

# United Regional Health Care System

# Community Health Needs Assessment and Implementation Plan

October 2022





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# **Section 1:**Community Health Needs Assessment

## **EXECUTIVE SUMMARY**



#### **Executive Summary**

A comprehensive, six-step community health needs assessment ("CHNA") was conducted for United Regional Health Care System (United Regional) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Wichita County, Texas.

The CHNA Team, consisting of leadership from United Regional, met with staff from CHC Consulting in June 2022 to review the research findings and prioritize the community health needs. Six significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The list of prioritized needs, in descending order, are listed below:

- 1. Continued Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities
- 2. Prevention, Education and Awareness of Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 3. Access to Primary and Specialty Care Services and Providers
- 4. Continued Focus on Emergency Preparedness & Response
- 5. Access to Mental and Behavioral Health Care Services and Providers
- 6. Access to Dental Care Services and Providers

The CHNA Team participated in a prioritization ballot process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital's capacity to address the need. Once this prioritization process was complete, the hospital leadership voted on what needs to address and decided to address five of the six prioritized needs in various capacities through a hospital specific implementation plan. While United Regional acknowledges that this is a significant need in the community, "Access to Dental Care Services and Providers" is not addressed largely due to the fact that it is not a core business function of the hospital and the limited capacity of the hospital to address this need. United Regional will continue to support local organizations and efforts to address this need in the community.

United Regional leadership has developed an implementation plan to identify specific activities and services which directly address the remaining identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital's overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by specific implementation activities, annual impact and evaluation of the activity and responsible leaders.

The United Regional Board reviewed and adopted the 2022 Community Health Needs Assessment and Implementation Plan report on October 24, 2022.



#### Priority 1: Continued Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities

Data suggests that some residents in the study area face significant cost barriers when accessing the healthcare system. Wichita County has a lower educational attainment rate and a lower median household income as compared to the state. Wichita County also has a higher percentage of families and children living below poverty than the state. With regards to food access, Wichita County has higher percentages of overall food insecurity, child food insecurity and a higher average meal cost than the state. Additionally, Wichita County has a higher percentage of the population with low food access and a higher percentage of recipients who qualified for Supplemental Nutrition Assistance Program (SNAP) benefits than the state. Wichita County also has lower rate of grocery stores per 100,000 population and a higher percentage of households who do not own a motor vehicle than the state.

When analyzing economic status, Wichita County is in more economic distress than other counties in the state. Additionally, Wichita County is designated as a Medically Underserved Area, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees discussed insurance coverage and financial status as determinants in ability to access care. Overuse of the emergency room was mentioned by interviewees and patients delaying/foregoing care were discussed due to lack of insurance coverage, perceived cost barriers to care and limited understanding of appropriate health care settings. One interviewee stated: "Being uninsured is always a big issue, and that goes back to cost. People just don't go to the doctor because they don't think they can afford it. They hear about huge bills and rather than take a chance on them having such a huge bill, they don't even make the effort to go." Another interviewee stated: "The lower socioeconomic group does not have a good understanding of where to go for care. It's an economic situation. It's not education – it's money. They don't have to pay when they go to the emergency room and they can't be turned away."

The growing need for additional pharmaceutical support services in the community was noted. Cost barriers to care and cost of prescriptions are resulting in alternative treatment plans that can be more cumbersome on the patient or physician. One interviewee stated: "Sometimes, there's certain medications that would benefit a patient but it's cost prohibitive. Asthma medication is really difficult for patients to get. Doctors have had to alter asthma treatments because patients weren't able to afford the normal treatments that are recommended. Blood thinners are very expensive and doctors have to step down to something less expensive, which takes more monitoring to manage atrial fibrillation or other needs for blood thinning. So even though they're cheaper medications, it demands more from the patient and doctor." Lastly, several interviewees expressed significant concern surrounding the impact of the local federally qualified health center (FQHC) not taking new patients. One interviewee stated: "Our local FQHC has stopped taking new patients, which is devastating for the un/underinsured population that uses that clinic. Access to health care is truly based on whether or not you have insurance and what kind of insurance you have."

Regarding the community as whole, many interviewees expressed significant transportation barriers in Wichita County like getting to and from the doctor for appointments and getting to the local food pantries. One interviewee stated: "We have a big access to transportation problem here. People are not able to get to the farmers market or mobile food pantries where they can access fruits and vegetables." Another interviewee stated: "Transportation is an ongoing issue in Wichita County with people getting to where they need to be. Doctor appointments are just one of those examples." Several interviewees mentioned the continued challenges with transportation due to staffing shortages and lack of local reliable resources. One interviewee stated: "Transportation [is a challenge]. Nothing has changed in 3 years. It may have gotten worse because of trying to find bus drivers and things like that with COVID-19." A few groups were mentioned by interviewees as having a disproportionate challenge in seeking transportation, particularly those who are disabled/handicapped and families. One interviewee stated: "We have a big lack of disability and handicapped transportation. A lot of calls come in looking for transportation and it's usually for some kind of maintenance visit. It takes almost 2 hours by public transit to get from our east side to the west side of town. In a car, it takes 11 minutes so it's really a challenge if you do not have a vehicle." Another interviewee stated: "One of the biggest problems is access. It is not that they don't have opportunities for health care, but our public transportation system is not good in Wichita Falls.

#### Priority 1: Continued Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities (continued)

...It might take you 2 hours on public transit to get somewhere which is not family friendly."

Furthermore, interviewees discussed that the worsening transportation challenges are resulting in lower prioritization of health care needs due to the long transit times and increasing fuel costs. One interviewee stated: "Accessibility is going to be more of an issue, especially with the cost of fuel. People aren't going to be as likely to go out and seek care because they can't afford the gas to get there or they can't pay bills because of the cost of gas and groceries. Everything else is going up significantly. They won't be able to afford to pay for health care so they just won't do it." A few interviewees expressed concern surrounding substandard housing in the community, with one interviewee stating: "Housing has been up there as a need. We have a group of folks that live in homes but don't have utilities so their home isn't really fit to appropriate standards. They might have a roof over their head, but they don't have appliances." There were conflicting opinions on use of telehealth services for appointments. One interviewee stated: "There's a reluctance to talk to a doctor over the computer. People don't feel like they're going to get the same care over the computer. People would rather be face to face with their provider, but if you don't have another option, telehealth is fabulous." Another interviewee stated: "Most people really liked the telehealth option. It is so much better for people who have transportation problems and small children and can't leave their homes, or elderly who have difficulty getting out of the house."

When asked about which specific groups are at risk for inadequate care, interviewees spoke about eastern Wichita Falls residents, homeless, pediatric, teens/adolescents, racial/ethnic, low income, veterans and the elderly. With regards to the eastern Wichita Falls residents, interviewees discussed the limited access to gas stations, grocery stores and food pantries, transportation barriers and the significant low income populations and disadvantaged neighborhoods. Homeless residents were discussed as growing in the community (particularly adolescents) and being disproportionately challenged by a lack of treatment compliance, overusing the emergency room, lack of awareness of local resources, mental health concerns and a need for prescription medication support. The pediatric population was discussed as having limited access to local specialty care.

With regards to the teen/adolescent population, interviewees discussed the use of tobacco and vaping, obesity, risky sexual behaviors, sexually transmitted infections as well as mental health concerns as specific concerns for this group. Racial/ethnic groups were discussed as having fear/distrust of the healthcare system, delaying/foregoing care and lack of awareness of local services by the African American and Hispanic groups. Additionally, overuse of the emergency room and language barriers by the Hispanic population were discussed by interviewees. Low income groups were discussed as having limited access to urgent care and freestanding emergency facilities as well as cost barriers to care. Veterans were brought up as a subgroup of the population that may be disproportionately affected by limited access to local primary care providers, homelessness, lack of local, dedicated resources as well as transportation barriers. Lastly, for elderly residents, interviewees discussed transportation barriers, lack of local, dedicated resources, a need for health education, difficulty navigating technology and a growing population in low income housing.

### Priority 2: Prevention, Education and Awareness of Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Wichita County and the state. Wichita County has higher mortality rates than Texas for the following causes of death: diseases of heart; malignant neoplasms; chronic lower respiratory diseases; cerebrovascular diseases; accidents (unintentional injuries); diabetes mellitus; chronic liver disease and cirrhosis; intentional self-harm (suicide); breast cancer (female); prostate cancer (male); lung & bronchus cancer; and colon & rectum cancer.

Wichita County has higher prevalence rates of chronic conditions such as diabetes for adults and Medicare beneficiaries, obesity, arthritis, and high blood pressure for adults and Medicare beneficiaries than the state. Wichita County has higher percentages of residents participating in unhealthy lifestyle behaviors such as binge drinking and smoking than the state. With regards to maternal and child health, specifically, Wichita County has higher teen (age 0-19 years) birth rates than the state.

### Priority 2: Prevention, Education and Awareness of Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles (continued)

Data suggests that Wichita County residents are not appropriately seeking preventive care services, such as timely pap tests and seniors who received timely flu and pneumonia vaccines. Wichita County also has higher prevalence rates of communicable diseases such as gonorrhea than the state. Additionally, Wichita County has a higher rate of preventable hospitalizations than the state.

Several interviewees expressed concern surrounding premature death rates in Wichita County due to poor health behaviors. One interviewee stated: "Our people are dying early, and earlier than most Texans. When we look at why they're dying early, it's primarily due to poor health outcomes associated with poor health behaviors. We really have an overall poor picture of health in Wichita County than others and it is concerning." Interviewees also mentioned the increasing need for affordable diabetic care across all payer types. It was also mentioned that there is a lack of awareness of local resources resulting in increased need for education and challenges in practicing healthy lifestyle behaviors for residents in rural areas of Wichita County. One interviewee stated: "Big issues are definitely diabetes, high blood pressure and obesity. Now that we're in the inflation market now, the cost of healthier foods is prohibitive for a lot of individuals. [In our community], people grew up eating unhealthy or fast foods, frozen foods, the convenience foods. For a lot people in our rural areas, there are so many food deserts and they don't have the access to healthy foods or transportation to healthy foods."

Interviewees mentioned higher rates of chronic conditions in the community, particularly diabetes, hypertension, obesity and heart disease. Interviewees brought up COVID-19 and the impact it has had on availability of healthy choices and prioritization of preventive care. One interviewee stated: "People didn't get immunizations due to the pandemic. They just haven't been participating in preventive care." Lastly, a few interviewees expressed concern surrounding tobacco use and vaping in the youth population. One interviewee stated: "What we see in our community now is our kids think smoking is gross but vaping is cool or acceptable or it smells good. But vape contains things that will kill these kids when they're older and vaping companies have done such a great job of marketing that kids don't see it as a tobacco product."

#### **Priority 3: Access to Primary and Specialty Care Services and Providers**

Wichita County has several Health Professional Shortage Area designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

With regards to primary care access, interviewees noted greater difficulty in seeking primary care services for the un/underinsured, Medicaid, Medicare and the low income/working poor populations. One interviewee stated: "There are some providers who are unwilling to accept certain types of insurance. If they don't have insurance, they end up in the emergency room." Another interviewee stated: "Access to primary care is an issue across the board, but it's heightened in the unfunded population. They're booking out 6 months for unfunded patients and even funded patients are months out." Interviewees expressed challenges in being appropriately diagnosed and treating patients using telehealth services. One interviewee stated: "Patients treat telehealth like a quick phone call. They feel rushed, they give quick answers and they want a quick fix. That's one of the downsides of telehealth in primary care."

Interviewees discussed some emerging concerns that are leading to limited access to primary care doctors, like the increasing number of concierge medicine providers, growing number of advanced practitioners, and practice closures and limited hours due to COVID-19. One interviewee stated: "We've had more practice closures [due to the pandemic] and it's harder to get an appointment, partly because they cut hours or they can't find enough staff." A few interviewees expressed a growing need to remain competitive with nearby cities for provider recruitment. One interviewee stated: "Texas is growing so fast and we need to stay competitive with our sister cities. It's hard to compete with some of the wages we see in DFW, Austin, El Paso, etc. At some point in the future, are we going to be able to recruit these physicians?"

In regards to specialty care, interviewees appreciated the hospital's efforts to increase access to local specialty care services but noted there was still greater difficulty in seeking specialty care services for the un/underinsured population. One interviewee stated: "United Regional has done a good job recruiting. In the past, people always wanted to go to DFW for cardiology and neurosurgery and now that's changed."

#### **Priority 3: Access to Primary and Specialty Care Services and Providers (continued)**

Interviewees mentioned the long wait times for appointments and limited availability of certain specialties across all payer types is leading to outmigration. One interviewee stated: "When you need to see a specialist, it may be 1-2 months or more before you can get an appointment. Several people go to DFW for care, typically because we don't have enough of that [specific] specialty here or don't have anybody with that specialty in Wichita County." Furthermore, there was perceived unnecessary outmigration for orthopedic and neurosurgery procedures in Dallas/Fort Worth.

Interviewees also discussed the need for increased telehealth specialty services for rural patients in the county. One interviewee stated: "[There are] so many [rural patients] who can't get to Wichita Falls. Telehealth specialty care would be a big benefit for rural patients in Wichita County." Specific specialties mentioned as needed include Dermatology, Pain Management, Endocrinology, Gastroenterology, OB/GYN, and Pediatric subspecialties. Lastly, interviewees expressed a growing need for more ICU beds in the community with appropriate additional staffing. One interviewee stated: "We need more ICU beds when there's a crisis. When you need them, you need them. It would be nice to have more ICU beds to get patients in, but it's all about staffing."

#### Priority 4: Continued Focus on Emergency Preparedness & Response

Wichita County has a higher total case rate per 1,000 (information as of February 1, 2022). Wichita County has a lower percentage of its population vaccinated with the first dose and second dose population than the state (information as of June 3, 2022). Additionally, Wichita County has higher mortality rates than Texas for COVID-19.

Interviewees discussed that COVID-19 remains a significant concern in the community and the impact of the pandemic on prior success of local programs. One interviewee stated: "The problems we had prior to the pandemic have been exacerbated because of COVID-19. We still have those same issues and have lost ground. Any ground we were making prior has really been lost because we've been so polarized by the pandemic that we weren't able to provide the programs that we had." Several interviewees discussed the continued need for greater health literacy to increase vaccination rates in the community. One interviewee stated: "We need a lot of help and it's not just Wichita County, it's widespread in health literacy. We need more understanding. This willful denial of science and numbers and ability to understand risk. Here in Wichita Falls, we've only got [a small percentage] of our population that took the COVID-19 vaccine and that just shocked me."

Interviewees mentioned the fear and stress due to the pandemic resulting in risky lifestyle behaviors, low prioritization of health care, less residents seeking health care appropriately and mental health issues with the youth population. One interviewee stated: "We hear a lot of people who say they're stressed and afraid because of the pandemic, so what does it matter if they eat potato chips because they might die anyway? The prioritization of health changed from looking to the future to self-preservation, and then it changed from self-preservation to stress, frustration and anger." Another interviewee stated: "Fear is an issue. Students are hearing about people who have gotten COVID-19 and died or gotten severely ill, and it causes them a lot of concern. Kids are afraid to go to school." The Hispanic, African American and elderly populations in the community were mentioned as having a disproportionate impact of COVID-19. One interviewee stated: "A lot of seniors are scared of the unknown and not wanting to be with people due to the fear of COVID-19. They're not going to appointments and isolation [is an issue]. For almost a year and a half, they didn't get to see anybody. That causes depression, isolation and fear." Another interviewee stated: "When we saw people dying of COVID-19, it was the Hispanic population, the Black population and the low-income population. We need to help those folks in a way that is productive and useful with prevention in mind to make sure people are living better and healthier lives."

#### **Priority 5: Access to Mental and Behavioral Health Care Services and Providers**

Data suggests that residents in Wichita County do not have adequate access to mental and behavioral health care services and providers. Wichita County has higher percentages of adults and seniors who are depressed and a higher percentage of those who had more than 14 days of poor mental health as compared to the state.

Many interviewees expressed significant concerns surrounding the lack of resources, specifically for the un/underinsured,...



#### Priority 5: Access to Mental and Behavioral Health Care Services and Providers (continued)

Medicaid and Medicare populations. It was also mentioned that there is stigma associated with seeking mental and behavioral healthcare. One interviewee stated: "We've got the providers. It's just a matter of getting people to realize that they need to see somebody. [People] don't want to admit there's a problem, so they don't get care." Several interviewees discussed the increasing need for additional resources due to aging providers, use of primary care providers for mental and behavioral health treatment, long wait times, provider burnout and use of law enforcement as a stop gap measure. One interviewee stated: "Our average age for psychiatrists in this town must be about 85. There are significant ones that are hanging on and practicing but access is going to [become difficult] at some point." Another interviewee stated: "[Organizations] are so overwhelmed. There are long wait times. If they're in the middle of an episode, we end up having to call the police."

Interviewees brought up specific concerns surrounding the youth and elderly for their mental health needs as well as the suicide rate for the youth population and veterans. Furthermore, substance misuse/abuse as well as ADHD treatment were brought up as specific concerns. One interviewee stated: "I am concerned about the mental health of our community, especially our children. Mental health is the biggest problem we're going to face. Because we're an aging community, dementia and Alzheimer's are going to be a big problem." Another interviewee stated: "There's nobody comfortable with picking up ADHD patients. Most of the primary care providers are discontinuing adult ADHD treatment and pediatric providers are limiting it." Lastly, interviewees mentioned the impact of COVID-19 on the community and the need to modify assessment and treatment protocols for mental and behavioral healthcare. One interviewee stated: "We see an impact of the pandemic on the community but we're not assessing it thoroughly enough. We're asking questions we've always asked. We haven't updated our screening processes. If they don't have a mental health history, they might think they're doing just fine but COVID-19 makes it different."



### **PROCESS AND METHODOLOGY**



### **Background & Objectives**

- This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released on December 29, 2014.
- The objectives of the CHNA are to:
  - Meet federal government and regulatory requirements
  - Research and report on the demographics and health status of the study area, including a review of state and local data
  - Gather input, data and opinions from persons who represent the broad interest of the community
  - Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by United Regional
  - Document the progress of previous implementation plan activities
  - Prioritize the needs of the community served by the hospital
  - Create an implementation plan that addresses the prioritized needs for the hospital

### Scope

- The CHNA components include:
  - A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
  - A biography of United Regional
  - A description of the hospital's defined study area
  - Definition and analysis of the communities served, including demographic and health data analyses
  - Findings from phone interviews collecting input from community representatives, including:
    - State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community;
    - Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations
    - Community leaders
  - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
  - The prioritized community needs and separate implementation plan, which intend to address the community needs identified
  - Documentation and rationalization of priorities not addressed by the implementation plan
  - A description of additional health services and resources available in the community
  - A list of information gaps that impact the hospital's ability to assess the health needs of the community served



### Methodology

- United Regional worked with CHC Consulting in the development of its CHNA. United Regional provided
  essential data and resources necessary to initiate and complete the process, including the definition of the
  hospital's study area and the identification of key community stakeholders to be interviewed.
- CHC Consulting conducted the following research:
  - A demographic analysis of the study area, utilizing demographic data from Stratasan
  - A study of the most recent health data available
  - Conducted one-on-one phone interviews with individuals who have special knowledge of the communities, and analyzed results
  - Facilitated the prioritization process during the CHNA Team meeting on June 2022. The CHNA Team included:
    - Phyllis Cowling, President and Chief Executive Officer
    - Nancy Townley, Senior Vice President & Chief Operating Officer
    - Anne Dabovich, Vice President of Nursing & Chief Nursing Officer
    - Kristi Faulkner, Vice President of Organizational Development

- Johnny Roberts, Vice President of Physician Practice Services
- Michelle Nelson, Senior Director of Health Improvement
- Kim Maddin, Director of Community Relations & Volunteer Services
- Lynn Wiesen, Director of Marketing & Communications
- The methodology for each component of this study is summarized in the following section. In certain cases methodology is elaborated in the body of the report.



### Methodology (continued)

#### United Regional Biography

 Background information about United Regional, passion, purpose, pillars, and services were provided by the hospital or taken from its website

#### Study Area Definition

• The study area for United Regional is based on hospital inpatient discharge data from January 1, 2021 - December 31, 2021 and discussions with hospital staff

#### Demographics of the Study Area

- Population demographics include population change by race, ethnicity, age, median income analysis, unemployment and economic statistics in the study area
- Demographic data sources include, but are not limited to Stratasan, the U.S. Census Bureau and the United States Bureau of Labor Statistics

#### Health Data Collection Process

- A variety of sources (also listed in the reference section) were utilized in the health data collection process
- Health data sources include, but are not limited to, the Robert Wood Johnson Foundation, Texas State Department of Health and Human Services, SparkMap, United States Census Bureau, and the Centers for Disease Control and Prevention



### Methodology (continued)

### Interview Methodology

- United Regional provided CHC Consulting with a list of persons with special knowledge of public health in Wichita County, including public health representatives and other individuals who focus specifically on underrepresented groups
- From that list, 19 in depth phone interviews were conducted using a structured interview guide
- Extensive notes were taken during each interview and then quantified based on responses, communities and populations (minority, elderly, un/underinsured, etc.) served, and priorities identified by respondents. Qualitative data from the interviews was also analyzed and reported.

### Evaluation of Hospital's Impact

- A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
- United Regional provided CHC Consulting with a report of community benefit activity progress since the previous CHNA report

#### Prioritization Strategy

- Six significant needs were determined by assessing the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the interviews
- Three factors were used to rank those needs during the prioritization process
- See the prioritization section for a more detailed description of the prioritization methodology



### **HOSPITAL BIOGRAPHY**



# Hospital Biography

### **About United Regional**

#### **About Us**

United Regional Health Care System, based in Wichita Falls, Texas, serves our community with a hospital that provides comprehensive medical care including inpatient and outpatient services, advanced diagnostics, surgical specialties and life-saving emergency care to a nine-county service area. It has the area's only Level II Trauma Center and serves as the Primary Stroke Center for the region.

United Regional Physician Group is made up of surgeons, physicians, advanced practice providers and staff skilled in a variety of specialties. These providers look forward to caring for our communities in our Wichita Falls, Burkburnett and Bowie brick and mortar locations, and through virtual visits as well.

The System continues to reinvest in advanced technology, modern facilities, and the recruitment and retention of highly skilled employees and physicians to ensure that the current and future medical needs of the area are met.



# **Hospital Biography**

Passion, Purpose, and Pillars

### **Passion**

To provide excellence in health care for the communities we serve

### **Purpose**

To make a positive difference in the lives of others

### **Pillars**

- People
- Service
- Quality
- Finance
- Growth



# **Hospital Biography**

### **Hospital Services**

- Advanced Technology
   Heart Disease
- Bariatric Services
- Breast Health
   Services
- Cancer Care
- Cardiovascular Services
- CarePlus Primary CareClinic
- Diabetes Education
- Emergency and Trauma Services
- FNT
- Gastroenterology

- Heart Disease
   Prevention, Diagnosis
   and Treatment
- Heart Attack
- Laboratory Services
- Infusion Therapy
- Neurology
- Neurosurgery
- Obstetrics
- Orthopedics
- Palliative Care
- Pediatrics
- Preventive Care
- Pulmonary

#### Rehabilitation

- Radiology
- Reference Laboratory
- Respiratory
- Robotic Hernia Repair
- Robotic Surgery
- Sports Medicine
- Stroke Care
- Surgical Services
- Urology
- Women's Services
- Wound Care



### **STUDY AREA**



# **United Regional**

### Study Area

- Wichita County comprises 75.5% of CY 2021 Inpatient Discharges
- Indicates the hospital

United Regional
Patient Origin by County
January 1, 2021 - December 31, 2021

County	State	CY21 Inpatient Discharges	% of Total	Cumulative % of Total
Wichita	TX	10,334	75.5%	75.5%
All Others		3,359	24.5%	100.0%
Total		13,693	100.0%	

Source: Hospital inpatient discharge data provided by United Regional; January 2021 - December 2021; Normal Newborns MS-DRG 795 excluded.



Note: the 2019 United Regional CHNA and Implementation Plan report studied Wichita County, Texas, which comprised 72.8% of CY 2018 (January 1, 2018 – December 31, 2018) inpatient discharges.



### **DEMOGRAPHIC OVERVIEW**



### **Population Growth**

### **Projected 5-Year Population Growth**



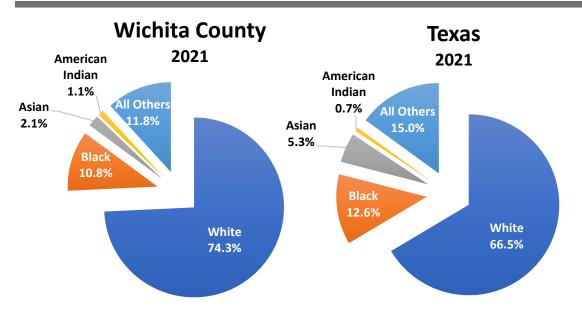
#### **Wichita County**

#### Texas

Overall Population Growth				
Geographic Location	2021	2026	2021-2026 Change	2021-2026 % Change
Wichita County	133,485	132,718	-767	-0.6%
Texas	29,969,514	32,346,738	2,377,224	7.9%



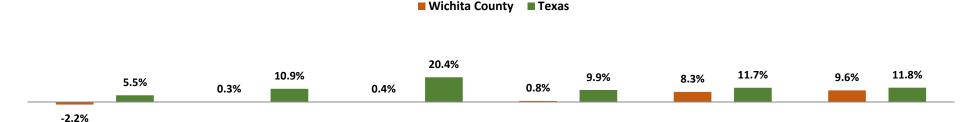
### Population Composition by Race/Ethnicity



Wichita County				
Race/Ethnicity	2021	2026	2021-2026 Change	2021-2026 % Change
White	99,135	97,003	-2,132	-2.2%
Black	14,472	14,510	38	0.3%
Asian	2,740	2,750	10	0.4%
American Indian	1,405	1,416	11	0.8%
All Others	15,733	17,039	1,306	8.3%
Total	133,485	132,718	-767	-0.6%
Hispanic*	27,326	29,945	2,619	9.6%
		Texas		
Race/Ethnicity	2021	2026	2021-2026 Change	2021-2026 % Change
White	19,915,321	21,010,464	1,095,143	5.5%
Black	3,767,225	4,176,571	409,346	10.9%
Asian	1,585,385	1,909,545	324,160	20.4%
American Indian	207,520	228,091	20,571	9.9%
All Others	4,494,063	5,022,067	528,004	11.7%
Total	29,969,514	32,346,738	2,377,224	7.9%
Hispanic*	12,087,461	13,513,273	1,425,812	11.8%

**All Others** 

# Race/Ethnicity Projected 5-Year Growth 2021-2026



American Indian

Asian

Source: Stratasan Canvas Demographics Report, 2022.

White

Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.

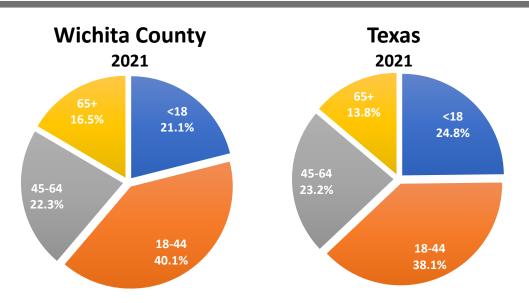
Note: "All Others" is a category for people who do not identify with 'White', 'Black', 'American Indian or Alaska Native', or 'Asian'.



Black

<sup>\*</sup>Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.

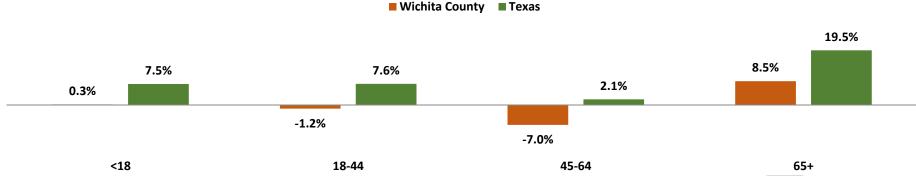
### **Population Composition by Age Group**



Wichita County				
Age Cohort	2021	2026	2021-2026 Change	2021-2026 % Change
<18	28,122	28,203	81	0.3%
18-44	53,565	52,915	-650	-1.2%
45-64	29,726	27,648	-2,078	-7.0%
65+	22,072	23,952	1,880	8.5%
Total	133,485	132,718	-767	-0.6%
		Texas		
Age Cohort	2021	2026	2021-2026 Change	2021-2026 % Change
<18	7,436,722	7,997,092	560,370	7.5%
18-44	11,429,075	12,294,852	865,777	7.6%
45-64	6,957,653	7,100,903	143,250	2.1%
65+	4,146,064	4,953,891	807,827	19.5%
Total	29,969,514	32,346,738	2,377,224	7.9%

### **Age Projected 5-Year Growth**

2021-2026

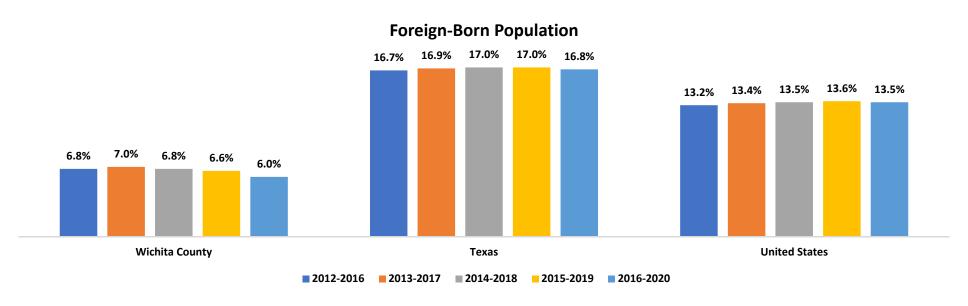


Source: Stratasan Canvas Demographics Report, 2022.

Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state

### **Subpopulation Composition**

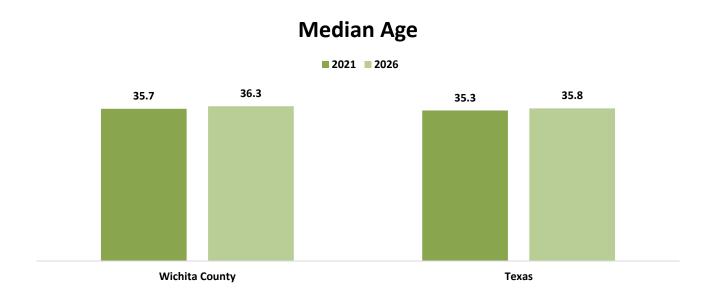
- Between 2012 and 2020, the percent of foreign-born residents decreased in Wichita County, while the percent in the state and the nation slightly increased.
- Between 2012 and 2020, Wichita County maintained a lower percentage of foreign-born residents than the state and the nation.
- In 2016-2020, Wichita County (6.0%) had a lower percent of foreign-born residents than the state (16.8%) and the nation (13.5%).





### **Median Age**

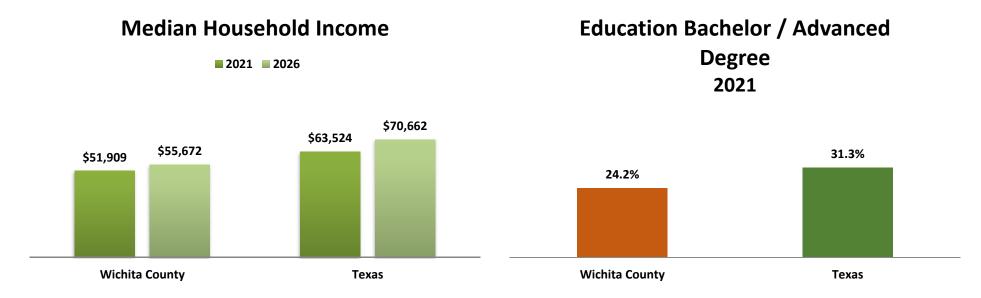
- The median age in Wichita County and the state is expected to increase over the next five years (2021-2026).
- Wichita County (35.7 years) has a slightly older median age than Texas (35.3 years) (2021).





#### Median Household Income and Educational Attainment

- The median household income in both Wichita County and the state is expected to increase over the next five years (2021-2026).
- Wichita County (\$51,909) has a lower median household income than Texas (\$63,524) (2021).
- Wichita County (24.2%) has a lower percentage of residents with a bachelor or advanced degree than the state (31.3%) (2021).

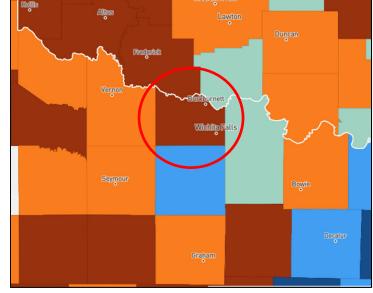


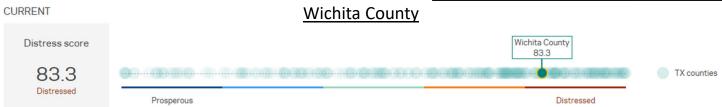
### **Distressed Communities Index**

- In 2014-2018, 16.0% of the nation lived in a distressed community, as compared to 26.0% of the nation that lived in a prosperous community.
- In 2014-2018, 24.5% of the population in Texas lived in a distressed community, as compared to 26.2% of the population that lived in a prosperous community.

In 2014-2018, the distress score in Wichita County was 83.3, which falls within the distressed economic category and is more distressed as compared to other counties in the state.

	Texas	United States
Lives in a Distressed Community	24.5%	16.0%
Lives in a Prosperous Community	26.2%	26.0%





Source: Economic Innovation Group, 2020 DCI Interactive Map, filtered for Wichita County, TX, https://eig.org/dci/interactive-map?path=state/; data accessed March 17, 2022. Definition: 'Prosperous' has a final score of 0 all the way up to 'Distressed' which has a final score of 100.

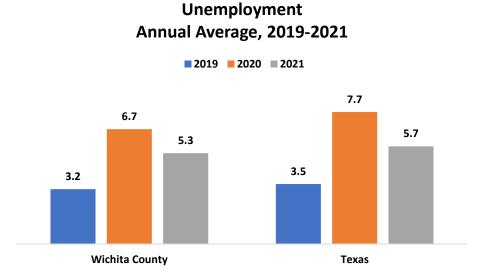
Note: 2020 DCI edition used U.S. Census Bureau's American Community Survey (ACS) 5 - Year Estimates covering 2014 -2018.

Note: Distressed Communities Index (DCI) combines seven complementary economic indicators: no high school diploma, housing vacancy rate, adults not working, poverty rate, median income ratio, change in employment and change in establishments. Full definition for each economic indicator can be found in the appendix.

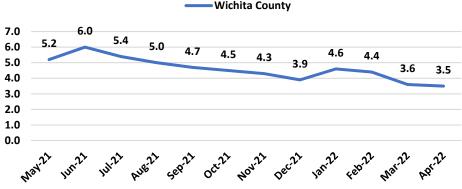


### Unemployment

- Unemployment rates in Wichita County and the state overall increased between 2019 and 2021.
- In 2021, Wichita County (5.3%) had a lower unemployment rate than the state (5.7%).
- Over the most recent 12-month time period, monthly unemployment rates in Wichita County overall decreased. April 2022 had the lowest unemployment rate (3.5) as compared to June 2021 with the highest rate (6.0).



# Monthly Unemployment Rates by Month Most Recent 12-Month Period





### **Industry Workforce Categories**

 As of 2019, the majority of employed persons in Wichita County are within Office & Administrative Support Occupations. The most common employed groupings are as follows:

### **Wichita County**

- Office & Administrative Support Occupations (10.4%)
- Sales & Related Occupations (10.1%)
- Food Preparation & Serving Related Occupations (8.3%)
- Education Instruction, & Library Occupations (7.6%)
- Management Occupations (7.3%)

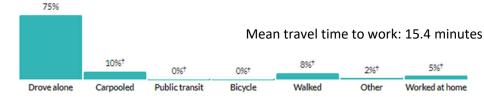


### **Means of Transportation**

- In 2016-2020, driving alone
  was the most frequent means
  of transportation to work for
  both Wichita County and the
  state.
- In 2016-2020, Wichita County (8.0%) had a higher percent of people who walked to work than the state (2.0%).
- Wichita County (15.4 minutes)
  had a shorter mean travel
  time to work than the state
  (26.6 minutes) (2016-2020).

#### **Wichita County**





<sup>\*</sup> Universe: Workers 16 years and over

#### <u>Texas</u>

Means of transportation to work



<sup>\*</sup> Universe: Workers 16 years and over



### **Poverty**

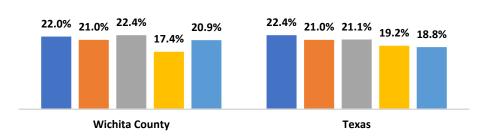
- Wichita County (24.3%) has a higher percentage of families living below poverty as compared to the state (18.0%) (2021).
- Between 2016 and 2020, the percent of children (<18 years) living below poverty in Wichita County and the state decreased.
- Wichita County (20.9%) has a higher percentage of children (<18 years) living below poverty than Texas (18.8%) (2020).

# Families Below Poverty 2021

#### **Children Living in Poverty**







Source: Stratasan Canvas Demographics Report, 2022.

Source: Small Area Income and Poverty Estimates (SAIPE), filtered for Wichita County, TX, https://www.census.gov/data-tools/demo/saipe/#/?map\_geoSelector=aa\_c; data accessed March 17, 2022.
Children Living Below Poverty Definition: Estimated percentage of related children under age 18 living in families with incomes less than the federal poverty threshold.
Note: The 2022 Federal Poverty Guidelines define a household size of 4 as living below 100% of the federal poverty level if the household income is less than \$27,750, and less than 200% of the federal poverty level if the household income is less than \$55,500. Please see the appendix for the full 2022 Federal Poverty Guidelines.



### **Food Insecurity**

- According to Feeding America, an estimated 17.0% of Wichita County residents are food insecure as compared to 14.1 % in Texas (2019).
- Additionally, 22.2% of the youth population (under 18 years of age) in Wichita County are food insecure, as compared to 19.6% in Texas (2019).
- The average meal cost in Wichita County (\$2.95) is higher than the average meal cost in Texas (\$2.68).

Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Wichita County	17.0%	22.2%	\$2.95
Texas	14.1%	19.6%	\$2.68



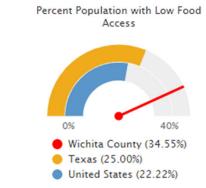
Food Insecure Definition (Adult): Lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods Food Insecure Definition (Child): Those children living in households experiencing food insecurity.

