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United Regional Health Care System

Community Health Needs Assessment and Implementation Plan

December 2019



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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 on August 12, 2019 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 CHNA Team participated in 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 discussed the results and decided to address all of the prioritized needs in various capacities through a hospital specific implementation plan.

The six most significant needs, as discussed during the August 12th prioritization meeting, are listed below:

1. 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

United Regional leadership has developed the following implementation plan to identify specific activities and services which directly address the six 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 objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate).

The United Regional Board reviewed and adopted the 2019 Community Health Needs Assessment and Implementation Plan report on October 28, 2019.

Priority #1: Access to Primary Care Services and Providers

Interviewees discussed the limited number of primary care providers accepting new patients in the community, as well as the difficulty in seeking primary care for certain insurance types (Medicaid, Medicare) and patients with developmental disabilities. It was noted that the provider shortage leads to overuse of the Emergency Room, increased use of advanced practitioners and long wait times for appointments. Interviewees specifically discussed the un/underinsured as disproportionately affected by long wait times and inconsistent follow up, and one interviewee specifically stated: “If you’re insured, you’re going to get follow up consistently on chronic conditions. If you’re Medicaid or unfunded, instead of getting a blood pressure check every 3 months, you might get an appointment every 6 months.”

Interviewees raised concern surrounding the increasing number of providers preferring “shift work” and resisting admitting patients to nursing homes. The recent closing of the residency program was also discussed, and one interviewee specifically stated: “Last year we lost the residency program which hurt a lot of the low income community. We need to be looking at having another primary care residency in the community for purposes of a long term health care infrastructure.”

Priority #2: Access to Specialty Care Services and Providers

Many interviewees mentioned there is outmigration of patients to Dallas/Fort Worth and Oklahoma City due to a variety of factors, including: lack of awareness of services available locally, patient perception that “bigger is better,” pending physician retirements, long wait times to see local providers, and lack of in-network providers. Specialties mentioned as needed due to limited depth, insurance barriers and/or succession planning needs include: Neurology, Dermatology, Cardiology, Endocrinology, Oncology, CV Surgery, Neurosurgery and Pulmonology.

Interviewees discussed the disproportionate challenge for un/underinsured patients in seeking specialty care, with one interviewee stating: “We have difficulty getting unfunded or underfunded patients into specialty care. An unfunded patient is required to come up with a \$200 copay when they get to the office, and they’re turned away if they can’t pay that.” Additionally, a few interviewees mentioned an increasing number of local providers unable to prescribe pain medications. One interviewee stated: “People have to go out of town to get pain medications because some docs here lost their DEA license. We have had quite a few of those lately.”

Priority #3: Prevention, Education and 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. Cancer and heart disease are the two leading causes of death in Wichita County and the state. Wichita County has higher mortality rates than Texas for cancer, diseases of heart, chronic lower respiratory diseases, cerebrovascular diseases, Alzheimer’s disease, accidents (unintentional injuries), diabetes mellitus, chronic liver disease and cirrhosis, intentional self-harm (suicide), Parkinson’s disease, female breast cancer, prostate cancer, lung and bronchus cancer and colon and rectum cancer.

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

Wichita County has higher rates of communicable diseases, such as chlamydia and gonorrhea, than the state. Wichita County also has higher prevalence rates of chronic conditions and unhealthy lifestyle behaviors such as diabetes (adult and Medicare population), obesity, high blood pressure (adult and Medicare population), asthma, arthritis, smoking and physical inactivity than the state.

With regards to maternal and child health, specifically, Wichita County has higher percentages of mothers smoking during pregnancy and teen births than the state. Data also suggests that residents may not be seeking necessary preventive care services, such as flu vaccines (Medicare population).

Interviewees discussed high rates of obesity and associated chronic conditions, including hypertension and diabetes, and noted the limited healthy lifestyle education in the community that is confounded by a lack of desire to participate in behavior change or preventive care. Significant tobacco use and trending diets were also mentioned as concerning, and one interviewee stated: “Recently, there’s a lot of trend diets – the keto diet, intermittent fasting...those things are very popular and they have health consequences.”

