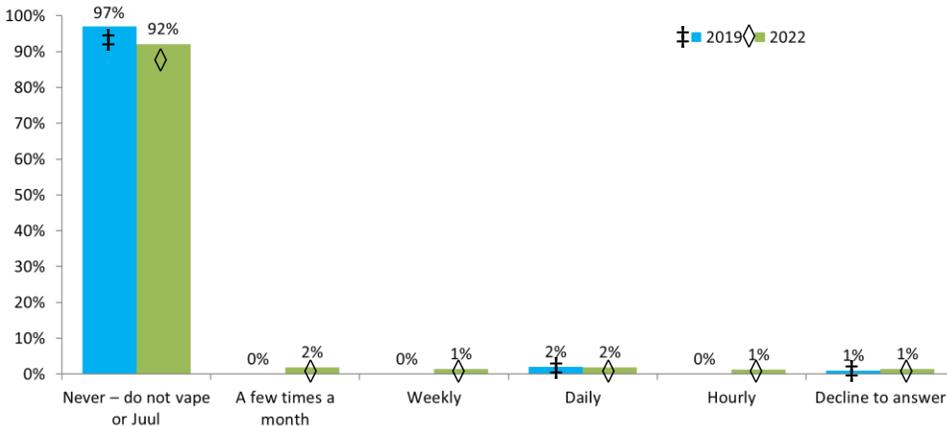


N=419 Q29: How often do you smoke or use smokeless tobacco, if you do?

Survey Results

Community Surveys

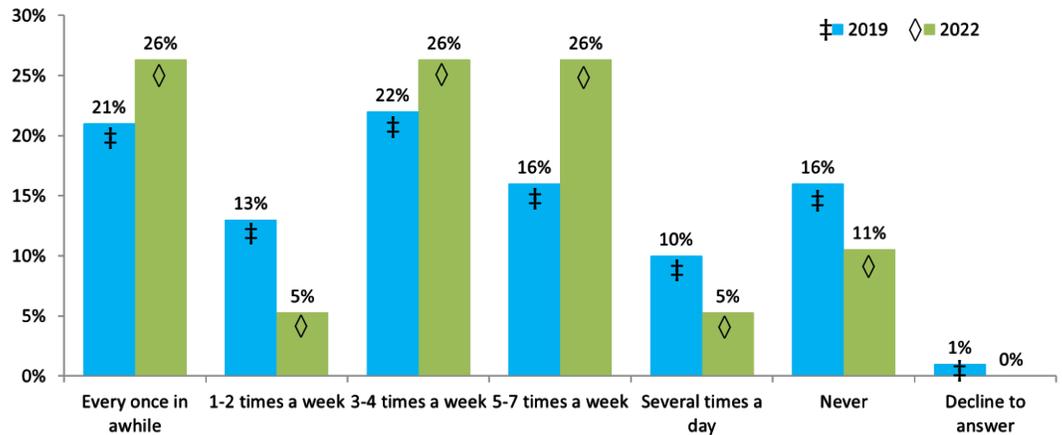
How often do you use e-cigarettes or vape, if you do?



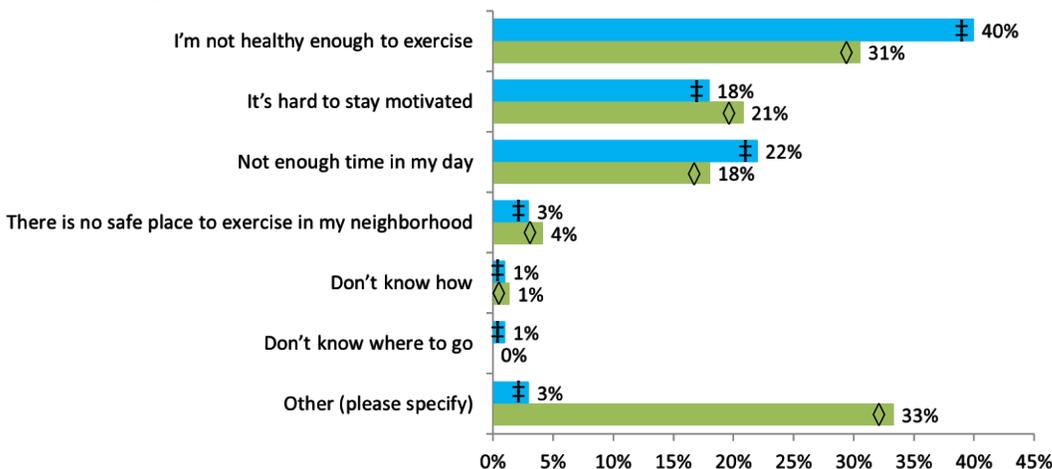
N=419 Q30: How often do you use e-cigarettes or vape, if you do?

During the past month, other than on your regular job, about how often did you participate in any physical activities or exercise such as fitness walking, running, weight-lifting, team sports, etc.?

N=419 Q23: During the past month, other than your regular job, about how often did you participate in any physical activities or exercise, such as fitness walking, running, weight-lifting, team sports, etc.?



What are the reasons you have not participated in any exercise during the past month?



N=72 Q24: What are the reasons you have not participated in any exercise during the past month?

Survey Results

Community Surveys

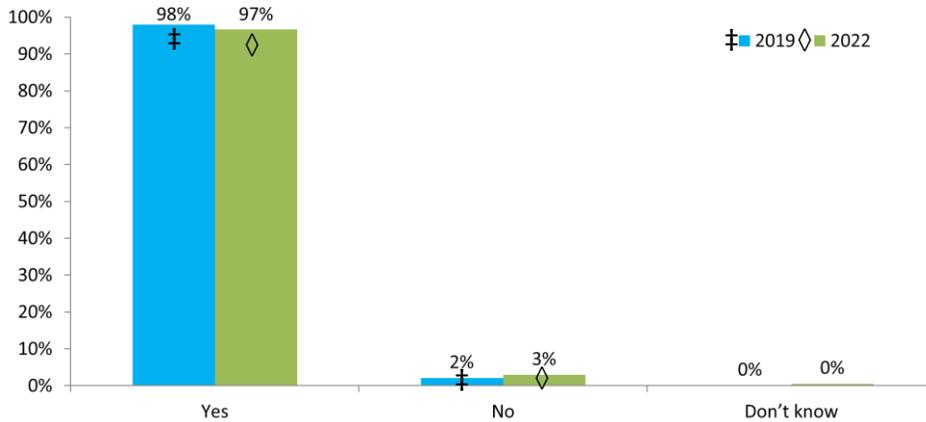
What are the reasons you have not participated in any exercise during the past month?

2022 "Other" Responses:

- Age
- I am not fond of it
- I am too old
- I do not need to
- I don't see need.
- I don't want to
- I get enough physical activity on my job
- I had surgery
- I have enough to do on my ranch
- I use a physical therapist
- I walk in the morning
- It is too hot
- The climate
- There is not one in not in community
- There's a lack of opportunity to exercise
- Too far from home
- Weather
- Weather related
- Work outdoors all day

N=72 Q24: What are the reasons you have not participated in any exercise during the past month?

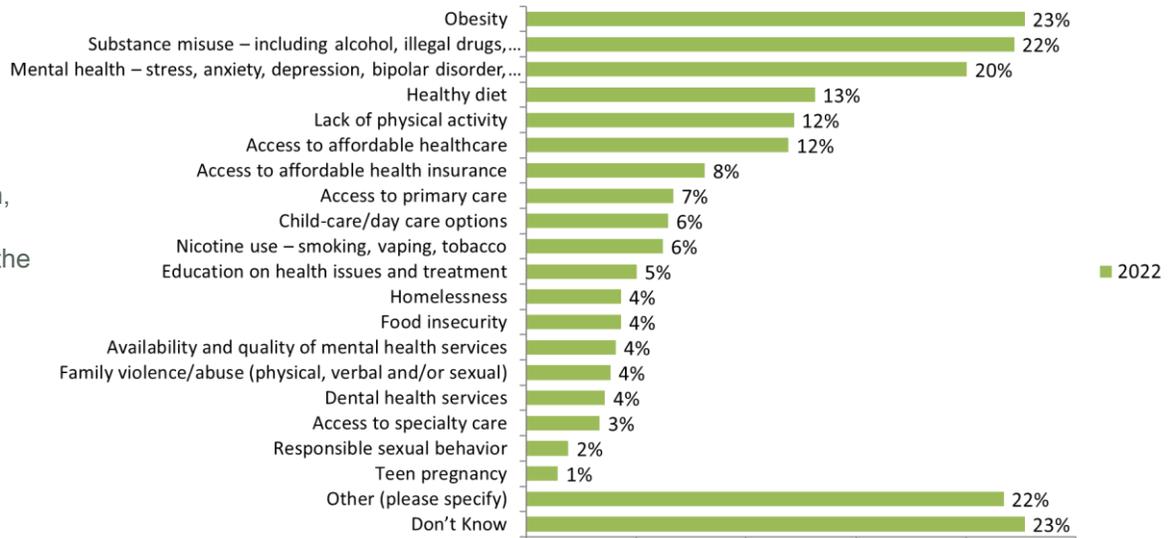
Do you have access to fresh fruits and vegetables?



N=419 Q28: Do you have access to fresh fruits and vegetables?

In your opinion, what are the top 3 most significant health issues in the county? (2022)

N=419 Q34: In your opinion, what are the top 3 most significant health issues in the county? (Select up to 3 responses)



Survey Results

Community Surveys

In your opinion, what are the top 3 most significant health issues in the county?