Average Meal Cost Definition: The average weekly dollar amount food-secure individuals report spending on food, as estimated in the Current Population Survey, divided by 21 (assuming three meals a day, seven days a week)

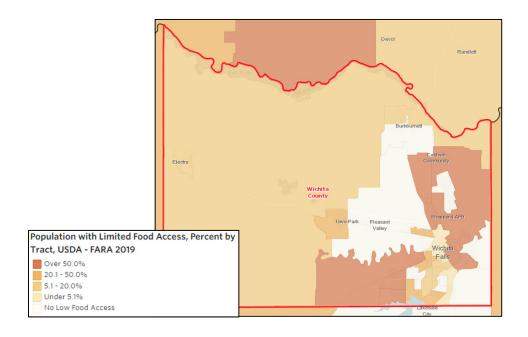


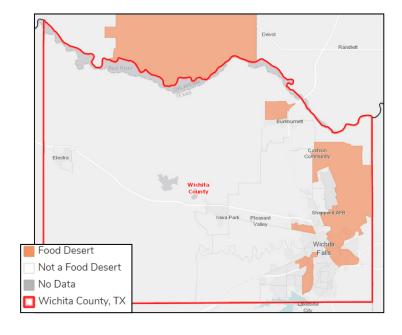
#### Low Food Access

- In 2019, Wichita County (34.6%) had a higher percentage of its population with low food access than the state (25.0%) and the nation (22.2%).
- The number of neighborhoods that are within food deserts and also have low food access are primarily located in eastern Wichita County (2019).



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.





Source: SparkMap, Health Indicator Report: logged in and filtered for Wichita County, TX, https://sparkmap.org/report/; data accessed March 15, 2022.

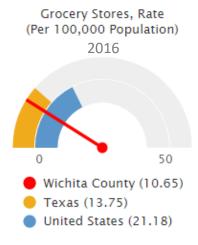
Low Food Access Definition: Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. Data are from the April 2021 Food Access Research Atlas dataset.

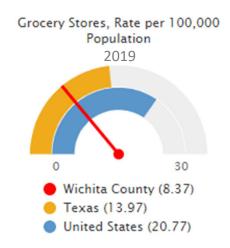
Food Desert Definition: A food desert is defined as a low-income area where a substantial number or share of residents has low access to a supermarket or large grocery store. A population is defined as having limited food access if they are living more than 1 mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a nurban area.

# **Population Health**

#### **Grocery Store Access**

• In 2019, Wichita County (8.4) had a lower rate of grocery stores per 100,000 population than the state (14.0) and the nation (20.8).





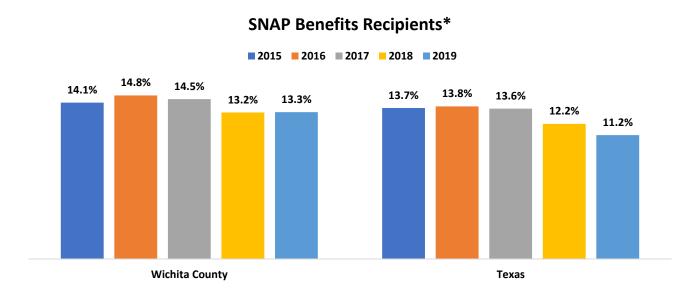
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.



# **Population Health**

### Supplemental Nutrition Assistance Program (SNAP) Benefits

- Between 2015 and 2019, Wichita County maintained a higher percentage of recipients who qualified for Supplemental Nutrition Assistance Program (SNAP) benefits than the state. Additionally, the percentage of SNAP Benefit recipients in Wichita County and the state overall decreased between 2015 and 2019.
- In 2019, Wichita County (13.3%) had a higher percentage of recipients who qualified for SNAP benefits than the state (11.2%).



Source: SAIPE Model, United States Census Bureau, https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html; data accessed March 17, 2022.

Source: County Population Totals: 2010-2019, United States Census Bureau, filtered for Wichita County, TX, https://www.census.gov/data/tables/time-series/demo/popest/2010s-counties-total.html#par\_textimage\_242301767; data access March 17, 2022.



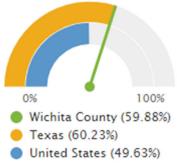
\*Percentage manually calculated based on estimated population numbers by county and state between 2015 and 2019 as provided by the United States Census Bureau

# **Population Health**

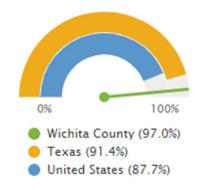
### Children in the Study Area

- In 2019-2020, Wichita County (59.9%) had a slightly lower percentage of public school students eligible for free or reduced price lunch than the state (60.2%), and a higher rate than the nation (49.6%).
- Wichita County (97.0%) has a higher high school graduation rate than the state (91.4%) and the nation (87.7%) (2018-2019).





Adjusted Cohort Graduation Rate



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Wichita County, TX, https://sparkmap.org/report/; data accessed March 15, 2022.
Eligible for Free/Reduced Price Lunch Definition: Free or reduced price lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).
Cohort Graduation Rate Definition: Students receiving a high school diploma within four years.



## **HEALTH DATA OVERVIEW**



#### Data Methodology

- The following information outlines specific health data:
  - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and healthcare access
- Data Sources include, but are not limited to:
  - Texas Department of State Health Services
  - Texas Cancer Registry
  - Small Area Health Insurance Estimates (SAHIE)
  - SparkMap
  - The Behavioral Risk Factor Surveillance System (BRFSS)
    - The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, information is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.
    - It is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.
    - States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.
  - The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
  - United States Census Bureau
- Data Levels: Nationwide, state, and county level data



#### County Health Rankings & Roadmaps – Wichita County, Texas

- The County Health Rankings rank 244
  counties in Texas (1 being the best, 244
  being the worst).
- Many factors go into these rankings.
   A few examples include:
  - Length of Life:
    - Premature death
  - Health Behaviors:
    - Adult smoking
    - Adult obesity
    - Physical inactivity
    - Teen births
  - Clinical Care:
    - Uninsured
    - Mammography screening
    - Flu vaccinations

2022 County Health Rankings	Wichita County
Health Outcomes	119
LENGTH OF LIFE	157
QUALITY OF LIFE	86
Health Factors	76
HEALTH BEHAVIORS	167
CLINICAL CARE	25
SOCIAL & ECONOMIC FACTORS	110
PHYSICAL ENVIRONMENT	46

Note: Green represents the best ranking for the county, and red represents the worst ranking.



### Mortality – Leading Causes of Death (2018-2020)

Rank	Wichita County	Texas					
1	Diseases of heart (I00-I09,I11,I13,I20-I51)	Diseases of heart (I00-I09,I11,I13,I20-I51)					
2	Malignant neoplasms (C00-C97)	Malignant neoplasms (C00-C97)					
3	Chronic lower respiratory diseases (J40-J47)	Alzheimer's disease (G30)					
4	COVID-19 (U07.1)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)					
5	Cerebrovascular diseases (160-169)	Cerebrovascular diseases (160-169)					
6	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Chronic lower respiratory diseases (J40-J47)					
7	Alzheimer's disease (G30)	COVID-19 (U07.1)					
8	Diabetes mellitus (E10-E14)	Diabetes mellitus (E10-E14)					
9	Chronic liver disease and cirrhosis (K70,K73-K74)	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)					
10	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	Chronic liver disease and cirrhosis (K70,K73-K74)					



### Mortality – Leading Causes of Death Rates (2018-2020)

Disease	Wichita County		Texas
Diseases of heart (100-109,111,113,120-151)		193.7	169.1
Malignant neoplasms (C00-C97)		175.0	141.4
Chronic lower respiratory diseases (J40-J47)		62.5	38.1
COVID-19 (U07.1)		50.8	36.0
Cerebrovascular diseases (160-169)		49.3	40.1
Accidents (unintentional injuries) (V01-X59,Y85-Y86)		49.1	40.6
Alzheimer's disease (G30)		30.4	40.6
Diabetes mellitus (E10-E14)		30.1	23.8
Chronic liver disease and cirrhosis (K70,K73-K74)		22.0	14.7
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)		17.1	13.5

indicates that the county's rate is lower than the state's rate for that disease category.

indicates that the county's rate is higher than the state's rate for that disease category.



### Mortality – Leading Causes of Death Rates (2018-2020)

Compared to Wichita County Total

Compared to Texas

Manufaction Princers	,	Wichita County		Wichita	<b>-</b>	Time frame
Mortality Disease	Black or African American	White	Hispanic or Latino	County Total	Texas	Timeframe
Diseases of heart (100-109,111,113,120-151)	207.2	196.6	79.2	93.7	169.1	2018-2020
Malignant neoplasms (C00-C97)	153.7	180.1	126.1	175.0	141.4	2018-2020
Chronic lower respiratory diseases (J40-J47)	*	65.4	ı	62.5	38.1	2018-2020
COVID-19 (U07.1)	*	52.5	88.4	50.8	36.0	2018-2020
Cerebrovascular diseases (160-169)	66.7	47.4	*	49.3	40.1	2018-2020
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	*	52.9	*	9.1	40.6	2018-2020
Alzheimer's disease (G30)	-	31.4	-	30.4	40.6	2018-2020
Diabetes mellitus (E10-E14)	70.9	26.9	*	30.1	23.8	2018-2020
Chronic liver disease and cirrhosis (K70,K73-K74)	-	24.5	45.0	22.0	14.7	2018-2020
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	-	17.5	*	17.1	13.5	2018-2020

Green indicates that the county's rate is lower than the state's rate for that disease category.

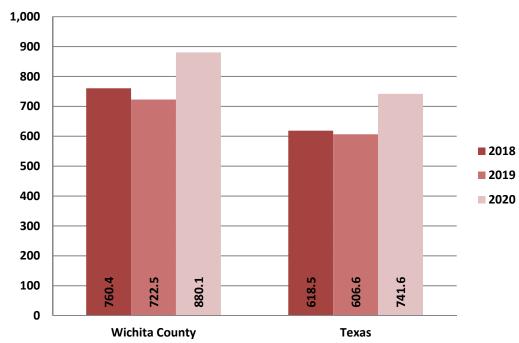
Red indicates that the county's rate is higher than the state's rate for that disease category.



#### Mortality – Overall

- Overall mortality rates in Wichita County remained higher than the state between 2018 and 2020.
- Overall mortality rates in Wichita County and the state increased between 2018 and 2020.
- In 2020, the overall mortality rate in Wichita County (880.1 per 100,000) was higher than the state (741.6 per 100,000).

# Overall Mortality Age-adjusted Death Rates per 100,000, 2018-2020



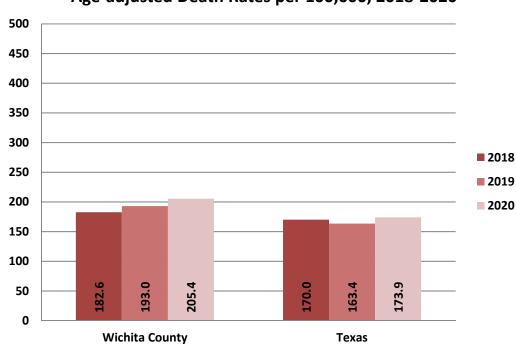
	2018		2019		2020		2018-2020	
LOCATION	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE
Wichita County	1,144	760.4	1,107	722.5	1,364	880.1	3,615	788.1
Texas	171,378	618.5	172,357	606.6	215,995	741.6	559,730	656.6



#### Mortality – Diseases of the Heart

- Heart disease is the leading cause of death in Wichita County and the state (2018-2020).
- Between 2018 and 2020, heart disease mortality rates increased in Wichita County and the state.
- In 2020, the heart disease mortality rate in Wichita County (205.4 per 100,000) was higher than the state rate (173.9 per 100,000).

# Diseases of Heart Age-adjusted Death Rates per 100,000, 2018-2020



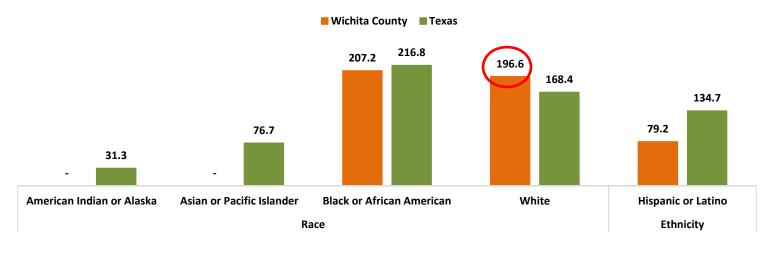
	2018		2019		2020		2018-2020	
LOCATION	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE
Wichita County	285	182.6	298	193.0	325	205.4	908	193.7
Texas	46,763	170.0	46,139	163.4	50,281	173.9	143,183	169.1



#### Mortality – Diseases of the Heart by Race/Ethnicity

- In 2018-2020, heart disease mortality was highest among the Black or African American population followed by the White population for both Wichita County and Texas.
- Wichita County had higher rates of heart disease mortality in the White population than the state (2018-2020).

#### Diseases of Heart, Age Adjusted Rate Per 100,000, 2018-2020

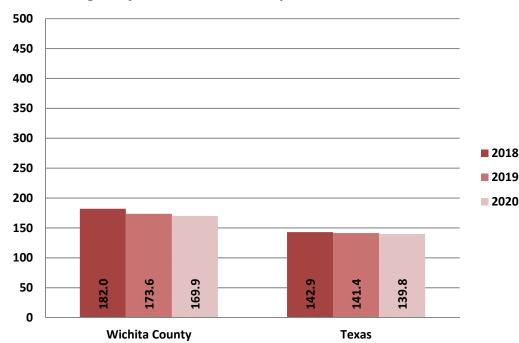




#### **Mortality – Malignant Neoplasms**

- Cancer is the second leading cause of death in Wichita County and the state (2018-2020).
- Between 2018 and 2020, cancer mortality rates decreased in Wichita County and the state.
- In 2020, the cancer mortality rate in Wichita County (169.9 per 100,000) was higher than the state rate (139.8 per 100,000).

# Malignant Neoplasms Age-adjusted Death Rates per 100,000, 2018-2020



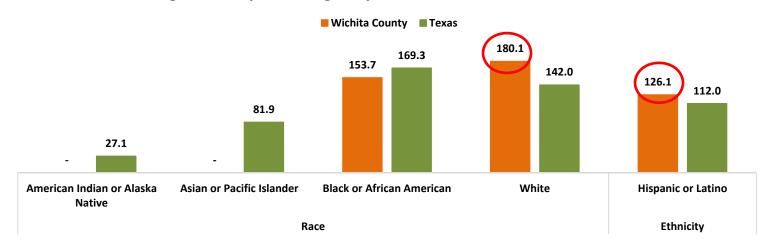
	2018		2019		2020		2018-2020	
LOCATION	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE
Wichita County	276	182.0	272	173.6	262	169.9	810	175.0
Texas	40,866	142.9	41,489	141.4	42,142	139.8	124,497	141.4



### Mortality – Malignant Neoplasms by Race/Ethnicity

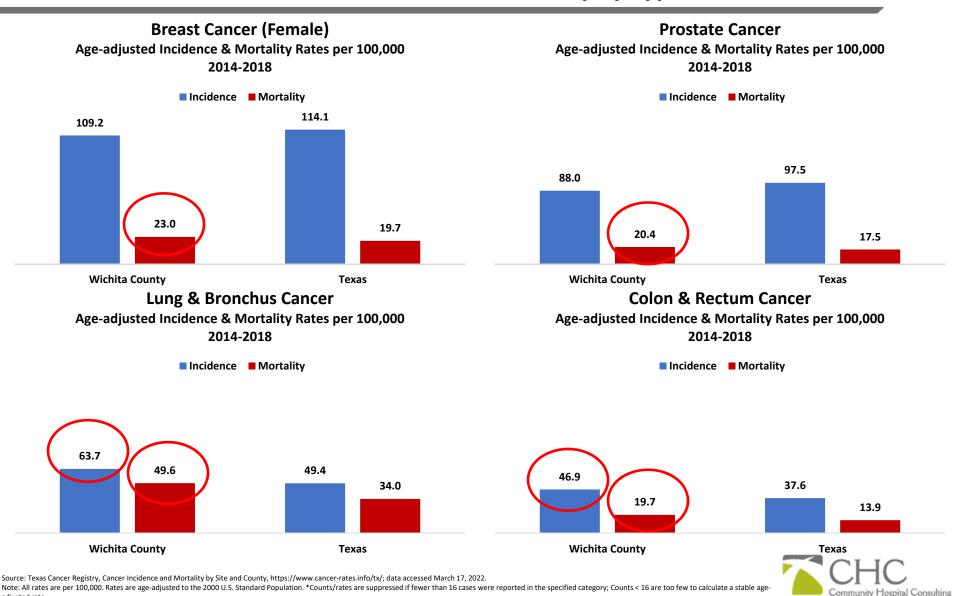
- In 2018-2020, cancer mortality was highest among the White population for Wichita County and highest among the Black or African American population for Texas.
- Wichita County had higher rates of cancer mortality in the White and the Hispanic or Latino populations than the state (2018-2020).

#### Malignant Neoplasms, Age Adjusted Rate Per 100,000, 2018-2020





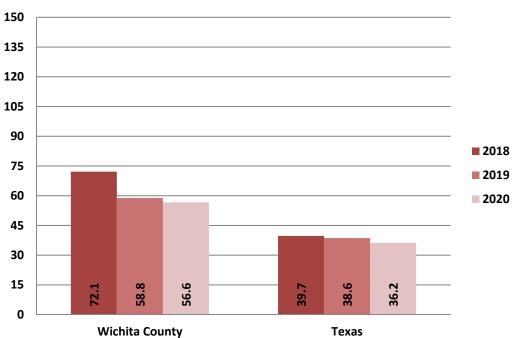
### Cancer Incidence & Mortality by Type



#### Mortality – Chronic Lower Respiratory Diseases

- Chronic lower respiratory disease (CLRD) is the third leading cause of death in Wichita County and the sixth leading cause of death in the state (2018-2020).
- Between 2018 and 2020, CLRD mortality rates decreased in Wichita County and the state.
- In 2020, the CLRD mortality rate in Wichita County (56.6 per 100,000) was higher than the state rate (36.2 per 100.000).





	2018		2019		2020		2018-2020	
LOCATION	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE
Wichita County	111	72.1	92	58.8	91	56.6	294	62.5
Texas	10,766	39.7	10,797	38.6	10,402	36.2	31,965	38.1

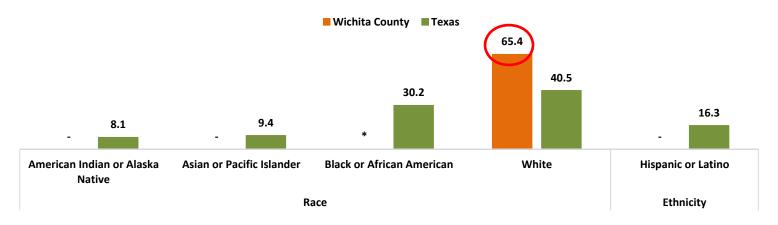


Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed March 22, 2022.

### Mortality - Chronic Lower Respiratory Diseases by Race/Ethnicity

- In 2018-2020, chronic lower respiratory disease (CLRD) mortality was highest among the White population for both Wichita County and Texas.
- Wichita County had higher rates of CLRD mortality in the White population than the state (2018-2020).

### Chronic Lower Respiratory Diseases, Age Adjusted Rate Per 100,000, 2018-2020

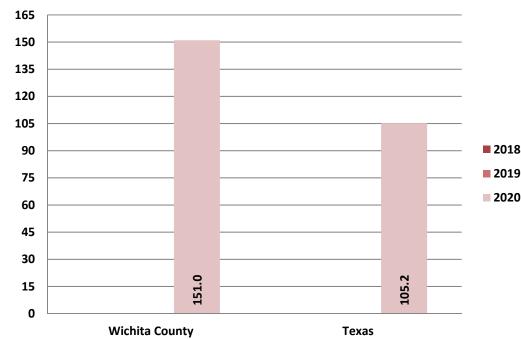




#### Mortality – COVID-19

- COVID-19 is the fourth leading cause of death in Wichita County and the seventh leading cause of death in the state (2018-2020).
- In 2020, the COVID-19
  mortality rate in Wichita
  County (151.0 per 100,000)
  was higher than the state
  rate (105.2 per 100,000).

COVID-19
Age-adjusted Death Rates per 100,000, 2018-2020



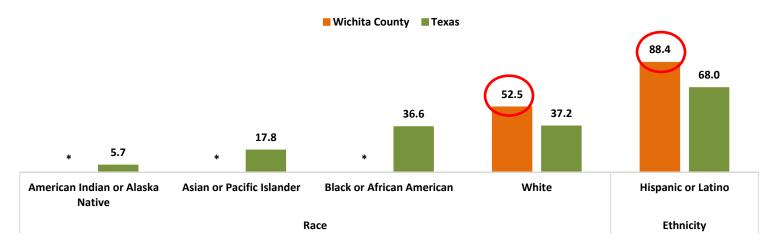
	2018		2019		2020		2018-2020	
LOCATION	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE
Wichita County					240	151.0	240	50.8
Texas					30,840	105.2	30,840	36.0



### Mortality – COVID-19 by Race/Ethnicity

- In 2018-2020, COVID-19 mortality was highest among the Hispanic or Latino population followed by the White population for both Wichita County and Texas.
- Wichita County had higher rates of COVID-19 mortality in the White and the Hispanic or Latino populations than the state (2018-2020).

#### COVID-19, Age Adjusted Rate Per 100,000, 2018-2020





### Mortality – COVID-19

- As of February 1, 2022, Wichita County (84.4 per 1,000) has a higher rate of total COVID-19 cases than the state (60.4 per 1,000).
- As of June 3, 2022, the percent of the population (age 5+) that is fully vaccinated in Wichita County (48.7%) is lower than the state (65.7%).

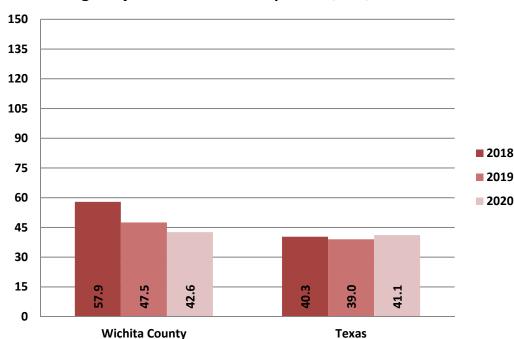
Location	Total Case Rate (per 1,000)	Total Number of First Doses Reported as Administered	Total Number of Second Doses Reported as Administered*	Percent of Population Fully Vaccinated (Age 5+)
Wichita County	84.4	67,431	60,100	48.7%
Texas	60.4	21,081,086	17,712,602	65.7%



#### Mortality – Cerebrovascular Diseases

- Cerebrovascular disease is the fifth leading cause of death in Wichita County and the state (2018-2020).
- Between 2018 and 2020, cerebrovascular disease mortality rates in Wichita County decreased, while rates in the state slightly increased.
- In 2020, the cerebrovascular disease mortality rate in Wichita County (42.6 per 100,000) was higher than the state rate (41.1 per 100,000).





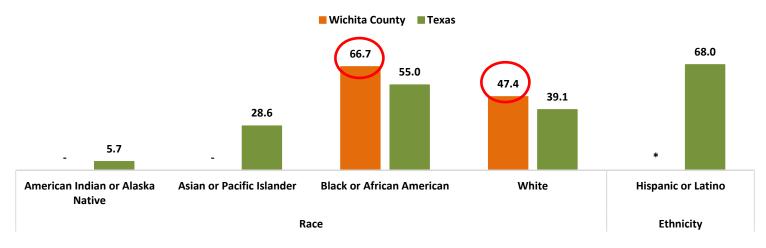
	2018		2019		2020		2018-2020	
LOCATION	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE
Wichita County	90	57.9	74	47.5	69	42.6	233	49.3
Texas	10,810	40.3	10,807	39.0	11,667	41.1	33,284	40.1



### Mortality - Cerebrovascular Disease by Race/Ethnicity

- In 2018-2020, cerebrovascular disease mortality was highest among the Black or African American population followed by the White population for both Wichita County and Texas.
- Wichita County had higher rates of cerebrovascular disease mortality in the Black or African American and the White populations than the state (2018-2020).

#### Cerebrovascular Disease, Age Adjusted Rate Per 100,000, 2018-2020

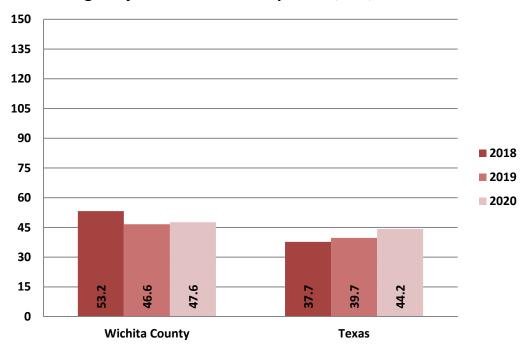




#### Mortality – Accidents

- Fatal accidents are the sixth leading cause of death in Wichita County and the fourth leading cause of death in the state (2018-2020).
- Between 2018 and 2020, accident mortality rates decreased in Wichita County and increased the state.
- In 2020, the accident mortality rate in Wichita County (47.6 per 100,000) was higher than the state rate (44.2 per 100,000).
- The leading cause of fatal accidents in Wichita County is due to motor vehicle accidents (2020).

# Accidents (Unintentional Injuries) Age-adjusted Death Rates per 100,000, 2018-2020



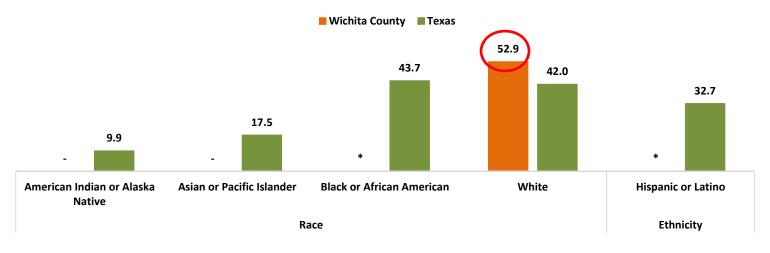
	2018		2019		2020		2018-2020	
LOCATION	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE
Wichita County	70	53.2	66	46.6	66	47.6	202	49.1
Texas	10,646	37.7	11,384	39.7	12,919	44.2	34,949	40.6

CHC Community Hospital Consulting

### Mortality – Accidents by Race/Ethnicity

- In 2018-2020, accident mortality was highest among the White population for Wichita County and highest among the Black or African American population for the state.
- Wichita County had higher rates of accident mortality in the White population than the state (2018-2020).

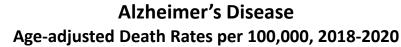
#### Accidents (Unintentional Injuries), Age Adjusted Rate Per 100,000, 2018-2020

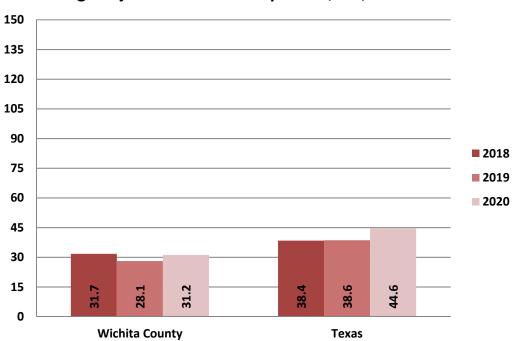




#### Mortality – Alzheimer's Disease

- Alzheimer's disease is the seventh leading cause of death in Wichita County and the third leading cause of death in the state (2018-2020).
- In 2020, the Alzheimer's disease mortality rate in Wichita County (31.2 per 100,000) was lower than the rate in the state (44.6 per 100,000).





LOCATION	2018		2019		2020		2018-2020	
	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE
Wichita County	49	31.7	46	28.1	50	31.2	145	30.4
Texas	9,763	38.4	10,101	38.6	11,918	44.6	31,782	40.6

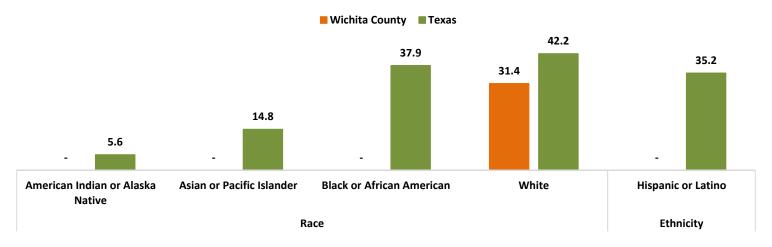


Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed March 22, 2022 Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

### Mortality – Alzheimer's Disease by Race/Ethnicity

- In 2018-2020, Alzheimer's Disease mortality was highest among the White population for both Wichita County and Texas.
- Wichita County had lower rates of Alzheimer's disease mortality in the White population than the state (2018-2020).

#### Alzheimer's Disease, Age Adjusted Rate Per 100,000, 2018-2020

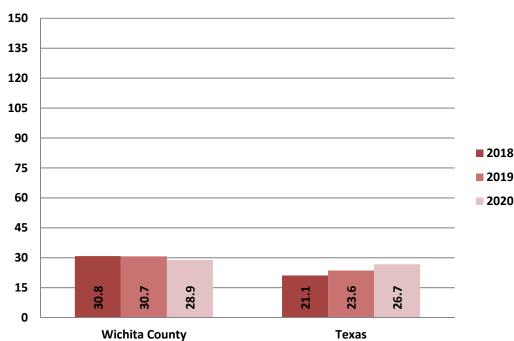




#### Mortality - Diabetes Mellitus

- Diabetes mellitus is the eighth leading cause of death in Wichita County and the state (2018-2020).
- Between 2018 and 2020, diabetes mortality rates decreased in Wichita County and increased in the state.
- In 2020, the diabetes mortality rate in Wichita County (28.9 per 100,000) was higher than the state rate (26.7 per 100,000).

# Diabetes Mellitus Age-adjusted Death Rates per 100,000, 2018-2020



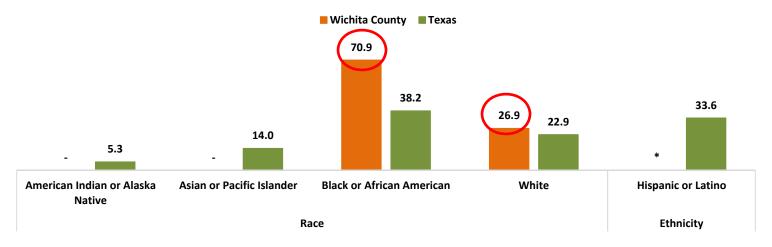
LOCATION	2018		2019		2020		2018-2020	
	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE
Wichita County	47	30.8	45	30.7	44	28.9	136	30.1
Texas	5,991	21.1	6,889	23.6	7,990	26.7	20,870	23.8



### Mortality - Diabetes Mellitus by Race/Ethnicity

- In 2018-2020, diabetes mellitus mortality was highest among the Black or African American population for both Wichita County and the state.
- Wichita County had higher rates of diabetes mellitus mortality in the Black or African American and White populations than the state (2018-2020).

#### Diabetes Mellitus, Age Adjusted Rate Per 100,000, 2018-2020

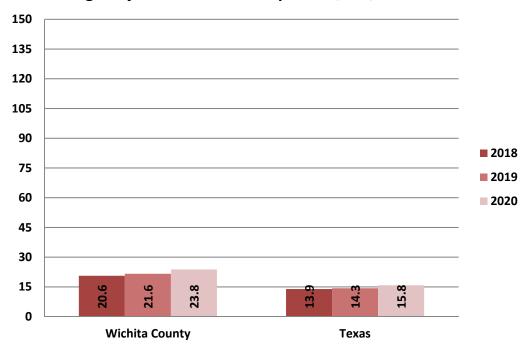




#### Mortality – Chronic Liver Disease and Cirrhosis

- Chronic liver disease and cirrhosis is the ninth leading cause of death in Wichita County and the tenth leading cause of death in the state (2018-2020).
- Between 2018 and 2020, chronic liver disease and cirrhosis mortality rates increased in Wichita County and the state.
- In 2020, the chronic liver
  disease and cirrhosis mortality
  rate in Wichita County (23.8 per
  100,000) was higher than the
  state rate (15.8 per 100,000).

# Chronic Liver Disease and Cirrhosis Age-adjusted Death Rates per 100,000, 2018-2020



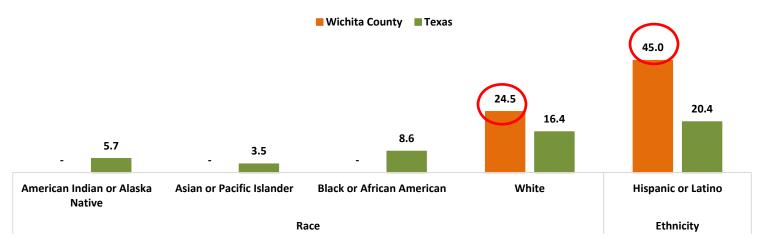
LOCATION	2018		2019		2020		2018-2020	
	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE
Wichita County	27	20.6	32	21.6	31	23.8	90	22.0
Texas	4,154	13.9	4,359	14.3	4,930	15.8	13,443	14.7



### Mortality - Chronic Liver Disease and Cirrhosis by Race/Ethnicity

- In 2018-2020, chronic liver disease and cirrhosis mortality was highest among the Hispanic or Latino population followed by the White population for both Wichita County and Texas.
- Wichita County had higher rates of chronic liver disease and cirrhosis mortality in the White and the Hispanic or Latino populations than the state (2018-2020).

#### Chronic Liver Disease and Cirrhosis, Age Adjusted Rate Per 100,000, 2018-2020

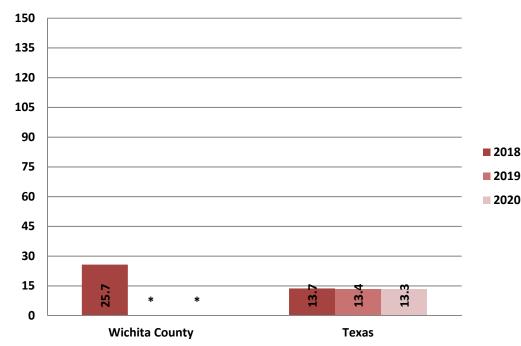




### Mortality – Intentional Self-Harm (Suicide)

- Intentional self-harm
   (suicide) is the tenth
   leading cause of death in
   Wichita County and is not a
   leading cause of death in
   the state (2018-2020).
- Between 2018 and 2020, intentional self-harm mortality rates slightly decreased in the state.
- In 2018, the intentional self-harm mortality rate in the state was 25.7 per 100,000.

# Intentional Self-Harm (Suicide) Age-adjusted Death Rates per 100,000, 2018-2020



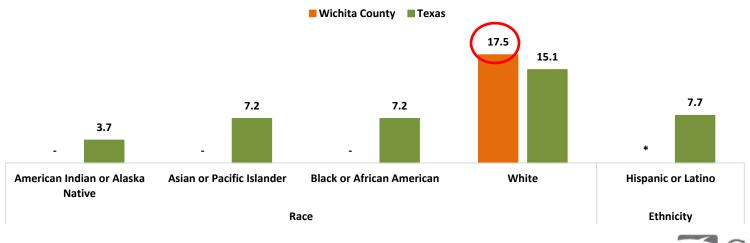
LOCATION	2018		2019		2020		2018-2020	
	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE	DEATHS	AGE- ADJUSTED DEATH RATE
Wichita County	32	25.7	19	Unreliable	15	Unreliable	66	17.1
Texas	3,930	13.7	3,891	13.4	3,924	13.3	11,745	13.5



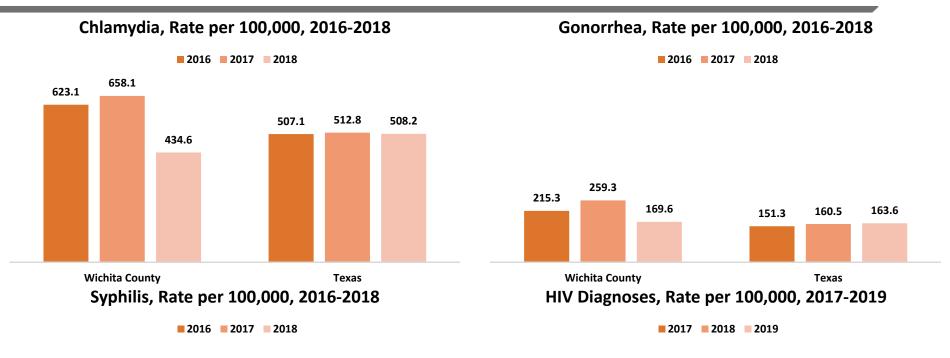
### Mortality – Intentional Self-Harm (Suicide) by Race/Ethnicity

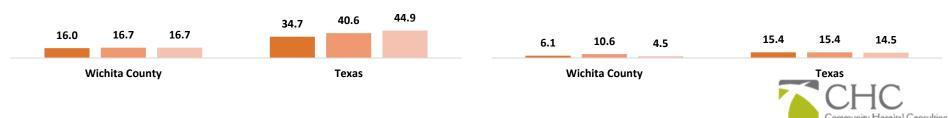
- In 2018-2020, intentional self-harm mortality was highest among the White population for both Wichita County and Texas.
- Wichita County had higher rates of intentional self-harm mortality in the White population than the state (2018-2020).

#### Intentional Self-Harm (Suicide), Age Adjusted Rate Per 100,000, 2018-2020



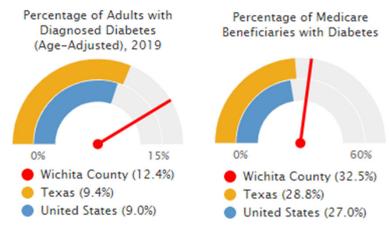
### Communicable Diseases – Chlamydia, Gonorrhea, Syphilis, HIV





#### Chronic Conditions - Diabetes

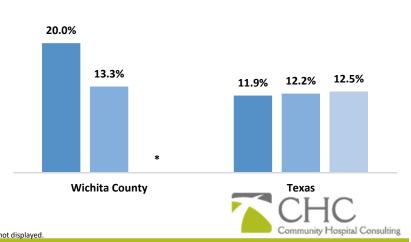
- In 2019, the percent of adults (age 20+) ever diagnosed with diabetes by a doctor in Wichita County (12.4%) was higher than the state (9.4%) and national (9.0%) rates.
- In 2018, the percentage of Medicare
  Beneficiaries with diabetes in Wichita
  County (32.5%) was higher than the state
  rate (28.8%) and the national rate
  (27.0%).
- Between 2016 and 2020, diabetes prevalence rates in adults (age 18+) in Texas slightly increased.
- In 2017-2019, Wichita County (13.3%) had a higher percent of adults (age 18+) who had ever been diagnosed with diabetes than the state (12.2%).



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

## Diabetes, Percentage, Adults (age 18+), 2016-2020



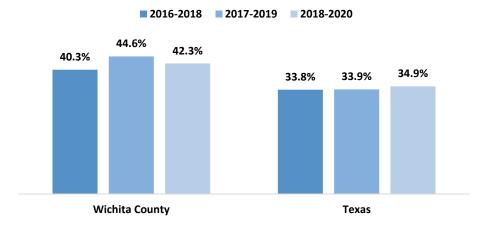


Source: SparkMap, Health Indicator Report: logged in and filtered for Wichita County, TX, https://sparkmap.org/report/; data accessed March 15, 2022.
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on March 17, 2022.
Definition: Has a doctor, nurse, or other health professional ever told you that you have diabetes?
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability. A \*\*\* indicates a relative standard error greater than 30%. Estimate is not displayed

#### **Chronic Conditions – Obesity**

- Between 2016 and 2020, obesity prevalence rates in adults (age 18+) in Wichita County and the state overall increased.
- In 2018-2020, Wichita County (42.3%) had a higher percentage of obese adults (age 18+) than the state (34.9%).