Interviewees discussed a challenge in understanding the cost and complexity of the health care system for residents, and also noted an opportunity for physicians to educate patients on available community resources based on individualized needs. One interviewee stated: “Doctors’ offices need to be educated on programs and different agencies and what they do out in the community whether it’s for medication, utilities, or food. If you’re educated on what programs we have here in the county, then you’re more able to help a person who might not have anyone at home to help them.”

Interviewees suggested sharing medical records across the community with the implementation of Epic in order to better coordinate care and reduce the cost of care for residents due to the perceived lack of transparency regarding health care costs. It was also mentioned there is a need for communication and community outreach regarding resources available for residents to use, and the limited awareness of existing resources across the community – particularly for low income residents. One interviewee stated: “We need to be helping people understand the services that are provided and how they could be helped financially. People are becoming very tight with their money and they would choose to spend money on something else instead of using it for health care.”

It was mentioned that there is a lack of health literacy and understanding of access points across the continuum of care, specifically confusion surrounding primary care vs. urgent care. It was also mentioned that there is limited coordination across community organizations, and there is a perceived lack of communication between hospital staff and patient families. One interviewee stated: “A lot of times, communication between hospital staff and the families is not always there.”

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

Wichita County has a higher overall food insecurity rate and a higher child food insecurity rate than the state, as well as a higher average meal cost than Texas. Additionally, Wichita County has a higher percentage of its population with low food access than the state and a lower rate of grocery stores per 100,000 than the state. The majority of neighborhoods located within food deserts and have low food access are primarily located in the eastern region of Wichita County. The county also has a higher percentage of students eligible for free or reduced price lunch than the state.

Interviewees noted growing concern surrounding local food deserts, particularly within the community's east side. It was also mentioned that residents prioritize rent and utilities, which forces them to forego healthy food options. One interviewee stated: "Budget and financial obligation to pay rent and bills keep people from getting healthy food. Food is one of those things that gets put on the backburner when bills need to be paid."

It was mentioned that limited healthy food options are within walking distance for most residents, and transportation barriers in seeking healthy foods may be leading to purchasing groceries from vendors with less healthy options. Additionally, interviewees discussed the disproportionate challenge in accessing healthy food options for residents outside of Wichita Falls. One interviewee stated: "The food disparity will continue to be an issue. In Electra, it's difficult because we don't have a real grocery store so that causes a problem with people having access to good food they can eat. We have a dollar general and a little convenience store."

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

Wichita County has a higher percentage of depression (adult and Medicare population) than the state, as well as a higher percentage of adults who experienced 14 or more days of poor mental health than the state.

Interviewees discussed the disproportionate challenge in un/underinsured patients seeking mental and behavioral health care and long wait times for those patients. It was also noted that there is a lack of substance abuse treatment facilities for un/underinsured patients, which results in those patients leaving the community to seek such services in Abilene. One interviewee stated: "We're limited on resources for drug/alcohol counseling. Many people dealing with that have to go to Abilene if they're unfunded and don't have insurance to pay."

It was mentioned that mental and behavioral health-related patients tend to overuse the Emergency Room, and raised concern surrounding the unmet needs for patients residents dealing with bipolar disorder, schizophrenia, depression and suicidal ideations. Interviewees also discussed a stigma associated with seeking mental and behavioral health care services in the community. One interviewee specifically stated: "There is a stigma associated with accessing services. It's hard to get people to acknowledge that they have a problem to seek care."

Interviewees noted an increasing number of patients on multiple prescriptions from different prescribers, with one interviewee stating: "Folks are on multiple prescribed medications. They may be on pain medication, anti-anxiety medication, and it's all from different prescribers. There's a lot of accidental multiple drug causes of death." It was also mentioned that there is a limited number of bilingual providers in the community.