2022 "Other" Responses:

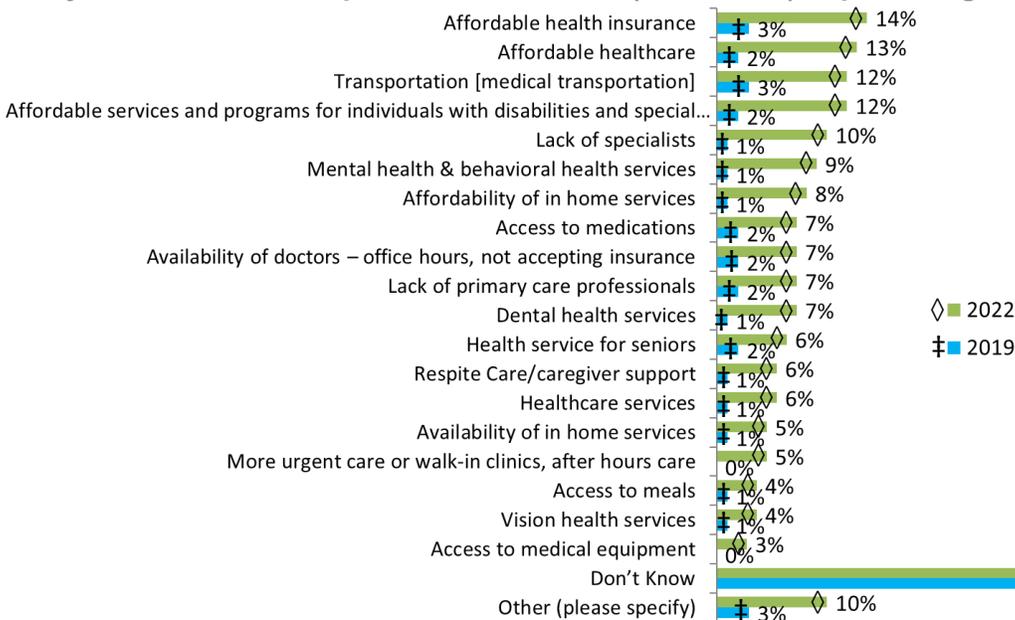
- Access to healthcare
- Access to medication for the indigent.
- Accessibility for handicapped
- Age related problems
- Aids
- Allergies and COVID
- Alzheimer's
- Availability to get COVID vaccines and boosters
- Cancer
- Cancer and heart disease
- Cancer, COPD
- Drugs crossing the border
- Drunk driving
- Elderly care
- Elderly care, lack of healthcare choices
- Federal government
- Forced to get vaccine for employment
- Having doctors close
- Health issues
- Heart issues
- Heart issues, orthopedics
- Heart problems
- Heart problems and cancer

- Cancer, COVID-19
- Cancer, heart disease
- Cancer, heart trouble
- Cancer, heart trouble, strokes
- Cardiac
- Cardiac, Cancer and diabetes
- Cardiac, gallbladder
- Cardiovascular
- Cedar trees and allergies
- Corona
- COVID
- COVID 19, nutrition
- COVID, cancer
- COVID, flu
- Hospitals, our emergency is a joke.
- Income
- Insurance not accepted locally
- Joint problems and not wearing masks due to the COVID outbreak.
- Lack of 24/7 care or emergency care in the entire community
- Loneliness among older people
- Low income
- Neurologic care, Cardiovascular surgery
- No convenient hospitals around here
- Not enough services for elderly people

- COVID, heart disease and diabetes
- COVID, heart problems, diabetes and elderly sickness
- COVID, viruses
- Criminal activity and human trafficking
- Dementia/movement around the house
- Diabetes
- Diabetes and cardiac issues
- Diabetes and heart disease
- Diabetes, cancer
- Distance to healthcare providers
- Doctors, distance
- Old age
- Old age and COVID
- People not being vaccinated or taking proper health precautions
- Poverty
- Poverty and elderly help
- Reliance on COVID vaccines, elderly have access to situations with health
- Renal failure
- The heat

N=419 Q34: In your opinion, what are the top 3 most significant health issues in the county? (Select up to 3 responses)

Do you make healthcare decisions for another adult living in this community? If yes, what are the top 3 health concerns (or barriers) in providing care to them?



N=108 Q36: Do you make healthcare decisions for another adult living in this community? If yes, what are the top 3 health concerns (or barriers) in providing care to them?

Survey Results

Community Surveys

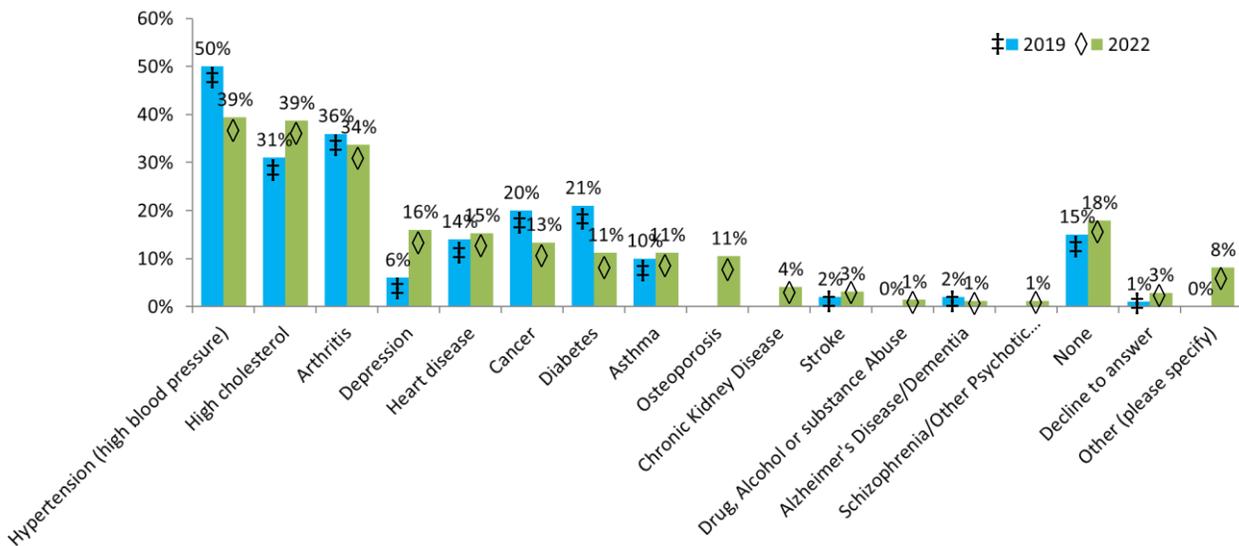
In your opinion, what are the top 3 health concerns for children in your community?

2022 "Other" Responses:

- Access to emergency care
- Accessibility for handicapped
- Affordability of care
- Alcohol
- Being uninformed
- Better medical facility near kendall.
- Bullying
- Cancer
- Cell phones
- Lack of insurance, respiratory issues and colds
- On the TV too much
- Peer Pressure
- Physical injury
- Poverty
- Some may can't afford healthy diet and exercise
- The vaccine for COVID-19 is dangerous for children
- Too much screen time (phone)
- Classes for parenting sexual classes
- Common cold
- Communication between parents and educators
- COVID
- Depression and peer pressure
- Diabetes
- Distance for healthcare
- Drinking problems
- Fast food
- Too much time on the computer
- Too much time with electronics
- Vaccine injuries and allergic reactions to vaccines
- Food allergies
- Going to college
- Having both parents
- Health Insurance
- Heart disease
- Human trafficking
- Lack of healthcare
- Lack of healthcare insurance
- Lack of healthcare, lack of places to choose when it comes to substance abuse, lack of therapists

N=418 Q35: In your opinion, what are the top 3 health concerns for children in your community? (Select up to 3 responses)

Have you ever been told by a doctor you have any of these conditions, diseases, or challenges?



N=419 Q38: Have you ever been told by a doctor you have any of these conditions, diseases, or challenges? and Select all that apply

Survey Results

Community Surveys

Have you ever been told by a doctor you have any of these conditions, diseases, or challenges?

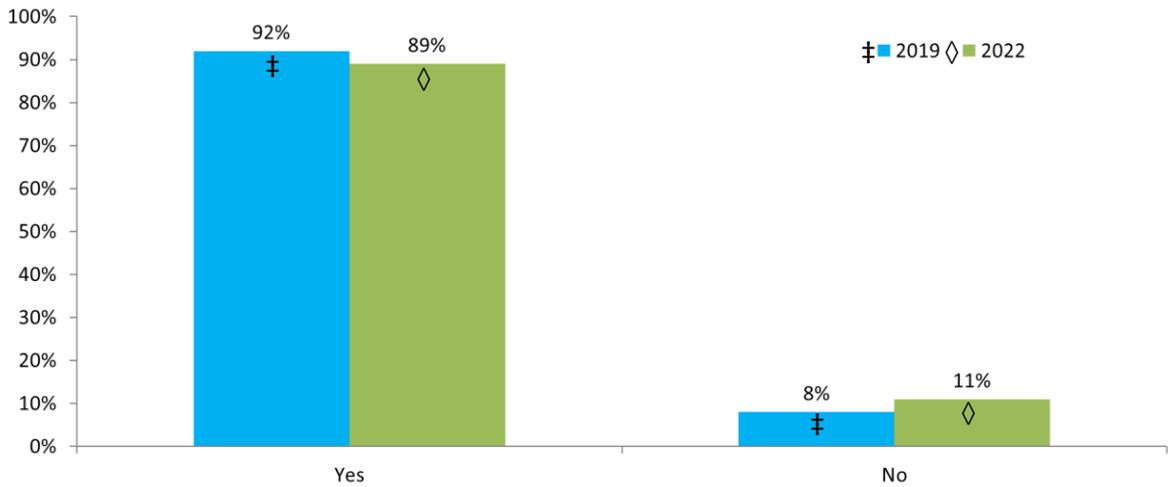
2022 "Other" Responses:

- Afib, gout
- aids
- Allergies
- Anemia and low blood pressure
- Anxiety
- COPD
- COPD, Addison's disease
- Cysts in my brain
- Eczema
- Epilepsy
- Extended aorta
- Factor 5 Leiden
- Fibromyalgia
- Hearing loss
- Heart problems
- Hypothyroidism
- I was told I had cancer once, but it is gone now
- I've been told to eat more and exercise more
- Liver transplant
- MS
- MS and Parkinsons
- Pancreatic Cyst
- PTSD
- Schueurmann's disease
- Shoulder Surgery, Polio
- Thyroid (I have to take medicine for it)
- Thyroid lesions

N=419 Q38: Have you ever been told by a doctor you have any of these conditions, diseases, or challenges? and Select all that apply

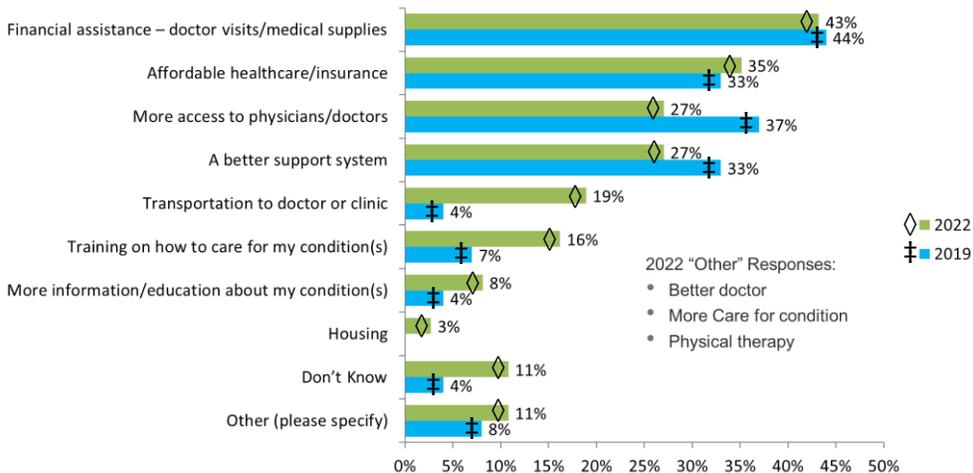
Do you feel you have all that you need to manage your health condition(s)?