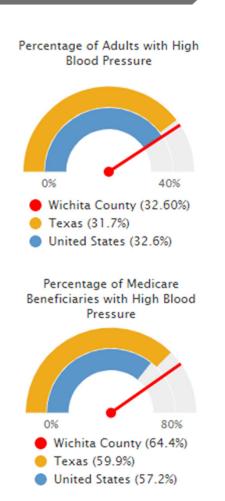
#### Obesity, Percentage, Adults (age 18+), 2016-2020





### High Blood Pressure

- Wichita County (32.6%) had a higher percentage of adults (age 18+) with high blood pressure (hypertension) than the state (31.7%) and was comparable to the nation (32.6%) (2019).
- Wichita County (64.4%) has a higher rate of Medicare fee-forservice residents with hypertension than the state (59.9%) and a higher rate than the nation (57.2%) (2018).

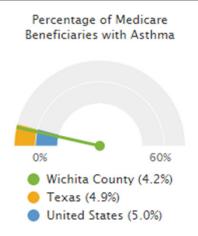


Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.



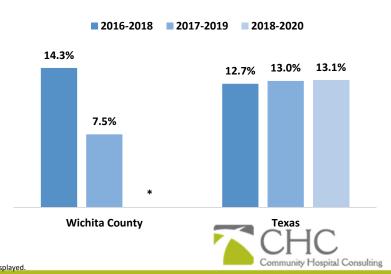
#### Chronic Conditions – Asthma

- In 2018, the percent of Medicare Beneficiaries (age 65+) in Wichita County (4.2%) that had ever been told by a health professional that they had asthma was lower than the state rate (4.9%) and national rate (5.0%).
- Between 2016 and 2020, asthma prevalence rates in adults (age 18+) in the state slightly increased.
- In 2017-2019, Wichita County
   (7.5%) had a lower percentage of adults (age 18+) ever diagnosed with asthma with the state (13.0%).



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

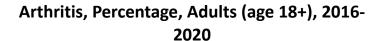
### Asthma, Percentage, Adults (age 18+), 2016-2020

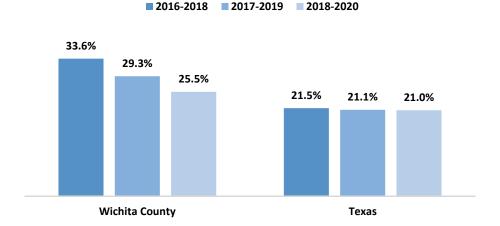


Source: SparkMap, Health Indicator Report: logged in and filtered for Wichita County, TX, https://sparkmap.org/report/; data accessed March 15, 2022.
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on March 17, 2022.
Definition: Has a doctor, nurse, or other health professional ever told you that you had asthma?
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability. A "\*" indicates a relative standard error greater than 30%. Estimate is not displayed

#### **Chronic Conditions – Arthritis**

- Between 2016 and 2020, arthritis prevalence rates in adults (age 18+) in Wichita County and the state decreased.
- In 2018-2020, Wichita County (25.5%) had a higher percentage of adults (age 18+) ever diagnosed with arthritis than the state (21.0%).

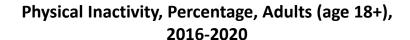


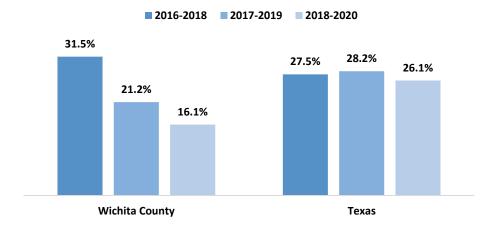




### Health Behaviors - Physical Inactivity

- The percent of adults (age 18+) that did not participate in leisure time physical activity in Wichita County and the state overall decreased between 2016 and 2020.
- In 2018-2020, the percentage of adults (age 18+) that did not participate in physical activity in Wichita County (16.1%) was lower than the state (26.1%).



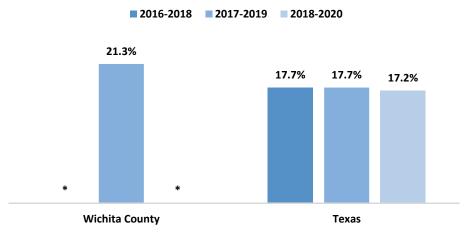




#### Health Behaviors - Binge Drinking

- Between 2016 and 2020, the percentage of adults (age 18+) at risk of binge drinking in the state decreased.
- In 2017-2019, Wichita County (21.3%) had a higher percentage of adults (age 18+) at risk of binge drinking than the state (17.7%).





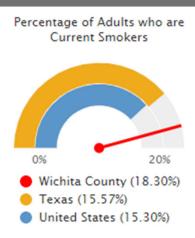
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on March 17, 2022.

Definition: During the past 30 days, what is the largest number of drinks you had on any occasion? Respondents are classified as "at risk" for binge drinking if males reported consuming 5 or more and females reported consuming 4 or more alcoholic beverages at one time.



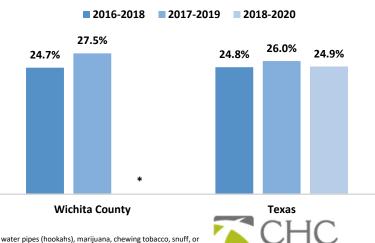
### Health Behaviors - Smoking

- The percent of the adult (age 18+)
   population in Wichita County (18.3%)
   that self-reported currently smoking
   cigarettes some days or every day was
   higher than the state rate (15.6%) and
   national rate (15.3%) (2019).
- Between 2016 and 2020, the percent of adults (age 18+) that self-reported smoking every day in the state slightly increased.
- In 2017-2019, the prevalence of current, every day smokers in Wichita County (27.5%) was higher than the state (26.0%).



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

#### Smoking Frequency - Every Day, Percentage, Adults (age 18+), 2016-2020



Source: SparkMap, Health Indicator Report: logged in and filtered for Wichita County, TX, https://sparkmap.org/report/; data accessed March 15, 2022.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on March 17, 2022.

Frequency of Smoking Definition: Do you now smoke cigarettes every day, some days, or not at all? (Respondents that reported smoking 'Every Day' are included in this chart)

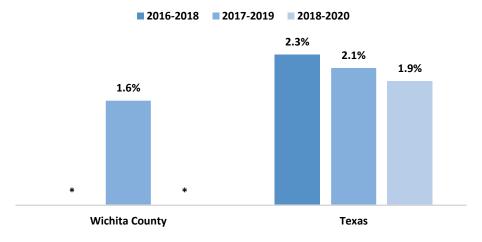
Note: smoking refers to cigarettes, and does not include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), marijuana, chewing tobacco, snuff, o snus.

Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability. A "\*" indicates a relative standard error greater than 30%. Estimate is not displayed.

#### Health Behaviors – Smokeless Tobacco Use

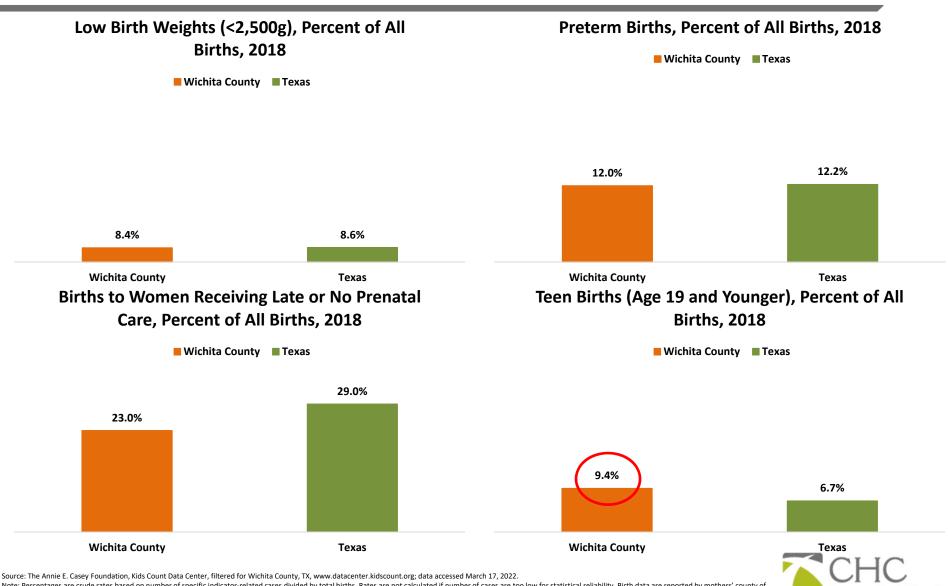
- Between 2016 and 2020, the percent of adults (age 18+) that selfreported using smokeless tobacco products every day in the state slightly decreased.
- In 2017-2019, the prevalence of current, every day smokeless tobacco product users in Wichita County (1.6%) was lower than the state (2.1%).

Smokeless Tobacco Use Frequency - Every Day, Percentage, Adults (age 18+), 2016-2020





#### **Maternal & Child Health Indicators**

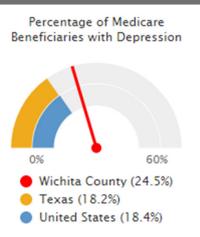


Source: The Annie E. Casey Foundation, Kids Count Data Center, filtered for Wichita County, TX, www.datacenter.kidscount.org; data accessed March 17, 2022.

Note: Percentages are crude rates based on number of specific indicator-related cases divided by total births. Rates are not calculated if number of cases are too low for statistical reliability. Birth data are reported by mothers' county of residence (as mothers reported on birth certificates during the birth registration) regardless where deliveries actually occurred, in state or out-of-state.

### Mental Health – Depressive Disorders

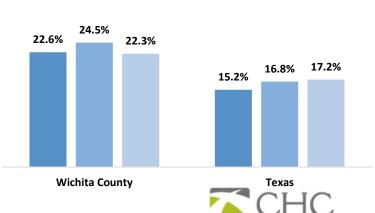
- In 2018, the percentage of Medicare Beneficiaries in Wichita County (24.5%) with depression was higher than the state (18.2%) and national rates (18.4%).
- Between 2016 and 2020, the rate of adults (age 18+) ever diagnosed with a depressive disorder in Wichita County slightly decreased, while rates in the state increased.
- In 2018-2020, Wichita County (22.3%)
  had a higher percentage of adults (age
  18+) ever diagnosed with a depressive
  disorder than the state (17.2%).



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

#### Depressive Disorders, Percentage, Adults (age 18+), 2016-2020

■ 2016-2018 ■ 2017-2019 ■ 2018-2020



Source: SparkMap, Health Indicator Report: logged in and filtered for Wichita County, TX, https://sparkmap.org/report/; data accessed March 15, 2022.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on March 17, 2022.

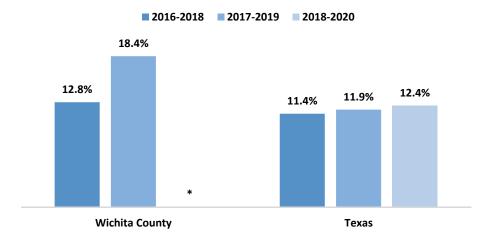
Definition: Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder including depression, major depression, dysthymia, or minor depression?

Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

### Mental Health – 14+ Days of Poor Mental Health

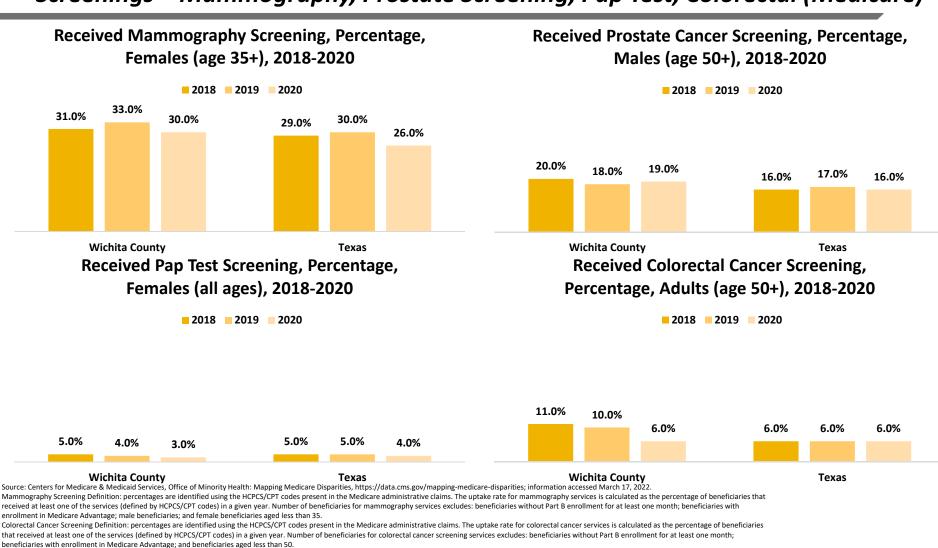
- Between 2016 and 2020, the percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health in the state increased.
- In 2017-2019, Wichita County (18.4%) had a higher percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health than the state (11.9%).

14+ Days of Poor Mental Health, Percentage, Adults (age 18+), 2016-2020





### Screenings – Mammography, Prostate Screening, Pap Test, Colorectal (Medicare)



Pap Test Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for pap test services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries with

Prostate Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for prostate cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries

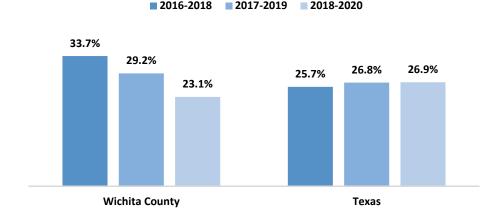
with enrollment in Medicare Advantage; female beneficiaries; and male beneficiaries aged less than 50.

enrollment in Medicare Advantage; and male beneficiaries.

### Health Status - Disability

- Between 2016 and 2020, the percent of adults (age 18+) who selfreported that they had a disability in Wichita County decreased, while rates in the state increased.
- The percent of adults (age 18+) who self-reported that they had a disability in Wichita County (23.1%) is lower than the state (26.9%) (2018-2020).

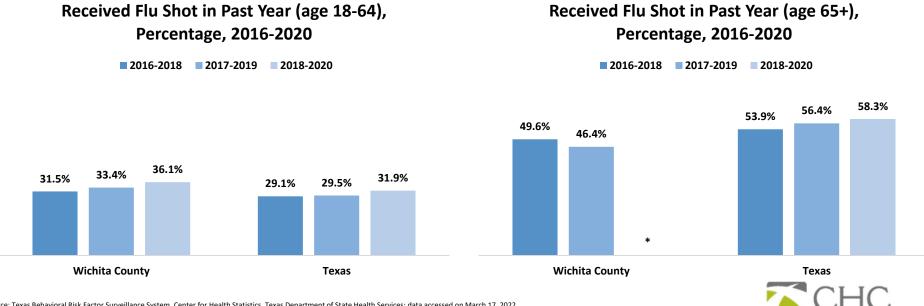






#### Preventive Care - Influenza Vaccine

- Between 2016 and 2020, the percent of adults (age 18-64) that did receive a flu shot in the past year in Wichita County and state increased.
- In 2018-2020, Wichita County (36.1%) had a higher percentage of adults (age 18-64) that did
  receive a flu shot in the past year than the state (31.9%).
- Between 2016 and 2020, the percent of adults (age 65+) that **did** receive a flu shot in the past year in the state increased.
- In 2017-2019, the percent of adults (age 65+) that **did** receive a flu shot in the past year in Wichita County (46.4%) was lower than the state (56.4%).

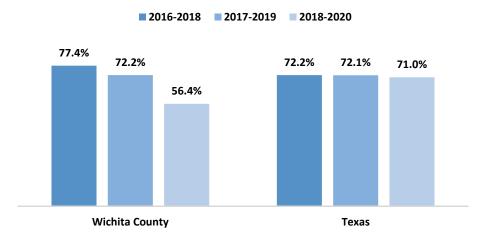


Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on March 17, 2022.
Definition: During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability. A "\*" indicates a relative standard error greater than 30%. Estimate is not displayed

#### Preventive Care – Pneumococcal Vaccine (65+ Years)

- Between 2016 and 2020, the percent of adults (age 65+) that did receive a pneumonia shot in the past year in Wichita County and the state decreased.
- In 2018-2020, the percent of adults (age 65+) that **did** receive a pneumonia shot in the past year in Wichita County (56.4%) was lower than the state rate (71.0%).

#### Received Pneumonia Shot in Past Year (age 65+), Percentage, 2016-2020

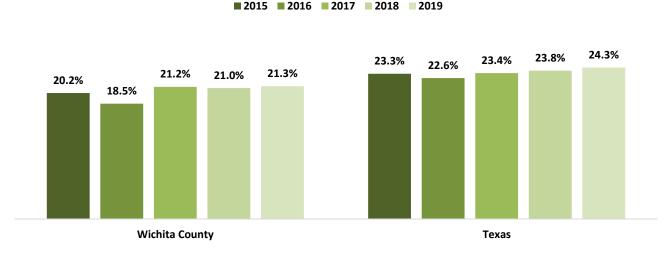




#### Health Care Access - Uninsured

- As of 2019, Wichita County (21.3%) has a lower rate of uninsured adults (age 18-64) as compared to the state (24.3%).
- Wichita County and the state experienced an increase in the percentage of uninsured adults (age 18-64) between 2015 and 2019.

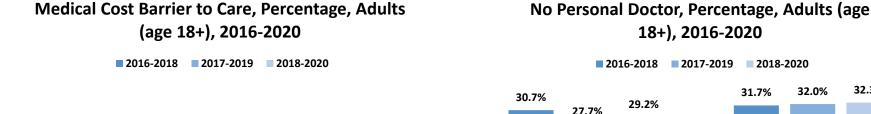
#### Uninsured, Percentage of Adults (age 18-64), 2015-2019

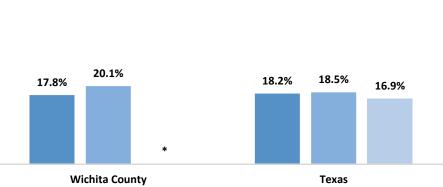


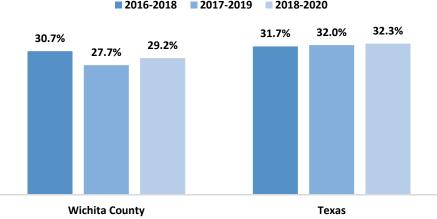


#### Health Care Access – Medical Cost Barrier and No Personal Doctor

- Between 2016 and 2020, the percent of adults (age 18+) that needed medical care but could not receive it due to cost decreased in the state.
- In 2017-2019, the percent of adults (age 18+) that reported experiencing a medical cost barrier in the past 12 months in Wichita County (20.1%) was higher than the state (18.5%).
- Between 2016 and 2020, the percent of adults (age 18+) in Wichita County that reported having no personal doctor decreased, while rates in the state slightly increased.
- In 2018-2020, Wichita County (29.2%) had a lower percentage of adults (age 18+) that had no personal doctor than the state (32.3%).





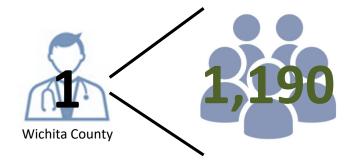


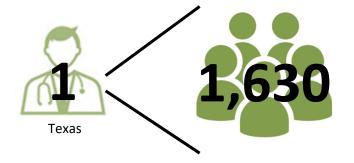
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on March 17, 2022.
Definition: Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?
Definition: Do you have one person you think of as your personal doctor or health care provider?
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability. A "\*" indicates a relative standard error greater than 30%. Estimate is not displayed

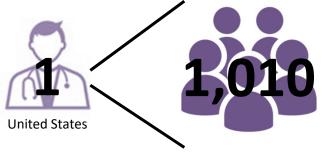


### Health Care Access – Primary Care Providers

- Sufficient availability of primary care physicians is essential for preventive and primary care.
  - In 2019, the population to primary care provider ratio in Wichita County (1,190:1) was lower than the state (1,630:1) and higher than the nation (1,010:1).







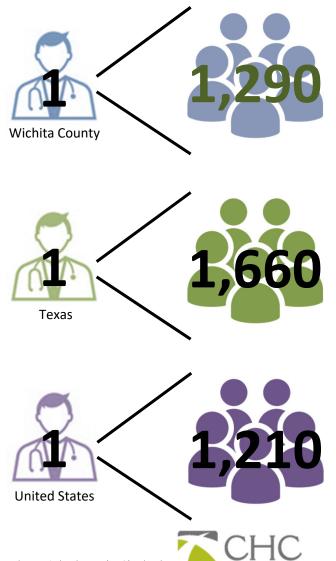


Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Wichita County, TX, https://www.countyhealthrankings.org/; data accessed May 19, 2022.

Definition: The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. "Primary care physicians" classified by the AMA include: General Family Medicine MDs and Dos, General Practice MDs and Dos, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

#### Health Care Access - Dental Care Providers

- Lack of sufficient dental providers is a barrier to accessing oral health care.
   Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss.
  - In 2020, the population to dental provider ratio in Wichita County (1,290:1) was lower than the state (1,660:1) and higher than the nation (1,210:1).

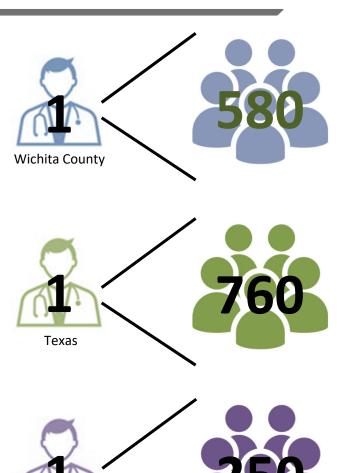


Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Wichita County, TX, https://www.countyhealthrankings.org/; data accessed May 19, 2022.

Definition: The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists. All dentists qualified as having a doctorate in dental surgery (D.D.S.) or denta medicine (D.M.D.) licensed by the state to practice dentistry and who practice within the scope of that license.

#### Health Care Access - Mental Health Care Providers

- Lack of access to mental health care providers not only effects overall individual wellness but also impacts the health of a community.
  - In 2021, the population to mental health provider ratio in Wichita County (580:1) was lower than the state (760:1) and higher than the nation (250:1).



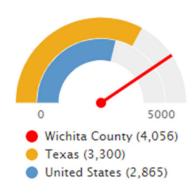
**United States** 



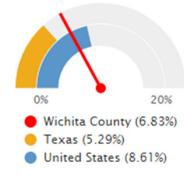
#### Health Care Access – Common Barriers to Care

- Lack of available primary care resources for patients to access may lead to increased preventable hospitalizations.
  - In 2020, the rate of preventable hospital events in Wichita County (4,056 per 100,000 Medicare Enrollees) was higher than the state (3,300 per 100,000) and the nation (2,865 per 100,000).
- Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.
  - In 2015-2019, 6.8% of households in Wichita County had no motor vehicle, as compared to 5.3% in Texas and 8.6% in the nation.

Preventable Hospital Events, Rate per 100,000 Beneficiaries



Percentage of Households with No Motor Vehicle



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.



Source: SparkMap, Health Indicator Report: logged in and filtered for Wichita County, TX, https://sparkmap.org/report/; data accessed March 15, 2022.
Definition: Ambulatory Care Sensitive (ACS) conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.

### PHONE INTERVIEW FINDINGS



### Overview

- Conducted 19 interviews within the groups outlined in the IRS Final Regulations
  - CHC Consulting contacted a number of other individuals in the community to participate in the interview process, but several persons were unable to complete an interview due to a variety of reasons
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee



### Methodology

- Individuals interviewed for the CHNA were identified by the hospital and are known to be supportive of ensuring community needs are met. CHC Consulting did not verify any comments or depictions made by any individuals interviewed. Interviewees expressed their perception of the health of the community based on their professional and/or personal experiences, as well as the experiences of others around them. It is important to note that individual perceptions may highlight opportunities to increase awareness of local resources available in the community.
- This analysis is developed from interview notes, and the CHC Consulting team attempted to identify and address themes from these interviews and share them within this report. None of the comments within this analysis represent any opinion of CHC Consulting or the CHC Consulting professionals associated with this engagement. Some information may be paraphrased comments. The comments included within the analysis are considered to have been common themes from interviews defined as our interpretation of having the same or close meaning as other interviewees.



### Interviewee Information

- Dori Dockery: Director of Community Health, United •
  Regional
- Alisa Echols: Chief Executive Officer, Hospice of Wichita Falls
- Amy Fagan: Assistant Director, Wichita Falls Health Department
- Rosie Flanagan: Board Member, United Regional Foundation
- Jackie Hamm: Executive Director, The Kitchen/Red/Green Door Senior Centers
- Michael Henderson, MD: Family Medicine Physician, United Regional Physician Group
- Brian Hull, MD: Medical Director of Transitional Care, United Regional
- **Lou Kreidler:** Director, Wichita Falls Health Department
- Carol Marlar: Executive Director, United Way
- Andy Martin: Assistant Executive Director, Helen Farabee Centers

- **Rebecca McCain:** Chief Executive Officer, Electra Memorial Hospital
- Lacey Morgan: Board Chair, United Regional
- Kara Nickens: Chief Executive Officer, Wichita Falls Area Food Bank
- Allen Patterson: Chief Executive Officer, Community Healthcare Center
- Mary Rivard, BSN, MSN, PhD: Director of Nursing, Vernon College
- Stephen Santellana: Mayor, Wichita Falls
- Steve Sparks: Executive Director, Faith Mission/Faith Refuge
- Keith Williamson, MD: Physician, Midwestern State University; Board Member, United Regional
- *Michelle Wood*: Director of Career & Technical Education, Wichita Falls Independent School District



### Interviewee Characteristics

• Work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

10.5%

 Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

84.2%

Community leaders

5.3%

Note: Interviewees may provide information for several required groups.



### Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
  - Healthy Lifestyle Management
  - Insurance & Affordability
  - Infrastructure Concerns
  - Access to Primary Care
  - Access to Specialty Care
  - Access to Mental & Behavioral Health Care
  - Access to Dental Care
  - Impact of COVID-19



### Healthy Lifestyle Management

#### Issues/Themes:

- Concern surrounding premature death rates in Wichita County due to poor health behaviors
- Increasing need for affordable diabetic care across all payer types
- Lack of awareness of local resources resulting in increased need for education
- Challenge in practicing healthy lifestyle behaviors for residents in rural areas of Wichita County
- Higher rates of chronic conditions, particularly:
  - Diabetes
  - Hypertension
  - Obesity
  - Heart disease
- Impact of COVID-19 on availability of healthy choices and prioritization of preventive care
- Concern surrounding tobacco use, vaping
   in youth population
   Source: United Regional Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; March 7, 2022 March 22, 2022.

"Our people are dying early, and earlier than most Texans. When we look at why they're dying early, it's primarily due to poor health outcomes associated with poor health behaviors. We really have an overall poor picture of health in Wichita County than others and it is concerning."

"We need access to care for diabetes. We have folks who have insurance who still can't afford their insulin."

"Education is number one need. People in Wichita County need to know the availability of services and how they can access them, how much it costs, etc."

"Big issues are definitely diabetes, high blood pressure and obesity. Now that we're in the inflation market now, the cost of healthier foods is prohibitive for a lot of individuals. [In our community], people grew up eating unhealthy or fast foods, frozen foods, the convenience foods. For a lot people in our rural areas, there are so many food deserts and they don't have the access to healthy foods or transportation to healthy foods."

"We are seeing higher rates of diabetes and heart disease now. Part of the reason is many people did not go to the doctor during that first year of the pandemic, so they put off their normal annual exams and screenings."

"COVID-19 has taken a lot of healthy choices away. The area McDonald's doesn't serve salads anymore. They have limited menus so healthy choices have been pulled."

"People now joke on social media about the 'COVID fifteen.' People were staying home [during the pandemic] and they weren't as active."

"People didn't get immunizations due to the pandemic. They just haven't been participating in preventive care."

"We have a disproportionate number of smokers and vapers, especially our young people.

You can't go anywhere without seeing kids vaping."

"What we see in our community now is our kids think smoking is gross but vaping is cool or acceptable or it smells good. But vape contains things that will kill these kids when they're older and vaping companies have done such a great job of marketing that kids don't see it as a tobacco product."

### Insurance & Affordability

#### Issues/Themes:

- Insurance coverage and financial status seen as determinants in ability to access care
- Overuse of the emergency room and patients delaying/foregoing care due to:
  - Lack of insurance coverage
  - Perceived cost barriers to care
  - Limited understanding of appropriate health care settings
- Growing need for additional pharmaceutical support services in the community
- Cost barriers to care, prescriptions resulting in alternative treatment plans that can be more cumbersome on the patient/physician (EX: asthma medications, blood thinners)
- Significant concern surrounding impact of local federally qualified health center (FQHC) not taking new patients

"People don't think they'll get seen by a doctor if they don't have insurance or money, so they go to the emergency room."

"Being uninsured is always a big issue, and that goes back to cost. People just don't go to the doctor because they don't think they can afford it. They hear about huge bills and rather than take a chance on them having such a huge bill, they don't even make the effort to go."

"The lower socioeconomic group does not have a good understanding of where to go for care. It's an economic situation. It's not education – it's money. They don't have to pay when they go to the emergency room and they can't be turned away."

"We need pharmaceutical support. We've expanded our support through our community foundation so we have a vigorous voucher program through one of the local pharmacies and the transitional care clinic, but we don't have a large scale pharmaceutical support plan that's accessible to the community."

"Sometimes, there's certain medications that would benefit a patient but it's cost prohibitive. Asthma medication is really difficult for patients to get. Doctors have had to alter asthma treatments because patients weren't able to afford the normal treatments that are recommended. Blood thinners are very expensive and doctors have to step down to something less expensive, which takes more monitoring to manage atrial fibrillation or other needs for blood thinning. So even though they're cheaper medications, it demands more from the patient and doctor."

"Our local FQHC has stopped taking new patients, which is devastating for the un/underinsured population that uses that clinic. Access to health care is truly based on whether or not you have insurance and what kind of insurance you have."



### Infrastructure Concerns

#### Issues/Themes:

- Significant transportation barriers in Wichita County getting to/from doctors appointments, food pantries
- Continued challenges with transportation due to staffing shortages, lack of local reliable resources
- Disproportionate challenge in seeking transportation for the following:
  - Disabled/handicapped
  - Families
- Worsening transportation challenges and resulting in lower prioritization of health care needs due to:
  - Long transit times
  - Increasing fuel costs
- Concern surrounding substandard housing
- Conflicting opinions on use of telehealth services

"Transportation is an ongoing issue in Wichita County with people getting to where they need to be. Doctor appointments are just one of those examples."

"We have a big access to transportation problem here. People are not able to get to the farmers market or mobile food pantries where they can access fruits and vegetables."

"Transportation [is a challenge]. Nothing has changed in 3 years. It may have gotten worse because of trying to find bus drivers and things like that with COVID-19."

"We have a real need for transportation. There are a few transportation companies in Wichita Falls but they're not dependable. It's hard to get people where they need to be."

"We have a big lack of disability and handicapped transportation. A lot of calls come in looking for transportation and it's usually for some kind of maintenance visit. It takes almost 2 hours by public transit to get from our east side to the west side of town. In a car, it takes 11 minutes so it's really a challenge if you do not have a vehicle."

"One of the biggest problems is access. It is not that they don't have opportunities for health care, but our public transportation system is not good in Wichita Falls. It might take you 2 hours on public transit to get somewhere which is not family friendly."

"Accessibility is going to be more of an issue, especially with the cost of fuel. People aren't going to be as likely to go out and seek care because they can't afford the gas to get there or they can't pay bills because of the cost of gas and groceries. Everything else is going up significantly. They won't be able to afford to pay for health care so they just won't do it."

"Housing has been up there as a need. We have a group of folks that live in homes but don't have utilities so their home isn't really fit to appropriate standards. They might have a roof over their head, but they don't have appliances."

"There's a reluctance to talk to a doctor over the computer. People don't feel like they're going to get the same care over the computer. People would rather be face to face with their provider, but if you don't have another option, telehealth is fabulous."

"Most people really liked the telehealth option. It is so much better for people who have transportation problems and small children and can't leave their homes, or elderly who source: United Regional Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; March 7, 2022 – March 22, 2022. have difficulty getting out of the house."

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### **Access to Primary Care**

#### Issues/Themes:

- Greater difficulty in seeking primary care services for the following:
  - Un/underinsured
  - Medicaid
  - Medicare
  - Low income/working poor
- Challenge in appropriately diagnosing and treating patients using telehealth services
- Emerging concerns leading to limited access to primary care doctors, including:
  - Increasing number of concierge medicine providers
  - Growing number of advanced practitioners
  - Practice closures, limited hours due to COVID-19
- Growing need to remain competitive with nearby cities for provider recruitment

"There are some providers who are unwilling to accept certain types of insurance. If they don't have insurance, they end up in the emergency room."

"Finding providers who accept Medicaid and Medicare is an issue. People have needed to change doctors because their provider retired or closed their practice and finding a doctor who will take Medicare or Medicaid has been an issue."

"Access to primary care is an issue across the board, but it's heightened in the unfunded population. They're booking out 6 months for unfunded patients and even funded patients are months out."

"Telehealth was a good thing during the pandemic, but we missed primary care diagnoses during that time because it was over a computer screen. It's not always the best option."

"Patients treat telehealth like a quick phone call. They feel rushed, they give quick answers and they want a quick fix. That's one of the downsides of telehealth in primary care."

"You can't diagnose [some things] over the phone."

"We've lost 4 providers to concierge medicine here in town. It's destroying primary care."

"When [patients] get in to an office, they often see a nurse practitioner. There are more and more midlevel providers [in the community]."

"We've had more practice closures [due to the pandemic] and it's harder to get an appointment, partly because they cut hours or they can't find enough staff."

"Texas is growing so fast and we need to stay competitive with our sister cities. It's hard to compete with some of the wages we see in DFW, Austin, El Paso, etc. At some point in the future, are we going to be able to recruit these physicians?"



### Access to Specialty Care

#### Issues/Themes:

- Appreciation for hospital's efforts to increase access to local specialty care services
- Greater difficulty in seeking specialty care services for un/underinsured
- Long wait times for appointments and limited availability of certain specialties across all payer types leading to outmigration
- Perceived unnecessary outmigration for orthopedic, neurosurgery procedures in Dallas/Fort Worth
- Need for increased telehealth specialty services for rural patients in the county
- Specific specialties mentioned as needed include (in descending order based on number of times mentioned):
  - Dermatology

OB/GYN

Pain Management

Pediatric subspecialties

- Endocrinology
- Gastroenterology
- Growing need for more ICU beds in the community with appropriate additional staffing

"...people say care in bigger cities is better, but for several specialties we have some fantastic providers."

"United Regional has done a good job recruiting. In the past, people always wanted to go to DFW for cardiology and neurosurgery and now that's changed."

"All specialties – GI, pulmonary, cardiology, surgery – everything is difficult for un/underinsured patients. It might take weeks to get a consultation for a patient."

"It takes quite a while to be able to see specialists as an un/underinsured patient. The lack of access to care is very much directly related to not having insurance coverage."

"When you need to see a specialist, it may be 1-2 months or more before you can get an appointment. Several people go to DFW for care, typically because we don't have enough of that [specific] specialty here or don't have anybody with that specialty in Wichita County."

"We have a lot of people who go to DFW for back surgery. If people have to have a shoulder replacement or knee surgery, they want to go to Dallas to the Carrell Clinic. If they have a choice, they might leave. But it's not necessary to leave."

"[There are] so many [rural patients] who can't get to Wichita Falls. Telehealth specialty care would be a big benefit for rural patients in Wichita County."

"There's a long wait to get in with OBGYNs. Dermatology here is a nightmare. The one who has been here the longest is retiring [soon] and she does not have a replacement. Endocrinology is hard. Our gastroenterologists in town do not accept Medicaid."

"The top issue is chronic pain. Our community has one physician who deals with chronic pain and he isn't accepting new patients."

"People leave for pediatric subspecialties, pediatric GI, pediatric endocrinology, pediatric neurology...I don't think we have any pediatric subspecialties in this city."

"We need more ICU beds when there's a crisis. When you need them, you need them. It would be nice to have more ICU beds to get patients in, but it's all about staffing."

Source: United Regional Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; March 7, 2022 - March 22, 2022.

### Access to Mental & Behavioral Health Care

#### Issues/Themes:

- Significant concern surrounding lack of resources, specifically for:
  - Un/underinsured
  - Medicaid
  - Medicare
- Stigma associated with seeking care
- Increasing need for additional resources due to:
  - Aging providers
  - Use of primary care providers for treatment
  - Long wait times, provider burnout
  - Use of law enforcement as stop gap measure
- Specific concerns surrounding:
  - Youth and elderly mental health
  - Suicide rate (youth, veterans)
  - Substance misuse/abuse
  - ADHD treatment
- Impact of COVID-19 on the community and need to modify assessment/treatment protocols

"The need is 100% and availability is 0%. Local psychiatrists are not accepting insurance."

"We don't have enough providers and we definitely don't have enough that accept Medicaid and Medicare."

"We've got the providers. It's just a matter of getting people to realize that they need to see somebody. [People] don't want to admit there's a problem, so they don't get care."

"Our average age for psychiatrists in this town must be about 85. There are significant ones that are hanging on and practicing but it's going to crunch at some point."

"Mental health is a huge need. Our primary care doctors have been handling those conditions for a long time."

"[Organizations] are so overwhelmed. There are long wait times. If they're in the middle of an episode, we end up having to call the police."

"I am concerned about the mental health of our community, especially our children.

Mental health is the biggest problem we're going to face. Because we're an aging community, dementia and Alzheimer's are going to be a big problem."

"We need to watch the increasing suicide rate. There are spikes within the veteran population and younger kids, preteen even."

"For substance abuse, there's an absolute need here. If you're looking for long term treatment, Abilene is closest and there's a waiting list. I don't think a lot of people have coverage so they let it go untreated for too long until there's bigger problems."

"There's nobody comfortable with picking up ADHD patients. Most of the primary care providers are discontinuing adult ADHD treatment and pediatric providers are limiting it."

"We see an impact of the pandemic on the community but we're not assessing it thoroughly enough. We're asking questions we've always asked. We haven't updated our screening processes. If they don't have a mental health history, they might think they're doing just fine but COVID-19 makes it different."

### Access to Dental Care

#### <u>Issues/Themes</u>:

- Disproportionate challenge in accessing and affording dental care for the following:
  - Low income/working poor
  - Un/underinsured
  - Residents in eastern Wichita Falls
- Concern surrounding cost barriers to care for all payer types
- Conflicting statements regarding availability of dental care providers accepting underserved populations
- Limited appointment availability for underserved populations leading to foregoing care
- Growing number of aging providers and need for appropriate succession planning
- Perceived need for acute dental care services
- Poor dental health of mental and behavioral health care patients

"Dental care is a strange thing and it's costly. Dental insurance does not seem to save any money for patients who [have that coverage]. Those most likely to come in with dental issues are also least likely to have the money to pay."