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

Wichita County has a lower median household income than the state, and also has a higher percentage of families living below poverty than the state. Wichita County also has a higher percentage of adults who have experienced a medical cost barrier to care than the state, and a higher percentage of households with no motor vehicle than the state. Additionally, Wichita County has several geographic- and population-based Health Professional Shortage Area designations and census tract-based Medically Underserved Area/Population designations, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees raised concern surrounding cost barriers to care in Wichita County, which may lead to overuse of the Emergency Room, delay in seeking care or foregoing care. It was also noted that the high cost of health care services is forcing lower socioeconomic groups to choose between medications, prescriptions, food/meals and utilities. Interviewees discussed concern surrounding a lack of sliding fee scale related clinics in the west side of the county, and one interviewee specifically stated: “We don’t have enough clinics that are on that west side of the county. There [should] be an FQHC medical, dental and behavioral site on the west side of the community, maybe more than one site. We need to provide medical, dental and behavioral primary care services to the financially and otherwise vulnerable in the community.”

It was mentioned that residents tend to leave the community for specialty care services due to a lack of providers participating in local insurance plans and that dental care services are particularly expensive for all insurance types, which causes patients to delay seeking care.

Transportation was discussed as a significant issue due to patients missing health care appointments. Interviewees described the existing transportation infrastructure as having limitations with long wait times and limited stops around the county. It was mentioned that transportation is more difficult for residents living in the rural parts of Wichita County who try to seek transportation services, and that there is a disproportionate challenge in transportation to/from doctor’s appointments for the low income, Medicare, elderly and handicapped populations. One interviewee stated: “With access to care, we need a better infrastructure in transportation. Some patients can’t afford a cab and they miss their appointment. We’re missing the boat by not having a more county-wide transportation system that’s accessible, reliable and safe. Patients who don’t show up say they couldn’t get a ride. If we had a better system, our patients could get to their appointments.”

When asked about which specific groups are at risk for inadequate care, interviewees spoke about homeless, low income, pediatric, teens/adolescents, racial/ethnic, veterans and elderly populations as being disproportionately challenged by barriers to accessing healthcare services in Wichita County.

With regards to the homeless population, interviewees mentioned mental and behavioral health care needs, an increasing need for shelter options for pets of homeless persons, lack of follow up care and overuse of the Emergency Room as challenges for this particular population. For low income residents, interviewees mentioned long wait times for appointments and overuse of the Emergency Room as challenges for the low income community in Wichita County.



Priority #6: Access to Affordable Care and Reducing Health Disparities Among Specific Populations (continued)

When speaking about the pediatric population in Wichita County, interviewees raised concern surrounding lack of access to local specialty care, lack of pediatric home health options in the community and few resources for developmentally-delayed children as challenges specific to these residents. For teens/adolescents, interviewees mentioned limited dental care services for youth with mental retardation and autism, obesity and a lack of access to healthy foods, vaping and synthetic marijuana use, teen pregnancy, the traumatic impact of adverse health events during childhood, an increasing rate of autoimmune diseases (arthritis) and a lack of access to contraceptives as general issues for such population.

With regards to racial/ethnic groups, interviewees noted language barriers (Hispanic) and a limited number of bilingual mental and behavioral health care providers as challenges for these residents. For veterans, interviewees noted frustration with the VA system, transportation barriers, a lack of local preventive care options, a stigma associated with seeking care for mental and behavioral health care issues, a need for social work assistance and an increasing number of homeless veterans as concerns for such residents.

Lastly, for the elderly population in Wichita County, interviewees mentioned transportation barriers, a need for a Community Paramedicine Program, a lack of health literacy, limited number of primary care providers accepting Medicare and Medicaid, a lack of affordable and safe housing options and a limited understanding of advanced care planning as challenges for this population.



PROCESS AND METHODOLOGY

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

Process and Methodology

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
 - 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

Process and Methodology

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 IBM Watson Health Market Expert Tool and local reports
 - 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 August 12, 2019. The CHNA Team included:
 - Phyllis Cowling, Chief Executive Officer
 - Nancy Townley, Chief Operating Officer
 - Jane Ritter, 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
- 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.