N=337 Q39: Do you feel you have all that you need to manage your health condition(s)?



What do you need in order to manage your health condition(s)?

N=37 Q40: What do you need in order to manage your health condition(s)?

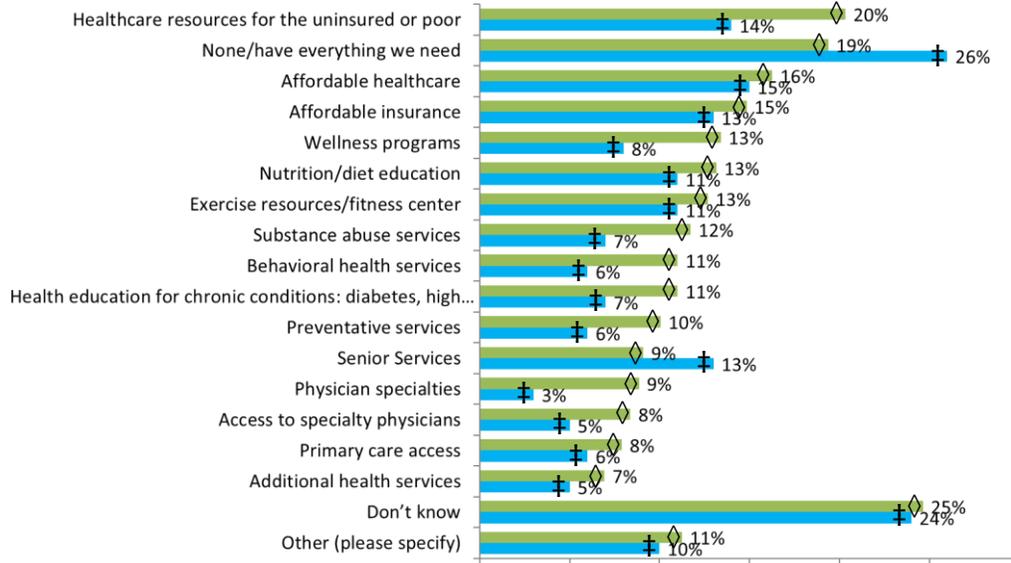


- 2022 "Other" Responses:
- Better doctor
 - More Care for condition
 - Physical therapy

Survey Results

Community Surveys

What healthcare, health education, or public health services or programs would you like to see offered in your community?



N=418 Q41: What healthcare, health education, or public health services or programs would you like to see offered in your community?

◇ 2022
■ 2019

2022 "Other" Responses:

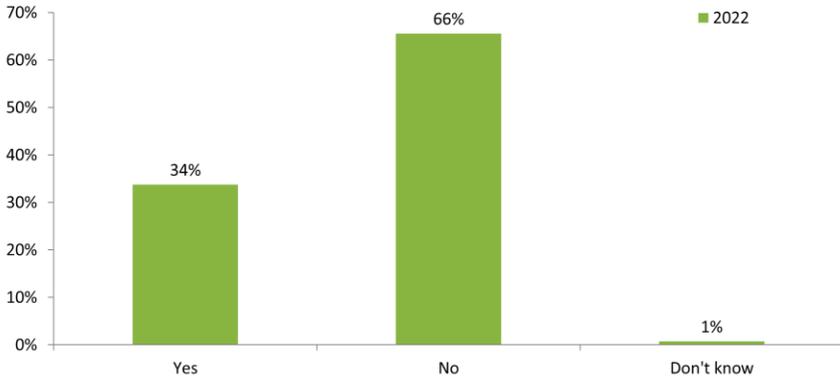
- A clinic, like if you cut your finger or something like that.
- A hospital in my area
- Access to close, good quality care
- Affordable mental health for young people
- Allied health training, Expanded local health department
- Better doctors and choices
- Better emergency room care
- Better nurses
- Closer doctors
- Dental services
- Education on budget/financing
- Need to be Green spaces throughout the town
- Physical therapy
- Physicians for geriatric care
- Program for low income families
- Program that prepares you to be a caregiver
- Services for the youth
- Sex education to high school , access to healthy food.
- Sleep apnea education
- Urgent care
- Wellness clinics, obesity needs and physical fitness
- Expose corrupt government agencies
- Family wellness
- Financial assistance
- Free fitness center / rehab
- Grief counseling
- Help for single mothers
- Holistic health
- Information on health insurance
- It would be nice to have a hospital, otherwise it is sufficient.
- Local hospitals taking my insurance
- Medicare for seniors
- Mental health education
- Wellness in individual homes
- Youth mental health therapists , elderly to have more healthcare access, people with mental and substance abuse to have more mental care and access..
- Military clinic
- Modern day polio education
- More dental access
- More emergency health care and a hospital in my area
- More information on what to do about alzheimer's, dementia and cancer
- More mental health support for the youth
- More seminars with specialists; for example health care workers who specialize in high cholesterol
- More transportation and support for caregivers
- More/closer doctor participation

Survey Results

Community Surveys

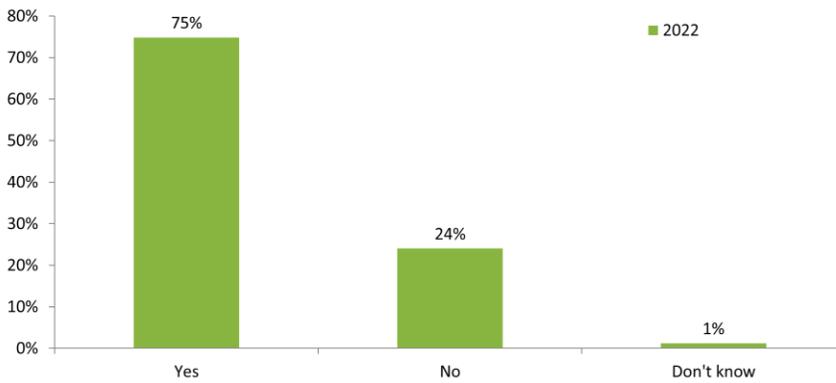
COVID-19 Questions

Have you ever been diagnosed with COVID-19?



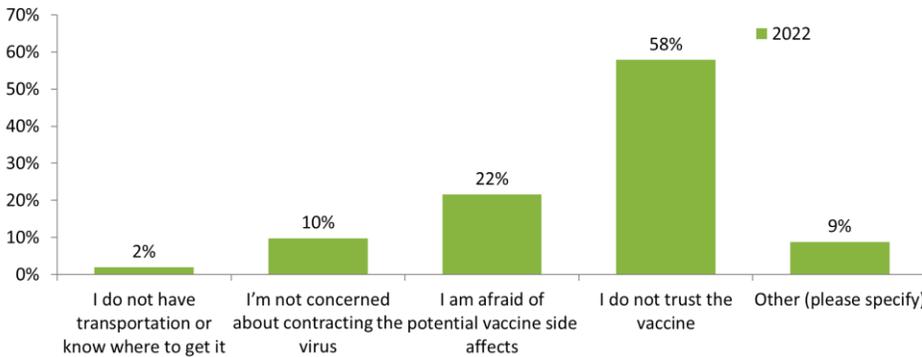
N=421 Q12: Have you ever been diagnosed with COVID-19?

Have you received the COVID-19 vaccine?



N=421 Q13: Have you received the COVID-19 vaccine?

If no, what statement best describes your reason for not getting the COVID-19 vaccine?



2022 "Other" Responses:

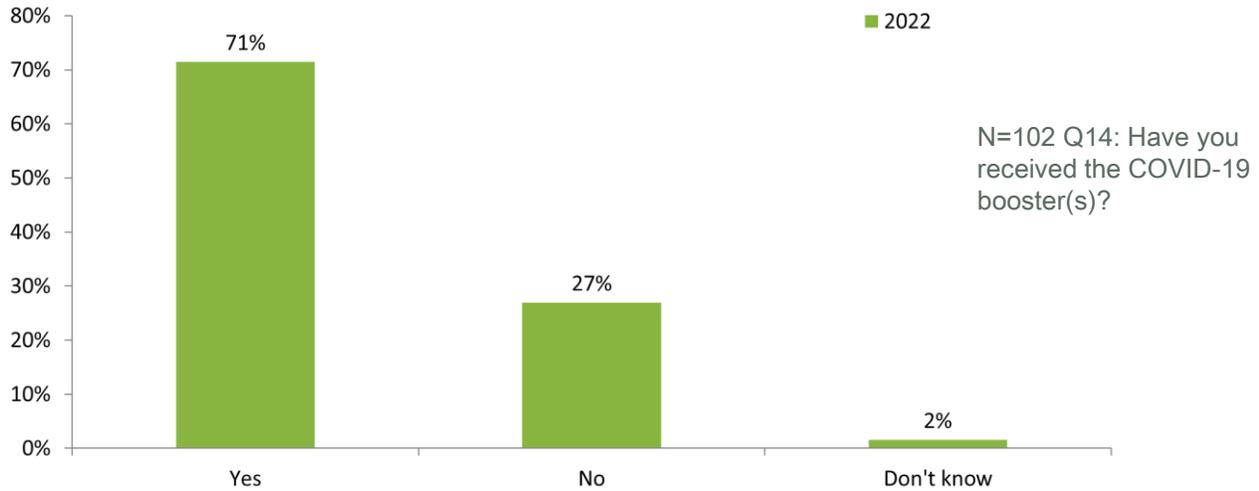
- All of the above
- Haven't had time to get it
- I am allergic to other vaccines and this makes me fear an allergic reaction
- I am not concerned about getting it, don't trust the vaccine and worry about the side effects
- I do not want the government to tell me what to do
- I don't know
- I have gotten both Covid & Booster Vaccines
- I'm not concerned about getting the virus and worry about the side effects

N=102 Q14: If no, what statement best describes your reason for not getting the COVID-19 vaccine?