"If you have insurance, there's enough of a supply. We have good oral surgeons and good orthodontic services if you have insurance."

"Our east side of town is underserved in that area, there aren't any dental providers other than our community clinic."

"...a lot of the dentists in the area are very particular about which insurance they take. If they do take your insurance, then you're still probably going to have a major payment you have to make on your own."

"Most people are able to get into the dentist. We do have several dentists who take Medicaid at the Community Health Center."

"Dental care is the most difficult area to be able to serve the underserved group. It's very expensive and of the areas that are poorly covered by public resources in Texas, dental is the worse."

"Dental care is non-existent for unfunded patients. The Community Health Center has a pretty vigorous dental program but access to that clinic is almost impossible to get into.

People end up foregoing care if they can't get in."

"There are a lot of dentists in town and a lot of them are going to retire soon."

"Dental care is terrible. A lot of patients are not going to carry out a full dental plan. For some of these patients, they really just need a quick fix. There is a missing link for those patients who are not going to carry through with the full dental plan but they need to have some care before they get acutely ill."

"The other big issue we deal with is teeth. A lot of [people] have been addicted to drugs a long time and their teeth have been neglected."

### Impact of COVID-19

#### Issues/Themes:

- COVID-19 remains significant concern in the community
- Impact of the pandemic on prior success of local programs
- Continuing need for greater health literacy to increase vaccination rates in the community
- Fear and stress due to pandemic resulting in:
  - Risky lifestyle behaviors
  - Low prioritization of health care
  - Less residents seeking health care appropriately
  - Youth mental health
- Disproportionate impact of COVID-19 across the following subpopulations:
  - Hispanic
  - African American
  - Elderly

"COVID-19 will always be at the top of our list."

"COVID-19 has been a major concern for a couple of years here, in addition to diabetes and heart disease."

"The problems we had prior to the pandemic have been exacerbated because of COVID
19. We still have those same issues and have lost ground. Any ground we were making prior has really been lost because we've been so polarized by the pandemic that we weren't able to provide the programs that we had."

"We need a lot of help and it's not just Wichita County, it's widespread in health literacy. We need more understanding. This willful denial of science and numbers and ability to understand risk. Here in Wichita Falls, we've only got [a small percentage] of our population that took the COVID-19 vaccine and that just shocked me."

"We hear a lot of people who say they're stressed and afraid because of the pandemic, so what does it matter if they eat potato chips because they might die anyway? The prioritization of health changed from looking to the future to self-preservation, and then it changed from self-preservation to stress, frustration and anger."

"There is fear that if people go to a health care facility, they're going to end up catching COVID-19 or some other virus or disease. It's always been a problem but it's gotten much more significant since COVID-19."

"Fear is an issue. Students are hearing about people who have gotten COVID-19 and died or gotten severely ill, and it causes them a lot of concern. Kids are afraid to go to school."

"When we saw people dying of COVID-19, it was the Hispanic population, the Black population and the low-income population. We need to help those folks in a way that is productive and useful with prevention in mind to make sure people are living better and healthier lives."

"A lot of seniors are scared of the unknown and not wanting to be with people due to the fear of COVID-19. They're not going to appointments and isolation [is an issue]. For almost a year and a half, they didn't get to see anybody. That causes depression, isolation and fear."

### Populations Most at Risk

## Interviewees expressed concern surrounding health disparities disproportionately affecting specific populations, including:

#### <u>Eastern Wichita Falls Residents</u>

- Limited access to gas stations, grocery stores, food pantries
- Transportation barriers
- Significant low income population, disadvantaged neighborhoods

#### Homeless

- Growing population (particularly adolescents)
- Lack of treatment compliance
- Overuse of the Emergency Room
- Lack of awareness of local resources
- Mental health concerns
- Prescription medication support

#### Pediatric

Limited access to local specialty care

#### Teens/Adolescents

- Vaping, tobacco use
- Obesity
- Risky sexual behaviors
- Sexually transmitted infections
- Mental health concerns

#### Racial/Ethnic

- Fear/distrust of (African American, Hispanic)
- Delaying/foregoing care (African American, Hispanic)
- Overuse of the Emergency Room (Hispanic)
- Lack of awareness of local services (African American, Hispanic)
- Language barriers (Hispanic)

#### Low Income

- Limited access to urgent care, freestanding emergency facilities
- Cost barriers to care

#### Veterans

- Limited access to local primary care providers
- Homelessness
- Lack of local, dedicated resources
- Transportation barriers

#### Elderly

- Transportation barriers
- Lack of local, dedicated resources
- Need for health education
- Difficulty navigating technology
- Growing population in low income housing

United Regional Health Care System Community Health Needs Assessment and Implementation Plan

# LOCAL COMMUNITY HEALTH REPORTS



### Wichita County

#### 2022 Community Health Assessment – Background

 The purpose of a Community Health Assessment (CHA) is to identify the health needs and issues of a community. The Wichita Falls-Wichita County Public Health District completed its first CHA in 2011.

#### **Framework**

• The framework that is used by the County Health Rankings to examine health and quality of life served as a broad foundation for this report. Two areas of health and quality of life were examined, Health Status and Outcomes, and Health Influences and Factors. Health Status and Outcomes includes information about how long people live and the primary causes of death in Wichita County, as well as information about current health status including disease morbidity and perceptions about health status and quality of life. Health Influences and Factors includes information about the behaviors, health care resources, economic, and socio-cultural factors that influence health status.



# Wichita County

# 2022 Community Health Assessment – Background

# FIGURE 1

# Forces Positively and Negatively Affecting Health Status

# Factors Positively Affecting Community Health

- · High rate of high school graduation
- Low rate of unemployment
- Gradual decline in tobacco use
- Leveling off of obesity rates
- Leveling off or gradual decline in diabetes prevalence
- Excellent availability of and access to many health services

#### Factors Negatively Affecting Community Health

- · High birth rate to women under 18
- High obesity rates
- High proportion of physically inactive adults
- High proportion of uninsured
- Low median household income
  High proportion of children living
- in poverty

  High tobacco use rate
- High incidence of sexually transmitted infections
- Resistance to engaging in health activities that improve community health

#### **Health Status and Outcomes Problem Areas**

- · High excess mortality across most disease and injury categories
- · High cardiovascular disease morbidity and mortality rates
- · High cancer morbidity and mortality rates
- · High infant mortality rates
- High low-birth weight rates
- · High prevalence of depressive disorders
- Emerging morbidity and mortality associated with an increasing population over age 65 including Alzheimer's disease
- · Risk of emergent communicable diseases

#### **Population Risk Issues**

- · Higher risk of morbidity and mortality in most diseases among men
- · Higher morbidity and mortality among those with lower incomes
- Higher rates of obesity, cigarette use, and inactivity among those with lower incomes
- Higher low birth weight births among those who are African American/Black and Hispanic
- Higher infant mortality rates among those who are African American/Black
- Higher overall mortality among those who are African American/Black age 4 or less and 25 or older

Note: The items in the sections above should be viewed as equal and are not ranked.

- The information in Figure 1 provides some general guidelines for action.
- First, Wichita County's excess mortality, years of life lost from premature death, is high, indicating the need to improve overall community health. Cardiovascular disease and cancer are among the areas of most concern. The weaknesses in the figure suggest efforts are merited to increase the number of people who engage in healthy and active lifestyles. In addition, actions to reduce teenage pregnancy and sexually transmitted infections also should be considered. Steps to reduce the prevalence of tobacco use in Wichita County also should be sustained.
- Recent experiences with COVID-19 indicate the need to have the processes and resources in place to address further potential outbreaks, as well as to strengthen community support for effective responses. Resistance to activities that improve community health is common and not new, as evidenced by responses to seat belt use mandates and efforts to reduce tobacco use. An ongoing challenge is improving community members' understanding of and support for community health improvement efforts.

\*Disclaimer: Figure 1 is only a summary and the full report should be referred to for more information. As of October 12, 2022, the full report has not been published. For further information, please see the link in the source note at the bottom of the slide.

Source: Wichita County, Community Health Assessment, https://www.wichitafallstx.gov/55/Health-District; accessed September 19, 2022

# INPUT REGARDING THE HOSPITAL'S PREVIOUS CHNA



# **Consideration of Previous Input**

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- The hospital made every effort to solicit feedback from the community by providing a feedback mechanism on the hospital's website. However, at the time of this publication, written feedback has not been received on the hospital's most recently conducted CHNA and Implementation Strategy.
- To provide input on this CHNA please see details at the end of this report or respond via direct mail or email to the hospital.
   The physical address and email address can be found directly on the hospital's website at the site of this download.

# EVALUATION OF HOSPITAL'S IMPACT



# Evaluation of Hospital's Impact

- IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNA.
- This section includes activities completed based on the 2020 to 2022 Implementation Plan.





**Priority 1: Access to Primary Care Services and Providers** 

Activity	Impact & Evaluation:	Current Status
1.A. United Regional will continue to recruit and employ additional primary care physicians to the community, as well as primary care physicians employed by the United Regional Physician Group (URPG) that accept patients from all payer sources (including TriCare, Medicare, Medicaid, CHIP, etc.).	Practices Initiated in Primary Care  2020  Dr. Kyra Crenshaw (FPA)-Medicaid only Dr. Pruthvi Patel (URPG)- all payers Dr. Bryan Stroud (URPG)- all payers  2021  Dr. Catherine Harrington (FPA)- Medicaid only Dr. Kenneth Stupka (CNT)- all payers Dr. Andrew Pande (URPG) - all payers  Dr. Jason Buchan (URPG)- all payers Dr. Zachary Pendleton (URPG)- all payers Dr. Heather Clark (URPG)- all payers	
1.B. United Regional will continue to offer the Future in the Falls program that stays in contact with medical students, interns, and residents from the Wichita Falls area to encourage them to return to practice in Wichita Falls once they graduate from residency. The program provides stipends and shadowing of specialists to assist with their education.	<ul> <li>Future in Falls: <ul> <li>2020 enrollment: 54</li> <li>2021 enrollment: 61</li> <li>2022 enrollment: 70</li> </ul> </li> <li>Medical School Scholarships:  2020: <ul> <li>12 Scholarships were awarded to 3<sup>rd</sup>/4<sup>th</sup> year medical students with ties to Wichita Falls. Total awarded amount \$19,500.00. Largest class of scholarship recipients in the history of Future in the Falls.</li> <li>7 scholarship receptions indicated Primary Care as their end goal.</li> </ul> </li> <li>2021: <ul> <li>9 Scholarships were awarded to 3<sup>rd</sup>/4<sup>th</sup> year medical students with ties to Wichita Falls. Total awarded amount \$19,000.00.</li> </ul> </li> <li>2022: <ul> <li>Scholarships:</li> </ul> </li> </ul>	



	Fifteen 3 <sup>rd</sup> / 4 <sup>th</sup> year medical students were awarded scholarships. The total amount given was \$23,000. The United Regional General Medical Staff voted to continue to support the scholarship fund with an annual gift of \$25,000 to the foundation.  Educational Stipends: Currently we have 7 Physicians on educational stipends  • Dr. Travis Vietenheimer -Orthopedic Surgery  • Dr. Derek Yang- General Surgery  • Dr. Jacob Heuring – Family Medicine  • Dr. Ashlee Gresham – Family Medicine  • Dr. Chelsea Shine- Family Medicine  • Dr. Kennan Atwood- Orthopedic Surgery
	<ul> <li>Dr. Chelsea Seaton – Pediatrics</li> <li>Shadowing:         <ul> <li>28 Medical students and Residents have completed shadowing opportunities</li> </ul> </li> </ul>
1.C. Members of the Clinical Education Team provide continuing nursing education to employees, community nurses and emergency response personnel from the local and rural communities.	January – December 2020  Advanced Cardiac Life Support: 17 learners Assessment & Treatment of Wound Infections: 8 Campus Response Team: Training for first responders: 34 Intern Poster Presentations: 57 Getting Ahead of Sepsis: 28 Impact of Trauma: 23 Neonatal Orientation & Education Program: 13 Emergencies in the Post Anesthesia Care Unit: 30 Pediatric Advanced Life Support: 11 Pregnancy loss sensitivity training: 8 Resolve Through Sharing: 14 SARS COVID 19: an Overview: 28 STABLE: 47 Indication of Systemic Antibiotics in Chronic Wounds: 16 Nursing Professional Development Virtual Conference: 24 Emergency Medical Services Conference January - December 2021 - 496 learners



•	Advanced Cardiovascular Life Support - 31
•	Burn Care Management - 29

- Critical Care Essentials 143
- Emergency Department Case Review 40
- Identification and emergent management of large vessel strokes - 16
- Preceptor Training 80
- Pregnancy Loss Sensitivity Training 3
- Resolve Through Sharing 4
- Snakebite Management 13
- Splinting 2
- STABLE 34
- The Medical-Forensic Evaluation of Strangulation & Updates to State Regulations for Forensic Exams - 3
- The Trauma Team: From Pre-Hospital through the Emergency Department - 27
- Trauma Case Review 13
- Venous Leg Ulcers: Identification and Management 9
- Wound Terminology and Assessment for the Bedside Nurse - 5
- Wound Cleansing 6
- ECMO December Wet Lab 38

# January – December 2022

# 293 learners

- Advanced Cardiac Life Support 26
- Leadership Development Series 22
- Emergency Department Case Review 14
- Trauma Case Review 7
- ECMO Wet Lab 25
- Wound Care 101 5
- STABLE 16
- Pregnancy Loss Sensitivity Training 2
- ENPC 51
- TNCC 71
- Trauma Critical Care Conference 17
- SANE 6
- RAC Case Review 12



	ED Case Review – 19
1.D. Via its employed physician group, United Regional will continue to operate a primary care walk-in clinic, CarePlus, as well as eCare, a virtual option for residents.	<ul> <li>January – December 2020</li> <li>CarePlus Barnett Rd: 29,839 visits completed</li> <li>CarePlus Burkburnett: 4,231 visits completed</li> <li>eCare: 648 video visits (included in visit count)</li> <li>eVisits (not included in visit count): 1,363</li> </ul>
	<ul> <li>January – December 2021</li> <li>CarePlus Barnett Rd: 31,796 visits completed</li> <li>CarePlus Burkburnett: 2,794 visits completed (clinic closed August 2021 due to Covid19)</li> <li>Rapid Testing Dept: 8,673 visits completed</li> <li>1,990 (6%) of visits completed through virtual visits (video and e-visits).</li> </ul>
	FY 2022 January – March 31, 2022  CarePlus Barnett Rd: 7,493 visits completed  CarePlus Burkburnett: closed due to COVID19 surge  Rapid Testing Dept: 6,255 visits completed  676 (9%) of visits completed through virtual visits (video and e-visits).
	<ul> <li>April 1-June 30, 2022</li> <li>CarePlus Barnett Rd: 6,897 visits completed</li> <li>CarePlus Burkburnett: 373 visits completed (limited hours)</li> <li>394 (5%) of visits completed through virtual visits (video and e-visits).</li> <li>July 1 – September 30, 2022</li> <li>CarePlus Barnett Rd: 7,587 visits completed</li> <li>CarePlus Burkburnett: 426 visits completed</li> <li>447 (6%) of visits completed through virtual visits (video and e-visits).</li> </ul>
	October 1 – December, 2022  CarePlus Barnett Rd: 9,349 visits completed  CarePlus Burkburnett: 547 visits completed



	<ul> <li>923 (9%) of visits completed through virtual visits (video</li> </ul>	
	and e-visits)	
1.E. United Regional will continue to improve access	<b>FY 2020</b> : Establishment of URPG Bowie Clinic in July of 2020.	
to primary care and wellness care through the		
exploration of partnerships, technology and	FY 2021: Engaged in email marketing campaigns providing	
consumer engagement strategies to meet a broad	information on services and new physicians in 2020 and 2021.	
spectrum of consumer needs/expectations in both	Emails were sent to those who signed up for email services. FY	
the PSA and SSA.	2021 ended the year with over 3,500 in database. Continued	
	social media campaigns via Facebook and updated the hospital's	
	URPG webpage in 2021 to be more user friendly.	
	FY 2022 – URPG's Bowie Clinic continues to offer orthopedics,	
	urology, rheumatology and cardiology services. Open House held	
	in 2022 to reintroduce the clinic and ongoing social media	
	presence maintained.	



# **Priority 2: Access to Specialty Care Services and Providers**

Activity	Impact & Evaluation:	Current Status
2.A. United Regional will continue to expand specialty care capacity by recruiting and employing additional specialty physicians to the community as outlined in its Physician Needs Assessment. Employed specialty physicians under the United Regional Physician Group (URPG) will accept patients from all payer sources (including TriCare, Medicare, Medicaid, CHIP, etc.).	Practices Initiated in Specialty Care  FY 2020:  Dr. Chuckwudi Obiagwu- Interventional Cardiologist  Dr. Christian Moncrief- Cardio Thoracic Surgeon  Dr. Randy Olson- Ortho/Hand  Dr. Cynthia Sloan -Neurologist  Dr. Jamaan Kenner- OB/GYN  FY 2021:  Dr. Patrick Roughneen -Cardiac Surgery  FY 2022:  Dr. Morgan Whalon- OB/GYN  Dr. Jason Hoffman -Ortho  Dr. Katie Dowd -Urology  Dr. James Van Riper- OB/GYN  Dr. Sven Hochheimer -Neurosurgery	
2.B. United Regional will continue to coordinate its Community Partners Group which is comprised of individuals representing local healthcare providers. The overall purpose of the group is to help ensure smooth transitions of patients between and among various health care entities within the community, providing appropriate care and communication throughout the care continuum.	United Regional continues to coordinate its Community Partners Group, which is comprised of individuals representing healthcare providers including, but not limited to, nursing homes, home health, DME, SNF & rehab facilities, hospice, retirement centers, hospitals, EMS, etc. The overall purpose of the group is to help ensure smooth transitions of patients between and among various health care entities within the community, providing appropriate care and communication throughout the care continuum.  January 27, 2020  Speaker: Community Presenters Topic: Community Support Groups	
	<ul> <li>Approximately 89 Attendees</li> <li>The Opal Center – LGBTQ Peer Support</li> <li>Encompass Health – Stroke Support</li> <li>Hospice of Wichita Falls – Bereavement Support</li> <li>American Cancer Society – Local Cancer Support</li> </ul>	



 The National Multiple Sclerosis Society – Multiple Sclerosis Support

# February 20, 2020

Speaker: Keith Williamson, MD, FAAFP & Kristi Curd, RN, BSN,

ACM

Topic: CURB 65 & PSI Approximately 70 Attendees

- What the tool is & how it can eb utilized in multiple settings
- Review & discuss evidence-based tool
- How to apply the risk stratification score to patients that have been diagnosed with pneumonia
- What care setting is best when diagnosis with pneumonia

# June 16, 2020

Speaker: Zach Kast, MPH, CPHQ, CHES & Kristi Curd, RN, BSN, ACM

Topic: Facility Scorecards & Readmissions

**Held Virtually** 

- Purpose of facility scorecards
- Facility scorecard components
- Data sources & methodology
- Cost of readmissions
- Strategies to collaborate on decreasing readmissions

# October 15, 2020

Speaker: Rachel Reitan, DNP, FNP-c, MSNeD

Topic: The Indication of Systemic Antibiotics in Chronic Wounds

and Lower Extremity Conditions Approximately 35 attendees

- Review common inflammatory and circulatory conditions commonly diagnosed as cellulitis
- Understand the stages of bacterial colonization in a chronic wound
- Understand the role and indication of systemic antibiotics in chronic wounds



• Recognize the importance of antimicrobial stewardship in wound care and other areas in your practice

# December 20, 2020

Speaker: Rachel Reitan, DNP, FNP-c, MSNeD Topic: SARS-CoV-2 (COVID-19): An Overview

Approximately 120 attendees

- Pathology
- Transmission
- Symptoms
- Diagnosis
- ARDS / severe illness
- Treatment
- Vaccine/Immunity

#### FY 2021

The Community Partner events were not offered in CY2021 due to COVID-19.

# FY 2022

March 12<sup>th</sup>, 2022

o Speaker: Jessica Sanchez, RN

o Topic: Heart Health 101

April 14<sup>th</sup>, 2022

o Speaker: Jessica Sanchez, RN

o Topic: Diabetes Prevention Program

June 24<sup>th</sup>, 2022

 $\circ$  Speaker: Zach Kast, MPH & Dori Dockery, RN

 Topic: Healthy Community brough to your by FindHelp

November 1, 2022

Community Resource Expo

Topic: opportunity for staff to learn about postacute services and to discuss ways to improve care transitions. 25 booths with approximately 55 representatives from post-acute services.

Approximately 75 staff attended to collaborate



	with PT, Chronic Disease Management providers, nursing staff, Transition Clinic, Palliative Care, Social Work, Case Management and Compliance to build relationships and learn about services.	
2.C. United Regional will continue to offer the Future in the Falls program that stays in contact with medical students, interns, and residents from the Wichita Falls area to encourage them to return to practice in Wichita Falls once they graduate from residency. The program provides stipends and shadowing of specialists to assist with their education.	Future in Falls:  • 2020 enrollment: 54  • 2021 enrollment: 61  • 2022 enrollment: 70  Medical School Scholarships:  2020:  • 12 Scholarships were awarded to 3 <sup>rd</sup> /4 <sup>th</sup> year medical students with ties to Wichita Falls. Total awarded amount \$19,500.00. Largest class of scholarship recipients in the history of Future in the Falls.	
	<ul> <li>9 Scholarships were awarded to 3<sup>rd</sup>/4<sup>th</sup> year medical students with ties to Wichita Falls. Total awarded amount \$19,000.00.</li> <li>9 scholarship receptions indicated becoming a specialist as their end goal.</li> <li>2022:</li> <li>Scholarships:</li> <li>Fifteen 3<sup>rd</sup>/4<sup>th</sup> year medical students were awarded scholarships.</li> <li>The total amount given was \$23,000. The United Regional General</li> </ul>	
	Medical Staff voted to continue to support the scholarship fund with an annual gift of \$25,000 to the foundation.  Educational Stipends: Currently we have 7 Physicians on educational stipends  • Dr. Travis Vietenheimer -Orthopedic Surgery  • Dr. Derek Yang- General Surgery  • Dr. Jacob Heuring – Family Medicine  • Dr. Ashlee Gresham – Family Medicine  • Dr. Chelsea Shine- Family Medicine  • Dr. Kennan Atwood- Orthopedic Surgery	



		an in coo
	Dr. Chelsea Seaton – Pediatrics	
	Shadowing:	
	28 Medical students and Residents have completed shadowing	
	opportunities	
	- Spirit San Marie	
2.D. United Regional will continue to offer Palliative	January – December 2020	
Care/Supportive Care services, designed to assist	The Palliative Care Team has provided services for approximately	
patients who have chronic diseases to access the	2,965 patients. United Regional expanded Palliative Care services	
medical and emotional support needed to best	to clinic-based settings at URPG & Texas Oncology in with 386	
manage their disease processes with a focus on relief	scheduled appointments.	
of pain, stress and other debilitating symptoms of		
serious illness. The program helps patients with	January – December 2021	
medication management, assistive equipment,	The Palliative Care Team has provided services for approximately	
counseling and referrals to other needed services to	1,894 patients. United Regional expanded Palliative Care services	
help ensure that they are getting the appropriate	to clinic-based settings at URPG & Texas Oncology in with 417	
ongoing and long-term care they need to stay as	scheduled appointments.	
functional as possible.		
	January – December 2022	
	The Palliative Care Team completed 1,691 inpatient consults	
	January through December. United Regional offered Palliative Care	
	services at Texas Oncology January through June with 61	
	completed appointments.	
2.E. United Regional will continue to provide a list of	FY 2020	
referral services for patients who come through the	Please see attached Community Resource List. (In separate file.)	
hospital or Emergency Department requiring		
specialty care services.	FY 2021	
	United Regional has partnered with FindHelp.org to create	
	healthycommunity.findhelp.com, a site that connects our	
	community with local, state, and national resources to enhance	
	quality of life and promote healthy behaviors. On the site,	
	patients and staff can search for food, housing, mental health,	
	education, and other social services provided directly by	
	community-based organizations.	
	<u>FY 2022</u>	
	Staff use of the Healthy Community site has resulted in:	



- 438 Distinct Identified Users and 2,419 Distinct Anonymous Users
- 16,886 Searches
- 3,326 Referrals
- 636 Closed Loop Referrals
- 363 Seekers that Got Help

① Top 10 Counties | 2022-01-01 to 2022-12-...

COUNTY	REFERRALS
Wichita, TX	2,734
Young, TX	133
Clay, TX	79
Montague, TX	70
Wilbarger, TX	64
Archer, TX	48
Knox, TX	25
Hardeman, TX	21
Cotton, OK	19
Jack, TX	17

Relationships with Community Based Organizations have resulted in bi-directional information sharing for referrals with local Community Partners to include:

- American Society of Cataract and Refractive Surgery Foundation
- Catholic Charities
- Clay County Memorial Hospital
- Electra Medical Clinic
- Emotions Anonymous Virtual
- Faith Mission (3 Programs)
- Faith Refuge
- Interfaith Ministries
- Hospice of Wichita Falls (2 Programs)
- Little Lives Early Childhood Intervention
- Mom's Meals



	<del></del>	
	<ul> <li>Natural Grocer's 1:1 Nutritional Coaching</li> <li>Palliative Care of North Texas</li> <li>Presbyterian Children's Homes and Services</li> <li>Seymour Hospital</li> <li>STARRY Counseling</li> <li>Texoma Alliance to Stop Abuse Victim Support Svs</li> <li>The Kitchen (3 Programs)</li> <li>Wichita County Public Health District (4 Programs)</li> <li>Wichita Falls Area Food Bank (6 Programs)</li> <li>United Way Wichita Falls Area Hippy Programs</li> <li>Workforce Solutions of North Texas (2 Programs)</li> <li>Salvation Army of Wichita Falls</li> <li>First Step of Wichita Falls</li> <li>Helen Farabee</li> <li>Encompass Health</li> <li>Archer Service Center</li> <li>NAMI Texas of North Central Region</li> <li>Healing Hands Healthcare</li> <li>Inheritance Adoptions</li> <li>Work Services Corporation Training and Employment Services</li> <li>Legal Aid of North Texas</li> <li>Midwestern State University Dental Hygiene</li> </ul>	
2.F. United Regional will continue to improve access to specialty care through the exploration of partnerships, technology and consumer engagement strategies to meet a broad spectrum of consumer needs/expectations in both the PSA and SSA.	FY 2020: URPG's Bowie Clinic offering orthopedic, urology, cardiovascular services.  FY 2021: services continued  FY 2022: URPG's Bowie Clinic continues of offer orthopedics,	
	urology, rheumatology and cardiology services. Open House held in 2022 to reintroduce the clinic and ongoing social media presence maintained.	



# Priority 3: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Activity	Impact & Evaluation:	Current Status
3.A. United Regional will continue to increase educational	FY 2020	
opportunities for the public concerning wellness topics		
and health risk concerns, preventive care and healthy	Healthy You Television Sponsorship	
lifestyle choices through media outlets and hosting	January – Bariatric topics	
and/or participating in local health-related events.	February – Heart Health	
	March - COVID readiness	
	<ul> <li>April – no airings due to COVID</li> </ul>	
	<ul> <li>May – COVID testimonial, URPG appointments</li> </ul>	
	<ul> <li>June – telemedicine, resuming elective procedures, COVID</li> </ul>	
	testimonial, Transition Clinic feature, summer safety	
	<ul> <li>July – sports physicals,</li> </ul>	
	<ul> <li>July – Sept – segments delayed due to COVID</li> </ul>	
	Sept – Flu shot promotions	
	Oct – Advance Directives, Bowie Clinic, Mammograms,	
	COVID testing	
	<ul> <li>Nov – Hospitals are Safe and Ready, Lap Band redo,</li> </ul>	
	Diabetes telehealth	
	Dec – Hand conditions (Olson), Preventative heart health	
	Community Lecture Series	
	• February 25 – hosted Healthy You Pop-Up Event with 18	
	community members at BCocoa Chocolate to discuss heart	
	health and experience chocolate tasting with Darpan	
	Kumar, MD.	
	Due to the COVID-19 pandemic in our community, United	
	Regional did not host community education events	
	between April and June in order to reduce the spread of	
	the virus.	
	• June 16 – Facebook Live with Chris Finnell MD on bariatric	
	services – 9,800 views between 6/16 and 6/23/2020 with a	
	.14% CTR and 283 clicks to our site.	
	<ul> <li>August 25 – Facebook Live with Jamaan Kenner, MD on</li> </ul>	
	URPG OB/GYN services - 6,000+ views between August 25	



- and September 1, 2020 with a .21% CTR and 318 clicks to our site.
- October 20 Facebook Live with Randy Olson, MD on URPG orthopedic services – 2,500+ views between October 20 and October 27, 2020 with a .15 CTR and 92 clicks to our site.
- December 1 Facebook Live with Paul Benson, MD on URPG urological services –1,900+ views between December 1 and December 8, 2020 with a .14% CTR and 170 clicks to our site.

# 55 Advantage

Due to the COVID-19 pandemic in our community, United Regional did not host community education events between April and December in order to reduce the spread of the virus.

# Women's Expo / Heart of a Woman

February 8, 2020 – event hosted approximately 1,000 women who visited health related booths (breast cancer, obesity, medication take-back, cardiac, balance screen, stroke, advance directives, vaping, ob/gyn, etc.). In addition, 252 blood wellness panels were conducted.

# **Health Fairs**

Events were cancelled due to COVID-19 due to public safety concerns.

# **Smoking Cessation**

Two courses were held in 2020 with 45 attendees. Nicotine replacements were available to participants if needed during the course. In 2020, no patches were requested.

United Regional has partnered with the following to provide health screenings and/or educational opportunities:

- WFAFB/URHCS Mobile Food Pantry
- Texas Workforce Commission
- Wichita Falls Farmers Market



- The YMCA
- Boys and Girls Club of Wichita Falls
- Faith Mission

## FY 2021

# **Healthy You Television Sponsorship**

- February COVID vaccine safety, community health education classes
- March Proper nutrition, wellness
- April Ortho safety, mobile pantry/COVID vaccines
- May Urologic robotic surgery, COVID vaccines/CarePlus
- June Urolift, Heart Valve clinic
- July Cardiac Institute, diabetes prevention
- Aug Diabetes, walk-in vs ED
- Sept Family Medicine, Orthopedics
- Oct Vaccine and reproduction, ortho injuries
- Nov Knee injuries, flu shots
- Dec Volunteer spotlight

# Facebook Live Series (held in lieu of in-person events)

- March 4 Facebook Live with Amy Smith, RN about the Transitional Care Clinic and services. 3,400 views week following the event; CTR .73% on target ads and .24% on webpage.
- May 25 Facebook Live with Dr. Chris Finnell discussing Bariatric services. 1,600 views week following the event; CTR 1.23% on target ads and .19% on webpage.
- June 22 Facebook Live with Dr. Joshua Schacter discussing orthopedic services and joint replacements.
   3,700 views week following the event; CTR 2.03% on target ads and .25% on webpage.
- July27 Facebook Live with Rebecca Lindeman, RN discussing the new Heart Valve Clinic and TAVR procedure. 2,500 views week following the event; CTR .00% on target ads and .20% on webpage (did not target this event)
- August 26 Facebook Live with Dr. Andrew Pande discussing preventive health for all ages. 4,900 views week



- following the event; CTR 1.41% on target ads and .21% on webpage.
- October 26 Facebook Live with Dr. Jamaan Kenner and Dr. Keith Williamson discussing Covid Safety during Reproductive Years. 3,800 views week following the event; CTR .59% on target ads and .16% on webpage.
- **December 16 Facebook Live** with Dr. Sarah Langston discussing sports medicine and non-operative orthopedic care. 2,300 views week following the event; CTR .53% on target ads and .15% on webpage.

# 55 Advantage

After a year of not having this program and continual decline in attendance, the 55 Advantage program was phased out.

# Women's Expo / Heart of a Woman

This event was not held in 2021 due to the concern for public safety with large gatherings because of Covid.

# **Health Fairs**

Events were cancelled due to COVID-19 due to public safety concerns.

# **Smoking Cessation**

In 2021, 73 employees participated in 4 smoking cessation courses.

# FY 2022

# **Healthy You Television Sponsorship**

- January TAVR
- February Nurse Hiring Event
- March Diabetes Prevention Program
- April Stop the Bleed
- May Hospital Week (employee recognition)
- June Dr. Buchan intro / Summer safety
- July Fall Prevention
- August Urology / Stress Incontinence
- September Urology/ InterStim device



2020 – 2022 Tracking Document		unitea
	<ul> <li>October - Dr. Hoffman intro</li> <li>November - ED vs PCP visits</li> <li>December - Joint Pain with Dr. Ohman</li> <li>Healthy Lifestyle Program</li> <li>United Regional began offering the Diabetes Prevention/Healthy Lifestyle Program and had 109 participants through November 2022.</li> <li>United Regional provided multiple "Session Zero" classes to promote the Diabetes Prevention/Healthy Lifestyle Program at various community events including The Red Door, YMCA, Wichita Falls Housing Authority, Our Lady of Guadalupe Congregation, and community events such as the Kiwanis Pancake Festival. United Regional also partnered with the YMCA to host a Diabetes Prevention Program at the Bill Bartley facility.</li> <li>Facebook Live Series (held in lieu of in-person events)</li> <li>May 23 – Facebook Live with Darcy Claer, RN about the Diabetes Prevention/Healthy Lifestyle Program.</li> <li>October 11 – Facebook Live with Vanya Wagler, MD about Rheumatology signs, symptoms and treatment options.</li> <li>November 17 – Facebook Live with Jason Hoffman, DO about orthopedic reconstruction and revision.</li> </ul>	
3.B. United Regional will continue to host various support and educational groups at the facility for patients and the community.	FY 2020  Breath Savers Our Breath Savers class scheduled for March was canceled due to COVID, and we did not schedule anything in June for the same reason.  Leadership Wichita Falls  • Youth Group: February 13 - Hosted 35 youth members inhouse for program on Stop the Bleed, toured surgery and provided a presentation on dinner and interview etiquette.	



• Adult Group: April 14 – cancelled due to COVID-19

# **Survival Skills**

United Regional has had 1,690 Diabetes Survival Skills Appointments scheduled.

United Regional has partnered with the Faith Mission to provide Survival Skills on-site:

Date: 1/28/20Topic: Diabetes

Attendees: Approximately 19

• Date: 2/4/20

• Topic: Infection Prevention Attendees: Approximately 10

Date: 2/11/20
 Topic: Lung Health

Attendees: Approximately 37

• Date: 2/18/20 Topic: Heart Health

Attendees: Approximately 34

• Date: 2/25/20 Topic: Diabetes

Attendees: Approximately 20

• Date: 3/3/20

Topic: Infection Prevention Attendees: Approximately 24

Date: 3/10/20
 Topic: Lung Health

Attendees: Approximately 26

No meeting after March due to COVID

# **Support Groups**

Diabetes Support Group events include:

• 1/21/2020 – Pump It! Diabetes Support Group- Attendees: 3

• 1/27/2020 – Cooking Class: Food Bank - Attendees: 4

• 1/28/2020 – Cooking Class: Fiber - Attendees: 23

• 2/25/2020- Grocery Store Tours - Attendees: 8



• 2/28/2020 – Stress & Diabetes - Attendees: 6

• 6/17/2020- Foot Care & Diabetes - Attendees: 5

Solutions (bariatric) Support Group was offered to post-operative patients:

• Date: 2/6/20

**Topic: Nutrition After Surgery** 

Attendees: 12

• Date: 8/6/20 – virtual meeting

**Topic: COVID Concerns** 

Attendees: 4

• Date: 11/5/20 - virtual meeting

Topic: Patient Q&A Attendees: 6

# **FY 2021**

<u>Breathsavers</u>, the pulmonary support group, was not held in 2021 to protect those in attendance due to Covid-19.

# **Leadership Wichita Falls**

The youth and adult group educational tours were not held in 2021 due to concerns for safety in large gatherings because of the Covid-19 virus in the community.

# **Survival Skills**

United Regional had 2,236 Diabetes, Heart Failure, COPD, and Sepsis Survival Skills Appointment Scheduled 1/1/2021-12/31/2021.

On-Site Survival Skills courses were not provided during CY2021 due to COVID-19.

# **Solutions Bariatric Support Group**

- 2/4/21- Zoom meeting- 10 Attendees
- 4/1/21- Zoom meeting- 12 Attendees
- 6/3/21- Zoom meeting- 8 Attendees
- 8/5/21- Zoom meeting- 5 Attendees



- 10/7/21- Zoom meeting- 11 Attendees
- 12/2/21- Zoom meeting- 6 Attendees
- 2/3/22- Zoom meeting- 6 Attendees
- 4/7/22- Zoom meeting- 8 Attendees

# **Diabetes Support Group**

Diabetes Support Groups were not provided during CY2021 due to COVID-19.

#### **FY 2022**

# **Survival Skills**

United Regional had 467 Diabetes, Heart Failure, COPD, and Sepsis Survival Skills Appointments completed 1/1/2022-12/7/2022.

# **Diabetes Support Group**

The Diabetes Support Group was not offered until November 11, 2022. The topic for that program was "Super Simple Ways to Support Immunity."

# **Solutions/Bariatric Support Group**

- February 3 zoom meeting 8 attendees
- April 7 zoom meeting 5 attendees
- June 2 zoom meeting 6 attendees
- August 4 zoom meeting 2 attendees
- October 6 zoom meeting 5 attendees
- December 1 zoom meeting 0 attendees

# **Leadership Wichita Falls**

- Youth Group: was not held in 2022
- Adult Group: April 12 held off-site due to Covid-19.
   Presented information on the hospital's benefit to the community and taught the 40 participants hands on CPR and Stop the Bleed.



3.C. United Regional will continue to increase awareness of its primary and specialty service offerings in the community through billboard, direct mail, and print advertisements, as well as social media outlets and updating the hospital's website.