Process and Methodology

Methodology (continued)

– United Regional Biography

- Background information about United Regional, mission, vision, values and services provided 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, 2018 – December 31, 2018 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, IBM Watson Health Market Expert Tool, 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, the CARES Engagement Network, United States Census Bureau, and the Centers for Disease Control and Prevention

– 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, 27 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.

Process and Methodology

Methodology (continued)

– 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 CHNA Team August 12, 2019
- See the prioritization section for a more detailed description of the prioritization methodology



HOSPITAL BIOGRAPHY

Hospital Biography

About United Regional Health Care System

About United Regional

United Regional Health Care System is located in Wichita Falls, Texas and 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's passion is to provide excellence in health care for the communities it serves. To accomplish this passion, 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.

System Growth

In 2009, United Regional expanded its campus with the addition of the Bridwell Tower to enhance community access to diagnostic, surgical services and acute care. The System has also invested in some of the most advanced technology available today, including, surgical technology: the da Vinci Robotic Surgical System, an orthopedic surgical navigation system, an ENT surgical navigation system, the OPMI Pentero neurosurgical microscope, and a neurosurgical robotic guidance system; laboratory technology: the Biotyper, the ROTEM, the Command Center Power Processor; pharmacy technology: Sentri 7; diagnostic technology: 3D mammography and 3D stereotactic upright biopsy; and information technology to enhance communication between health care providers and patients.

In January 2017, United Regional's Emergency Department expansion and renovation project was completed, doubling the size of the existing ED. The new Bridwell Center for Emergency Care provides larger treatment rooms with greater privacy and comfort, larger trauma rooms to accommodate the latest equipment, and an indoor walkway connecting the Center to the Bethania Building. A master facility plan was developed and approved for implementation beginning in 2018. The plan includes hospital renovation, and outpatient facility expansion and new construction to improve access to health care for our community.



Hospital Biography

About United Regional Health Care System (continued)

Commitment to the Community

United Regional is also committed to continue serving as the “safety net” for the uninsured and underinsured the region, and provided nearly \$21 million in charity care in 2018. It also serves the community in educational services, health fairs and screenings and through sponsorship of community organizations’ activities that contribute to the health the community.

Statistics for 2018:

- 15,000 admissions
- 78,00 ER visits
- 73,000 outpatient visits
- 108,000 clinic visits
- 9,000 surgeries
- 1,900 births
- Staff
 - 2,135 employees
 - 350 physicians
 - 200 volunteers

Hospital Biography

Mission, Vision and Values

Passion

To provide excellence in health care for the communities we serve

Purpose

To make a positive difference in the lives of others

Pillars

To provide excellence in health care for the communities we serve

- People
- Service
- Quality
- Finance
- Growth

Hospital Biography

Hospital Services

- Advanced Technology
- Bariatric Services - United Regional Solutions
- Breast Health Services
- Cancer Care
- Cardiovascular Services
- CarePlus Primary Care Clinic
- Diabetes Education
- Emergency and Trauma Services
- ENT
- Gastroenterology
- Heart Disease Prevention, Diagnosis and Treatment
- Infusion Therapy
- Neurology
- Neurosurgery
- Obstetrics
- Orthopedics
- Pediatrics
- Preventive Care
- Pulmonary Rehabilitation
- Radiology
- Reference Laboratory
- Respiratory
- Sports Medicine
- Stroke
- Surgical Services
- Urology
- Women's Services
- Wound Care