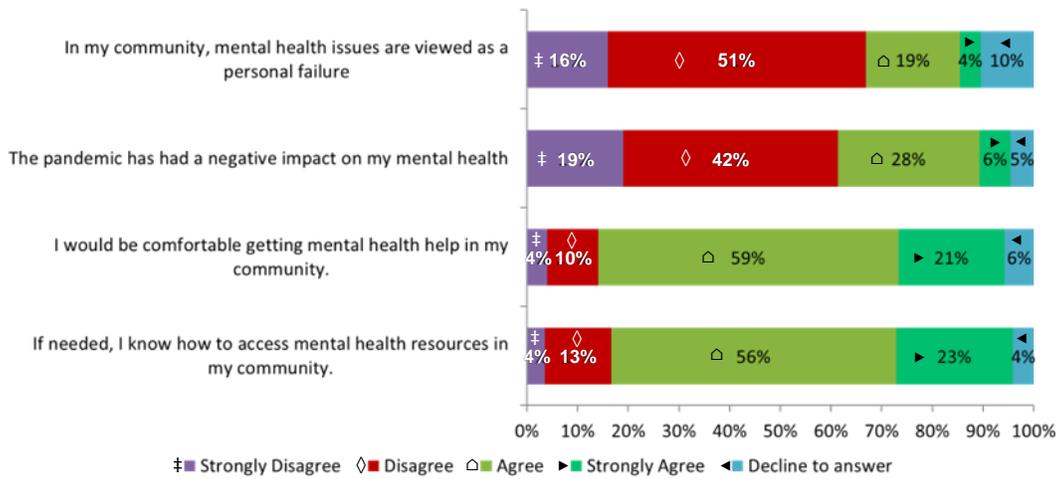
Survey Results

Community Surveys

Have you received the COVID-19 booster(s)?



Please tell us to what level you agree or disagree with the following statements.

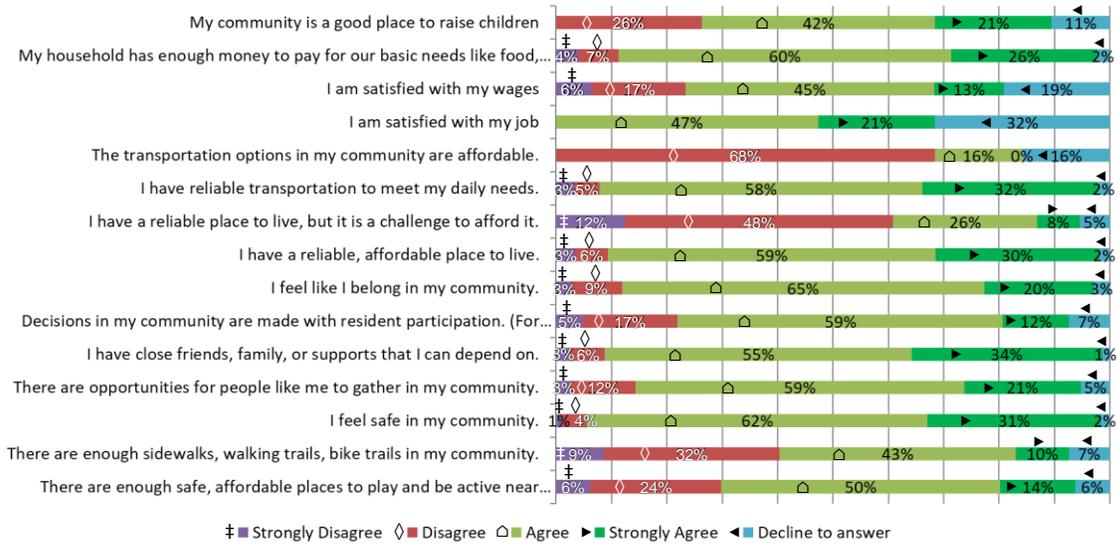


N=420 Q22: Please tell us to what level you agree or disagree with the following statements.

Survey Results

Community Surveys

Please tell us to what level you agree or disagree with the following statements.



N=420 Q22: Please tell us to what level you agree or disagree with the following statements.

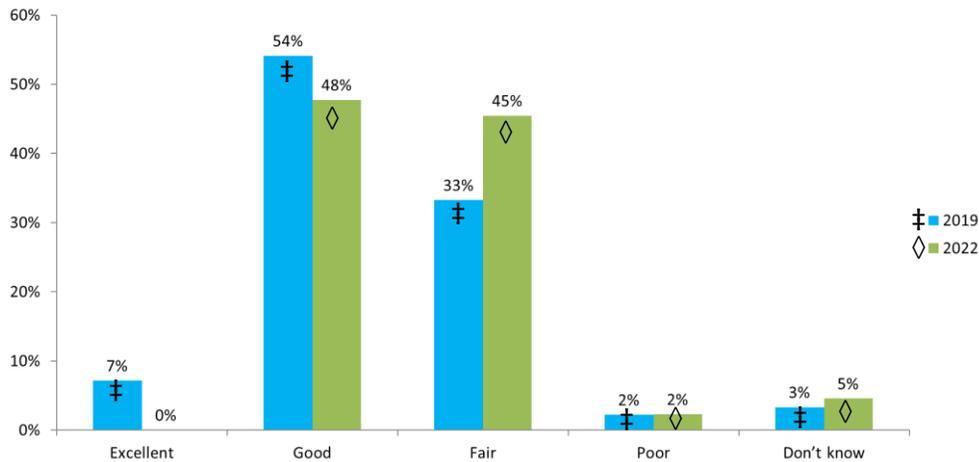
Survey Results

Employee Surveys

Stratasan and Hill Country Memorial conducted an employee survey about the health of Gillespie County, Blanco County, and Kendall County. A combined total of 46 employees completed the on-line surveys. The surveys were conducted from July 11, 2022, to September 5, 2022.

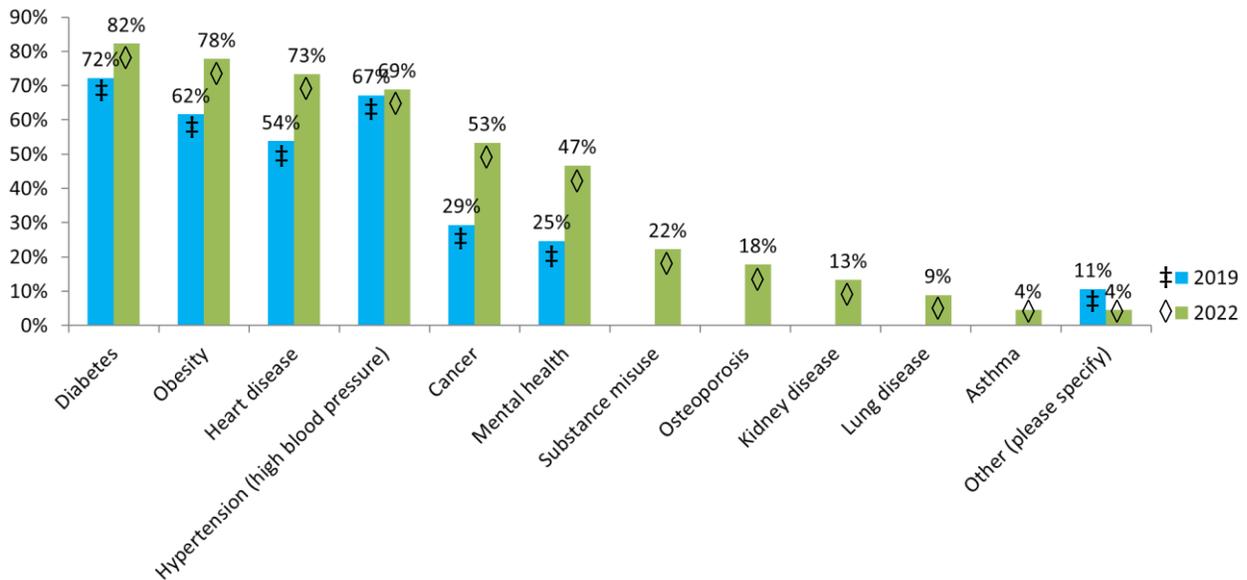
Health Status

How would you describe the overall health status of the citizens of the county where you work? Would you say it is...



N=44 Q1. How would you describe the overall health status of the citizens of the county where you work? Would you say it is...

What are the most prevalent chronic diseases in your community? (Select all that apply)

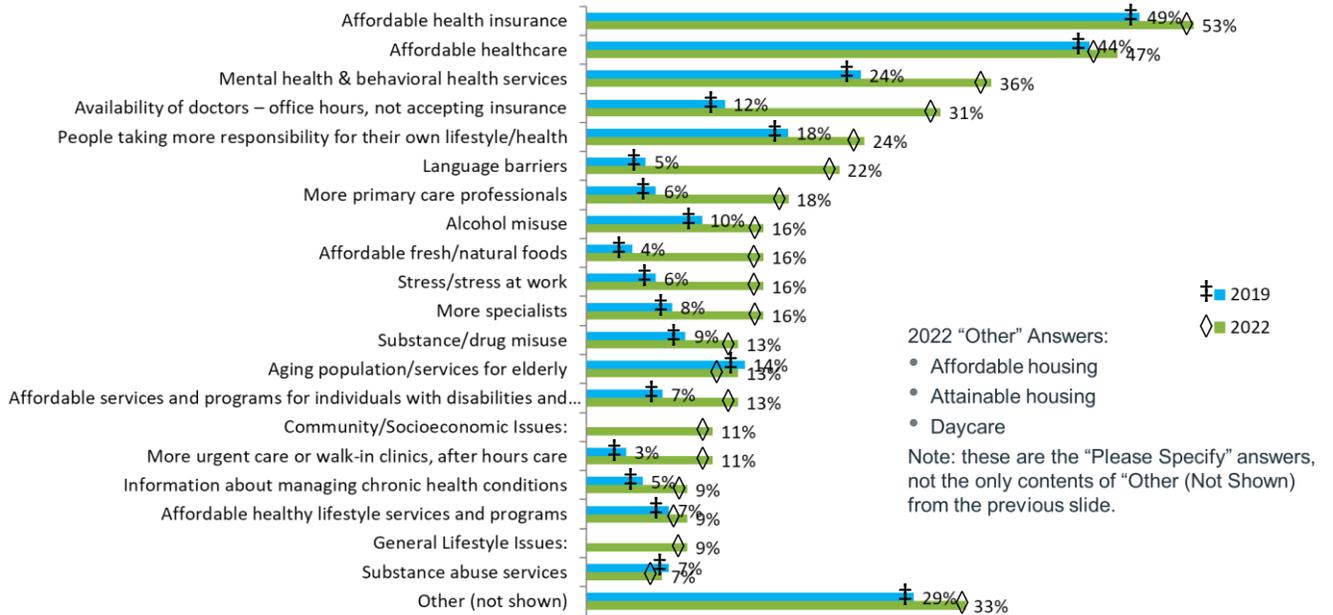


N=45 Q2. What are the most prevalent chronic diseases in your community? (Select all that apply)