# FY 2020

- CarePlus and orthopedic billboards
- New physician welcome newspaper ads and postcards for physicians
- Dr. Walker's move to CNT
- New CarePlus hours advertising
- MediLoss/bariatrics
- COVID-19 communications
- Welcome Dr. Olson
- Free sports physicals
- CarePlus In-Person visits resume
- Bowie Specialty Clinic
- Urology at CNT
- Welcome Dr. B. Stroud
- Welcome Dr. C. Sloan
- Welcome Dr. Kenner
- Flu shot promotion
- MyChart promotion
- COVID communications
- Hospitals/Clinics are Safe and Open

### **FY 2021**

- Ortho, Urology, MyChart billboards
- Welcome Dr. Langston
- New ortho and sports med campaigns
- MyChart promotions
- Welcome Dr. Faivre
- My Shot/Vaccine education
- Welcome Dr. Jaiswal
- Welcome Dr. Pande
- Cardiovascular promotions, including TAVR/Heart Valve Clinic
- Bowie Clinic
- Welcome Dr. Patel

#### **FY 2022**

Ortho, Urology, MyChart billboards





	<ul> <li>Ortho, Urology, Cardiovascular print ads</li> <li>Diabetes Prevention Program media and email marketing</li> <li>Healthy Community (Aunt Bertha) printed piece</li> <li>Intro to new physicians: Dr. H. Clark, Dr. Z. Pendleton, Dr. Rose, Dr. J Hoffman, Dr. Whalon, Dr. J. Buchan, Dr. B. Ohman</li> <li>Digital ads and TV ads for Urology</li> <li>Print ads for Bowie Open House</li> <li>Center for Advanced Orthopedics: digital ads, billboard, webpage, landing page, print ads</li> <li>Media and social media for drive thru vaccine clinic</li> <li>Person Within Stories</li> </ul>
3.D. United Regional will continue to offer employee	FY 2020
wellness initiatives to promote healthy lifestyle choices for	The Bee Healthy program has provided the following programs
employees and their spouses. Screening/counseling is required for health insurance participants, and financial	with the number of participants noted:  • Group Fitness Classes – 405
incentives/penalties are included to encourage healthy	• Group Fitness Classes – 405 • Fit N 15- 30
lifestyles.	
inestyles.	<ul> <li>Personal Training - 65</li> <li>Stress Management Class – 40</li> </ul>
	HRM – 144
	Walking workstation pilot with Quality- 13
	Smoking Cessation class - 36
	Wellness Screenings 663 employees & 114 spouses
	Real Appeal enrolled – 318
	• Group Fitness Classes – 296
	Personal Training – 251
	Healthy Wage – 14
	• HRM – 111
	Wellness Screenings – 172 employees & 41 spouses
	Real Appeal – 30 new participants enrolled
	The Diabetes Management Program through LivingConnected
	provided free diabetes medicine, testing supplies, coaching, and
	glucometer totaling \$504,000 in benefits.
	FY 2021
	The Bee Healthy program has provided the following programs
	with the number of participants noted:



- Group Fitness Classes 854
- Men's Health Education/Outdoor Break Area Launch- 200
- Bee Healthy Barbeque Contest-5
- Wellfie Challenge- 59
- Bee Healthy Recipe Challenge- 3
- Jingle All the Way Fun Run- 19
- Hospital Week Fun Run- 25
- Personal Training 722
- Massages- 959
- HRM 254
- Walking workstation with Billing & Collections- 25
- Smoking Cessation class 73
- Wellness Screenings- 1709 employees & 359 spouses
- Real Appeal enrolled 75
- CCS Living Connected 143 (cohort)

#### **FY 2022**

The Bee Healthy program has provided the following programs with the number of participants noted:

- Group Fitness Classes 599
- Hospital Week Fun Run- 25
- Hospital Week Cycle Ride- 5
- Personal Training 5324
- Staff Massage- 2441
- HRM 162
- Walking workstation with Billing & Collections- 25
- Smoking Cessation class 58
- Wellness Screenings- 1974 employees & spouses
- Real Appeal enrolled 23
- CCS Living Connected 143 (cohort)
- Great Vacation Summer Challenge-30
- Shared Governance Weight loss group-60
- Own Your Own Safety Class-19
- Wellness Wednesdays- UR All

The **Diabetes Management Program** through CCS Living Connected provided free diabetes medicine, testing supplies, coaching, and glucometer totaling \$1,087,488 in benefits.



	<del>_</del>	
3.E. United Regional will continue to partner with local	<u>FY 2020</u>	
schools to provide free sports physicals for middle and high	Physicals- 426	
school students. Physicians attend local and regional sports	<ul> <li>Games covered- 28</li> </ul>	
events to ensure timely diagnosis and treatment of sports injuries	<ul> <li>Injury Clinic – not held in 2020 due to Covid</li> </ul>	
,	FY 2021	
	• 2021 EOY 1347 Physicals	
	2021 EOY 42 Injury Clinic Patients	
	2021 EOY 35 Games /events covered	
	FY 2022	
	<ul> <li>2022 EOY 1,019 Physicals</li> </ul>	
	2022 EOY 32 Injury Clinic Patients	
	2022 EOY 21 Games /events covered	
3.F. United Regional and all owned facilities are tobacco-	United Regional provides signage informing patients and visitors	
free and vapor-free.	that no tobacco products are allowed on hospital property and	
·	other United Regional owned facilities.	
3.G. United Regional will continue to operate Joint Camp to	FY 2020	
provide education to people who are scheduled for a joint	• 372 participants	
replacement at no cost to participants.		
	FY 2021	
	<ul> <li>1<sup>st</sup> Quarter 66 participants</li> </ul>	
	<ul> <li>2<sup>nd</sup> Quarter 114 participants</li> </ul>	
	3 <sup>rd</sup> Quarter 119 participants	
	<ul> <li>4<sup>th</sup> Quarter 69 participants</li> </ul>	
	• Total FY 2021 = 368	
	<u>FY 2022</u>	
	• 1 <sup>st</sup> quarter – 76 participants	
	• 2 <sup>nd</sup> quarter – 44 participants	
	• 3 <sup>rd</sup> quarter – 98 participants	
	• 4 <sup>th</sup> quarter – 94 participants	
	<ul> <li>Total participants FY 2022 = 312</li> </ul>	



3.H. United Regional will continue to support the Regional Advisory Council, which uses a hands-on approach to help prevent trauma fatalities and injuries. The council provides injury prevention and trauma education across a 10-county region. The Injury Prevention Coalition plays a key role in education using a multi-disciplinary team from the area. Included in this education are child passenger safety, bicycle safety, fall prevention and home safety, medication safety and many other issues promoting safe communities. In addition, the council hosts trauma education courses and provides continuing education and continuing medical education for area physicians, nurses and EMS professionals.

# FY 2020

# January

- Child Passenger Safety Coalition with TXDot, DPS, Sheriff's Dept., WFPS and WFISD - 8
- Stop the Bleed Windthorst ISD 30
- Car Seat distribution to Wichita County Sheriff's Dept. 15

# **February**

- Stop the Bleed Texoma Cowboy Church 10
- Heart of a Woman- STB and Woman's Safety 200+
- NTRAC Conference Outstanding EMS Award Presentation
   40
- ENPC 24
- STB Faith Baptist Church 20
- STB Bellevue ISD 20
- Save a Life Community Meeting 8

#### March

- Be Aware Be Prepared with Steve Beggs 30
- STB Wichita Christian School 45
- STB Midwestern Healthcare 15
- Snake Bite Education Nocona General Hospital 15
- Car Seat Event Paul Irwin center 50
- TNCC 24
- MSU STB and situational preparedness 65

### April

ENPC – 24

#### June

TNCC – 24

All events after June were cancelled due to COVID-19.

# FY 2021

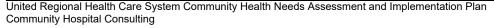
#### January

• TNCC - 20

#### **February**

ENPC − 20

#### March





- Stop the Bleed course for WF Police Department students 12 classes with 10-15 students
- TNCC 20

# May

- ENPC 20
- Stop the Bleed Course Sheppard Air Force Base -15

#### June

- Child Passenger Safety Tech Class 18
- ALLERRT course for Burkburnett PD 40
- Stop the Bleed Class Lake Arrowhead 25

# July

- TNCC 20
- ENPC − 20
- Snake Bite Education to Nocona Hospital 12

### August

- Stop the Bleed Class Henrietta ISD 75
- ATLS Renewal Class 12

# September

- TNCC 20
- CISM Graham Regional Hospital 48

#### October

- TNCC 20
- Stop the Bleed & Trauma Assessment Lecture Vernon College - 100

#### **November**

- ENPC − 20
- Stop the Bleed Midwestern State University 45

#### December

• TNCC - 20

Car seat safety checks as requested throughout the year - 10

# FY 2022

#### January

- TNCC 20
- STB MSU Students 40
- Electra Hospital Documentation Course 15



<ul> <li>Windthors</li> </ul>	t FD STB – 18
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# February

• ENPC - 20

#### March

- Stop the Bleed course for public 40
- TNCC 20
- Active shooter drill Henrietta Hospital 30

### April

- ATLS Course 17
- ASSET Course 8
- Drug Take Back 50+

#### May

- ENPC 20
- Stop the Bleed Course -15

#### June

- Stop the Bleed Class Burk ISD 50
- STB Health Department 6 courses 60+ employees
- Bike WF splash event 1st aid information. 40+

# July

- TNCC 20
- ENPC − 20
- CRASE/STB Wichita Falls Citizens 50
- WF Police academy training 18

# August

- Stop the Bleed Class Henrietta ISD 75
- ATLS Renewal Class 12
- ARCHER city ISD STB 75
- Belleview ISD STB- 25
- HHH STB Lecture 20

# September

- TNCC 20
- National Safety seat Saturday 15
- STB Sons of the American Revolution Vernon 10

#### October

- TNCC 20
- Stop the Bleed/Trauma Assessment Lecture Vernon College
  - 100



	<ul> <li>STB Dean VFD - 10</li> <li>November</li> <li>ENPC - 20</li> <li>Stop the Bleed Midwestern State University - 45</li> <li>Scotland Park School car seat event 22</li> <li>Full scale active shooter city wide 150+</li> <li>MSU Lectures 40+</li> <li>December</li> <li>TNCC - 20</li> <li>Car seat safety checks as requested throughout the year - 10</li> </ul>	
3.I. United Regional will continue to provide the Tres Hood Cancer Resource Center. The Cancer Resource Center is designed in a library fashion and is available to clinical staff, patients and their family members. The center has a myriad of cancer education materials and a resource nurse available to help families learn more about cancer.	The library is available for staff, patients and their families to use as needed. Team members from the clinical staff and social work departments are available to assist patients and families with needs from the Library.  August of 2020: The Library was dismantled as it was underutilized.	
3.J. United Regional will continue to partner with various local agencies to increase collaboration with community health partners in addressing health concerns within the community.	Staff provide health screenings, education, health vouchers, physician referrals, social service referrals for patrons of the following services:  • YMCA  • Texas Workforce Commission  • Base Camp Lindsey & TX Serves (veterans)  • Boys and Girls Club of Wichita Falls & Vernon  • Faith Refuge  • Straight Street (youth)  • Throckmorton Hospital  • Campfire  • Southside Youth Center  • Wichita Falls Farmers Market  • Children's Aid Society	



# **Free Flu Shots** United Regional partnered with a local TV station to provide free flu shots to 394 community members in a drive-through format in September, 2021. United Regional partnered with multiple organizations over FY2021 to provide on-site mobile vaccine clinics offering Flu and COVID-19 Vaccines. Mobile clinic sites included food pantries in secondary service areas Vernon, Jacksboro, Olney, Throckmorton, Graham, Bowie, Nocona, Crowell, Windthorst, Holliday, Seymour, Petrolia, and Henrietta. FY 2022 **Free Flu Shots** United Regional partnered with a local TV station to provide free flu shots to 340 community members in a drive-through format in October, 2022. United Regional resumed Community Health Screenings at Mobile Pantry location in April 2022 with 930 health screenings completed through December 2022. United Regional provided multiple "Session Zero" classes to promote the Diabetes Prevention/Healthy Lifestyle Program at various community events including The Red Door, YMCA, Wichita Falls Housing Authority, Our Lady of Guadalupe Congregation, and community events such as the Kiwanis Pancake Festival. United Regional. also partnered with the YMCA to host a cohort of the Diabetes Prevention Program at the Bill Bartley facility. 3.K. United Regional will continue to support the various FY 2020 groups in the community through multiple sponsorships of **Sponsorships** programs and events that benefit the community, the \*\*notates events cancelled, dollars will be used in 2021 majority of which have a health-related initiative behind American Cancer Society – Relay for Life/Cattle Barons their purpose. Ball\*\* Peyton's Project Pearls and Spurs – Antivenom project Martin Luther King Prayer Breakfast North Texas Senior Games\*\* The Kitchen Boots and Heels\*\* Early Childhood Coalition Susan G. Komen Race for a Cure (virtual)



- Hospice of Wichita Falls\*\*
- Partners in Education
- Wichita Falls Food Bank Empty Bowls\*\*
- WCS Leadership Breakfast
- Green Belt Bowl\*\*
- Express Run
- PRCA Rodeo\*\*
- Hotter'N Hell Hundred (virtual)
- Heart of a Woman
- Patsy's House Bingo, Badges and Bags (virtual)

# FY 2021

- Martin Luther King Prayer Breakfast
- PRCA Rodeo
- Boy Scouts of America Americanism Lunch
- Susan G. Komen More Than Pink Walk (Virtual)
- Empty Bowls (postponement from 2020 virtual)
- Hotter'N Hell Hundred
- Patsy's House Bingo, Badges and Bags
- Buddy Walk Down's Syndrome
- Electra Hospital Gold Tournament
- Midwestern State University Athletic Program
- Express ½ Marathon

# FY 2022

- United Way
- Wichita Falls Area Food Bank
- Martin Luther King Prayer Breakfast
- Peyton's Project
- West Swim Team
- Partners in Education
- YMCA Kids Day and Gobble Wobble
- Camp Fire
- Electra Memorial Hospital
- Sheppard Air Force Base
- PRCA Rodeo
- Wichita County Mounted Patrol Rodeo

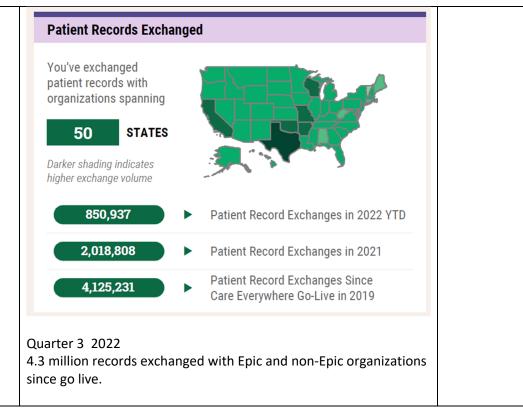


3.L. With the implementation of Epic and through its applications, United Regional will continue to lead the implementation of the Health Information Exchange (HIE) which will allow hospitals, physician practices and other health care providers within the community/region to access to their respective patients' health information to help improve efficiency and effectiveness of patient care among handoffs to community providers. Local and regional physicians, hospitals and nursing facilities are joining to share information across the continuum of care.	Express H     Hospice G     Wichita F     The ARC     The Food     Patsy's H     Americar     The Kiche     Habitat for Law Enform  Dec 2020-Nov 20 with organization Ongoing.  Patient Record  You've exchanged patient records we organizations spannizations spanniz	of Wichita Count I Bank ouse In Cancer Society en or Humanity orcement Service I 21 United Region as in all 50 states Is Exchanged I TATES Eates	s nal exchanged he	ealth information	
	higher exchange vol	1,072,516	3,133,785	375	
	Exchanges in 2021 YTD	Exchanges in 2020	Since Care Everywhere Go-Live in 2019	Epic Organizations Exchanged With	
	2,146	1,676	52,037	1,374	
	Epic Hospitals Exchanged With	Epic EDs Exchanged With	Epic Clinics Exchanged With	Non-Epic Connections Exchanged With	

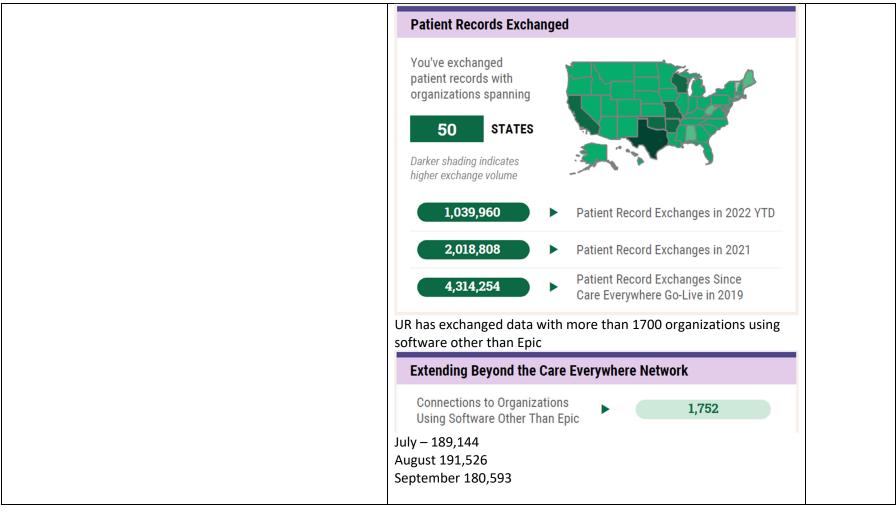




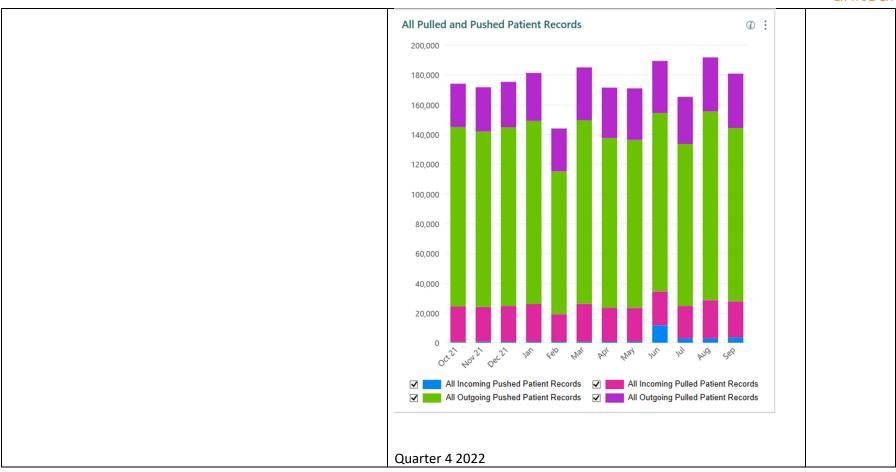




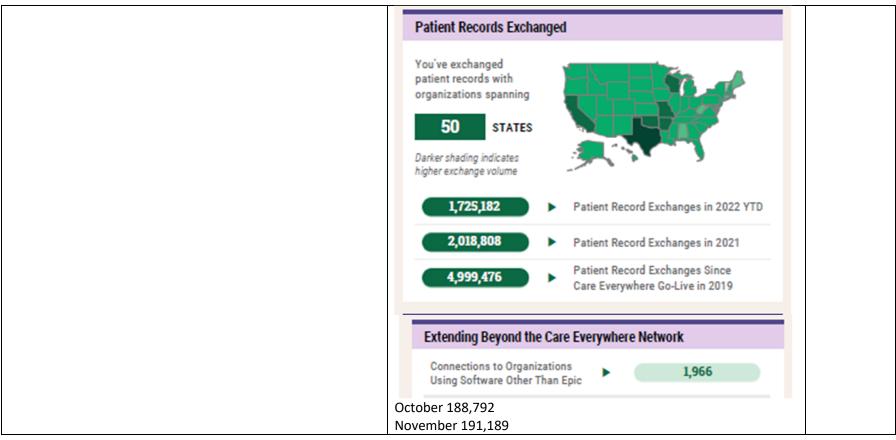




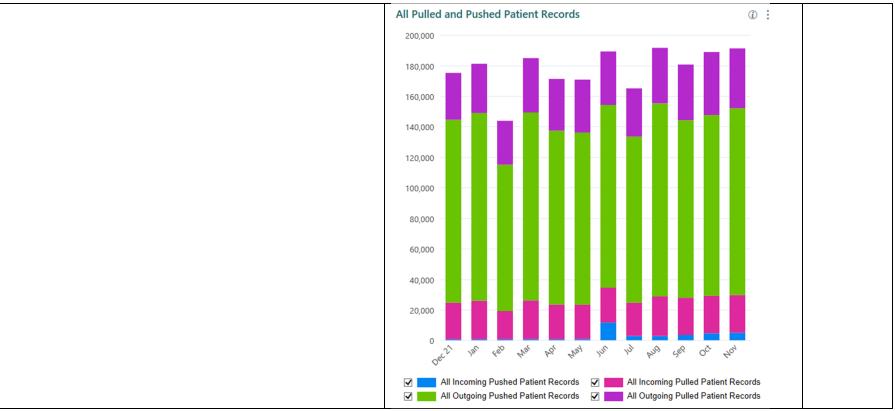














3.M. United Regional will continue the process of hospitalbased case managers to follow up with identified patients related to chronic conditions, such as heart failure and diabetes, to provide discharge instructions and patient education regarding symptom management, medication management to help them avoid readmissions.

### January - December 2020

**Total Interventions** 

• Emergency Dept: 18,898

• Inpatient: 36,394

High Risk Nurse Navigators completed 17,502 outreach encounters

### January to December 2021

**Interventions/Referrals** 

- Prescription Assistance Interventions 724
- Housing Insecurity Referrals 1,283
- Transportation Assistance Interventions 1,809
- Food Insecurity Referrals 628
- Durable Medical Equipment Referrals 1,020
- Home Health Referrals 1,979
- Skilled Nursing Facility Referrals 1,932
- Inpatient Rehab Referrals 770
- Long Term Acute Care Referrals 235
- Swing Bed Referrals 73

COVID had large effect on facility referrals unable to place

## **High-Risk Navigation Programs:**

## January to December 2022

High Risk Navigation Programs:

- Reduced ED utilization by 28.99% (90 days pre-enrollment utilization vs. 90 days Post-enrollment utilization)
- 77% of Diabetic patients enrolled have improvement in hemoglobin a1c.
- Diabetic patients enrolled had an average hemoglobin a1c reduction of 2.38 in the first 90 days.





• 171 units of blood were donated at 3 drives held between January and June.  • 254 units of blood were donated at 3 drives held in the 2 <sup>nd</sup> half of 2020.  FY 2021  • 235 units of blood were donated at 3 drives held between January and June  • 220 units of blood were donated at 3 drives held 2 <sup>nd</sup> half of 2021.  FY 2022  • 50 units of blood were donated during the 1 <sup>st</sup> qtr  • 122 units of blood were donated during the 2 <sup>nd</sup> qtr  • 67 units of blood were donated during the 3 <sup>nd</sup> qtr  • 159 units of blood were donated during the 4th qtr  3.0. United Regional will continue to serve as a teaching facility and allow students pursuing health-related careers to rotate through the facility for a variety of programs.  January and June.  • 254 units of blood were donated at 3 drives held between January and June 2020.  FY 2022  • 50 units of blood were donated during the 1 <sup>st</sup> qtr  • 159 units of blood were donated during the 4th qtr  January and June.  • 67 units of blood were donated during the 2 <sup>nd</sup> half of 2021.  • 75 units of blood were donated during the 2 <sup>nd</sup> half of 2021.  • 75 units of blood were donated during the 1 <sup>st</sup> qtr  • 122 units of blood were donated during the 2 <sup>nd</sup> qtr  • 67 units of blood were donated during the 2 <sup>nd</sup> qtr  • 75 units of blood were donated during the 2 <sup>nd</sup> qtr  • 75 units of blood were donated during the 2 <sup>nd</sup> qtr  • 75 units of blood were donated during the 2 <sup>nd</sup> qtr  • 75 units of blood were donated during the 2 <sup>nd</sup> qtr  • 75 units of blood were donated during the 2 <sup>nd</sup> qtr  • 75 units of blood were donated during the 2 <sup>nd</sup> qtr  • 75 units of blood were donated during the 2 <sup>nd</sup> qtr  • 75 units of blood were donated during the 2 <sup>nd</sup> qtr  • 75 units of blood were donated during the 2 <sup>nd</sup> qtr  • 75 units of blood were donated during the 2 <sup>nd</sup> qtr  • 75 units of blood were donated during the 2 <sup>nd</sup> qtr  • 75 units of blood were donated during the 2 <sup>nd</sup> qtr  • 75 units of blood were donated during the 2 <sup>nd</sup> qtr  • 75 units of blood were donated during the 2 <sup>nd</sup> qtr  • 75 units of blood	3.N. United Regional will continue to host and participate in	FY 2020	
254 units of blood were donated at 3 drives held in the 2 <sup>nd</sup> half of 2020.      FY 2021     235 units of blood were donated at 3 drives held between January and June     220 units of blood were donated at 3 drives held 2 <sup>nd</sup> half of 2021.  FY 2022     50 units of blood were donated during the 1 <sup>nd</sup> qtr     122 units of blood were donated during the 2 <sup>nd</sup> qtr     67 units of blood were donated during the 3 <sup>nd</sup> qtr     159 units of blood were donated during the 4th qtr  3.0. United Regional will continue to serve as a teaching facility and allow students pursuing health-related careers to rotate through the facility for a variety of programs.  January – June 2020: 514 Students     MSU RN Students – 177     Vernon college RN students – 177     Vernon college RN students – 32     Vernon College Certified Surgical tech students – 1     Kentucky Community College Surgical first assist – 1     Kentucky Community College Surgical first assist – 1     MSU Athletic training students – 8     MSU Health Services Administration student – 1     MSU Radiology Technologist students – 15     MSU Respiratory Therapy students – 15     MSU Respiratory Therapy students – 16     MSU Social Work student – 1			
half of 2020.  FY 2021  235 units of blood were donated at 3 drives held between January and June 220 units of blood were donated at 3 drives held 2 <sup>nd</sup> half of 2021.  FY 2022  50 units of blood were donated during the 1 <sup>st</sup> qtr 122 units of blood were donated during the 2 <sup>nd</sup> dtr 67 units of blood were donated during the 3 <sup>rd</sup> qtr 159 units of blood were donated during the 3 <sup>rd</sup> qtr 159 units of blood were donated during the 4th qtr  3.0. United Regional will continue to serve as a teaching facility and allow students pursuing health-related careers to rotate through the facility for a variety of programs.  January – June 2020: 514 Students  MSU RN Students – 175 Vernon college RN students – 177 Vernon college LVN Students – 32 Vernon College Certified Surgical tech students – 15 AT Still Physician Assistant students – 4 Frontier University Nurse Midwife students – 1 Kentucky Community College Surgical first assist – 1 MSU Athletic training students – 8 MSU Health Services Administration student – 1 MSU Respiratory Therapy students – 15 MSU Respiratory Therapy students – 15 MSU Respiratory Therapy students – 6 MSU Social Work student – 1		January and June.	
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<ul> <li>159 units of blood were donated during the 4th qtr</li> <li>3.0. United Regional will continue to serve as a teaching facility and allow students pursuing health-related careers to rotate through the facility for a variety of programs.</li> <li>MSU RN Students – 175         <ul> <li>Vernon college RN students – 32</li> <li>Vernon College Certified Surgical tech students – 15</li> <li>AT Still Physician Assistant students – 4</li> <li>Frontier University Nurse Midwife students – 1</li> <li>Kentucky Community College Surgical first assist – 1</li> <li>MSU Athletic training students – 8</li> <li>MSU Health Services Administration student – 1</li> <li>MSU Respiratory Therapy students – 6</li> <li>MSU Social Work student – 1</li> </ul> </li> </ul>			
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<ul> <li>MSU Respiratory Therapy students – 6</li> <li>MSU Social Work student – 1</li> </ul>			
MSU Social Work student – 1		-, -	
		· · · · · · · · · · · · · · · · · · ·	
PERCOM EMS student – 1			
Destruction DAID students 4			
Rocky Mountain DNP student – 1     SAFP Redialogy student – 2		·	
<ul> <li>SAFB Radiology student – 2</li> <li>TCU CRNA students – 3</li> </ul>		-,	
TSTC RN students - 3      TSTC RN students - 24			
Texas Tech Dietician student – 1			
UNT Medical Student = 1      UNT Medical Student internship = 1			



- UTA FNP student 1Vernon College Pharmacy students –
   10
- Vernon College pharmacy students 10
- Vernon College HIM students 1
- Walden Advanced Practice Nursing students 3
- Weatherford College OT students 1
- WF ISD MLA student 1
- Four (4) students will graduate on July 17, 2020 from the MLS program in the laboratory. Two (2) will be employed by United Regional. Four (4) new students will be starting on July 20, 2020.
- There are currently three (3) students in the MLS program for the 2020-2021 year.
- Wichita Falls ISD has an MLA program through the CEC. Those students also rotate through the lab. Four (4) students were trained in the lab from January through March.
- The Respiratory department hosted 3 juniors and 1 senior student here for the 2020 spring semester

### July - December 2020: 518 Students

- MSU RN Students 160
- Vernon college RN students 137
- Vernon college LVN Students 68
- Vernon College Certified Surgical tech students 26
- Abilene Christian OT student 1
- AT Still Physician Assistant students 5
- Bradley University FNP student 1
- Caddo Kiowa OTA student 1
- College Health Care Prof MA student 1
- Florida International Masters in Public Health 1
- Frontier University Nurse Midwife students 1
- Hardin Simmons PT student 1
- Kansas City Univ Medical Student 1
- Madisonville Community College First Assist 3
- Mary Hardin Baylor PT student 1
- MSU FNP student 2



- MSU Health Services Administration student 1
  - MSU Radiology Technologist students 15
  - MSU Respiratory Therapy students 17
  - PERCOM EMS student 1
  - SAFB Radiology student 5
  - TCU CRNA students 5
  - TSTC RN students 22
  - Texas A&M dietician student 1
  - Texas Tech Dietician student 1
  - Texas Women's University PT student 1
  - University of Nebraska PA student 1
  - UNT PT students 4
  - UTA FNP student 4
  - UTA Social Work students 1
  - Vernon College MA students 5
  - Walden Advanced Practice Nursing students 1
  - Weatherford College OT students 2
  - WF Medical Assistant student 6
  - The Radiology department hosted 15 students during the 2020 Summer and Fall Semesters.

# January-December 2021

Medical Laboratory Science Students - 4

Radiology Students:

- MSU Radiology Students-27
- SAFB Radiology Student-1
- Ultrasound Student-1

Other Educational Students:

### **2021 Spring Semester 490 students**

- AT Still 5
- Bradley University 1
- Burkburnett ISD MA program 11
- Caddo Kiowa OTA 1
- Central New Mexico Community College 1
- Florida International 1
- Frontier Nursing 2



2020 – 2022 Tracking Document		unitedre
2020 – 2022 Tracking Document	<ul> <li>Harding University – 2</li> <li>Kansas City University – 1</li> <li>MSU Athletic training – 10</li> <li>MSU FNP – 1</li> <li>MSU Respiratory – 24</li> <li>MSU BSN Jrs – 61</li> <li>MSU NSN Sr1 – 55</li> <li>MSU BSN Sr2 – 53</li> <li>Oklahoma City Univ – 1</li> <li>St. Augustine Univ – 1</li> <li>School of EMS – 5</li> <li>Southwest Oklahoma State – 1</li> <li>TCU – 2</li> <li>TECOM – 1</li> <li>Texas A&amp;M – 1</li> <li>TSTC – 10</li> <li>TWU – 1</li> <li>Thomas Jefferson Univ – 1</li> <li>University of Nebraska – 1</li> <li>UTA – 6</li> <li>Vernon College ADN Jr – 64</li> <li>Vernon College LVN – 41</li> </ul>	unitedre
	<ul> <li>Vernon College CST – 11</li> <li>Vernon College Pharmacy Tech – 5</li> <li>Walden Univ – 3</li> <li>Weatherford College – 2</li> <li>West Texas A&amp;M - 1</li> <li>Summer 2021 semester – 368 Students</li> <li>AT Still – 7</li> <li>Caddo Kiowa OTA – 2</li> <li>Central Texas College – 1</li> <li>Concorde Career College – 2</li> <li>Florida International – 2</li> <li>MSU Athletic Trainer – 6</li> </ul>	

MSU FNP – 5MSU Respiratory – 8



- MSU Accelerated BSN 9
- MSU BSN Jr 61
- MSU BSN Sr 1 54
- Purdue Global 1
- School of EMS 4
- Southern Career Institute 1
- St Augustine 1
- TSTC 10
- Texas Tech 1
- Univ of Nebraska 1
- UNT 2
- UTA 5
- Vernon College ADN Jr 99
- Vernon College LVN 39
- Vernon College CTS 11
- Vernon College EMS 13
- Walden Univ 2
- Weatherford College 1
- Western Kentucky 1
- Wichita Falls MA school 12

## Fall Semester 2021 – 616 Students

- AT Still 12
- American Sentinel Univ 1
- Aramark 1
- Axon − 1
- Baylor University 1
- Brigham Young 1
- Caddo Kiowa OTA 2
- Chamberlain University 1
- Florida International 1
- Madisonville Community College 2
- MSU Athletic training 6
- MSU FNP 2
- MSU Respiratory 14
- MSU Accelerated BSN 28
- MSU BSN Jrs 47MSU NSN Sr1 59
- MSU BSN Sr2 118



- MSU Social Work 1
- St. Augustine Univ 2
- School of EMS 2
- TCU − 2
- Texas A&M Corpus Christi 3
- TSTC nursing-10
- TSTC Biomed 1
- ► Texas Tech 1
- University of Nebraska 1
- UTA 6
- Vernon College ADN Jr –69
- Vernon College ADN Sr 129
- Vernon College LVN 39
- Vernon College CST 26
- Vernon College Pharmacy Tech 4
- Walden Univ 4
- Wichita Falls MA school 1

# January – March 2022- 542 students

# Laboratory:

- Four (4) students from the CEC MLA program have been rotating through the lab for their clinical hours. Three of the four have already passed the AMT MLA certification exam. - Students graduated from the MLS program on July 15, 2022.
- Students from the MLA programs with WFISD will start in September of 2022
- Aramark dietetic intern 1
- AT Still PA Students 5
- Axon EMS − 1
- Baylor University Nursing 2
- Chamberlain University FNP 1
- College of St. Mary Rehab 1
- Delaware County Community college first Assist 1
- Harding University Rehab 1
- Hardin Simmons PA 1
- LSU Masters SW 1
- Madisonville Community college surgical first assist 2



2020 – 2022 Tracking Document		unitedre
	MSU Athletic Training – 15	
	<ul> <li>MSU Radiology technologist – 15</li> </ul>	
	<ul> <li>MSU Respiratory Therapy – 5</li> </ul>	
	<ul> <li>MSU Accelerated BSN – 19</li> </ul>	
	• MSU BSN Jr 1 - 31	
	• MSU BSN Jr 2– 47	
	• MSU BSN Sr 1 - 59	
	• MSU BSN Sr 2 – 61	
	<ul> <li>MSU Social Work – 2</li> </ul>	
	• School of EMS – 1	
	SAFB Radiology – 1	
	● Texas A&M BSN – 2	
	TCU CRNS – 2	
	TSTC ADN – 2	
	TSTC BioMed – 1	
	<ul> <li>University of Arkansas BSN – 1</li> </ul>	
	<ul> <li>UTA Nurse Practitioner – 6</li> </ul>	
	<ul> <li>Vernon college ADN Sr – 95</li> </ul>	
	<ul> <li>Vernon College ADN Jr – 69</li> </ul>	
	<ul> <li>Vernon college Surgical scrub tech – 15</li> </ul>	
	Vernon college EMS – 17	
	Vernon college HIM – 1	
	<ul> <li>Vernon college LVN – 29</li> </ul>	
	Vernon college MA – 5	
	<ul> <li>Vernon college pharmacy tech – 9</li> </ul>	
	<ul> <li>Walden University nurse practitioner – 4</li> </ul>	
	Wichita Falls ISD MLS – 4	
	Wichita Falls ISD MA - 3	
	April – September, 2022	
	Angelo State – 1	
	Aramark Dietitian Intern 1	
	AT Still University - 10	
	<ul> <li>Chamberlain University – 2</li> </ul>	
	<ul> <li>College of Health Care Professionals MA student – 1</li> </ul>	
	Lake Erie College of Osteopathic Medicine – 2	
1		i

• Madisonville Community College – 3

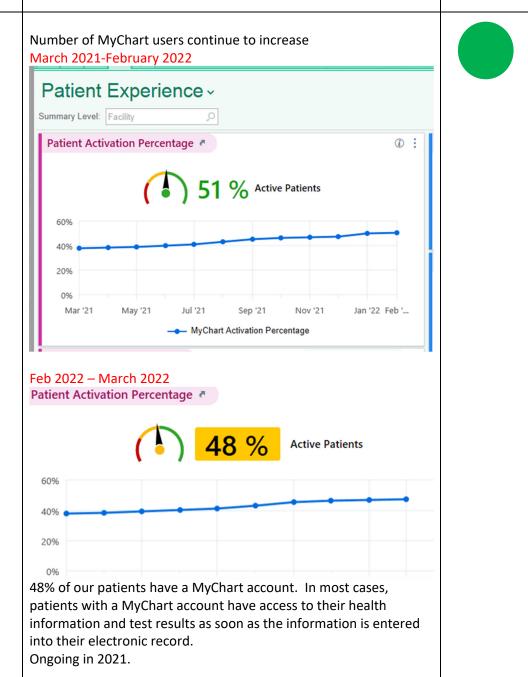


2020 – 2022 Tracking Document		unitedre
2020 – 2022 Tracking Document	<ul> <li>MSU Athletic Training – 30</li> <li>MSU Accelerated BSN Program – 15</li> <li>MSU BSN Program – 212</li> <li>MSU FNP Program – 3</li> <li>MSU Respiratory Program – 10</li> <li>MSU Social Work – 3</li> <li>National Institute of First Assist – 2</li> <li>SAFB Radiology – 4</li> <li>School of EMS Paramedic Program – 2</li> <li>TCU CRNA Program 0 8</li> <li>Texas Heart Institute Perfusion – 1</li> <li>TSTC RN Program – 10</li> <li>Texas Tech NP Program – 4</li> <li>Texas Tech OT Program – 1</li> <li>Texas Tech PT Program – 2</li> <li>University of Arkansas RN Program – 6</li> <li>UNOT PT Program – 5</li> <li>UTA NP Program – 5</li> <li>UTA SW Graduate Program – 1</li> <li>University of St. Augustine PT Program – 1</li> <li>Vernon College RN Program – 206</li> <li>Vernon College EMS – 41</li> <li>Vernon College LVN Program – 2</li> <li>Weatherford College PT Program – 1</li> <li>Wef MA School – 3</li> </ul>	unitedre
	<ul> <li>WFISD MA Program - 8</li> <li>Radiology Students: April 2022-July 2022</li> <li>MSU Radiology Students-15</li> <li>Ultrasound Student-1</li> <li>Radiology Students: July 2022-September 2022</li> <li>MSU Radiology Students-13</li> <li>Ultrasound Student-1</li> <li>Radiology Students: October – December 2022</li> </ul>	

• MSU - 14



3.P. United Regional will continue to offer MyChart, which offers patients personalized and secure online access to portions of their medical records and enables them to securely use the Internet to help manage and receive information about their health.









3.Q. United Regional offers internal staff education for LVNs who want to grow to an RN position. The hospital assists in tuition and book payments in exchange for a guaranteed work commitment (for a designated period of time) after they receive their degree.

### January – December 2020

United Regional provided financial assistance to seven (7) employees seeking an RN degree (ADN or BSN) through the School to Work RN program, totaling over \$61,000 in tuition, books, and supplemental hours for 2020. An additional almost \$66,000 was invested in tuition reimbursement for employees seeking graduate-level degrees. \$60,475 was invested in developing leaders with the achievement of an advanced educational degree.



### January - Decmeber, 2021

United Regional provided financial assistance to nine (9) employees seeking an RN degree (ADN or BSN) through the School to Work RN program, totaling over \$51,000 in tuition, books, and supplemental hours for 2021. An additional almost \$62,000 was invested in tuition reimbursement for employees seeking other work-related degrees. \$63,448 was invested in developing leaders with the achievement of an advanced educational degree.