STUDY AREA

United Regional Health Care System

Study Area

■ Wichita County comprises 72.8% of CY 2018 Inpatient Discharges

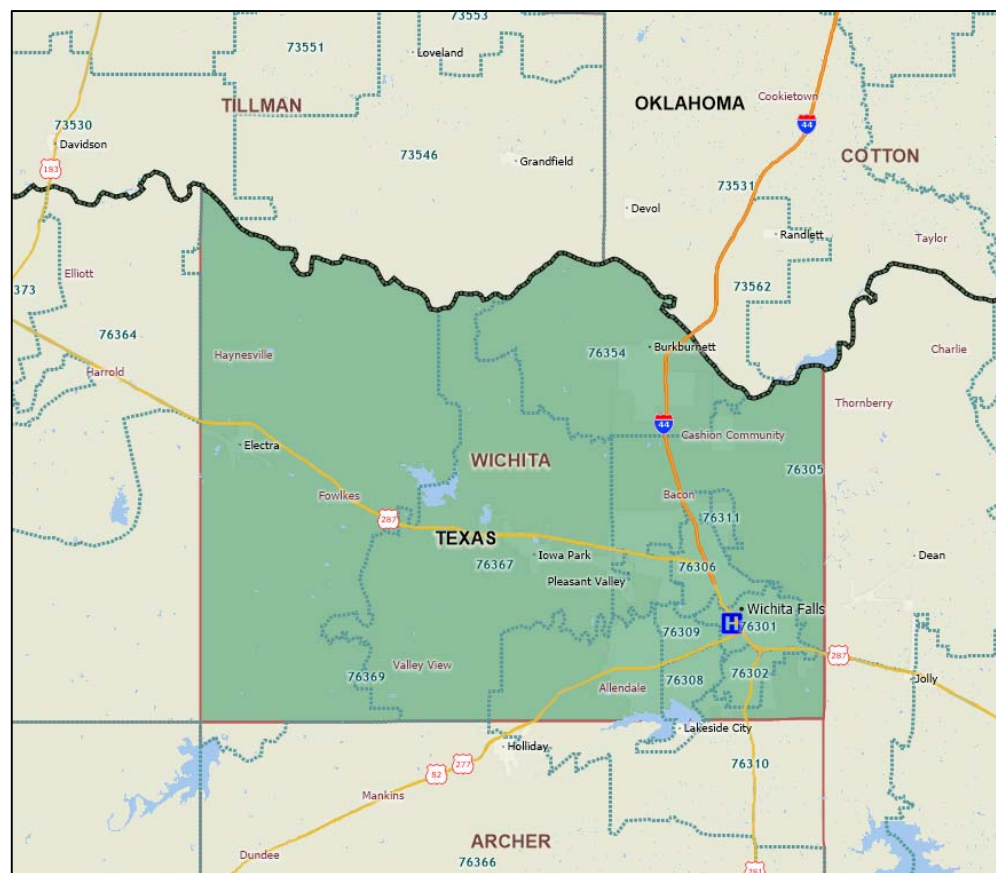
■ Indicates the hospital

United Regional Health Care System

Patient Origin by County: January 2018 - December 2018

County	State	CY 2018 Discharges	% of Total	Cumulative % of Total
Wichita	TX	11,402	72.8%	72.8%
All Others		4,261	27.2%	100.0%
Total		15,663	100%	

Source: Hospital inpatient discharge data provided by United Regional; January 2018 - December 2018; Normal Newborns MS-DRG 795 excluded.



Note: the United Regional 2016 Community Health Needs Assessment and Implementation Plan report studied Wichita County, which comprised 72.6% of inpatient discharges in CY 2015 (January 2015 – December 2015).