Survey Results

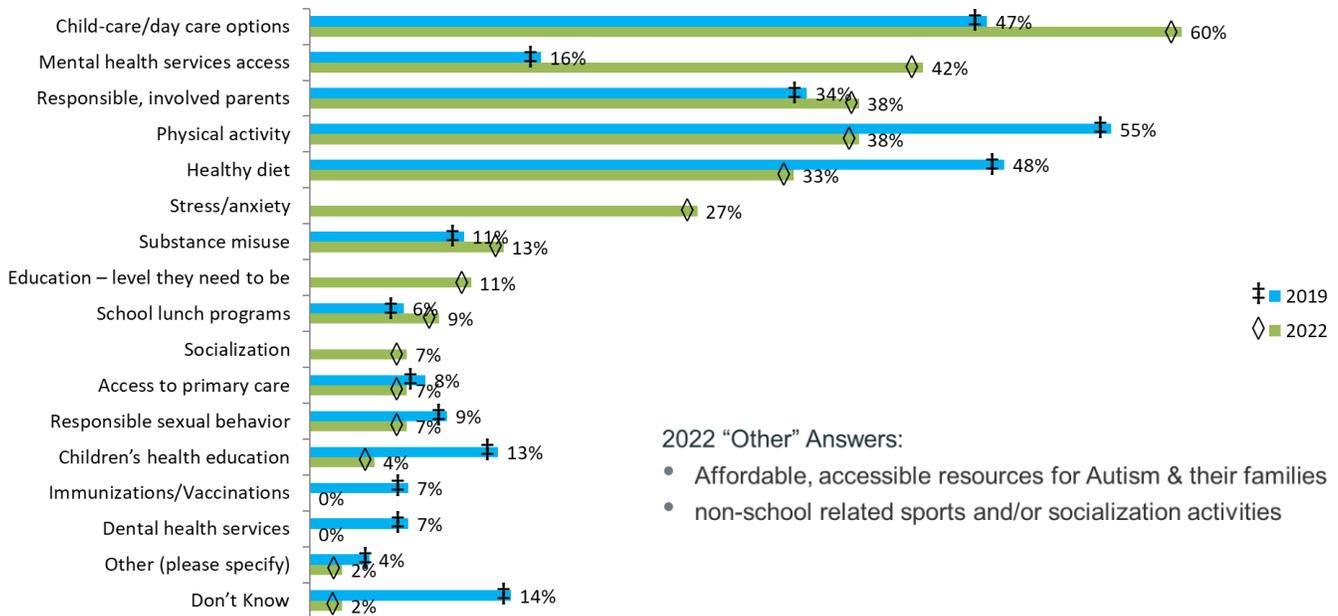
Employee Surveys

What are the top 3 issues in the county where you work that impact people's health?



N=45 Q3. What are the top 3 issues in the county where you work that impact people's health? These issues could be related to Healthcare Access, Community Issues, General Lifestyle, Quality of Life issues or any other issues you can think of.

In your opinion, what are the top 3 health issues for children in the county where you work?

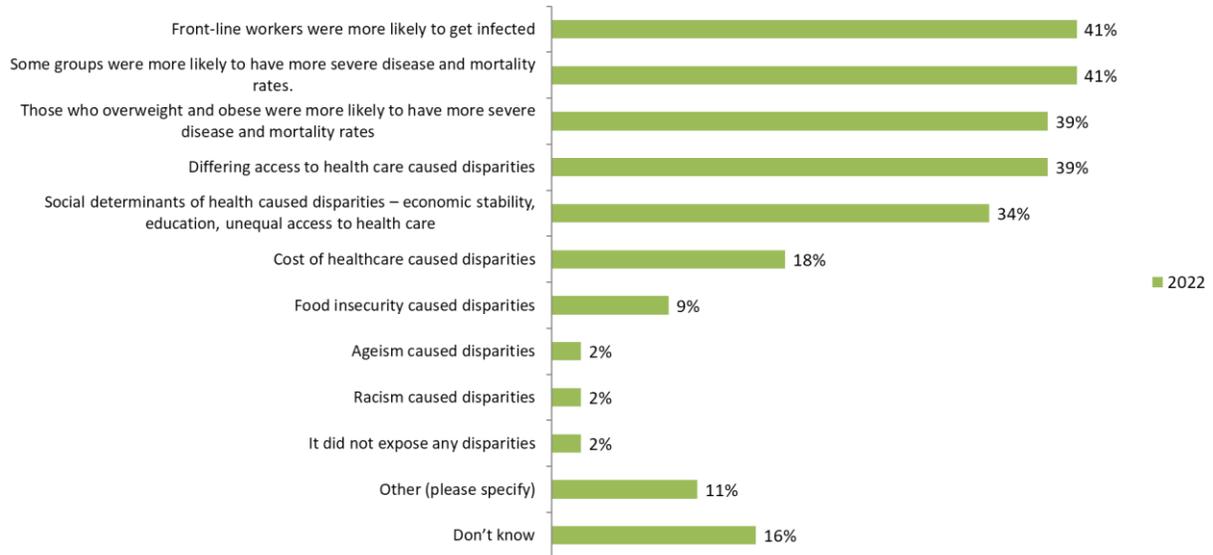


N=45 Q4. In your opinion, what are the top 3 health issues for children in the county where you work?

Survey Results

Employee Surveys

What, if any, health disparities or inequities did the COVID-19 pandemic expose in the county where you work?

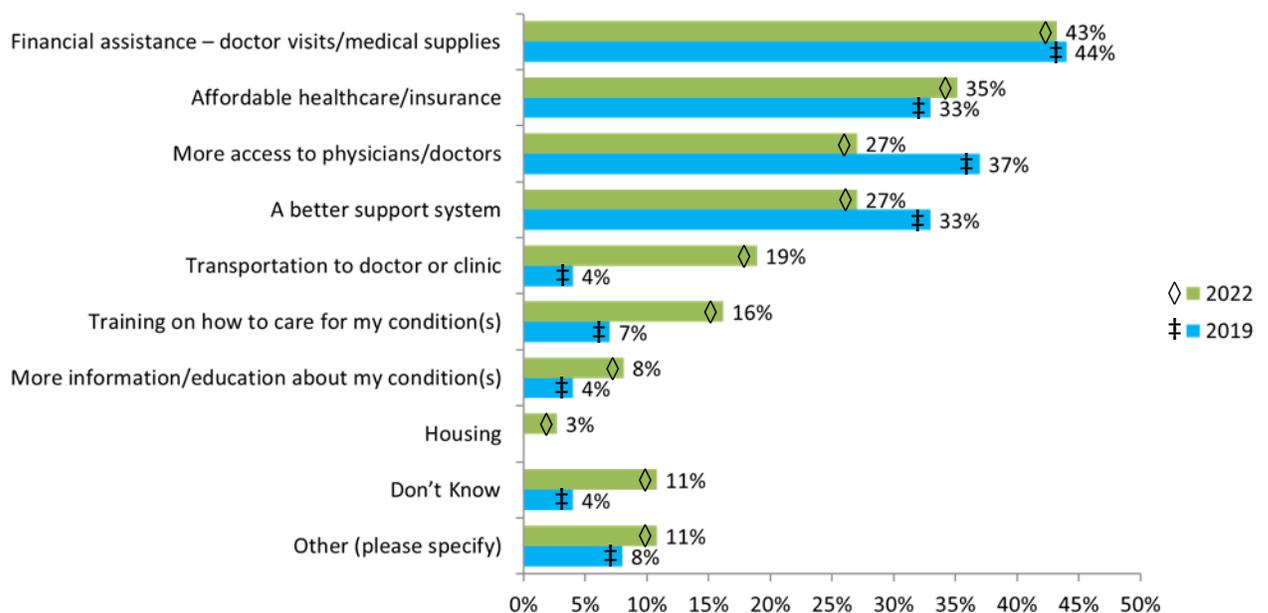


2022 “Other” Answers:

- Small businesses had a hard time with stupid restrictions. Big Brother BS!
- community business closures, loss of childcare
- Those who smoked were more likely to have more severe disease and mortality rates
- political bias
- Anti-immunization barriers, politicizing a health care crisis, conspiracy theorists
- Lack of education and willingness to follow the science instead of opinions.

N=44 Q5. What, if any, health disparities or inequities (avoidable, unfair, or remediable differences in health) did the COVID-19 pandemic expose in the county where you work? (Select as many as desired.)

What do you need in order to manage your health condition(s)?

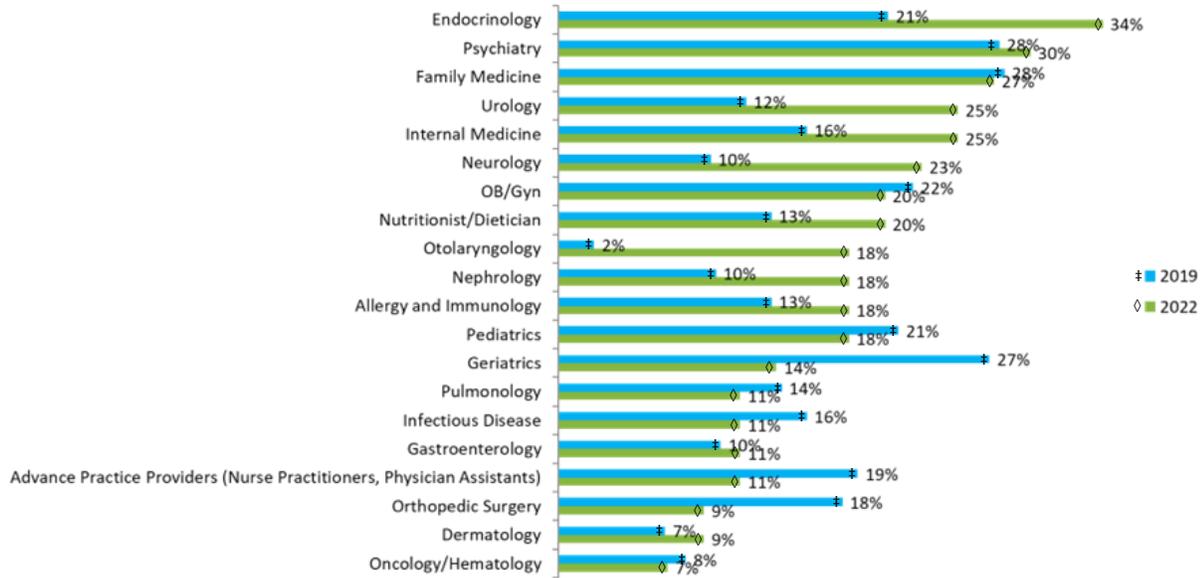


N=37 Q40: What do you need in order to manage your health condition(s)?