### January – May 2022

United Regional provided financial assistance to four (4) employees seeking a RN degree (ADN or BSN) through the School to Work program, totaling over \$20,000 in tuition, books and supplemental hours for January to May, 2022. An additional \$15,718 was invested in tuition reimbursement for employees seeing other work-related degrees. \$32,539 was invested in developing leaders with the achievement of an advanced educational degree.

## May – July 2022

United Regional provided financial assistance to four (4) employees seeking a RN degree (ADN or BSN) through the School to Work program, totaling over \$1,200 in tuition and books for May to July, 2022. An additional \$16,579 was invested in tuition reimbursement for employees seeing other work-related degrees. \$9,8767 was invested in developing leaders with the achievement of an advanced educational degree.

July - September 2022



United Regional provided financial assistance to seven (7) employees seeking a RN degree (ADN or BSN) through the School to Work program, totaling over \$25,826.58 in tuition and books for July - September, 2022.

An additional \$13,673.37 was invested in tuition reimbursement for employees seeing other work-related degrees. \$4,383.51 was invested in developing leaders with the achievement of an advanced educational degree.

## October 2022 - December 2022

United Regional provided financial assistance to seven (7) employees seeking a RN degree (ADN or BSN) through the School to Work program, totaling over \$24,583.59 in tuition and books for October – December, 2022.

An additional \$6,487.50 was invested in tuition reimbursement for employees seeing other work-related degrees. \$11,839.01 was invested in developing leaders with the achievement of an advanced educational degree.



# Priority 4: Access to Affordable, High Nutritional Quality Food

Activity	Impact & Evaluation:	Current Status
4.A. In conjunction with the Wichita Falls Area Food Bank,	FY 2020	
United Regional works to provide healthy food boxes for		
patients participating in Diabetes Education, Heart Failure	The Healthy Food Box Program has provided 488 food boxes to	
Clinic, and Outpatient Infusion and post-operative patients	patients and families for an approximate total of \$8,071.02.	
who are food insecure. Community Care Fund at United		
Regional Foundation provides these boxes, which contain		
a variety of nonperishable food items.	<u>FY 2021</u>	
	The Healthy Food Box Program provided 665 food boxes to	
	patients and families at an approximate total of \$19,619.99.	
	FY 2022	
	Jan-March 2022 - The Healthy Food Box Program provided 200	
	food boxes to patients and families for an approximate total of	
	\$5,850.	
	April -June 2022 - The Healthy Food Box Program provided 183	
	food boxes to patients and families for an approximate total of	
	\$5,363.	
	July – Sept 2022 - The Healthy Food Box Program provided 191	
	food boxes to patients and families for an approximate total of \$5,595.	
	October – December 2022 - The Healthy Food Box Program	
	provided 142 food boxes to patients and families for an	
	approximate total of \$4,159.18.	
4.B. United Regional will continue to sponsor the High	FY 2020	
Heels for Hot Meals event, which benefits The Kitchen.	United Regional sponsored High Heels for Hot Meals at a level of	
The Kitchen provides food for seniors as well as the local	\$5,000. The event was originally scheduled for April of 2020 and	
Meals on Wheels program.	subsequently postponed till July due to COVID-19. Event	
	cancelled prior to July date.	
	FY 2021	
	Event was not rescheduled. Sponsorship money kept by the	
	Kitchen at the hospital's request to continue to use to serve	
	meals to those in need.	
	FY 2022	



	The 2022 event was Fashion Night Out in October, 2022, with proceeds benefitting the local Meals on Wheels program.
4.C. United Regional will continue to provide healthy options in its hospital dining room, as well as to focus on healthy lifestyle promotion. The hospital dining room highlights healthy food options by displaying calorie counts and nutritional panels, offering discounted rates for healthier meal options, and a salad bar.	The first half of 2020 healthy initiatives from 2019 were carried forward. Initiatives are still being offered as they can in the dining room amidst COVID-19 safety regulations for customers.
	Healthy food options continue to be highlighted during each meal service and calorie counts displayed for foods offered in our Dining Room. A dedicated grab and go snack cabinet offers healthy options and the cold coolers have protein packed snacks, varieties of yogurt, and fresh cut fruits all year round.  FY 2022  Healthy food options continue to be highlighted during each meal service and calorie counts displayed for foods offered in our Dining Room. A dedicated grab and go snack cabinet offers healthy options and the cold coolers have protein packed snacks, varieties of yogurt, and fresh cut fruits all year round. A revolving featured station has fresh, grilled foods, to build your own burrito bowl, baked potato, or salad, just to name a few.
4.D. In conjunction with the Wichita Falls Area Food Bank, United Regional offers a mobile food pantry at six different locations – once each per month – in an effort to have a hunger-free community. United Regional also sends a nurse to each mobile pantry distribution site to offer free, voluntary blood pressure and blood sugar checks. Free information about Body Mass Index (BMI) and its impact on overall health is also offered.	United Regional has partnered with the WFAFB to provide free community health screenings and healthy food boxes in underserved communities in 2019 through the Mobile Food Pantry Program.  • January – December 2020: The Mobile Food Pantry has provided 10,019 food boxes and screened 1,020 individuals.  • January – December 2021: The Mobile Food Pantry has provided 6,795 food boxes. Health screenings were not



	<ul> <li>provided at mobile pantry locations during CY2021 due to COVID-19.</li> <li>January – December 2022: The Mobile Food Pantry has provided 6,059 food boxes. Health screenings were resumed at Mobile Pantry locations.</li> </ul>	
4.E. United Regional offers a Farmers Market in the Summer and Fall seasons for employees and the community to purchase fresh, locally grown produce as part of the hospital's Bee Healthy program.	FY 2020: Due to the COVID-19 pandemic in our community and lack of volunteer staff within the hospital, the Farmers Market was not hosted.  FY 2021: Due to lack of volunteers and volunteer staff reallocated, the Farmers Market was not held in the summer of 2021.  FY 2022: Program was not held in 2022 due to lack of resources in volunteer services and from the local farmers.	



# **Priority 5: Access to Mental and Behavioral Health Care Services and Providers**

Activity	Impact & Evaluation:	Current Status
5.A. United Regional will continue to provide case management services and appropriate referrals for patients who present to the hospital or emergency department with mental or behavioral health conditions on an as needed basis. For example, the hospital will refer applicable patients to the state hospital as necessary.	<ul> <li>FY 2020         <ul> <li>Telepsychiatry Consults with in hospital: 592</li> <li>Referrals to NTSH: 25</li> <li>Referrals to Private Mental Health/Substance Abuse facilities: 588</li> <li>Referrals to Helen Farabee Centers: 633</li> </ul> </li> <li>NOTE: COVID-19 effected the NTSH referrals and disposition.</li> </ul>	
	FY 2021  Mental Health Interventions  Telepsychiatry - 830  NTSH Referrals - 43  Red River Hospital - 483  Substance Abuse - 539  Helen Farabee (MHMR) - 1,067	
	FY 2022  Mental Health Referrals  Telepsychiatry - 883  North Texas State Hospital – 15  Red River Hospital – 262  Discovery Wellness Center Silver Spring – 44  The Recovery Center – 173  Brazos Recovery Services - 4  Salvation Army Substance Use Services – 86  Faith Mission Substance Use Services – 73  Faith Refuge Substance Use Services - 40  Helen Farabee (MHMR) - 823  12 Step Response Team - 20  Alcoholics Anonymous – 135  988 Suicide and Crisis Lifeline - 38  Oxford House Sober Living – 36	



		unite
	<ul> <li>E-psychiatry – 12</li> <li>Unity Recovery – 13</li> <li>Emotions Anonymous – 13</li> <li>Promises Behavioral Health Outpatient Drug and Alcohol Treatment – 12</li> <li>Community Healthcare Center Behavioral Health - 39</li> <li>NAMI North Central Texas Region – 3</li> <li>Narcotics Anonymous – 3</li> <li>Wichita Falls Sober Living - 5</li> </ul>	
5.B. United Regional will continue to provide psychiatric telehealth services for applicable patients.	Psychiatric telehealth services were implemented in 2017 and continue to be utilized for patients.	
5.C. United Regional will continue to staff a SANE (Sexual Assault Nurse Examiner) that is trained specifically to treat sexually assaulted patients.	Ongoing staff position through the Emergency Department.	
5.D. United Regional will continue to provide individual and family guidance counseling for employees through the Employee Assistance Program.	United Regional engaged with a new, more robust EAP provider on November 1, 2020, making the program available to all 2,400 employees and approximately 300 physicians. Over 174 visits were completed in November and December, including website access, coaching, professional counseling, and eVisits.  An onsite respite room and 15-minute massages were also made available to employees.  FY 2021  In 2021, United Regional focused on work life balance, workplace	
	support services, self-care, overall mental wellness, financial and legal wellness and positive mindset. Resources were available to 2400 employees and approximately 300 physician households.	



Overall Member Utilization Q1 = 43.3%Q2 = 66.9%Q3 = 87.1% Q4 = 79.3%Initiatives and activities utilized by members: - Counseling & consultations - 255 - EAP Counseling Cases - 196 - Coaching Cases - 4 - Critical Incident Response Events - 3 - Manager Trainings -5 - Employee Trainings - 29 - Legal and financial Services - 21 On site counselor weekly- main campus On site counselor at URPG campus, Q4 Respite room – employees enjoyed a few minutes of guiet time without interruptions. Virtual Therapy offered in multiple modalities: Messaging, Chat, Phone and Video Virtual Sessions Completed: Q1 = 24Q2 = 44Q3 = 6404 = 85Department Training included: - Team Building Strategies for Leaders - Identifying and addressing Performance Concerns - Making the transition from Individual contributor to Leader - Techniques to restore health and well-being Critical Incident Response Events - Coping with the death of a coworker (3 different events). Outdoor Break area with a gentle flowing water feature with



peaceful landscape of greenery. Secure break area with many seating spaces, chairs, benches and covered picnic tables.

#### FY 2022

In 2022, United Regional will continue its focus for work life balance, workplace support services, self-care, overall mental wellness, financial and legal wellness, and positive mindset. Resources are available to 2200 employees and approximately 300 physician households.

Q1 - Top six reasons for accessing Employee Assistance is trending higher than 2021: Family/Children, Marital, Interpersonal Relationships, Depressions/Self-esteem, Anxiety and Occupational Stress.

Member Utilization – 153 unique members Employee 73.1%

Child 15.4%

Spouse 11.5%

Initiatives and activities utilized by members:

Counseling & consultations – average sessions 3.6 days

- Virtual 16
- Face to Face 20

Digital analytics search included:

Counseling -9

Provider Search –7

Financial Wellness –5

Lifestyle Coaching -5

Discounts (local and national) – 4

The top two topics searched were Self-care and Wellness

Life Enrichment Seminars

- Estate Planning
- Legal, Simple Will

On site counselor weekly appointments Respite room – employees enjoyed a few minutes of quiet time



without interruptions.

Outside break area accessed for quiet time and breaks

Handed out EAP brochure and EAP clip to 1800 employees (hospital week event)

#### Q2 2022

Top five reasons for accessing Employee Assistance includes: Family/Children, Anxiety, Depression, Interpersonal Relationships and Marital issues

Member Utilization – 86 unique members Employee 73.9% Child 17.4% Spouse 8.7%

Initiatives and activities utilized by members:

Counseling & consultations – frequency 1-5 days with average sessions completed in 3.5 days

- Virtual 51
- Face to Face 30
- Life Enrichment 5
- Digital Wellbeing 3

Life Enrichment topics and seminars:

- Identity Theft
- Estate Planning
- Mind and Body

Digital analytics search and assessments taken:

- General Anxiety Disorder -8
- Patient Health -6
- Post-traumatic stress disorder -2
- Counseling -15
- Life Mart Discounts (Family vacation/ Travel) -32
- Financial Wellness -9
- Legal Services -5
- Manager Support -4

On campus resources enjoyed by staff: Respite room – employees



enjoyed a few minutes of quiet time without interruptions. Outside break area accessed for quiet time and breaks

Distributed EAP brochure, refrigerator magnet and EAP clip to 161 new employees.

#### Q3 2022

On campus resources: Renovations were made to the Respite Room to make it a more relaxing and comfortable setting for employees to take a break.

Outside break area accessed for quite time, lunch & dinner breaks or a quick game of corn hole.

Employee Assistance Program (EAP) resources were placed in the Respite Room, 2<sup>nd</sup> floor break room and HR lobby.

Top six reasons for accessing Employee Assistance includes: Anxiety, Depression, Family/Children, Interpersonal Relationships Marital issues and Childcare/family care home.

Member Utilization – 47 new unique members Employee 75% Child 16.1% Spouse 8.9%

Initiatives and activities utilized by members: Counseling & consultations – frequency 1-5 days with average sessions completed in 3.0 days

- Virtual 54
- Face to Face 33
- Digital Wellbeing 9

Reasons for seeking services Anxiety 2.3% Depression 1.1% Family/Children 2.3% Marital 1.1%

Legal Assistance Webinar



Identity theft -1

Digital Wellbeing tool and assessments taken Alcohol use disorders identification –2 Drug Abuse Screening –2 General Anxiety Disorder –10 Patient Health Questionnaire –8 Post-traumatic stress disorder -4

Most visited pages
Discount Center –59
LifeMart –49
Provider Search –39
Counseling –31
Financial Wellness –16
Lifestyle Coaching –15

#### Q4 2022

Distributed EAP magnets and trifold brochure to 67 employees attending new hire orientation.

Emailed EAP Leader's Toolkit (management) - Bringing out the best in your Team. Recognizing and building on employees' creativity helps staff feel involved and motivated. Focus on team's strengths and respond with empathy to reduce tension and drive performance.

Toolkit included EAP Webinars: Leading with Purpose and Living with greater intention. Distributed EAP flyers in staff breakrooms and in the Serenity Room.

Topics included:

- Addressing Addiction
- Better Help Engagement
- Finding balance and peace this holiday season
- Holiday Emotional Wellbeing

Communicated EAP Webinar to all staff



Thriving through the holidays

Outside break area accessed for quite time, lunch & dinner breaks or a quick game of corn hole.

Employee Assistance Program (EAP) resources were placed in the Respite Room, 2<sup>nd</sup> floor break room and HR lobby.

## Top six reasons for accessing Employee Assistance includes:

Anxiety, Depression, Family/Children, Interpersonal Relationships Marital issues.

### Member Utilization - 23 new unique members

Employee 76.3% Child 15.3% Spouse 8.5%

## Initiatives and activities utilized by members:

Counseling & consultations – frequency 1-5 days with average sessions completed in 2.5 days

- Virtual
- Face to Face
- Digital Wellbeing

# Reasons for seeking services

Anxiety
Depression
Family/Children
Interpersonal relationships
Marital
Childcare family/child care home

# **Legal Services**

Domestic Relations Estate Planning Identity Theft Taxes

Digital Wellbeing tool and assessments taken



Alcohol use disorders identification **Drug Abuse Screening** General Anxiety Disorder Patient Health Questionnaire Post-traumatic stress disorder **Loneliness Assessment** Most visited pages **Discount Center** LifeMart Provider Search Counseling **Financial Wellness** Lifestyle Coaching Manager Support **Legal Services** Introduced online Tobacco Cessation course – available to all staff in December 2022.



# **Priority 6: Access to Affordable Care and Reducing Health Disparities Among Specific Populations**

Activity	Impact & Evaluation:	Current Status
6.A. United Regional will continue to provide medical care to all patients in need, regardless of their ability to pay. In addition to its internally-provided charity program, United Regional is a health care provider under the State of Texas Medicaid Program and a mandated provider under the Wichita County Indigent Program.	United Regional continues to participate in the Medicaid program and the Wichita County Indigent program to assist those in need. FY 2020: The cost associated with URHCS charity care program in 2020 was \$23,906,000.  FY 2021: The cost associated with URHCS charity care program in 2021 was \$20,580,000.  FY 2022: The cost associated with URHCS charity care program in 2022 was \$20,678,000.	
6.B. United Regional will continue to work to encourage physicians new to the community to accept all payer classes.	All United Regional Physician Group Physicians accept patients from all payer classes.  Current in 2021.  Current in 2022.	
6.C. United Regional will continue to provide office space for Texas Department of Health and Human Services staff members and 50% of their monthly operating cost to assist families with qualification for Medicaid services.	FY 2020: The hospital expends \$17,112 per year in operating costs of staff to assist families with qualification for Medicaid services.  FY 2021: Operating costs of \$17,112 remained the same in 2021.  FY 2022: Operating costs of \$17,112, remained consistent.	
6.D. United Regional employs a staff member to find financial coverage for specialty drugs necessary for certain patient care, which in turn lowers costs borne within the community.	<ul> <li>EY 2020         <ul> <li>20 patients have been assisted through the Chemo/Infusion program for a total of patient benefit of \$4,830,889.63</li> <li>120 patients have been assisted through the Transition Clinic program for an estimated total patient benefit of \$112,359.91</li> </ul> </li> <li>EY 2021         <ul> <li>11 patients have been assisted through the Chemo/Infusion program for a total patient benefit of \$1,950,247.07.</li> </ul> </li> <li>130 patients have been assisted through the Transition Clinic program for an estimated total patient benefit of \$104,769.33</li> </ul>	



	<ul> <li>17 patients have been assisted through the Chemo/Infusion program for an estimated total patient benefit of \$1,967,944.23</li> <li>130 patients have been assisted through the Transition Clinic program for an estimated total patient benefit of \$425,736.16 annually</li> </ul>	
6.E. Physician referral, class registration and nurse triage	FY 2020	
services will continue to be offered at no charge to the	Call-A-Nurse:	
community through United Regional's "Call-A-Nurse"	Physician Referral Calls – 250	
phone line. Referrals are provided for local physicians as	Service Referral Calls –543	
well as other community health services.	<ul> <li>Classes Enrolled – 247 – most classes cancelled due to</li> </ul>	
	COVID	
	Nurse Triage calls –4,802	
	<u>FY 2021</u>	
	Call-A-Nurse:	
	Physician Referral Calls – 250	
	Service Referral Calls –390	
	Classes Enrolled – 95 – most classes cancelled due to	
	COVID	
	Nurse Triage calls –3,898	
	•	
	<u>FY 2022</u>	
	Call-A-Nurse:	
	Physician Referral Calls – 220	
	Service Referral Calls –483	
	Classes Enrolled – 77	
	Nurse Triage calls –2,983	



6.F. United Regional will continue to provide families who frequent the Emergency Department for non-emergency pediatric care with brochures and information about the CarePlus walk-in clinic and the eCare virtual option for residents.

### FY 2020

Reporting issues first half of the year caused the brochure not to be mailed out. Brochures were handed out at Women's Expo, Leadership WF Youth event and in the Welcome to Texoma packets (108).



Reporting issues corrected for CarePlus mailout. In November, mailed 23 and in December mailed 26.

Second half of year 167 Welcome to Texoma packets.

#### FY 2021

Reporting issues corrected for CarePlus mailout. In January mailed 30, February mailed 22, March mailed 30, April and May mailed 154, June mailed 75, July mailed 37, August mailed 52, September mailed 56, October and November mailed 103, and December mailed 26 for a total of (585) for the year.

Welcome to Texoma Packets (241) total for the year.

### FY 2022

The Emergency Department mailout has not been mailed in the first quarter of 2022 due to hours being adjusted at clinic. New literature is being developed to show new hours.

The decision was made to discontinue the CarePlus mailing in 2022.

Welcome to Texoma Packets - 259 packets mailed – packet includes information on hospital and clinic services including CarePlus.

6.G.United Regional will continue to operate is Heart Failure Clinic. All heart failure patients are scheduled to follow up at the Heart Failure Clinic after hospital discharge to assess post discharge health, address lifestyle changes

### FY 2020

The Heart Failure Clinic had 1,410 kept appointments for 465 unique patients.



**FY 2021** 



to help stay healthy, and avoid readmission. The clinic takes all payer sources and those without insurance.	The Heart Failure Clinic had 2,039 kept appointments for 532 unique patients.  FY 2022 The Heart Failure Clinic had 2,042 kept appointments for 490 unique patients.	
6.H. Every other year, United Regional employees will continue to have the opportunity to donate to the Compassion Fund through the annual employee giving program Spirit of Giving. Proceeds from the Compassion Fund go towards helping discharged patients in a variety of ways including helping to pay for drugs or equipment that they would otherwise not be able to afford.	FY 2022: The Fall 2020 Spirit of Giving employee campaign raised \$47,725.88 for the Compassion Fund.  FY 2021: The Fall 2021 Spirit of Giving Campaign raised \$50,067.89 for the Friendship Fund, which assists employees experiencing unexpected financial hardships. In 2022, funds will again be raised for the Compassion Fund to assist discharged patients.  FY 2022: The 2022 Fall Spirit of Giving employee campaign raised \$37,750 for the Compassion Fund which assists with needs for discharged patients.	
6.I. United Regional will continue to provide United Regional Physician Group's CarePlus primary care walk-in clinic, which provides a lower cost option than an emergency room for minor injury and illness, and also offers eCare as a virtual option for residents. CarePlus is open to the entire community and not just patients of United Regional Physician Group physicians.	FY 2020  CarePlus Barnett Rd: 29,839 visits completed CarePlus Burkburnett: 4,231 visits completed eCare: 648 video visits (included in visit count) eVisits (not included in visit count): 1,363  FY 2021  CarePlus Barnett Rd: 31,796 visits completed CarePlus Burkburnett: 2,794 visits completed (clinic closed August 2021 due to Covid19) Rapid Testing Dept: 8,673 visits completed 1,990 (6%) of visits completed through virtual visits (video and e-visits).  FY 2022  January – March 31, 2022 CarePlus Barnett Rd: 7,493 visits completed CarePlus Burkburnett: closed due to COVID19 surge Rapid Testing Dept: 6,255 visits completed 676 (9%) of visits completed through virtual visits (video and e-visits).  April 1 – June 30, 2022 CarePlus Barnett Rd: 6,897 visits completed	



	<ul> <li>CarePlus Burkburnett: 373 visits completed</li> <li>394 (5%) of visits completed through virtual visits (video and e-visits).</li> <li>July 1 – September 30, 2022</li> <li>CarePlus Barnett Rd: 7,587 visits completed</li> <li>CarePlus Burkburnett: 426 visits completed</li> <li>447 (6%) of visits completed through virtual visits (video and e-visits).</li> <li>October 1 – December , 2022</li> <li>CarePlus Barnett Rd: 9,349 visits completed</li> <li>CarePlus Burkburnett: 547 visits completed</li> <li>923 (9%) of visits completed through virtual visits (video and e-visit</li> </ul>	
6.J. United Regional will continue to provide a Language Line to provide translation and interpretation services, on an as needed basis. Additionally, United Regional will continue to provide an internet based web-cam access to certified interpreters for our hearing-impaired patients on an as needed basis. This web cam based sign language service is available 24/7 anywhere in the hospital through our wireless network.	Several communication methods are available for staff to assist patients and family members with their communication needs: Language Line; internet-based webcam; MARTTI (My Accessible Real-Time Trusted Interpreter); and Telehealth carts. Translation services ae available within the hospital as well as at our physician clinics.	
6.K. United Regional will continue to provide mammograms through charity care for females who qualify.	Diagnostic mammograms are provided through the charity care program.  FY 2020 – 41 mammograms at a cost of \$11,445.63  FY 2021 – 40 mammograms at a cost of \$23,940.63  FY 2022 - 24 mammograms at a cost of \$8,909.68	
6.L. United Regional will continue to offer a transition clinic to provide care coordination activities to various atrisk patient populations discharging from the acute care setting back to the community. The Transition clinic provides temporary coverage for patients with Heart Failure, Diabetes, Pneumonia, COPD, Sepsis, Surgical Site Infection follow up and a wide array of other patients until they can be aligned with a primary medical home for on-	FY 2020 The Transition Clinic has had 4,156 kept appointments for 2,697 unique patients.  FY 2021 The Transition Clinic had 4,539 kept appointments for 2,547 unique patients.	



going care or appropriate community resources. Food Insecurity, transportation and medication assistance is identified during clinic appointments and services are aligned to provide the patients with these resources as well.	FY 2022 The Transition Clinic had 7,964 kept appointments for 2,935 unique patients.	
6.M. United Regional will continue to provide low dose CT lung screenings to patients that qualify and are appropriately referred by a physician. If patients do not meet the criteria, they are able to receive the screening through a low cash payment option.	FY 2020 The system performed 343 low dose CT lung cancer screenings.  FY 2021 The system performed 432 low dose CT lung cancer screenings.  FY 2022 The system performed 670 low dose CT lung cancer screenings.	

# PREVIOUS PRIORITIZED NEEDS



# **Previous Prioritized Needs**

# **2016 Prioritized Needs**

- Need for Additional Primary Care and Specialty Providers
- Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 3. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- 4. Access to Affordable, High Nutritional Quality Food Options
- Access to Mental and Behavioral Health Care

# **2019 Prioritized Needs**

- Access to Primary Care Services and Providers
- 2. Access to Specialty Care Services and Providers
- 3. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 4. Access to Affordable, High Nutritional Quality Food Options
- 5. Access to Mental and Behavioral Health Care Services and Providers
- 6. Access to Affordable Care and Reducing Health Disparities Among Specific Populations



# 2022 CHNA PRELIMINARY HEALTH NEEDS



# 2022 Preliminary Health Needs

- Access to Dental Care Services and Providers
- Access to Mental and Behavioral Health Care Services and Providers
- Access to Primary and Specialty Care Services and Providers
- Continued Focus on Emergency Preparedness & Response
- Continued Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities
- Prevention, Education and Awareness of Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles



# **PRIORITIZATION**



# The Prioritization Process

- On June 9, 2022 leadership from United Regional met with CHC Consulting to review findings and prioritize the community's health needs. Attendees from the hospital included:
  - Phyllis Cowling, President and Chief Executive Officer
  - Nancy Townley, Senior Vice President
     & Chief Operating Officer
  - Anne Dabovich, Vice President of Nursing & Chief Nursing Officer
  - Kristi Faulkner, Vice President of Organizational Development

- Johnny Roberts, Vice President of Physician Practice Services
- Michelle Nelson, Senior Director of Health Improvement
- Kim Maddin, Director of Community
   Relations & Volunteer Services
- Lynn Wiesen, Director of Marketing & Communications
- Leadership ranked the health needs based on three factors:
  - Size and Prevalence of Issue
  - Effectiveness of Interventions
  - Hospital's Capacity
- See the following page for a more detailed description of the prioritization process.



# The Prioritization Process

 The CHNA Team utilized the following factors to evaluate and prioritize the significant health needs.

### 1. Size and Prevalence of the Issue

- a. How many people does this affect?
- b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state?
- c. How serious are the consequences? (urgency; severity; economic loss)

### 2. Effectiveness of Interventions

- a. How likely is it that actions taken will make a difference?
- b. How likely is it that actions will improve quality of life?
- c. How likely is it that progress can be made in both the short term and the long term?
- d. How likely is it that the community will experience reduction of long-term health cost?

### 3. United Regional Capacity

- a. Are people at United Regional likely to support actions around this issue? (ready)
- b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing)
- c. Are the necessary resources and leadership available to us now? (able)



# Health Needs Ranking

- Hospital leadership participated in an electronic ballot process to rank the health needs in order of importance, resulting in the following order:
- Continued Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities
- 2. Prevention, Education and Awareness of Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 3. Access to Primary and Specialty Care Services and Providers
- 4. Continued Focus on Emergency Preparedness & Response
- 5. Access to Mental and Behavioral Health Care Services and Providers
- 6. Access to Dental Care Services and Providers



# **Final Priorities**

- Hospital leadership decided to address five out of the six ranked health needs. The final health priorities that United Regional will address through its Implementation Plan are, in descending order:
- Continued Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities
- 2. Prevention, Education and Awareness of Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 3. Access to Primary and Specialty Care Services and Providers
- 4. Continued Focus on Emergency Preparedness & Response
- 5. Access to Mental and Behavioral Health Care Services and Providers



# PRIORITIES THAT WILL NOT BE ADDRESSED



# Priorities That Will Not Be Addressed

- United Regional decided not to specifically address "Access to Dental Care Services and Providers."
- While United Regional acknowledges that this is a significant need in the community, "Access to Dental Care Services and Providers" is not addressed largely due to the fact that it is not a core business function of the hospital and the limited capacity of the hospital to address this need. United Regional will continue to support local organizations and efforts to address this need in the community.
- United Regional will continue to support local organizations and efforts to address this need in the community.



# **RESOURCES IN THE COMMUNITY**



# Additional Resources in the Community

 In addition to the services provided by United Regional, other charity care services and health resources that are available in Wichita County are included in this section.



# Additional Resources in the Community

- United Regional's Healthy Community site has been created to connect you with local resources to enhance quality of life and promote healthy behaviors. Here, you can search for programs to assist with food, housing, mental health, education, and other social services provided directly by community-based organizations.
- Please visit <a href="https://healthycommunity.findhelp.com/">https://healthycommunity.findhelp.com/</a> to search the resource database for any resource needs.



# **Prescription Assistance**

### **Interfaith Ministries**

1101 11<sup>th</sup> St
Wichita Falls Tx
(940)322-1365
Must apply in person only
Must be resident of Wichita County
Bring Social Security Card and picture ID

### **Salvation Army**

403 7<sup>th</sup> St (940)322-9822 Social Service Center Monday – Friday 9 to 3

\*Assistance only when funds are available.

### **Community Health Care Center**

200 Martin Luther King Blvd
Wichita Falls Tx 76301
(940)766-6306
Must be patient to receive help.
\*Accepts Medicaid and will work on a
Sliding scale (average \$10 per
prescription)

### Sam's Club Plus

\$4 Prescription Plan for 30day supply \$10 for 90 day supply Call for list of drugs or search website www.sams.com (940)691-7296

### **Wal-Mart**

Offers only \$4 for certain generic prescription. Contact Wal-Mart Pharmacy for details.

### **United Supermarkets**

\*Contact local stores for more details. Low cost and free prescriptions. Jacksboro Hwy (940)767-3661 Fairway (940)691-1471

### Partnership for Prescriptions

1-888-477-2669 Monday – Friday 9:00am to 5:00pm www.PPARX.org

### **Texas Drug Card**

Residents of Texas receive savings of up to 75% at more than 56,000 pharmacies. http://texasdrugcard.com
Website provides information to show our pharmacist.

### **The Medicine Program**

www.themedicineprogram.com May assist with medications. Need to complete application.

### **Wichita County Indigent Program**

600 Scott, Suite 102
(940)716-8535
Monday – Friday 8 to 5
Tonya Gideon
tonya.gideon@co.wichita.tx.us
Provides financial assistance for healthcare,
dental, and burial for indigent persons who
meet county indigent program regulations.

### Free Prescription Discount Card

Average 15% to 75% off prescriptions on brand and generic Wichita Falls Food Bank Cards Helpline: 1-855-957-9777 www.WatertreeHealthCard.com

### GoodRx Program

www.goodrx.comDiscount Coupons for medications

# **Medical Referral List**

# Family Practices/Pediatricians That Accept Medicaid

### **Community Health Care Center**

200 Martin Luther King Blvd

(940)766-6306

Medical: Monday – Friday 7am to 6pm Dental Monday – Friday 8:30 – 5:30pm CHCC features a sliding fee scale that is

is based on family size and income

# Juarez Medical Clinic CHCC

1000A Juarez St (940)766-6306

Monday – Friday 8 to 5

Closed for lunch 12:30pm to 1:30pm

# Texoma Medical Center

### Dr. Lawrence Lyford

1518 10<sup>th</sup> St (940)500-4083

Monday – Thursday 8 to 5pm

Friday 8 to Noon

Self-Pay and Medicaid Accepted

### <u>Downtown Medical Clinic</u> Dr. Paul Parkey

809 Indiana Ave (940)322-5544

Accepts Medicare for Adults Only

No Medicaid

### **Pediatric Associates**

Dr. Johnson, Dr. Ayer, Dr. Kaiser

4420 Kimbell Dr (940)696-1600

Call to see if accepting new Medicaid patients. Accepts walk-in appointments

Walk-In Clinic: M-F 7:45am – 10am

### Wichita County Health Dept - WF

1700 3<sup>rd</sup> St

(940)761-7800

Monday – Friday 8 to 5

Provides WIC, Texas Health Steps for

children and an STD Clinic.

### **Medical Transportation Program**

1-877-633-8747

Medicaid clients 2 day notice for local

appointments.

5 day notice for out of town appointments.

Must be registered with TMHP.

### **United Regional Physician Group**

General Practice; OB/GYN; Internal Medicine

and Specialty Services

Barnett Road Medical Building

4327 Barnet Road 940-764-5200

### Dr. Gadam Rao and Dr. Jesus Ucol Pediatrics

1718 10<sup>th</sup> St \*Both doctors prescreen to check availability in child's age bracket

**Dr. Rao:** (940)761-2229 **Dr. Ucol:** (940)761-5437

Monday – Thursday 8:30 to 5pm

Friday 8:30 to Noon

\*CALL 211 for HELP\*

# Dental Referral List Dentists That Accept Medicaid

### Children's Dentistry of WF

### Dr. Lee

4021 Rhea Road
(940)613-0210
Monday – Thursday 8 to 5
Friday 8 to noon
\*Provides dental services to children
Ages 12 and under and will work with
special needs children. Also provides
in house and hospital sedation.

### Dentistry 4 Kidz - Dr. Divya Iyer

#1 Eureka Circle, Suite 103
Medicaid accepted for 20 years and younger
Monday – Thursday 8 to 5pm
Friday 8 to noon
Children ages 18 and under.
Must fill out paperwork prior to
making an appointment.

# Community Health Care Center Phyllis Hiraki Dental Clinic

110 Lee St (940)766-6306 Monday – Friday 8:30 to 5:30pm \*Accepts clients with/without Medicaid. CHCC has sliding-scale based on family's income. School Dental Van Provider

# Midwestern State University Dental Hygiene Program

Bridwell hall, Room 107
3410 Taft Blvd (940)397-4737

<u>Does not accept any insurance</u>

<u>Only offered during MSU school year</u>
Children 5 years of age and up.

### **Kool Smiles General Dentistry**

3711 Gregory St (940)228-0963 Monday – Friday 8am to 5pm Saturday 9 to 2pm Serves all ages, takes Medicaid and PPO Insurances

### **287 Extraction Clinic**

601 W. Michigan Ave Electra, TX 76360 940-263-1065 Call for appt

WWW.CHOICEPLUSDENTALPLANS.COM

\*Call 211 for Help\*

# **Optometrist**

### **Texas State Optical**

4210 Kell West, Suite 108 (940)692-9696 Monday – Friday 8:45am to 5:30pm Does Not take Medicaid

### Dr. Tom and Jay Sheriff

### **Eyemart Express**

4206 Kemp Blvd, Suite B
(940)696-2653

Does not take Medicaid

Monday – Friday 8:30 to 5:30pm

Saturday 8:30 to Noon

Does not accept patients under the age of 5 years old.

# Maplewood Eye Care Center Dr. Larry Gunnell

3631 Maplewood Ave (940)696-0296 Medicaid Accepted Monday – Thursday 8 to 5pm Friday 8:30 to Noon

# Wal-Mart Vision Center Optometric Clinic

3130 Lawrence Rd (940)696-8028 Doctor's number (940)689-9771 Wal-Mart Vision C Certain Medicaid plans accepted

www.39dollarglasses.com 1-800-672-6304

# Brookstone Eye Center Dr. Kisner & Dr. Solomon

1508 Brook St (940)761-2317 Monday – Thursday 9 to 5pm Friday 9 to 4pm

### **Hayley Eye Clinic**

1901 Kemp Blvd (940)723-2020 Monday – Friday 8 to 5pm Medicaid Traditional, First Care, Superior

### Kell Optical Dr. Robert Staples

1708 Kell Blvd (940)766-0012 Monday – Thursday 9 to 5pm Friday 9 to 3pm Medicaid First Care and Traditional

### Dr. Morgan Moore

902 Kramer Burkburnett Tx (940)569-4131 Monday – Wednesday 7:15 to 5pm Thursday 7:15 to 6:30pm Friday 7:15 to 4pm Texas Medicaid

### **Community Health Care Center**

Sight for Students Program 18 and younger 200 Martin Luther King Blvd (940)-766-6306 Contact: Cara Ext:2119 Must provide picture ID, Social Security card and proof of income. Must have no Vision insurance or Medicaid and cannot have used program in the last 12 months.

<u>Vision USA</u> sponsored by American Optometric Assoc. 1-800-766-4466 Monday – Friday 8:30 to 5pm <u>www.aoa.org/visionusa</u>

Free eye exam to low income, uninsured working people and families. Eligibility varies state to state. Must be working full/part time or live in a household with one working family member and have no health insurance. Also, not had an eye exam within past 2 years. Must provide proof of income. Client can apply by mail or call.

# **Transportation Assistance**

### **Medical Transportation Program**

1-877-633-8747

Monday – Friday 8 to 5pm Medicaid clients 2 day notice for local appointments.

5 day notice for out of town appointments. Must be registered with TMHP.

### **American Red Cross**

1809 5<sup>th</sup> Street (940)322-8686

### **Sharpline / Rolling Plains**

1-800-633-0852 Monday – Friday 8 to 5pm Call 24 to 48 hours in advance by 2pm \$12 Round Trip (Straight To/From Medical Appointment in Wichita Falls)

### Pick Me up -local WF area

Transportation Services 940-733-9450

### Wichita Star Taxi

940-723-0723

### Tx Tag office – some free toll roads

1-888-468-9824

### Wichita Falls Transit System (City Bus)

2100 Seymour Hwy (940)761-7433
Monday thru Friday 8 to 5pm (office hours)
Bus schedules available on buses and at office.
Adults: \$1.50 (Includes 1 Free Transfer)
Elderly(65 and up): \$0.75(Includes 1 Free Transfer)
Students:\$0.75 (with 1 Free Transfer)ID required
Disabled:\$0.75 (with 1 Free Transfer)
Requires Falls Ride ID Card available at Office
Children Ages 7 and Under FREE
Monthly (Adult) unlimited ride pass \$45

### **Star Transport**

Wheel Chair Van Transport Services 940-696-9889

# **Disabilities Support Service**

### **North Texas Rehabilitation Center**

1005 Midwestern Pkwy (940)322-0771 Monday – Friday 7 to 6pm

### **Department of Aging and Disability Service (DADS)**

925 Lamar St, Suite 2100 (940)235-1751 Monday – Friday 8 to 5pm www.dads.state.tx.us/services

# **Division of Rehabilitation Services** (DARS)

925 Lamar St, Suite 1700 (940)235-1710 Monday – Friday 8 to 5pm www.dars.state.tx.us/index.shtml

### **Social Security Administration**

4314 Wendover St (866)815-9605 https://www.ssa.gov/

# **Emergency & Temporary Housing Assistance**

### **Shelters:**

### <u>Children's Aid Society of W Texas</u> <u>Children's Home Emergency Shelter</u>

1101 30<sup>th</sup> St (940)322-3141

Eligibility: Ages 2 - 10

\*Open 24 hours, 7 days a week

### **Teen Emergency Shelter**

1101 30th St (940)322-7671

\*Serves ages 10-17 yrs. Assists runway youth or those that have been kicked out or abused. (Teen shelter will pick up client if necessary, but **parents will have to be notified.)** Accepts CPS placements.