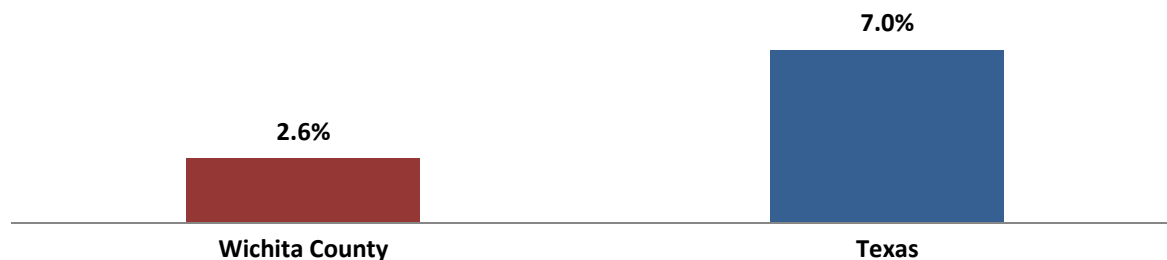


DEMOGRAPHIC OVERVIEW

Population Health

Population Growth

Projected 5-Year Population Growth 2019-2024

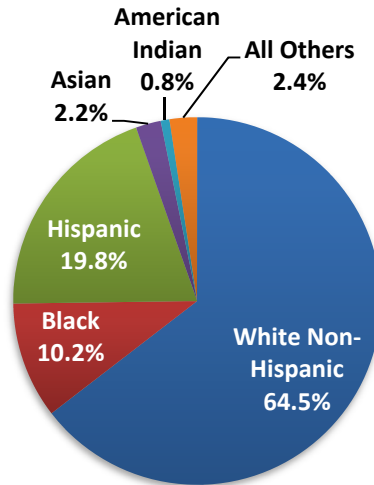


Overall Population Growth					
Geographic Location	2010	2019	2024	2019-2024 Change	2019-2024 % Change
Wichita County	131,500	132,408	135,872	3,464	2.6%
Texas	25,145,561	28,959,501	30,972,397	2,012,896	7.0%

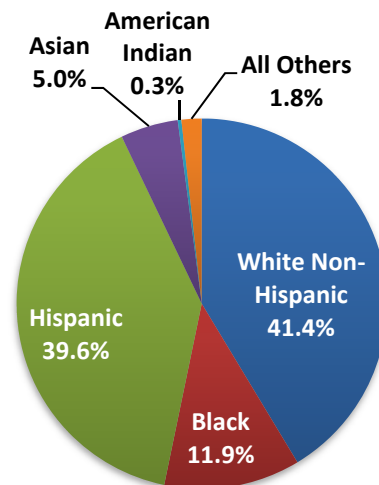
Population Health

Population Composition by Race/Ethnicity

Wichita County



Texas



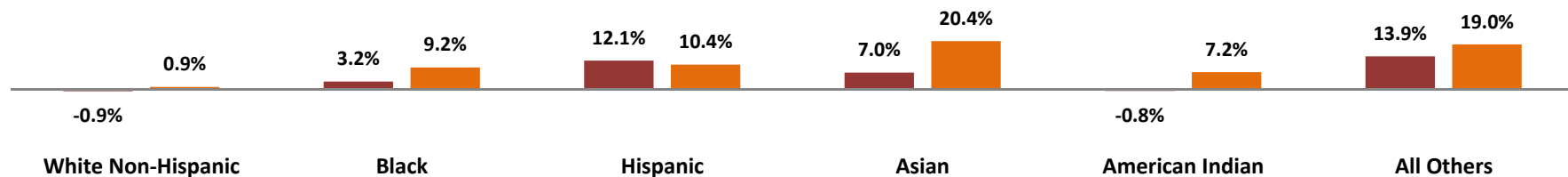
Wichita County					
Race/Ethnicity	2010	2019	2024	2019-2024 Change	2019-2024 % Change
White Non-Hispanic	90,001	85,464	84,676	-788	-0.9%
Black	13,322	13,546	13,977	431	3.2%
Hispanic	21,859	26,264	29,445	3,181	12.1%
Asian	2,671	2,908	3,112	204	7.0%
American Indian	1,087	1,035	1,027	-8	-0.8%
All Others	2,560	3,191	3,635	444	13.9%
Total	131,500	132,408	135,872	3,464	2.6%

Texas					
Race/Ethnicity	2010	2019	2024	2019-2024 Change	2019-2024 % Change
White Non-Hispanic	11,397,345	11,980,162	12,082,565	102,403	0.9%
Black	2,886,825	3,443,123	3,758,773	315,650	9.2%
Hispanic	9,460,921	11,475,851	12,669,044	1,193,193	10.4%
Asian	966,346	1,455,557	1,753,171	297,614	20.4%
American Indian	80,586	93,470	100,207	6,737	7.2%
All Others	353,538	511,338	608,637	97,299	19.0%
Total	25,145,561	28,959,501	30,972,397	2,012,896	7.0%