Survey Results

Employee Surveys

In your opinion, what types of specialist, if any, are most needed to address the needs of the community?



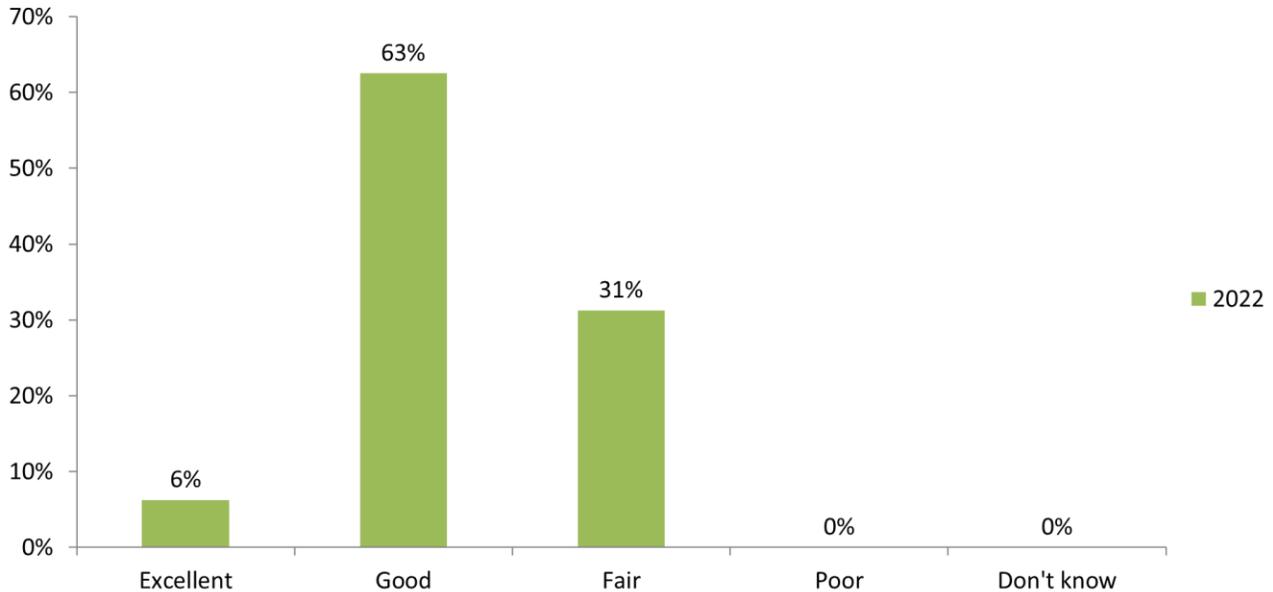
N=44 Q7. In your opinion, what types of specialist, if any, are most needed to address the needs of the community? (Select all the apply)

Survey Results

Provider Surveys

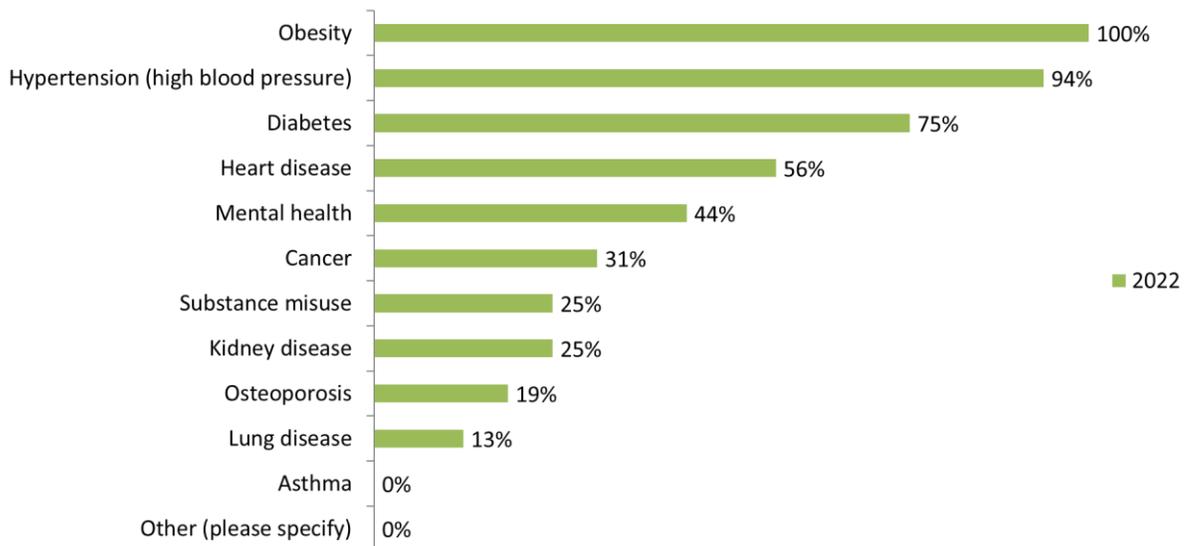
Stratason and Hill Country Memorial conducted an employee survey about the health of Gillespie County, Blanco County, and Kendall County. A combined total of 16 providers completed the on-line surveys. The surveys were conducted from July 11, 2022, to September 5, 2022.

How would you describe the overall health status of the citizens of Gillespie, Blanco and Kendall Counties? Would you say it is...



N=16 Q1. How would you describe the overall health status of the citizens of Gillespie, Blanco and Kendall Counties? Would you say it is...

What are the most prevalent chronic diseases in the counties? (Mark all that apply)

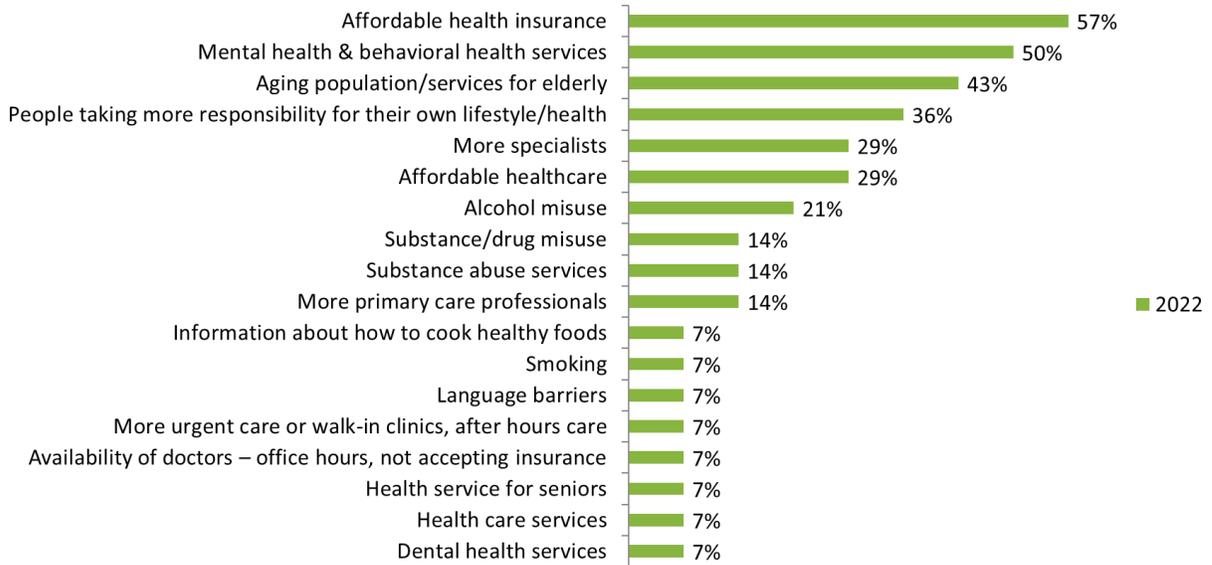


N=16 Q2. What are the most prevalent chronic diseases in the counties? (Mark all that apply)

Survey Results

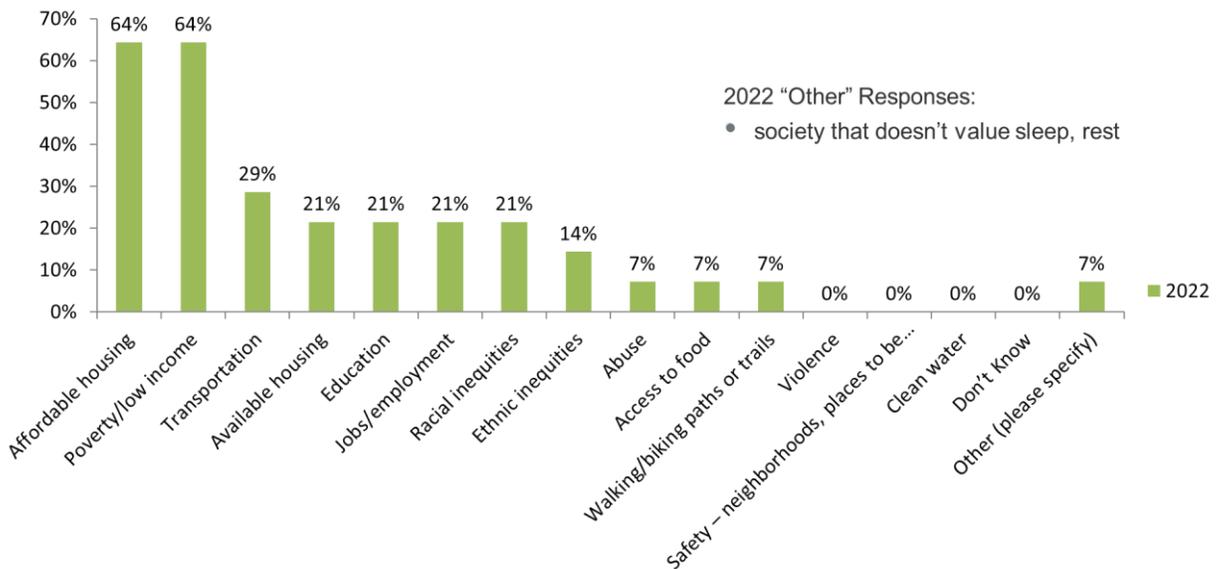
Provider Surveys

What are the top 3 issues in your community that impact people’s health?