### **Faith Mission**

1300 Travis (940)723-5663 Eligibility: Must be at least 18 yrs (if staying alone), accepts men and families \*Check in starts at 6pm to stay in shelter.

### Faith Mission Women's Refuge

710 East Hatton (940)322-4673 Accepts single women or women and children only.

#### **Salvation Army**

403 7th St (940)322-9822 Monday – Friday 9 to 3pm Temporary housing for 3 nights every

### **Domestic Violence:**

### First Step, Inc

1-800-658-2683 (24 hr Hotline) Eligibility: Any one suffering from family violence or sexual abuse. Must be 18 if not accompanied by parent.

### **For Disaster Relief:**

### **American Red Cross**

1809 Seymour Hwy (940)322-8686 24 hours a day. Assistance for families regarding disasters: fire, flood, etc.

### **Christmas in Action Wichita County**

1113 Sheppard Access Rd (940)696-9393

Home repair for inadequate living conditions. Eligibility: disabled low income and elderly 60 years and older low income. Must own house in WF. Must have proof of SSI, SSD and proof of county and home ownership.

#### **Neighborhood Resources**

1300 7<sup>th</sup> St (940)761-7448 Assists with emergency home repairs, first time homebuyers.

### **Domestic Violence:**

### First Step, Inc

1-800-658-2683 (24 hr Hotline)

Eligibility: Any one suffering from family violence or sexual abuse.

Must be 18 if not accompanied by parent.

It is a crime for any person to cause you any physical injury or harm even if that person is a member or former member of your family or household. You may report family violence to a law enforcement officer by calling 911 or local law enforcement offices.

If you, your child, or any other household resident has been injured or if you feel you are going to be in danger before and after a law enforcement officer investigating family violence leaves your residence or at a later time, you have the right to:

Ask the local prosecutor to file a criminal complaint against the person committing family violence.

Apply to a court for an order to protect you. You may want to consult with a legal aid office, a prosecuting attorney, or a private attorney. A court can enter an order that:

- (1) prohibits the abuser from committing further acts of violence;
- (2) prohibits the abuser from threatening, harassing, or contacting you at home;
- (3) directs the abuser to leave your household; and
- (4) establishes temporary custody of the children or any property.

A violation of certain provisions of court-ordered protection may be a felony. call 911 and any of the violence shelters or social organizations if you need protection: Texas Family Code 91.001 and 71.001.

# **Emergency & Temporary Housing Assistance**

### **Habitat for Humanity of Wichita Falls**

1206 Lamar St (940)716-9300 Builds homes for low income families in need of housing. Eligibility: Must have lived or worked in Wichita County for 12 months Meet income criteria, be willing to Partner by working 300 hrs of sweat equity. Need Escrow payment of \$500 by time house is finished.

### <u>The Center – Pregnancy Help Center</u>

4011 Seymour Hwy (940)322-4883 Offers parenting services also. Provides free pregnancy testing, information Consultation and nurse verification sonograms. Must be 18 years old if staying alone

### **Habitat Builders Bargains**

902 13th St (940)767-7113 Wednesday – Friday 9 to 5:30pm Saturday 9 to 2pm

# **Food Pantries/Programs**

#### **Interfaith Outreach Services**

1101 11<sup>th</sup> St (940)322-1365 Mon, Tues, Thurs 9 to 2:45pm Wed and Friday 9 to 10:45am Elderly: Must receive \$100 or less in food stamps.

.

### Floral Heights United Methodist Church

903 Tyler (940)723-7151 Mon, Tues, Thurs 9:30 to 11am Need Picture ID every 30 days

#### **MLK Center**

1100 Smith St 2<sup>nd &</sup> 4<sup>th</sup> Fridays 2:30 to 4pm Produce Express Only

#### **Colonial Baptist Church**

4300 Maplewood (940)691-8568 1<sup>st</sup> & 3<sup>rd</sup> Thursday 4 to 6pm Bring Proof of Residency

### Wichita Falls Food Bank Social Service Outreach

Contact: Alice Canales-Flores
Call (940)636-8240
To set up appointment
Monday thru Friday
8 to 5pm
Offers assistance for
Food Stamps, Medicaid,
TANF, CHIPS and
Healthy Texas Women
Program

#### **Trinity United Methodist**

5800 Southwest Pkwy (940)692-9995 3<sup>rd</sup> Monday 6:30 to 8pm *Picture ID required.* 

### **Sonshine House Food Pantry**

912 Broad (940)723-2731 Tuesdays 1:30 to 4pm *Picture ID Required* 

#### **Fountain of Living Water**

4017 Seymour Hwy (940)692-4454 2<sup>nd</sup> & 4<sup>th</sup> Wednesdays 10:00am *bring box or bag* 

### **New Jerusalem Baptist Church**

1400 Borton Ln 4<sup>th</sup> Saturday 10 to Noon *Must have ID* 

# Texas Health/Human Services Food Stamp Office

1328 Oakhurst Drive (940)767-1720 Monday thru Friday 8 to 5pm

### **Solid Rock House of God**

2201 Maurine St (940)228-5689 2<sup>nd</sup> Saturday of Month 10 to Noon

### **Cross Road Trout Street**

Food Pantry 1300 Trout St 3<sup>rd</sup> Saturday 9 to 11 am

# Mt. Pleasant Baptist Church Food Pantry

809 Harding (940)766-2865 Fridays 2:30 to 4pm

# **Evangel Temple Assembly Of God**

3800 Barnett Rd (940)691-5501

3rd Saturday 9:30 to 11:30am

# WIC – Wichita County

# Health Department 1700 3<sup>rd</sup> Street

(940)761-7815
Monday thru Friday
8 to 5pm
Client to bring Proof of
Income for Everyone in
household. Proof of address.
Serves pregnant women and
children and post-partum
mothers.

## **Utilities Assistance List**

### Rolling Plains Management Corp.

1401 Holliday St Suite 206 (940)723-2261

Office Hours: Monday – Friday

8 to 5pm

Appointments: Monday – Friday

9 to 3pm

Assists with paying part of gas or electric bills. Must call for an appointment to put in application.

### **Lifeline Telephone Service**

1-866-454-8387

Provides a discount basic monthly telephone rate. If your income is 135% or less than the federal poverty guidelines. You or a member of household participates in SNAP, Medicaid, SSI, FPHA, VA Pension or Tribal Program.

www.lifelinesupport.org

### **Catholic Charities**

907 Holliday Wichita Falls, TX 76301 940-716-9669 (medication assistance)

### **Interfaith Ministries**

1101 11<sup>th</sup> Street (940)322-1365 Monday and Thursday 9 to 3pm Tues, Wed, and Friday 9 to 11am Must provide a termination notice, be a resident of Wichita County, have SS card and picture ID. Must be in residence name to receive services.

#### **Lite-Up Texas**

1-866-454-8387

Offers assistance to qualified low-income families on their energy bill. The program is offered only during the summer months May thru August. Family income must be at or below 125% of federal state poverty level. www.liteuptexas.org

# **Housing Assistance**

**Housing Authority of Wichita Falls** 

Central Office – 501 Webster

(940)723-8389

Monday thru Friday 8 to 4pm

Applications accepted every Tuesday.

Turn in the completed applications

anytime.

www.wfha.com

**Section 8 Housing Voucher Program** 

1300 7<sup>th</sup> St Room 301

(940)761-7454 M-F 8-5pm

(closed 12 to 12:30 for lunch)

Applications accepted every Tuesday

All Section 8 applications must be filled out and kept current until approved for housing.

List of available houses, apartments, and

duplex's that accept Section 8 vouchers is

available upon request.

Section 8, HUD, Subsidized & Government Assisted Apartments

Highpoint Village Apartments

Phase I & II

5500 Professional Dr.

(940)723-9932

Forest Glen Apartments 5228 Professional Dr. (940)766-3172

Sun Valley Apartments

1315 Central Freeway East

(940)766-2838

Tealwood Place

5300 Professional Dr.

(940)723-4800

**Country Park Apartments** 

5282 Professional Dr.

(940)761-1212

Avalon Meadows Section 8 Only

2610 Iowa Park Rd. (940)723-0856

Parkway Villas

4800 Brookdale Ave

(940)691-7211

Westmoreland Park Apartments

4806 Johnson Rd

(940)692-6522

Crossroads Apartments

1501 Archer City Hwy 79

(940)761-3300

Fountain gate Apartments

5210 Tower

(940)247-3953

Taft Haus

4611 Taft Blvd

(940)692-1731

**Woodview Apartments** 

1601 32<sup>nd</sup> Street

(940)322-9663

Washington Village Apartments

1001 Redwood and Flood

(940)761-1721

901 Airport Drive

Indian Falls Apartment 4540 Barnett Road (940)696-2637

Green Briar Village

(940)851-6161

# **Clothing and Furniture**

### **Discount Items:**

### **Good Will Store**

4609 Southwest Pkwy (940)689-0734 Monday – Saturday 9am to 7pm Sunday 1pm to 6pm

### **The Legacy Women Consignment**

4423 Rhea Road (940)691-5629 Monday – Saturday 10am to 6pm

### **The Garment District**

1800 Harrison (940)322-8924 Monday – Saturday 9:30am to 5pm

### **Salvation Army Thrift Store**

403 7<sup>th</sup> Street Office (940)322-9822 Monday – Friday 9am to 3pm *Must bring ID & SS Card* 

### Robinson's Resale

2158 Avenue F (940)723-5631 Tuesday – Saturday 11am to 5pm

### Free of Charge:

### **Faith Mission**

1300 Travis (940)723-5663 Monday – Friday 8am to 5pm Singles Women & Men 10:00am Families at 11am and 12:30 to 1:45pm *Photo ID required* once every 60 days for clothing anytime. Families with children can shop every 2 months.

### **Sonshine House**

912 Broad Street (940)781-1844 Tuesdays Only 1:00pm to 4:00pm Provides clothing and food Picture ID required (limit of 18 visits)

### **Noah's Arc Clothing**

701 Harding (940)723-4904 Fridays 11am to 4pm

### Fountain of Living Water

4017 Seymour Highway
(940)692-4454
2<sup>nd</sup> & 4<sup>th</sup> Wednesday of every month
Doors open at 10am
Provides food, clothes, shoes household items
Bring bag, box or basket

### **Employment Agencies & Assistance**

### **Workforce Solutions North Texas**

The Galaxy Center, Suite 300 4309 Jacksboro Highway (940)322-1801 Monday – Thursday 8 to 5pm Friday 8:45 to 5pm Provides job referrals, career counseling, resume workshops, computer lab and classes

### **Work Services Corporation**

1343 Hatton Road (940)766-3207 Monday – Friday 8 to 5pm Eligibility:17 years and up with a disability. Provides sheltered workshop, job training and placement.

### Job Corps

(817)625-3993
Eligibility: 16 to 24 years of age
Meet income requirements, be a
U.S. Citizen and a legal resident.
Counselor comes to Wichita Falls
Twice a month to meet clients.

www.jobcorps.gov

### **Spherion Staffing**

4020 Call Field Rd (940)696-2665 Monday – Friday 8 to 5pm

#### **MyStaf**

1501 Midwestern Pkwy, Suite 102 (940)322-5588 Clerical, Professional and Light Industrial

### **Department of Assistive & Rehabilitation**

DARS – Vocational Rehabilitation Program 925 Lamar St, Suite 1700 (940)235-1710 Monday – Friday 8 to 5pm Assists people with disabilities prepare for, find and keep jobs.

# Adult Education and Literacy Region IX Adult Education Center

301 Loop 11 (940)322-6328 Provides English as a Second Language (ESL) classes and GED preparation classes

### Faith Mission Women's Refuge

710 East Hatton Road
(940)322-4673
Contact: Lisa Wester
Career Academy located in back of building.

### **PeopleReady**

3411 Kemp Blvd A (940)692-0949 Monday – Friday 7:15am – 3:45pm

#### **Straight Street/Team Tomorrow**

807 Austin (940)716-9898

www.sstreettx.org
Friday & Saturday 7 to 11pm
Offering some classes on Friday/Saturday
at 5:00pm

\*Call 211 for Help\*

### **Drug & Alcohol Recovery Assistance**

### **Helen Farabee MHMR Center**

500 Broad Street (940)397-3379 Marcie Thomas (940)397-3391 Tina Monday – Friday 8 to 5pm For Substance Abuse Services

### **Red River Hospital**

1505 8<sup>th</sup> Street (940)322-3171 Emergency crisis screening available 24 hours a day. Accepts Medicaid CHIPS.

### **Serenity House Inc.**

2910 Kemp Suite 213
(940)767-0423
Inpatient at Abilene and
Fredericksburg locations.
Outpatient at Wichita Falls
for substance abuse treatment.
Fees based on income and also
some state funding available.
www.serenitytexas.com

### **The Recovery Center**

2501 Taylor Street (940)761-3034 Open 24/7 days Serves 13 years to 65 possibly older depending on health. Accepts some Medicaid

### Acadia Abilene – Abilene Tx

1-800-335-3498

# New Beginnings Program

**Faith Refuge** 

710 Hatton Road (940)322-4673

### **Help Lines:**

AA Addiction Helpline 1-800-511-9225

A Abuse Addiction Agency

1-800-260-7689

Abuse Addiction Agency

1-800-416-3200

A Accredited Alcohol/Drug

1-800-510-8416

**Alcoholics Anonymous:** (Central Office)

1-800-396-1602

Detox 24hr Help and Treatment

1-800-410-2562

Detox AAAAH

1-800-759-3028

### 12-Step Meetings:

AA Group I: 5103 Jacksboro Hwy

(940)322-6452

AA Group New Life: 1406 Beverly

(940)322-3213

# **Drug & Alcohol Recovery Assistance**

### **Chuck Pugh, LCDC**

900 8<sup>th</sup> Street, Suite 716 (940)767-4303

### **Taft Counseling Center**

4722 Taft Blvd, Suite 2
(940)691-1899

Monday – Thursday 8 to 5pm

Friday 8 to 4pm

Accepts most insurance & has sliding-scale fee

### AL-ALON / ALA - TEEN

Info Line: (940)767-0844

Group I: 5103 Jacksboro Hwy – 322-6452

New Life: 1406 Beverly 322-3213 Southtown Children of Alcoholics: 1914 Grant – Thursdays at 8:00pm

### **Adult Volunteer Drug Testing**

URHCS – 4327 Barnett Rd (940)764-5161 Monday – Friday 7-5pm Saturday 8-4pm <u>Any Lab Test</u> –3916 Kemp (940)691-8378 Monday – Friday 8:30am – 6pm

### **Counseling Centers/ Mental Health Care**

### **Helen Farabee Child and**

### **Adolescent Program**

516 Denver (940)720-3555 Offers sliding scale Accepts insurance

### **Rose St Mental Health Care**

1800 Rose St (940)723-4488 Offers psychological testing and counseling

### Dr. Butera M.D.P.A.

1714 10<sup>th</sup> Street (940)766-4482

### **Starry Counseling**

1417 9<sup>th</sup> St (940)386-9546 Crisis Line 844-229-2034 Counseling for children thru age 17 and their families. Monday – Thursday 9 to 5pm Friday 9 to Noon

# Presbyterian Children's Homes and Services

2201 Speedway (940)687-1493 Monday – Friday 8 to 5pm Counseling, parenting classes, life skills training. All services are free and can also do home visits.

### **Madden Counseling**

2211 Midwestern Pkwy #2 (940)692-9745 Monday – Thursday 8am to 8pm Accepts all Medicaid

### **Taft Counseling Center**

4722 Taft Blvd #2 (940)691-1899 Monday – Friday 8:30 to 4pm Sliding scale fee

### Richard Kownacki, PHD Mary Kownacki, LPC

2910 Kemp Blvd #210 (940)631-6585 Monday – Friday 8 to 5pm Accepts Medicaid

### Dr. Frank Del Rio

1901 10<sup>th</sup> St #105 (940)642-4493

### **Catholic Charities**

907 Holliday Street (940)642-7021 Monday – Friday 8 to Noon & 1 to 5pm Offers comprehensive social service programming.

Catholic charities for two rth.org

### First Step Inc.

624 Indiana St #304 (940)723-7799 24 hours/ 7 days a week Services for survivors of domestic violence & sexual assault. Teen bullying/violence. Free services.

# **Counseling Centers/ Mental Health Care**

<u>Community Healthcare Ctr</u> <u>Behavioral Health Counseling</u>

200 MLK Blvd (940)766-6306

**Christ Counseling Ministry** 

1420 Twin Oak (940)696-0181 Monday – Friday 9 to 5pm

Veterans Crisis Line
1-800-273-8255 - PRESS 1

Patsy's House

1411 10<sup>th</sup> St (940)322-8890

For any suspected abused/neglected children & non-offending family members.

**Hospice of WF Building Bridges** 

4909 Johnson Rd (940)691-0982 Monday – Friday 8 to 5pm

Provides grief support groups. Free Service

### Other support services and outreach

### **Live Well WichitaCounty**



### CORONAVIRUS (COVID-19)



### **COVID 19 Information.**

Wichita County Public Health District 1700 3<sup>rd</sup> Street Wichita Falls, TX 76301 M-F 8a -5pm (940)761-7800 http://www.wichitafallstx.gov/

For **health-related** questions call the Health District Hotline or email **covidquestions@wichitafallstx.gov** . **Health District Hotline: 940-761-7909** 

For health-related questions call the Health District Hotline or email covidquestions@wichitafallstx.gov.

### Healthycommunity.unitedregional.org

Findhelp.org (Aunt Bertha)

### **Miscellaneous**

### **Inheritance Adoptions**

1007 11<sup>th</sup> St (940)322-3678 Offers alternatives to abortion. Assists with adoptions for unplanned pregnancies. Also medical, counseling, housing, and transportation.

### Child Care, Inc.

1000 Lamar St #432 (940)766-4332 Charges based on income and size of family. Assist with finding daycare for children ages 3 months to 5 years. Parents must be Working or in job training or attending school.

#### **Centers Listed Below:**

#### **Zale Center**

403 Lamar (940)723-8018

#### **Martin Luther King Center**

1100 Smith St (940)322-7152

#### **Huev Learning Center**

1416 N 5th St (940)766-6719

#### **Ben Donnell Day Care**

211 E Wichita (940)766-4332

#### The ARC

3115 Buchanan (940)692-2303 Special Needs Daycare

#### **Early Head Start**

500A Flood St Free childcare provided to low-income families: birth to age 3.

### SAFB – Airman & Family Readiness Ctr

(940)676-4358 Monday – Thursday 7:30 to 5 Friday 9 - 4:30pm. Free services Active/Retire military. Resume and Job Search Assistance

### SAFB - Advocacy Center

(940)676-2271 Monday -Friday 7:30 -4:30pm Offers counseling services, new parent support 0-3, assists Active/Retired/Dependent families.

### **Child Support Enforcement**

State Attorney General - 813 8<sup>th</sup> St (940)322-2557 or 1-800-801-5437 *Childsupport.oag.state.tx.us* www.supportkids.com

### Legal Services:Legal Aid of Northwest TX

710 Lamar St Suite 300 in Energy Center (940)723-5542 or 1-800-926-5542

### **Workforce Resource Child Care**

4309 Jacksboro Hwy Suite 230 (940)723-8774

Assistance with finding and subsidizing childcare. Must have Proof of Employment or Income. Must meet criteria. Teen parents are priority.

### **YMCA Child Care**

2600 Spur 325 (940)855-2301

#### **Boys & Girls Clubs/After School Childcare**

 Central
 (940)322-6908
 Northeast
 (940)322-7151

 Northwest
 (940)855-6001
 Rosewood
 (940)322-3601

 Southeast
 (940)322-7769
 Southwest
 (940)692-3951

 (940)687-5437

#### Parents as Teachers/Farris Early Headstart

710 Burkburnett Rd Rm 18 (940)235-4317 Serves birth to 5 years

### **Military and Veterans Services:**

### **CVSO**

VA Claims Assistance Tim Murdock @940-716-8599 Tim.murdock@co.wichita.tx.us

### **MVPN**

Military Veteran Peer Network Wichita Falls Elliot Bonner bonner@helenfarabee.org 940-397-3315

### **DAV Chapter 41**

Red Door Senior Center 1008 Burnett St Wichita Falls, TX 76301 Joel-jimenez@sbcglobal.net

### **Endeavors, Inc**

Supporting Services for Veterans Families (SSVF) 817-413-3921
Case Management, Help w/ Public & Veteran Affairs, Community resources.
Rent and Utility Assistance

### **Catholic Charities of Fort Worth**

Supporting Services for Veterans Families (SSVF) 817-413-3921

### **Meals for Vets**

Provides Food for 60 and under 1-800-676-1389 info@honorveteransnow.org

### <u>Texas Rural Water Foundation – Veterans Employment Program</u>

Recruiting Veterans in water/utility industry. 1-512-472-8591 foundation@texasrwf.org

## **INFORMATION GAPS**



# **Information Gaps**

- While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps in the interviews conducted by Community Hospital Consulting.
  - This assessment seeks to address the community's health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics.
  - Due to smaller population numbers and the general rural nature of Wichita County, 1-year estimates for the majority of data indicators are statistically unreliable. Therefore, sets of years were combined to increase the reliability of the data while maintaining the combined county-level perspective.



# ABOUT COMMUNITY HOSPITAL CONSULTING



# **About Community Hospital Consulting**

- Community Hospital Corporation owns, manages and consults with hospitals through three distinct organizations – CHC Hospitals, CHC Consulting and CHC ContinueCare, which share a common purpose of preserving and protecting community hospitals.
- Based in Plano, Texas, CHC provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. For more information about CHC, please visit the website at: www.communityhospitalcorp.com

### **APPENDIX**

- SUMMARY OF DATA SOURCES
- DATA REFERENCES
- MUA/P AND HPSA INFORMATION
- INTERVIEWEE INFORMATION
- PRIORITY BALLOT



# **SUMMARY OF DATA SOURCES**



# Summary of Data Sources

#### Demographics

- This study utilized demographic data from Stratasan.
- The United States Bureau of Labor Statistics Local Area Unemployment Statistics provides unemployment statistics by county and state; <a href="http://www.bls.gov/lau/#tables">http://www.bls.gov/lau/#tables</a>.
- This study utilizes data from the **Economic Innovation Group**, which provides distressed community index scores by county and state: <a href="https://eig.org/dci/interactive-map?path=state/">https://eig.org/dci/interactive-map?path=state/</a>.
- Food insecurity information is pulled from **Feeding America's Map the Meal Gap**, which provides food insecurity data by county, congressional district and state: http://map.feedingamerica.org/.
- **SparkMap** provided data related to topics such as grocery store rates and graduation rates using their Health Indicator Report. Data can be accessed at <a href="https://sparkmap.org/report">https://sparkmap.org/report</a>.
- This study also used data collected by the **Small Area Income and Poverty Estimates (SAIPE)**, that provides Supplemental Nutrition Assistance Program (SNAP) Benefits as well as poverty estimates by county and state [https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html and https://www.census.gov/data-tools/demo/saipe/#/?map\_geoSelector=aa\_c] respectively.
- Data USA provides access to industry workforce categories at the county and state level: <a href="https://datausa.io/">https://datausa.io/</a>.
- The United States Census Bureau provided data regarding foreign-born populations. Data can be accessed at <a href="https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02">https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02</a>.
- The United States Census Bureau provides access to transportation data at the county and state level: <a href="https://censusreporter.org/search/">https://censusreporter.org/search/</a>.

#### Health Data

- The **County Health Rankings** are made available by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. 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 Wisconsin's counties every year since 2003; <a href="https://www.countyhealthrankings.org/">http://www.countyhealthrankings.org/</a>.
- The Centers for Disease Control and Prevention National Center for Health Statistics WONDER Tool provides access to public health statistics and community health data including, but not limited to, mortality, chronic conditions, and communicable diseases; <a href="http://wonder.cdc.gov/ucd-icd10.html">http://wonder.cdc.gov/ucd-icd10.html</a>.
- This study utilizes county level data from the **Behavioral Risk Factor Surveillance System (BRFSS)**, provided by the Texas Department of Health and Human Services; <a href="https://www.dshs.texas.gov/chs/brfss/">https://www.dshs.texas.gov/chs/brfss/</a>.

# Summary of Data Sources

#### Health Data (continued)

- SparkMap provided data related to topics such as grocery store rates and graduation rates using their Health Indicator Report. Data can be accessed at <a href="https://sparkmap.org/report">https://sparkmap.org/report</a>.
- The U.S. Census Bureau's Small Area Health Insurance Estimates program produces the only source of data for single-year estimates of health insurance coverage status for all counties in the U.S. by selected economic and demographic characteristics. Data can be accessed at <a href="https://www.census.gov/data-tools/demo/sahie/index.html">https://www.census.gov/data-tools/demo/sahie/index.html</a>.
- The U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) provides Medically Underserved Area /
   Population and Health Professional Shortage Area scores, and can be accessed at: <a href="https://datawarehouse.hrsa.gov/tools/analyzers.aspx">https://datawarehouse.hrsa.gov/tools/analyzers.aspx</a>.
- **Texas Department of State Health Services and the Center for Health Statistics** provided data on topics such as HIV/STD Programs. Data can be accessed at <a href="https://dshs.texas.gov/hivstd/reports/">https://dshs.texas.gov/hivstd/reports/</a>.
- The Centers for Medicare & Medicaid Services, Office of Minority Health provides public tools to better understand disparities in chronic diseases. Data can be accessed at: <a href="https://data.cms.gov/mapping-medicare-disparities">https://data.cms.gov/mapping-medicare-disparities</a>.
- The Texas Cancer Registry is a statewide, population-based registry that serves as the foundation for measuring the cancer burden in Texas. Data can be accessed at: <a href="https://www.cancer-rates.info/tx/">https://www.cancer-rates.info/tx/</a>.
- The Texas Health and Human Services produces a COVID-19 dashboard about vaccinations in Texas. Data can be accessed at: <a href="https://tabexternal.dshs.texas.gov/t/THD/views/COVID-19/accineinTexasDashboard/Summary?:origin=card-share-link&:embed=y&:isGuestRedirectFromVizportal=y">https://tabexternal.dshs.texas.gov/t/THD/views/COVID-19/accineinTexasDashboard/Summary?:origin=card-share-link&:embed=y&:isGuestRedirectFromVizportal=y</a>.
- The Texas Health and Human Services produces county-level vulnerability in combination with COVID-19 occurrence. Data can be accessed at: https://hhs.texas.gov/data/county-level-vulnerability-covid-19-measures.
- The Annie E. Casey Foundation is a private charitable organization, dedicated to helping build better futures for disadvantaged children in the United States. One of their initiatives is the Kids Count Data Center, which provides access to hundreds of measures of child well-being by county and state; <a href="http://datacenter.kidscount.org/">http://datacenter.kidscount.org/</a>.

#### Phone Interviews

- CHC conducted interviews on behalf of United Regional from March 7, 2022 March 22, 2022.
- Interviews were conducted and summarized by Valerie Hayes, Director of Planning.



# **DATA REFERENCES**



# Distressed Communities Index

The seven components of the index are:



#### No High School Diploma

Percent of the 25-year-old+ population without a high school diploma or equivalent



#### **Housing Vacancy Rate**

Percent of habitable housing that is unoccupied, excluding properties that are for seasonal, recreational, or occasional use



#### **Adults Not Working**

Percent of the prime-age (25-54) population not currently employed



#### **Poverty Rate**

Percent of the population living under the poverty line



#### **Median Income Ratio**

Median household income as a percent of metro area median household income (or state, for non-metro areas)



#### **Change in Employment**

Percent change in the number of jobs from 2014 to 2018



#### **Change in Establishments**

Percent change in the number of business establishments from 2014 to 2018



# **2022 Poverty Guidelines**

### 2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630

For families/households with more than 8 persons, add \$4,720 for each additional person.



# MUA/P AND HPSA INFORMATION



# Medically Underserved Areas/Populations

### **Background**

- Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.
- MUAs have a shortage of primary care services for residents within a geographic area such as:
  - A whole county
  - A group of neighboring counties
  - A group or urban census tracts
  - A group of county or civil divisions
- MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care services. These groups may face economic, cultural, or linguistic barriers to health care. Examples include, but are not limited to:
  - Homeless
  - Low income
  - Medicaid eligible
  - Native American
  - Migrant farmworkers



# Medically Underserved Areas/Populations

### Background (continued)

- The Index of Medical Underservice (IMU) is applied to data on a service area to obtain a score for the area. IMU is calculated based on four criteria:
  - 1. Population to provider ratio
  - 2. Percent of the population below the federal poverty level
  - 3. Percent of the population over age 65
  - 4. Infant mortality rate
- The IMU scale is from 1 to 100, where 0 represents 'completely underserved' and 100 represents 'best served' or 'least underserved.'
- Each service area or population group found to have an IMU of 62.0 or less qualifies for designation as a Medically Underserved Area or Medically Underserved Population.



### data.HRSA.gov

Disc	cipline	MUA/P ID	Servi	ice Area Name	Desigr	nation Type	Primary State N		County	Index of Medical Underser ce Score		atus	Rural Status	Designation Date	Update Date
Prim	ary Care	07236	Easte	rn Wichita	Medical	lly Underserved Area	Texas		Wichita County, TX	58	3.4 De	signated	Non-Rural	07/24/2002	07/24/2002
	Compor	ent State Na	me	Component County	Name	Component Name		Com	ponent Type		Comp	onent GE	OID	Component R	ural Status
	Texas			Wichita		109		Cens	us Tract		484850	010900		Non-Rural	
	Texas			Wichita		110		Cens	us Tract		484850	011000		Non-Rural	
	Texas			Wichita		111		Cens	us Tract		484850	011100		Non-Rural	
	Texas			Wichita		130		Cens	us Tract		484850	13000		Non-Rural	
	Texas	1		Wichita		131	ı	Cens	us Tract	1	484850	13100		Non-Rural	1
Prim	ary Care	03497	Wichit	ta Service Area	Medical	lly Underserved Area	Texas		Wichita County, TX		50.7 Design		Non-Rural	05/11/1994	05/11/1994
	Compor	ent State Na	me	Component County	Name	Component Name		Com	ponent Type		Comp	onent GE	OID	Component R	ural Status
	Texas			Wichita		101		Cens	us Tract		484850	010100		Non-Rural	
	Texas			Wichita		102		Cens	us Tract		484850	10200		Non-Rural	
	Texas			Wichita		104		Cens	us Tract		484850	10400		Non-Rural	
	Texas			Wichita		106		Cens	us Tract		484850	10600		Non-Rural	
	Texas			Wichita		112		Cens	us Tract		484850	)11200		Non-Rural	

# Health Professional Shortage Areas

### Background

- Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:
  - Primary care
  - Dental Health
  - Mental health
- These shortages may be geographic-, population-, or facility-based:
  - Geographic Area: A shortage of providers for the entire population within a defined geographic area.
  - Population Groups: A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)
  - Facilities:
    - Other Facility (OFAC)
    - Correctional Facility
    - State Mental Hospitals
    - Automatic Facility HPSAs (FQHCs, FQHC Look-A-Likes, Indian Health Facilities, HIS and Tribal Hospitals, Dual-funded Community Health Centers/Tribal Clinics, CMS-Certified Rural Health Clinics (RHCs) that meet National Health Service Corps (NHSC) site requirements)



# Health Professional Shortage Areas

### **Background (continued)**

- HRSA reviews these applications to determine if they meet the eligibility criteria for designation. The main eligibility criterion is that the proposed designation meets a threshold ratio for population to providers.
- Once designated, HRSA scores HPSAs on a scale of 0-25 for primary care and mental health, and 0-26 for dental health, with higher scores indicating greater need.



### data.HRSA.gov

Disc	cipline	HPSA ID	HPS	A Name	Desiç	gnation Type		Prima State	•	Cou	_	HPSA FTE Short	HPSA Score		Rural Status		Designati on Date	Update Date
Dent	tal Health	6488765103	Jame	s V. Allred Unit	Correc	ctional Facility		Texas		Wich Cour	ita ity, TX	0.95	3	Designated	Non-Ru	ıral	10/02/2019	10/02/2019
	Site Nan	ne	Site	e Address	Site Cit	у	Site	State			Site ZIP	Code		County			Rural Status	S
	James V.	Allred Unit	210	1 Fm 369 N	Iowa Pai	- rk	TX				76367-65	68		Wichita		ı	Non-Rural	
Men	ital Health	7488174472	CF - 、	James V. Allred Unit	Correc	ctional Facility		Texas		Wich	ita ity, TX	0.55	18	Designated	Non-Ru	ıral	08/24/2018	08/06/2021
	Site Nan	ne	Site	e Address	Site Cit	v	Site	State			Site ZIP	Code	•	County	•		Rural Status	S
	CF - Jame	es V. Allred Unit	210	1 Fm 369 N	Iowa Pai		TX				76367-65	68		Wichita			Non-Rural	
	•	7484327736	Ι'	ta County		Needs Geographic	HPSA	Texas		Wich		3.145	14	Designated	Partially Rural	,	02/28/2020	08/25/2021
	Compor	nent State Nai	ne	Component County	Name	Component Na	me		Compo	onent	Туре		Compo	nent GEOID		Com	nponent Ru	ral Status
	Texas		_	Wichita		Wichita			Single (	County	,	_	48485			Partia	ally Rural	
Dent	tal Health	6486086024	LI - W	/ichita County	Low Ir	ncome Population I	HPSA	Texas		Wich Cour	ita ity, TX	7.863	17	Designated	Partially Rural	/	07/10/2019	08/30/2021
	Compor	nent State Nai	ne	Component County	Name	Component Na	me		Compo	onent	Туре		Compo	nent GEOID		Com	nponent Ru	ral Status
	Texas			Wichita		Wichita			Single (				48485				ally Rural	
Prim	nary Care	1488078183	LI - W	/ichita County	Low Ir	ncome Population I	HPSA	Texas		Wich	ita ity, TX	5.723	13	Designated	Partially Rural	/	01/30/2001	09/10/2021
	Compor	nent State Nai	ne	Component County	Name	Component Na	me		Compo	onent	Туре		Compo	nent GEOID		Com	ponent Ru	ral Status
	Texas			Wichita		Wichita			Single (	County	,		48485			Partia	ally Rural	
Prim	nary Care	148999485W		TH CENTRAL TEXAS MUNITY HEALTH CAR IER		ally Qualified Healt r	h	Texas		Wich			17	Designated	Non-Ru		12/02/2003	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type		Primary State Name	Cou	_	HPSA FTE Short	HPSA Score	Status	Rural Status	Designati on Date	Update Date
Site Nar	me	Site Address	Site City	Site	State		Site ZIP	Code		County		Rural Status	S
	ity Healthcare Denver Campus	804 Denver St	Wichita Falls	TX			76301-41	39		Wichita		Non-Rural	
	ity Healthcare Juarez Medical	1000 Juarez St BLDG A	Wichita Falls	TX			76301-69	05		Wichita		Non-Rural	
	ity Healthcare Phyllis Hiraki linic	110 Lee St	Wichita Falls	TX			76301-11	28		Wichita		Non-Rural	
	ity Healthcare t Vernon College Falls		Wichita Falls	TX			76308-29	15		Wichita		Non-Rural	
	ity Healthcare t Wilbarger	4301 College Dr RM 600	Vernon	TX			76384-31	69		Wilbarger		Rural	
Commun Center at	ity Healthcare t Zundy	2412 Avenue H	Wichita Falls	TX			76309-32	33		Wichita		Non-Rural	
Family Ho	ealth Center on	1620 W Virginia St	McKinney	TX			75069-78	62		Collin		Non-Rural	
Jacksbor	o Highway	4613 Old Jacksboro Hwy	Wichita Falls	TX			76302-29	21		Wichita		Non-Rural	
MWH Bui	ilding	624 Indiana Ave Ste 308	Wichita Falls	TX			76301-25	30		Wichita		Non-Rural	
сомми	CENTRAL TX NITY HEALTH ENTER, INC.	200 Mlk Jr Blvd	Wichita Falls	TX			76301-11	52		Wichita		Non-Rural	
Pediatric	Associates	4420 Kimbell Dr	Wichita Falls	TX			76302-30	06		Wichita		Non-Rural	
Women's		f 4510 Medical Center Dr STE 201	McKinney	TX			75069-16	05		Collin		Non-Rural	
Mental Health	748999482N	NORTH CENTRAL TEXAS COMMUNITY HEALTH CAR CENTER	Federally Qualified Healt  E Center	h	Texas	Wichi	ita ty, TX		19	Designated	Non-Rural	12/03/2003	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type		Primary State Name	Cou	-	HPSA FTE Short	HPSA Score	Status	Rural Status	Designati on Date	Update Date
Site Nar	ne	Site Address	Site City	Site	State		Site ZIP	Code		County		Rural Status	S
	ity Healthcare Denver Campus	804 Denver St	Wichita Falls	TX			76301-41	39		Wichita		Non-Rural	
	ity Healthcare Juarez Medical	1000 Juarez St BLDG A	Wichita Falls	TX			76301-69	05		Wichita		Non-Rural	
	ity Healthcare Phyllis Hiraki inic	110 Lee St	Wichita Falls	TX			76301-11	28		Wichita		Non-Rural	
	ity Healthcare Vernon College alls	4105 Maplewood Ave Ste 1000	Wichita Falls	TX			76308-29	15		Wichita		Non-Rural	
	ity Healthcare Wilbarger	4301 College Dr RM 600	Vernon	TX			76384-31	69		Wilbarger		Rural	
Commun Center at	ity Healthcare : Zundy	2412 Avenue H	Wichita Falls	TX			76309-32	33		Wichita		Non-Rural	
Family Ho	ealth Center on	1620 W Virginia St	McKinney	TX			75069-78	62		Collin		Non-Rural	
Jacksbor	o Highway	4613 Old Jacksboro Hwy	Wichita Falls	TX			76302-29	21		Wichita		Non-Rural	
MWH Bui	ilding	624 Indiana Ave Ste 308	Wichita Falls	TX			76301-25	30		Wichita		Non-Rural	
СОММИ	CENTRAL TX NITY HEALTH ENTER, INC.	200 Mlk Jr Blvd	Wichita Falls	TX			76301-11	52		Wichita		Non-Rural	
Pediatric	Associates	4420 Kimbell Dr	Wichita Falls	TX			76302-30	06		Wichita		Non-Rural	
Women's		4510 Medical Center Dr STE 201	McKinney	TX			75069-16	05		Collin		Non-Rural	
Dental Health	64899948B5	NORTH CENTRAL TEXAS COMMUNITY HEALTH CAR CENTER	Federally Qualified Healt  Center	:h	Texas	Wich	ita nty, TX		25	Designated	Non-Rural	12/03/2003	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type		Primary State Name	Coun	•	HPSA FTE Short	HPSA Score	Status	Rural Status	Designati on Date	Update Date
Site Nar	ne	Site Address	Site City	Site	State	S	Site ZIP	Code		County		Rural Status	S
	ity Healthcare Denver Campus	804 Denver St	Wichita Falls	TX		7	'6301-41	39		Wichita		Non-Rural	
	ity Healthcare Juarez Medical	1000 Juarez St BLDG A	Wichita Falls	TX		7	'6301-690	05		Wichita		Non-Rural	
	ity Healthcare Phyllis Hiraki inic	110 Lee St	Wichita Falls	TX		7	'6301-112	28		Wichita		Non-Rural	
	ity Healthcare Vernon College alls	4105 Maplewood Ave Ste 1000	Wichita Falls	TX		7	'6308-29	15		Wichita		Non-Rural	
	ity Healthcare Wilbarger	4301 College Dr RM 600	Vernon	TX		7	6384-316	69		Wilbarger		Rural	
Communi Center at	ity Healthcare Zundy	2412 Avenue H	Wichita Falls	TX		7	6309-32	33		Wichita		Non-Rural	
Family He Virginia	ealth Center on	1620 W Virginia St	McKinney	TX		7	′5069-786	62		Collin		Non-Rural	
Jacksbore	o Highway	4613 Old Jacksboro Hwy	Wichita Falls	TX		7	6302-292	21		Wichita		Non-Rural	
MWH Bui	ilding	624 Indiana Ave Ste 308	Wichita Falls	TX		7	6301-25	30		Wichita		Non-Rural	
COMMUN	CENTRAL TX NITY HEALTH ENTER, INC.	200 Mlk Jr Blvd	Wichita Falls	TX		7	6301-11	52		Wichita		Non-Rural	
Pediatric	Associates	4420 Kimbell Dr	Wichita Falls	TX		7	6302-300	06		Wichita		Non-Rural	
Women's McKinney	Health Center o	f 4510 Medical Center Dr STE 201	McKinney	TX		7	′5069-160	05		Collin		Non-Rural	
rimary Care	1482599014	CF - James V. Allred Unit	Correctional Facility		Texas	Wichita		1.54	12	Designated	Non-Rural	08/29/2018	06/02/202

Discipline	HPSA ID	HPSA Name		Designation Type		_	Cou	ie	HPSA FTE Short	HPSA Score	Status	Rural Status	Designati on Date	Update Date
Site Nar	ne	Site Address	Sit	te City	Site	State		Site ZIP	Code		County		Rural Statu	s
CF - Jam	es V. Allred Unit	2101 Fm 369 N	low	va Park	TX			76367-656	68		Wichita		Non-Rural	

# INTERVIEWEE INFORMATION



### **United Regional Community Health Needs Assessment Interviewee Information**

		Indom dour				IDC	Cate	TOPY.	
Name	Title	Organization	Interview Date	County Served	Interviewer	A	В	С	Population Served
Dori Dockery	Director of Community Health	United Regional Health Care System	3/15/2022	Multi-county area, including Wichita County	Valerie Hayes		х		General Public
Alisa Echols	Chief Executive Officer	Hospice of Wichita Falls	3/15/2022	Wichita County	Valerie Hayes		Х		Medically Complex
Amy Fagan	Assistant Director	Wichita Falls Health Department	3/10/2022	Wichita County	Valerie Hayes	Х			General Public
Rosie Flanagan	Board Member	United Regional Foundation	3/16/2022	Multi-county area, including Wichita County	Valerie Hayes		х		General Public
Jackie Hamm	Executive Director	The Kitchen/Red/Green Door Senior Center	3/8/2022	Wichita County	Valerie Hayes		х		Elderly
Michael Henderson, MD	Family Medicine Physician	United Regional Physcian Group	3/15/2022	Multi-county area, including Wichita County	Valerie Hayes		х		General Public
Brian Hull, DO	Medical Director of Transitional Care	United Regional Physcian Group	3/7/2022	Multi-county area, including Wichita County	Valerie Hayes		х		General Public
Lou Kreidler	Director	Wichita Falls Health Department	3/14/2022	Wichita County	Valerie Hayes	Х			General Public
Carol Marlar	Executive Director	United Way	3/14/2022	Wichita County	Valerie Hayes		х		Underserved, Low Income, Un/Underinsured
Andy Martin	Assistant Executive Director	Helen Farabee Centers	3/22/2022	Wichita County	Valerie Hayes		Х		Behavioral Health
Rebecca McCain	Chief Executive Officer	Electra Memorial Hospital	3/15/2022	Multi-county area, including Wichita County	Valerie Hayes		х		General Public
Lacey Morgan	Board Chair	United Regional Health Care System	3/9/2022	Multi-county area, including Wichita County	Valerie Hayes		х		General Public
Kara Nickens	Chief Executive Officer	Wichita Falls Area Food Bank	3/16/2022	Multi-county area, including Wichita County	Valerie Hayes		х		General Public, Low Income, Underserved
Allen Patterson	Chief Executive Officer	Community Healthcare Center	3/8/2022	Wichita County	Valerie Hayes		х		Low Income, Underserved
Mary Rivard, BSN, MSN, PhD	Director of Nursing	Vernon College	3/9/2022	Wichita County	Valerie Hayes		х		Young Adults, Adults
Stephen Santellana	Mayor	Wichita Falls	3/14/2022	Wichita County	Valerie Hayes			Х	General Public
Steve Sparks	Executive Director	Faith Mission/Faith Refuge	3/11/2022	Wichita County	Valerie Hayes		х		Homeless, Underserved
Keith Williamson, MD	Midwestern State University Physician Board Member	Midwestern State University United Regional Health Care System	3/14/2022	Multi-county area, including Wichita County	Valerie Hayes		х		Young Adults, Adults
Michelle Wood	Director of Career & Technical Education	Wichita Falls Independent School District	3/9/2022	Wichita County	Valerie Hayes		х		Youth, Teen Adolescence

A: Work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

B: Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

C: Community Leaders

Source: United Regional Health Care System Community Health Needs Assessment Interviews Conducted by CHC Consulting, March 7, 2022 - March 22, 2022.

# **PRIORITY BALLOT**



Edited Need - United Regional Health Care System 2022 Community Health Needs Assessment

#### Prioritization Ballot.

Upon reviewing the comprehensive preliminary findings report for the 2022 United Regional Health Care System (United Regional) Community Health Needs Assessment (CHNA), we have identified the following needs for the United Regional CHNA Team to prioritize *in order of importance*.

Please review the following criteria (Size and Prevalence of the Issue, Effectiveness of Interventions and United Regional Capacity) that we would like for you to use when identifying the top community health priorities for United Regional, then cast 3 votes for each priority.

#### 1. Size and Prevalence of the Issue

In thinking about the "Size and Prevalence" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

- a. How many people does this affect?
- b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state?
- c. How serious are the consequences? (urgency; severity; economic loss)

#### 2. Effectiveness of Interventions

In thinking about the "Effectiveness of Interventions" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

- a. How likely is it that actions taken by United Regional will make a difference?
- b. How likely is it that actions taken by United Regional will improve quality of life?
- c. How likely is it that progress can be made in both the short term and the long term?
- d. How likely is it that the community will experience reduction of long-term health cost?

#### 3. United Regional Capacity

In thinking about the Capacity of United Regional to address the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

- a. Are people at United Regional likely to support actions around this issue? (ready)
- b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing)
- c. Are the necessary resources and leadership available to us now? (able)
- \*Please note that the identified health needs below are in alphabetical order for now, and will be shifted in order of importance once they are ranked by the CHNA Team.

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue					
Effectiveness of nterventions	$\bigcirc$	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$
Inited Regional Capacity	$\bigcirc$	$\bigcirc$	$\circ$	$\bigcirc$	
2. Access to Ment	al and Behavior	al Health Car	e Services and l	Providers	
	1 (Least				5 (Most
	Important)	2	3	4	Important)
Size and Prevalence of the Issue					$\bigcirc$
Effectiveness of nterventions					$\bigcirc$
Jnited Regional Capacity					
3. Access to Prima	ary and Specialt 1 (Least	y Care Servic	es and Provider	rs	5 (Most
3. Access to Prima  Size and Prevalence of the Issue		y Care Servic	es and Provider  3	4	5 (Most Important)
Size and Prevalence of the Issue Effectiveness of	1 (Least				•
	1 (Least				· ·
Size and Prevalence of the Issue Effectiveness of Interventions United Regional	1 (Least Important)		3		· ·
Size and Prevalence of the Issue Effectiveness of interventions United Regional Capacity	1 (Least Important)  Output  Is on Emergency 1 (Least	2 O O Preparedness	3		Important)
Size and Prevalence of the Issue Effectiveness of Interventions United Regional Capacity  4. Continued Focu	1 (Least Important)		3		Important)
Size and Prevalence of the Issue Effectiveness of Interventions United Regional Capacity 4. Continued Focu	1 (Least Important)  Output  Is on Emergency 1 (Least	2 O O Preparedness	3  O  oss & Response	4	Important)
Size and Prevalence of the Issue Effectiveness of Interventions United Regional Capacity  4. Continued Focu	1 (Least Important)  Output  Is on Emergency 1 (Least	2 O O Preparedness	3  O  oss & Response	4	Important)
Size and Prevalence of the Issue  Effectiveness of Interventions  United Regional Capacity  4. Continued Focus  Size and Prevalence of the Issue  Effectiveness of Interventions  United Regional	1 (Least Important)  Output  Is on Emergency 1 (Least	2 O O Preparedness	3  O  oss & Response	4	Important)
Size and Prevalence of the Issue Effectiveness of interventions United Regional Capacity	1 (Least Important)  Output  Is on Emergency 1 (Least	2 O O Preparedness	3  O  oss & Response	4	Important)

5. Continued Empl Disparities	hasis on Addres	sing Social D	eterminants of	Health to Red	uce Health
	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue		$\bigcirc$			
Effectiveness of Interventions	$\bigcirc$	$\bigcirc$			
United Regional Capacity		$\bigcirc$			
6. Prevention, Edu Thronic Diseases, P					ity Rates,
	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	$\circ$		$\circ$		0
Effectiveness of Interventions	$\bigcirc$	$\bigcirc$	$\bigcirc$		$\bigcirc$
United Regional Capacity			$\bigcirc$		

	Yes, we could/should work on this issue.	No, we cannot/should not work on this issue
Access to Dental Care Services and Providers	$\circ$	
Access to Mental and Behavioral Health Care Services and Providers		
Access to Primary and Specialty Care Services and Providers	0	0
Continued Focus on COVID-19 Prevention & Response		
Increased Emphasis on Addressing Social Determinants of Health		0
Prevention, Education and Awareness of Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles		

# **Section 2:** Implementation Plan

United Regional Health Care System CHNA Implementation Plan 2023 – 2025 Tracking Document



A comprehensive, six-step community health needs assessment ("CHNA") was conducted for United Regional Health Care System (United Regional) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Wichita County, Texas.

The CHNA Team, consisting of leadership from United Regional, met with staff from CHC Consulting in June 2022 to review the research findings and prioritize the community health needs. Six significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The list of prioritized needs, in descending order, are listed below:

- 1. Continued Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities
- 2. Prevention, Education and Awareness of Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 3. Access to Primary and Specialty Care Services and Providers
- 4. Continued Focus on Emergency Preparedness & Response
- 5. Access to Mental and Behavioral Health Care Services and Providers
- 6. Access to Dental Care Services and Providers

The CHNA Team participated in a prioritization ballot process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital's capacity to address the need. Once this prioritization process was complete, the hospital leadership voted on what needs to address and decided to address five of the six prioritized needs in various capacities through a hospital specific implementation plan. While United Regional acknowledges that this is a significant need in the community, "Access to Dental Care Services and Providers" is not addressed largely due to the fact that it is not a core business function of the hospital and the limited capacity of the hospital to address this need. United Regional will continue to support local organizations and efforts to address this need in the community.

United Regional leadership has developed the following implementation plan to identify specific activities and services which directly address the remaining identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital's overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by specific implementation activities, annual impact and evaluation of the activity and responsible leaders.

The United Regional Board reviewed and adopted the 2022 Community Health Needs Assessment and Implementation Plan report on October 24, 2022.

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### Priority 1: Continued Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities

#### Rationale

Data suggests that some residents in the study area face significant cost barriers when accessing the healthcare system. Wichita County has a lower educational attainment rate and a lower median household income as compared to the state. Wichita County also has a higher percentage of families and children living below poverty than the state. With regards to food access, Wichita County has higher percentages of overall food insecurity, child food insecurity and a higher average meal cost than the state. Additionally, Wichita County has a higher percentage of the population with low food access and a higher percentage of recipients who qualified for Supplemental Nutrition Assistance Program (SNAP) benefits than the state. Wichita County also has lower rate of grocery stores per 100,000 population and a higher percentage of households who do not own a motor vehicle than the state.

When analyzing economic status, Wichita County is in more economic distress than other counties in the state. Additionally, Wichita County is designated as a Medically Underserved Area, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees discussed insurance coverage and financial status as determinants in ability to access care. Overuse of the emergency room was mentioned by interviewees and patients delaying/foregoing care were discussed due to lack of insurance coverage, perceived cost barriers to care and limited understanding of appropriate health care settings. One interviewee stated: "Being uninsured is always a big issue, and that goes back to cost. People just don't go to the doctor because they don't think they can afford it. They hear about huge bills and rather than take a chance on them having such a huge bill, they don't even make the effort to go." Another interviewee stated: "The lower socioeconomic group does not have a good understanding of where to go for care. It's an economic situation. It's not education – it's money. They don't have to pay when they go to the emergency room and they can't be turned away."

The growing need for additional pharmaceutical support services in the community was noted. Cost barriers to care and cost of prescriptions are resulting in alternative treatment plans that can be more cumbersome on the patient or physician. One interviewee stated: "Sometimes, there's certain medications that would benefit a patient but it's cost prohibitive. Asthma medication is really difficult for patients to get. Doctors have had to alter asthma treatments because patients weren't able to afford the normal treatments that are recommended. Blood thinners are very expensive and doctors have to step down to something less expensive, which takes more monitoring to manage atrial fibrillation or other needs for blood thinning. So even though they're cheaper medications, it demands more from the patient and doctor." Lastly, several interviewees expressed significant concern surrounding the impact of the local federally qualified health center (FQHC) not taking new patients. One interviewee stated: "Our local FQHC has stopped taking new patients, which is devastating for the un/underinsured population that uses that clinic. Access to health care is truly based on whether or not you have insurance and what kind of insurance you have."

Regarding the community as whole, many interviewees expressed significant transportation barriers in Wichita County like getting to and from the doctor for appointments and getting to the local food pantries. One interviewee stated: "We have a big access to transportation problem here. People are not able to get to the farmers market or mobile food pantries where they can access fruits and vegetables." Another interviewee stated: "Transportation is an ongoing issue in Wichita County with people getting to where they need to be. Doctor appointments are just one of those examples." Several interviewees mentioned the continued challenges with transportation due to staffing shortages and lack of local reliable resources. One interviewee stated: "Transportation [is a challenge]. Nothing has changed in 3 years. It may have gotten worse because of trying to find bus drivers and things like that with COVID-19." A few groups were mentioned by interviewees as having a disproportionate challenge in seeking transportation, particularly those who are disabled/handicapped and families. One interviewee stated: "We have a big lack of disability and handicapped transportation. A lot of calls come in looking for transportation and it's usually for some kind of maintenance visit. It takes almost 2 hours by public transit to get from our east side to the west side of town. In a car, it takes 11 minutes so it's really a challenge if you do not have a vehicle." Another interviewee stated: "One of the biggest problems is access. It is not that they don't have opportunities for health care, but our public transportation system is not good in Wichita Falls. It might take you 2 hours on public transit to get somewhere which is not family friendly."

United Regional Health Care System CHNA Implementation Plan 2023 – 2025 Tracking Document



Furthermore, interviewees discussed that the worsening transportation challenges are resulting in lower prioritization of health care needs due to the long transit times and increasing fuel costs. One interviewee stated: "Accessibility is going to be more of an issue, especially with the cost of fuel. People aren't going to be as likely to go out and seek care because they can't afford the gas to get there or they can't pay bills because of the cost of gas and groceries. Everything else is going up significantly. They won't be able to afford to pay for health care so they just won't do it." A few interviewees expressed concern surrounding substandard housing in the community, with one interviewee stating: "Housing has been up there as a need. We have a group of folks that live in homes but don't have utilities so their home isn't really fit to appropriate standards. They might have a roof over their head, but they don't have appliances." There were conflicting opinions on use of telehealth services for appointments. One interviewee stated: "There's a reluctance to talk to a doctor over the computer. People don't feel like they're going to get the same care over the computer. People would rather be face to face with their provider, but if you don't have another option, telehealth is fabulous." Another interviewee stated: "Most people really liked the telehealth option. It is so much better for people who have transportation problems and small children and can't leave their homes, or elderly who have difficulty getting out of the house."

When asked about which specific groups are at risk for inadequate care, interviewees spoke about eastern Wichita Falls residents, homeless, pediatric, teens/adolescents, racial/ethnic, low income, veterans and the elderly. With regards to the eastern Wichita Falls residents, interviewees discussed the limited access to gas stations, grocery stores and food pantries, transportation barriers and the significant low income populations and disadvantaged neighborhoods. Homeless residents were discussed as growing in the community (particularly adolescents) and being disproportionately challenged by a lack of treatment compliance, overusing the emergency room, lack of awareness of local resources, mental health concerns and a need for prescription medication support. The pediatric population was discussed as having limited access to local specialty care.

With regards to the teen/adolescent population, interviewees discussed the use of tobacco and vaping, obesity, risky sexual behaviors, sexually transmitted infections as well as mental health concerns as specific concerns for this group. Racial/ethnic groups were discussed as having fear/distrust of the healthcare system, delaying/foregoing care and lack of awareness of local services by the African American and Hispanic groups. Additionally, overuse of the emergency room and language barriers by the Hispanic population were discussed by interviewees. Low income groups were discussed as having limited access to urgent care and freestanding emergency facilities as well as cost barriers to care. Veterans were brought up as a subgroup of the population that may be disproportionately affected by limited access to local primary care providers, homelessness, lack of local, dedicated resources as well as transportation barriers. Lastly, for elderly residents, interviewees discussed transportation barriers, lack of local, dedicated resources, a need for health education, difficulty navigating technology and a growing population in low income housing.



### **Priority 1: Continued Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities**

Activity	Impact & Evaluation:	Current Status
1.A. United Regional will continue to provide medical care to all patients in need, regardless of their ability to pay. In addition to its internally-provided charity program, United Regional is a health care provider under the State of Texas Medicaid Program and a mandated provider under the Wichita County Indigent Program		
1.B. United Regional will continue to work to encourage physicians new to the community to accept all payer classes.		
1.C. United Regional will continue to provide office space for Texas Department of Health and Human Services staff members and 50% of their monthly operating cost to assist families with qualification for Medicaid services.		
1.D. United Regional employs a staff member to find financial coverage for specialty drugs necessary for certain patient care, which in turn lowers costs borne within the community.		
1.E. United Regional will continue to provide and promote its https://healthycommunity.findhelp.com/ domain, which is specific to Wichita Falls. This resource allows for individuals to search for resources by zip code and highlights local, state and national programs that are available within certain areas. Individuals are also able to search by zip code for resources/services in the community by category (food, housing, goods, transit, etc.). The partnership with findhelp.org allows for United Regional to get analytics back to show what people in the area are searching for most frequently, which allows for them to identify opportunities and focus on those frequently searched items.		
1.F. United Regional will continue to operate its Heart Failure Clinic. All heart failure patients are scheduled to follow-up at the Heart Failure Clinic after hospital discharge to assess post-discharge health, address lifestyle changes to help stay healthy, and avoid		



readmission. The clinic takes all payer sources and those without insurance.	
1.G. Every other year, United Regional employees will continue to	
have the opportunity to donate to the Compassion Fund through	
the annual employee giving program Spirit of Giving. Proceeds	
from the Compassion Fund go towards helping discharged patients	
in a variety of ways including helping to pay for drugs or equipment	
that they would otherwise not be able to afford.	
1.H. United Regional will continue to provide United Regional	
Physician Group's CarePlus primary care walk-in clinic, which	
provides a lower cost option than an emergency room for minor	
injury and illness, and also offers eCare as a virtual option for	
residents. CarePlus is open to the entire community and not just	
patients of United Regional Physician Group physicians.	
1.I. United Regional will continue to provide a Language Line to	
provide translation and interpretation services, on an as needed	
basis. Additionally, United Regional will continue to provide an	
internet based web-cam access to certified interpreters for our	
hearing-impaired patients on an as needed basis. This web cam	
based sign language service is available 24/7 anywhere in the	
hospital through our wireless network.	
1.J. United Regional will continue to provide mammograms	
through charity care for females who qualify.	
1.K. United Regional will continue to offer a transition clinic to	
provide care coordination activities to various at-risk patient	
populations discharging from the acute care setting back to the	
community. The Transition clinic provides temporary coverage for	
patients with Heart Failure, Diabetes, Pneumonia, COPD, Sepsis,	
Surgical Site Infection follow up and a wide array of other patients	
until they can be aligned with a primary medical home for on-going	
care or appropriate community resources. Food Insecurity,	
transportation and medication assistance is identified during clinic	
appointments and services are aligned to provide the patients with	
these resources as well.	



1.L. United Regional will continue to provide low dose CT lung cancer screenings to patients that qualify and are appropriately referred by a physician. If patients do not meet the criteria, they are able to receive the screening through a low cash payment option.	
1.M. In conjunction with the Wichita Falls Area Food Bank, United Regional works to provide healthy food boxes for patients participating in Diabetes Education, Heart Failure Clinic, and Outpatient Infusion and post-operative patients who are food insecure. Community Care Fund at United Regional Foundation provides these boxes, which contain a variety of nonperishable food items.	
1.N. United Regional will continue to sponsor fundraising events that benefit the Kitchen. The Kitchen provides food for seniors as well as the local Meals on Wheels program.	
1.O. In conjunction with the Wichita Falls Area Food Bank, United Regional offers a mobile food pantry at a variety of different locations in an effort to have a hunger-free community. United Regional also sends a nurse to each mobile pantry distribution site to offer free, voluntary blood pressure and blood sugar checks. Free information about Body Mass Index (BMI) and its impact on overall health is also offered.	



## Priority 2: Prevention, Education and Awareness of Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

#### Rationale

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Wichita County and the state. Wichita County has higher mortality rates than Texas for the following causes of death: diseases of heart; malignant neoplasms; chronic lower respiratory diseases; cerebrovascular diseases; accidents (unintentional injuries); diabetes mellitus; chronic liver disease and cirrhosis; intentional self-harm (suicide); breast cancer (female); prostate cancer (male); lung & bronchus cancer; and colon & rectum cancer.

Wichita County has higher prevalence rates of chronic conditions such as diabetes for adults and Medicare beneficiaries, obesity, arthritis, and high blood pressure for adults and Medicare beneficiaries than the state. Wichita County has higher percentages of residents participating in unhealthy lifestyle behaviors such as binge drinking and smoking than the state. With regards to maternal and child health, specifically, Wichita County has higher teen (age 0-19 years) birth rates than the state.

Data suggests that Wichita County residents are not appropriately seeking preventive care services, such as timely pap tests and seniors who received timely flu and pneumonia vaccines. Wichita County also has higher prevalence rates of communicable diseases such as gonorrhea than the state. Additionally, Wichita County has a higher rate of preventable hospitalizations than the state.

Several interviewees expressed concern surrounding premature death rates in Wichita County due to poor health behaviors. One interviewee stated: "Our people are dying early, and earlier than most Texans. When we look at why they're dying early, it's primarily due to poor health outcomes associated with poor health behaviors. We really have an overall poor picture of health in Wichita County than others and it is concerning." Interviewees also mentioned the increasing need for affordable diabetic care across all payer types. It was also mentioned that there is a lack of awareness of local resources resulting in increased need for education and challenges in practicing healthy lifestyle behaviors for residents in rural areas of Wichita County. One interviewee stated: "Big issues are definitely diabetes, high blood pressure and obesity. Now that we're in the inflation market now, the cost of healthier foods is prohibitive for a lot of individuals. [In our community], people grew up eating unhealthy or fast foods, frozen foods, the convenience foods. For a lot people in our rural areas, there are so many food deserts and they don't have the access to healthy foods or transportation to healthy foods."

Interviewees mentioned higher rates of chronic conditions in the community, particularly diabetes, hypertension, obesity and heart disease. Interviewees brought up COVID-19 and the impact it has had on availability of healthy choices and prioritization of preventive care. One interviewee stated: "People didn't get immunizations due to the pandemic. They just haven't been participating in preventive care." Lastly, a few interviewees expressed concern surrounding tobacco use and vaping in the youth population. One interviewee stated: "What we see in our community now is our kids think smoking is gross but vaping is cool or acceptable or it smells good. But vape contains things that will kill these kids when they're older and vaping companies have done such a great job of marketing that kids don't see it as a tobacco product."



## Priority 2: Prevention, Education and Awareness of Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Activity	Impact & Evaluation:	Current Status
2.A. United Regional will continue to increase educational opportunities for the public concerning wellness topics and health risk concerns, preventive care and healthy lifestyle choices through media outlets and hosting and/or participating in local health-related events.	Educational topics like diabetes, mammography, cardiac disease, senior safe driving, fall prevention, and stroke education. Screenings are provided free of charge and include blood pressure, peripheral artery disease, blood sugar, and pulmonary function testing     Wellness panel screening (cholesterol and full lipid panel)     Flu shots	
2.B. United Regional will continue to host various support and educational groups at the facility for patients and the community.		
2.C. United Regional will continue to increase awareness of its primary and specialty service offerings in the community through billboard, direct mail, and print advertisements, as well as social media outlets and updating the hospital's website.	Current Examples include but are not limited to:  WellTok TV commercials Consumer emails Digital adds Healthy You segments on KFDX	
2.D. United Regional will continue to offer employee wellness initiatives to promote healthy lifestyle choices for employees and their spouses. Screening/counseling is required for health insurance participants, and financial incentives/penalties are included to encourage healthy lifestyles.		
2.E. United Regional will continue to partner with local schools to provide free sports physicals for middle and high school students. Physicians attend local and regional sports events to ensure timely diagnosis and treatment of sports injuries.		



2.F. United Regional will continue to operate Joint Camp to provide education to people who are scheduled for a joint replacement at no cost to participants.	
2.G. United Regional will continue to support the Regional Advisory Council, which uses a hands-on approach to help prevent trauma fatalities and injuries. The council provides injury prevention and trauma education across a 10-county region. The Injury Prevention Coalition plays a key role in education using a multi-disciplinary team from the area. Included in this education are child passenger safety, bicycle safety, fall prevention and home safety, medication safety and many other issues promoting safe communities. In addition, the council hosts trauma education courses and provides continuing education and continuing medical education for area physicians, nurses and EMS professionals.	
2.H. United Regional will continue to support the various groups in the community through multiple sponsorships of programs and events that benefit the community, the majority of which have a health-related initiative behind their purpose.	
2.I. With the implementation of Epic and through its applications, United Regional will continue to lead the implementation of the Health Information Exchange (HIE) which will allow hospitals, physician practices and other health care providers within the community/region to access to their respective patients' health information to help improve efficiency and effectiveness of patient care among handoffs to community providers. Local and regional physicians, hospitals and nursing facilities are joining to share information across the continuum of care.	
2.J. United Regional will continue the process of hospital-based case managers to follow up with identified patients related to chronic conditions, such as heart failure and diabetes, to provide discharge instructions and patient education regarding symptom	



management, medication management to help them avoid readmissions.	
2.K. United Regional will continue to host and participate in blood drives throughout the year.	
2.L. United Regional will continue to serve as a teaching facility and allow students pursuing health-related careers to rotate through the facility for a variety of programs.	
2.M. United Regional will continue to offer MyChart, which offers patients personalized and secure online access to portions of their medical records and enables them to securely use the Internet to help manage and receive information about their health.	
2.N. United Regional offers internal staff education for LVNs who want to grow to an RN position. The hospital assists in tuition and book payments in exchange for a guaranteed work commitment (for a designated period of time) after they receive their degree.	
2.O. United Regional will continue to provide healthy options in its hospital dining room, as well as to focus on healthy lifestyle promotion. The hospital dining room highlights healthy food options by displaying calorie counts and nutritional panels, offering discounted rates for healthier meal options, and a salad bar.	



#### **Priority 3: Access to Primary and Specialty Care Services and Providers**

#### Rationale

Wichita County has a higher rate of preventable hospitalizations than the state. Additionally, Wichita County has several Health Professional Shortage Area designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

With regards to primary care access, interviewees noted greater difficulty in seeking primary care services for the un/underinsured, Medicaid, Medicare and the low income/working poor populations. One interviewee stated: "There are some providers who are unwilling to accept certain types of insurance. If they don't have insurance, they end up in the emergency room." Another interviewee stated: "Access to primary care is an issue across the board, but it's heightened in the unfunded population. They're booking out 6 months for unfunded patients and even funded patients are months out." Interviewees expressed challenges in being appropriately diagnosed and treating patients using telehealth services. One interviewee stated: "Patients treat telehealth like a quick phone call. They feel rushed, they give quick answers and they want a quick fix. That's one of the downsides of telehealth in primary care."

Interviewees discussed some emerging concerns that are leading to limited access to primary care doctors, like the increasing number of concierge medicine providers, growing number of advanced practitioners, and practice closures and limited hours due to COVID-19. One interviewee stated: "We've had more practice closures [due to the pandemic] and it's harder to get an appointment, partly because they cut hours or they can't find enough staff." A few interviewees expressed a growing need to remain competitive with nearby cities for provider recruitment. One interviewee stated: "Texas is growing so fast and we need to stay competitive with our sister cities. It's hard to compete with some of the wages we see in DFW, Austin, El Paso, etc. At some point in the future, are we going to be able to recruit these physicians?"

In regards to specialty care, interviewees appreciated the hospital's efforts to increase access to local specialty care services but noted there was still greater difficulty in seeking specialty care services for the un/underinsured population. One interviewee stated: "United Regional has done a good job recruiting. In the past, people always wanted to go to DFW for cardiology and neurosurgery and now that's changed."

Interviewees mentioned the long wait times for appointments and limited availability of certain specialties across all payer types is leading to outmigration. One interviewee stated: "When you need to see a specialist, it may be 1-2 months or more before you can get an appointment. Several people go to DFW for care, typically because we don't have enough of that [specific] specialty here or don't have anybody with that specialty in Wichita County." Furthermore, there was perceived unnecessary outmigration for orthopedic and neurosurgery procedures in Dallas/Fort Worth.

Interviewees also discussed the need for increased telehealth specialty services for rural patients in the county. One interviewee stated: "[There are] so many [rural patients] who can't get to Wichita Falls. Telehealth specialty care would be a big benefit for rural patients in Wichita County." Specific specialties mentioned as needed include Dermatology, Pain Management, Endocrinology, Gastroenterology, OB/GYN, and Pediatric subspecialties. Lastly, interviewees expressed a growing need for more ICU beds in the community with appropriate additional staffing. One interviewee stated: "We need more ICU beds when there's a crisis. When you need them, you need them. It would be nice to have more ICU beds to get patients in, but it's all about staffing."



#### **Priority 3: Access to Primary and Specialty Care Services and Providers**

Activity	Impact & Evaluation:	Current Status
3.A. United Regional will continue to expand primary and specialty care capacity by recruiting and employing additional specialty physicians to the community as outlined in its Physician Needs Assessment. Employed physicians under the United Regional Physician Group (URPG) will accept patients from all payer sources (including TriCare, Medicare, Medicaid, CHIP, etc.).		
3.B. United Regional will continue to offer the Future in the Falls program that stays in contact with medical students, interns, and residents from the Wichita Falls area to encourage them to return to practice in Wichita Falls once they graduate from residency. The program provides stipends and shadowing of specialists to assist with their education.		
3.C. Members of the Clinical Education Team provide continuing nursing education to employees, community nurses and emergency response personnel from the local and rural communities.		
3.D. Via its employed physician group, United Regional will continue to operate a primary care walk-in clinic, CarePlus, as well as eCare, a virtual option for residents.		
3.E. United Regional will continue to improve access to primary care, specialty care and wellness care through the exploration of partnerships, technology and consumer engagement strategies to meet a broad spectrum of consumer needs/expectations in both the PSA and SSA.		



3.F. United Regional will continue to coordinate its Community Partners Group which is comprised of individuals representing local healthcare providers. The overall purpose of the group is to help ensure smooth transitions of patients between and among various health care entities within the community, providing appropriate care and communication throughout the care continuum.	
3.G. United Regional will continue to offer Palliative Care/Supportive Care services, designed to assist patients who have chronic diseases to access the medical and emotional support needed to best manage their disease processes with a focus on relief of pain, stress and other debilitating symptoms of serious illness. The program helps patients with medication management, assistive equipment, counseling and referrals to other needed services to help ensure that they are getting the appropriate ongoing and long-term care they need to stay as functional as possible.	
3.H. United Regional will continue to provide a list of referral services for patients who come through the hospital or Emergency Department requiring specialty care services.	



#### **Priority 4: Continued Focus on Emergency Preparedness & Response**

#### Rationale

Wichita County has a higher total case rate per 1,000 (information as of February 1, 2022). Wichita County has a lower percentage of its population vaccinated with the first dose and second dose population than the state (information as of June 3, 2022). Additionally, Wichita County has higher mortality rates than Texas for COVID-19.

Interviewees discussed that COVID-19 remains a significant concern in the community and the impact of the pandemic on prior success of local programs. One interviewee stated: "The problems we had prior to the pandemic have been exacerbated because of COVID-19. We still have those same issues and have lost ground. Any ground we were making prior has really been lost because we've been so polarized by the pandemic that we weren't able to provide the programs that we had." Several interviewees discussed the continued need for greater health literacy to increase vaccination rates in the community. One interviewee stated: "We need a lot of help and it's not just Wichita County, it's widespread in health literacy. We need more understanding. This willful denial of science and numbers and ability to understand risk. Here in Wichita Falls, we've only got [a small percentage] of our population that took the COVID-19 vaccine and that just shocked me."

Interviewees mentioned the fear and stress due to the pandemic resulting in risky lifestyle behaviors, low prioritization of health care, less residents seeking health care appropriately and mental health issues with the youth population. One interviewee stated: "We hear a lot of people who say they're stressed and afraid because of the pandemic, so what does it matter if they eat potato chips because they might die anyway? The prioritization of health changed from looking to the future to self-preservation, and then it changed from self-preservation to stress, frustration and anger." Another interviewee stated: "Fear is an issue. Students are hearing about people who have gotten COVID-19 and died or gotten severely ill, and it causes them a lot of concern. Kids are afraid to go to school." The Hispanic, African American and elderly populations in the community were mentioned as having a disproportionate impact of COVID-19. One interviewee stated: "A lot of seniors are scared of the unknown and not wanting to be with people due to the fear of COVID-19. They're not going to appointments and isolation [is an issue]. For almost a year and a half, they didn't get to see anybody. That causes depression, isolation and fear."

Another interviewee stated: "When we saw people dying of COVID-19, it was the Hispanic population, the Black population and the low-income population. We need to help those folks in a way that is productive and useful with prevention in mind to make sure people are living better and healthier lives."



#### **Priority 4: Continued Focus on Emergency Preparedness & Response**

Activity	Impact & Evaluation:	Current Status
4.A. United Regional will continue to provide education on emergency preparedness and response as opportunities arise.	<ul> <li>Current Examples include but are not limited to:</li> <li>Stop the bleed</li> <li>Snake bites</li> <li>Active shooter drills</li> <li>Natural disaster drills</li> <li>Child abduction drills</li> </ul>	
4.B. United Regional continues to report COVID-19 patient admissions data to the state and other organizations in an ongoing effort to share timely information regarding the pandemic as appropriate.		



#### **Priority 5: Access to Mental and Behavioral Health Care Services and Providers**

#### Rationale

Data suggests that residents in Wichita County do not have adequate access to mental and behavioral health care services and providers. Wichita County has higher percentages of adults and seniors who are depressed and a higher percentage of those who had more than 14 days of poor mental health as compared to the state.

Many interviewees expressed significant concerns surrounding the lack of resources, specifically for the un/underinsured, Medicaid and Medicare populations. It was also mentioned that there is stigma associated with seeking mental and behavioral healthcare. One interviewee stated: "We've got the providers. It's just a matter of getting people to realize that they need to see somebody. [People] don't want to admit there's a problem, so they don't get care." Several interviewees discussed the increasing need for additional resources due to aging providers, use of primary care providers for mental and behavioral health treatment, long wait times, provider burnout and use of law enforcement as a stop gap measure. One interviewee stated: "Our average age for psychiatrists in this town must be about 85. There are significant ones that are hanging on and practicing but access is going to [become difficult] at some point." Another interviewee stated: "[Organizations] are so overwhelmed. There are long wait times. If they're in the middle of an episode, we end up having to call the police."

Interviewees brought up specific concerns surrounding the youth and elderly for their mental health needs as well as the suicide rate for the youth population and veterans. Furthermore, substance misuse/abuse as well as ADHD treatment were brought up as specific concerns. One interviewee stated: "I am concerned about the mental health of our community, especially our children. Mental health is the biggest problem we're going to face. Because we're an aging community, dementia and Alzheimer's are going to be a big problem." Another interviewee stated: "There's nobody comfortable with picking up ADHD patients. Most of the primary care providers are discontinuing adult ADHD treatment and pediatric providers are limiting it." Lastly, interviewees mentioned the impact of COVID-19 on the community and the need to modify assessment and treatment protocols for mental and behavioral healthcare. One interviewee stated: "We see an impact of the pandemic on the community but we're not assessing it thoroughly enough. We're asking questions we've always asked. We haven't updated our screening processes. If they don't have a mental health history, they might think they're doing just fine but COVID-19 makes it different."



#### **Priority 5: Access to Mental and Behavioral Health Care Services and Providers**

Activity	Impact & Evaluation:	Current Status
5.A. United Regional will continue to provide case management services and appropriate referrals for patients who present to the hospital or emergency department with mental or behavioral health conditions on an as needed basis. For example, the hospital will refer applicable patients to the state hospital as necessary.		
5.B. United Regional will continue to provide psychiatric telehealth services for applicable patients.		
5.C. United Regional will continue to staff a SANE (Sexual Assault Nurse Examiner) that is trained specifically to treat sexually assaulted patients.		
5.D. United Regional will continue to provide individual and family guidance counseling for employees through a variety of resources including but not limited to the Employee Assistance Program.		

## **Section 3:** Feedback, Comments and Paper Copies

# INPUT REGARDING THE HOSPITAL'S CURRENT CHNA



### **CHNA Feedback Invitation**

- United Regional invites all community members to provide feedback on its previous and existing CHNA and Implementation Plan.
- To provide input on this CHNA please see details at the end of this report or respond via direct mail or email to the hospital. The physical address and email address can be found directly on the hospital's website at the site of this download.



## Feedback, Questions or Comments?

Please address any written comments on the CHNA and Implementation Plan and/or requests for a copy of the CHNA and Implementation Plan to:

#### **United Regional**

ATTN: Kim Maddin, Director of Community Relations
1600 Fleventh Street

Wichita Falls, Texas 76301

Email: kmaddin@unitedregional.org

Please find the most up to date contact information on the United Regional website under "About Us: Community Health Needs Assessment":

https://www.unitedregional.org/about-united-regional/community-health-needsassessment/



## Thank you!

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