N=16 Q3. What are the top 3 issues in your community that impact people’s health? These issues could be related to Healthcare Access, Community Issues, General Lifestyle, Quality of Life issues or any other issues you can think of.(Select up to 3)

What are the top 3 social determinants of health issues that are impacting people’s health? (Select up to 3)

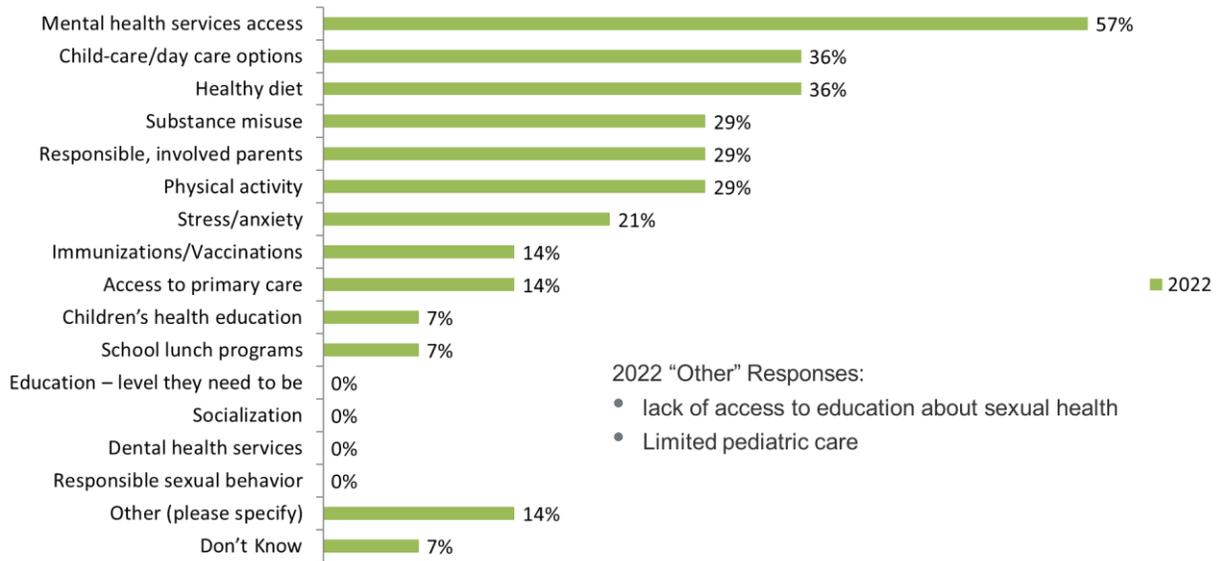


N=16 Q4. What are the top 3 social determinants of health issues that are impacting people’s health? (Select up to 3)

Survey Results

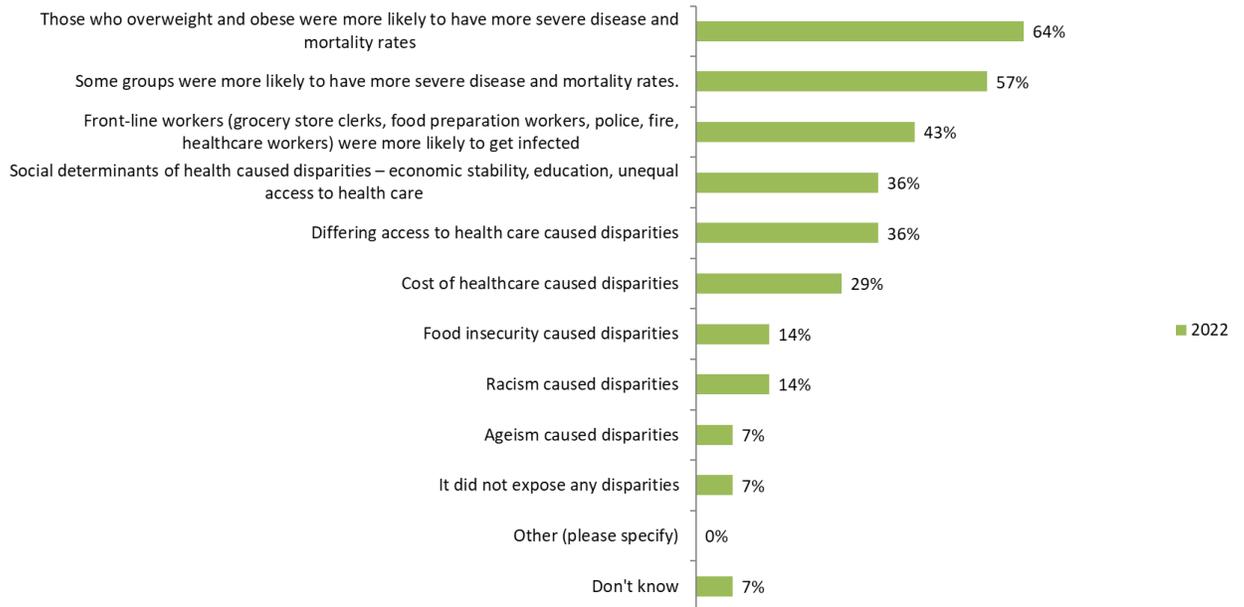
Provider Surveys

In your opinion, what are the top 3 health concerns for children in your community? (Select up to 3)



N=16 Q5. In your opinion, what are the top 3 health concerns for children in your community? (Select up to 3)

What, if any, health disparities or inequities did the COVID-19 pandemic expose in your community?



N=14 Q6. What, if any, health disparities or inequities (avoidable, unfair, or remediable differences in health) did the COVID-19 pandemic expose in your community? (Select as many as desired)

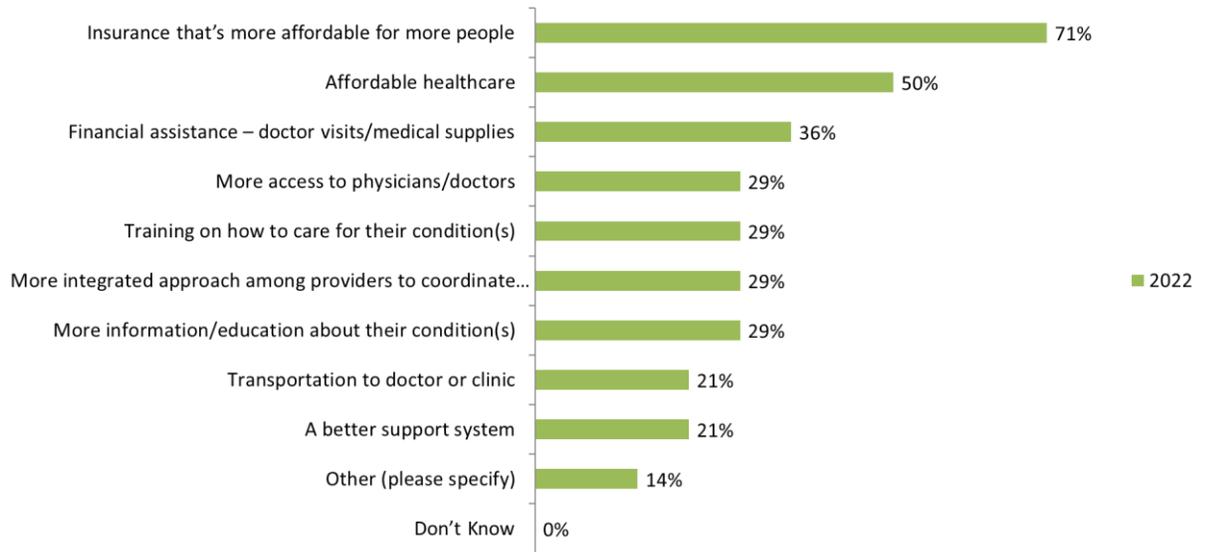
Survey Results

Provider Surveys

What, if anything, do you think the people in the county need in order to manage their health more effectively? (Select all that apply)

2022 "Other" Responses:

- Quality insurance. We only have 1 product on the exchange and it stinks.
- Racism rampant at HCM, low economic patients and non-whites often refused care



N=16 Q7. What, if anything, do you think the people in the county need in order to manage their health more effectively? (Select all that apply)

N=14 Q6. What, if any, health disparities or inequities (avoidable, unfair, or remediable differences in health) did the COVID-19 pandemic expose in your community? (Select as many as desired)

Asset Inventory Table of Contents

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The document contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document. This inventory is not all inclusive and omissions are not purposeful.

Substance Misuse

Hill Country Council on Alcohol and Drug Abuse Inc.
102 Business Dr.
Kerrville, TX 78028
(830) 367-4667

La Hacienda Treatment Center
429 Earl Garrett St.
Kerrville, TX 78028
(830) 238-4222

Hill Country Crisis Stabilization Unit-MHDD
643 Sheppard Rees
Kerrville, TX 78028
(830) 257-5111

The House of Hope Foundation, Inc.
544 Sand Bend Dr.
Kerrville, TX 78028
(281) 777-8346

Crossroads Sober Living
3262 Junction Hwy
Ingram, TX 78025
(830) 377-4451

Archway Recovery Center
200 Earl Garrett St. #210
Kerrville, TX 78028
(800) 319 0562

Peterson Rehabilitation Services
290 Cully Dr.
Kerrville, TX 78028
(830) 258-7383

River Hills Health & Rehab Center
2090 Bandera Hwy
Kerrville, TX 78028
(830) 257-9900

Substance Misuse

Anchored Tides Recovery
19126 Magnolia Street #101
Kerrville, TX 92646
(949) 749-6197

Drug Rehab Kerr County – Surf City Recovery
18090 Beach Boulevard # 5
Kerrville, TX 92648
(714) 841-3863

Coastline Behavioral Health LLC – Alcohol & Drug Rehab Kerr County
18377 Beach Boulevard #210
Kerrville, TX 92648
(714) 841-2260

Wavelengths Recovery
301 Main Street STE 201
Kerrville, TX 92648
(844) 325-5468

Broadway Treatment Center
18582 Beach Boulevard STE 214
Kerrville, TX 92648
(714) 443-8218

The District Recovery Community
19671 Beach Boulevard #430
Kerrville, TX 92648
(714) 397-6095

Kerr County Recovery
18632 Beach Boulevard #240
Kerrville, TX 92648
(877) 450-1880

Beach City Treatment
5904 Warner Avenue #167
Kerrville, TX 92649
(877) 228-2401

Mental Health

Counseling Services

Divinity Family Services
819 Water St. #109
Kerrville, TX 78028
(830) 890-5838

Kerr County Mental Health Center
500 Thompson Dr.
Kerrville, TX 78028
(830) 257-6553

New Hope Counseling Center
616 Barnett
Kerrville, TX 78028
(830) 257-3009

Psychology and Counseling Services
123 Commerce St. #A
Kerrville, TX 78028
(830) 792-4477

Hill Country MHDD Centers
819 Water Street
STE 300
Kerrville, TX 78028
(830) 792-3300

Texas Hills Psychotherapy & Home Study Services
320 Jefferson Street
Kerrville, TX 78028
(830) 739-8185

Lamb Psychological Services, PLLC
2210 Bandera Highway
STE C1
Kerrville, TX 78028

Access to Health Care/Insurance

Health Departments

Health Department WIC
838 Sidney Baker St. #F
Kerrville, TX 78028
(830) 257-4400

Kerr County Health Dept.
819 Water St. #290
Kerrville, TX 78028
(830) 896-5515

Kerrville City Health Dept.
800 Junction Hwy
Kerrville, TX 78028
(830) 792-8354

Hospitals

Peterson Regional Medical Center
551 Hill Country Dr.
Kerrville, TX 78028
(830) 896-4200

Kerrville State Hospital
721 Thompson Dr.
Kerrville, TX 78028
(830) 896-2211

Clinics

Optimum Health
1411 Water St.
Kerrville, TX 78028
(830) 895-5599
723 Hill Country Dr. Ste. C,
Kerrville, TX 78028
(830) 792-5800

Edgewater Care Center
1213 Water St.
Kerrville, TX 78028
(830) 896-2411

Care Network of South Texas
694 Hill Country Dr.
Kerrville, TX 78028
(830) 792-3434

Home Health and Hospice Care
Gentiva Hospice
1001 Water St. #100
Kerrville, TX 78028
(830) 792-6200

Peterson Hospice
551 Hill Country Dr.
Kerrville, TX 78028
(830) 258-7799

Alamo Hospice in Kerrville
1400 Water St.
Kerrville, TX 78028
(830) 816-5024

Retinal Consultants of San Antonio
1446 Sidney Baker St.
Kerrville, TX 78028
(210) 615-1311

Healthy Eating/Active Living

Obesity/Diabetes Resources

Santé Clinical Research
1230 Bandera Highway
Kerrville, TX 78028
(830) 890-5171

Metabolic & Nutritional
723 Hill Country Drive
Kerrville, TX 78028
(830) 896-0550

Texas Diabetes Institute - University Health
701 S Zarzamora Street
San Antonio, TX 78207
(210) 358-7000

Peterson Regional Medical Center
551 Hill Country Dr.
Kerrville, TX 78028
(830) 896-4200

Kerrville State Hospital
721 Thompson Dr.
Kerrville, TX 78028
(830) 896-2211

Peterson Community Care
823 Junction Hwy
Kerrville, TX 78028
(830) 258-7900

Socioeconomics

Economic Development Organizations

City of Kerrville Economic Improvement Corp.
701 Main St.
Kerrville, TX 78028

Kerr Economic Development Corp.
1700 Sidney Baker, Ste. 100
Kerrville, TX 78028

Kerrville Area Chamber of Commerce
1700 Sidney Baker St. Ste. 100
Kerrville, TX, 78028
(830) 896-1175

West Kerr Chamber of Commerce
3186 Junction Hwy
Ingram, TX 78025
(575) 746-2744

Basic Needs Assistance

American Red Cross- Hill Country Chapter
333 Earl Garrett
Kerrville, TX 78028

Habitat for Humanity Kerr County
129 Rankin Nix
Kerrville, TX 78028

Community Service Organizations

American Legion Post #13, Inc.
325 Gabe Dr.
Kerrville, TX 78028

Rotary Club of Kerrville
218 Quinlan St.
Kerrville, TX 78028

Knights of Columbus
115 Doris Dr.
Kerrville, TX 78028

Socioeconomics

Community Service Organizations

Kerr County United Way
333 Earl Garrett
Kerrville, TX 78028

The Salvation Army
855 Hays Street
Kerrville, TX 78028

Hope's Kitchen- First Presbyterian Church
Family Life Center (gym)
800 Jefferson St.
Kerrville, TX 78028

Calvary Temple Church
3000 Loop 534
Kerrville, TX 78028

Big Fix Homeless Cat Project
P.O. Box 294003,
Kerrville, TX 78029

Commission to Every Nation
815 Jefferson St.
Kerrville, TX 78029

Special Opportunity Center
200 Francisco Lemos St.
Kerrville, TX 78028

Dustin's House
2225 Rock Creek Dr.
Kerrville, TX 78028

Mustard Seed-Kerrville First United
Methodist Church
321 Thompson Dr.
Kerrville, TX 78028

WIC (Women, Infants, & Children)
836 Sidney Baker St. Ste. 838F
Kerrville, TX 78028

Socioeconomics

Community Service Organizations

Society of St. Vincent De Paul Society
Notre Dame Kerrville
1145 Broadway
Kerrville, TX 78028

BCFS Health & Human Services, Kerrville
1127 E Main
Kerrville, TX 78028

Hopes Kitchen
800 Jefferson St.
Kerrville, TX 78028

Free/Low Income Housing

Heritage Oak Apartments – Kerrville
2350 Junction Highway
Kerrville, TX 78028

Cedar Elm Place
900 Paschal Street
Kerrville, TX 78028

Kerrville Oak Apartments
850 Clay Street
Kerrville, TX 78028

Hill Country Home Opportunity Council
550 Earl Garrett South
Kerrville, TX 78028

Kerrville Meadow Apartments
2300 Junction Highway
Kerrville, TX 78028

Brookhollow Apartments
612 Travis Street
Kerrville, TX 78028

Socioeconomics

Long-term Care and Assisted Living

Brookdale Kerrville
725 Leslie Dr.
Kerrville, TX 78028
(830) 257-6769

Brookedale Guadalupe River Plaza
135 Plaza Dr.
Kerrville, TX 78028
(830) 895-2626

220 harper Kerrville Assisted Living
220 Harper Rd.
Kerrville, TX 78028
(830) 895-4600

Mountain Villa Assisted Living
2201 Junction Hwy,
Kerrville, TX 78028
(830) 792-4001

River Point of Kerrville
1441 Bandera Hwy,
Kerrville, TX 78028
(830) 258-4150

Villagio Senior Living of Kerrville
747 Alpine Dr.
Kerrville, TX 78028
(877) 650-8712

Alpine Terrace
746 Alpine Dr.
Kerrville, TX 78028
(830) 896-2323

Hill Country Outreach Inc.
600 Leslie Dr.
Kerrville, TX 78028
(830) 792-6886

Edgewater Care Center
1213 Water St.
Kerrville, TX 78028
(830) 896-2411

Access to Care

Hospitals

Twin County Regional Healthcare (Located in Kendall City)
225 Hospital Dr.
Kendall, TX 24333
(276) 236-6906

Health Department

Gillespie County Health Department
605-15 Pine St.
Hillsville, TX 24343
(276)730-3180

Texas Department of Public Health
<http://www.vdh.Texas.gov/>

Life Skills/Job Training

Christian Men's Job Corp of Kerr County
301 Junction Hwy, Ste. 333A,
Kerrville, TX 78028

Christian Women's Job Corp of Kerr County
1140 Broadway
Kerrville, TX 78029

Families & Literacy, Inc.
1127 E Main
Kerrville, TX 78028

Hill Country Preppers
213 Schreiner St.
Kerrville, TX 78028

Kiwanis Club of Kerrville
P.O. Box 291791
Kerrville, TX 78028
(830) 895-5547

Recruitment Agencies

Schreiner University
2100 Memorial Boulevard
Kerrville, TX 78028.
(800) 343-4919

Access to Health Care/Insurance

Health Departments

Health Department WIC
838 Sidney Baker St. #F
Kerrville, TX 78028
(830) 257-4400

Kerr County Health Dept.
819 Water St. #290
Kerrville, TX 78028
(830) 896-5515

Kerrville City Health Dept.
800 Junction Hwy
Kerrville, TX 78028
(830) 792-8354

Hospitals

Peterson Regional Medical Center
551 Hill Country Dr.
Kerrville, TX 78028
(830) 896-4200

Kerrville State Hospital
721 Thompson Dr.
Kerrville, TX 78028
(830) 896-2211

Insurance Assistance

Benefit Solutions
952 Jefferson Street
Kerrville, TX 78028
(830) 896-3727

Booth Comprehensive Health
1503 Carol Ann Drive
Kerrville, TX 78028
(830) 257-5344

Texas Insurance Advisers LLC
339 W Water Street
STE 6
Kerrville, TX 78028
(830) 307-7585

BCFS Health and Human Services-Kerrville
1127 E Main Street
Kerrville, TX 78028
(830) 896-0993

Human Service Department
819 Water Street
Unit 230
Kerrville, TX 78028
(830) 896-3933

Bottom Line Insurance Services
5862 Bolsa Avenue #108
Kerrville, TX 92649
(714) 333-1141

Clinics

Family Practice Associates
220 Wesley Dr.
Kerrville, TX 7828
(830) 896-4711

Franklin Clinic
723 Hill Country Dr.
Kerrville, TX 78028
(830) 792-5809

Peterson Community Care
823 Junction Hwy
Kerrville, TX 78028
(830) 258-7900

Phoenix Medical Associates
222 Sidney Baker St. Ste. #500,
Kerrville, TX 78028
(830) 865-7675

Raphael Community Free Clinic
1807 Water St.
Kerrville, TX 78028
(830) 895-4201

Peterson Urgent Care
1740 Junction Hwy
Kerrville, TX 78028
(830) 258-7669

HCM Medical Clinic- Kerrville
1331 Bandera Hwy, Ste. 3
Kerrville, TX 78028
(830) 990-1404

Kerrville Medical Clinic
707 Hill Country Dr. #106,
Kerrville, TX 78028
(830) 896-0404

Sources

Access to Health Care/Insurance Assistance

<https://www.petersonhealth.com/>

<https://www.dshs.texas.gov/transition/statehospitals.aspx>

Mental Health Services

<https://www.hillcountry.org/services/kerr-county-mh-center/>

<https://www.cardwelltherapy.com/>

<https://www.newhopecounselingtx.org/>

<https://www.lambpsych.com/>

Healthy Eating Active Living

<https://www.petersonhealth.com/>

<https://www.dshs.texas.gov/transition/statehospitals.aspx>

<https://santeclinicalresearch.com/>

<https://www.universityhealthsystem.com/Errors/500.aspx?aspxerrorpath=/locations/texas-diabetes-institute>

Socioeconomics

<https://www.countyoffice.org/texas-department-of-health-kerr-county-kerrville-tx-1f4/>

Staffing Shortages

<https://schreiner.edu/>

Community Health Needs Assessment for Gillespie, Blanco and Kendall Counties

Completed by Hill Country Memorial Hospital in partnership with:

Stratasan