Race/Ethnicity Projected 5-Year Growth

2019-2024

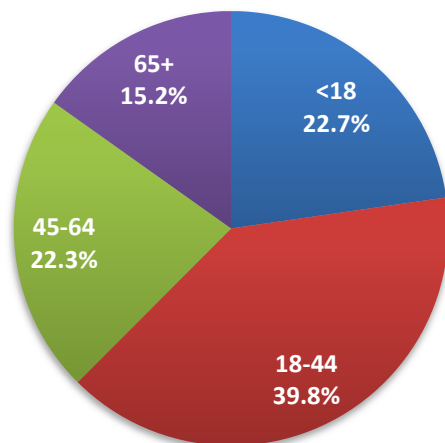
■ Wichita County ■ Texas



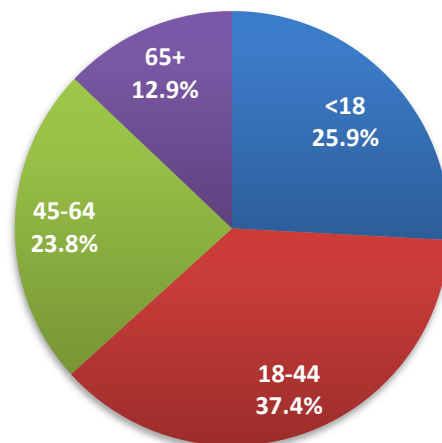
Population Health

Population Composition by Age Group

Wichita County



Texas

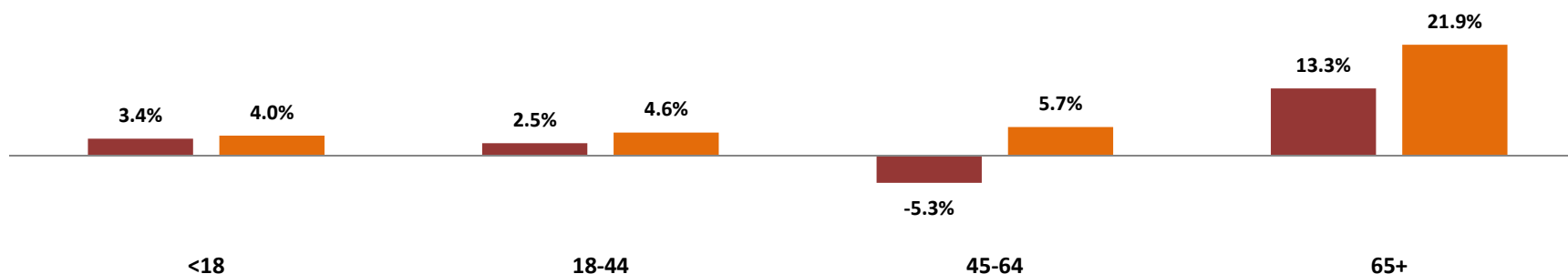


Wichita County				
Age Cohort	2019	2024	2019-2024 Change	2019-2024 % Change
<18	30,087	31,122	1,035	3.4%
18-44	52,650	53,974	1,324	2.5%
45-64	29,580	28,013	-1,567	-5.3%
65+	20,091	22,763	2,672	13.3%
Total	132,408	135,872	3,464	2.6%

Texas				
Age Cohort	2019	2024	2019-2024 Change	2019-2024 % Change
<18	7,488,976	7,787,439	298,463	4.0%
18-44	10,839,623	11,339,129	499,506	4.6%
45-64	6,888,772	7,282,794	394,022	5.7%
65+	3,742,130	4,563,035	820,905	21.9%
Total	28,959,501	30,972,397	2,012,896	7.0%

Age Projected 5-Year Growth
2019-2024

■ Wichita County ■ Texas



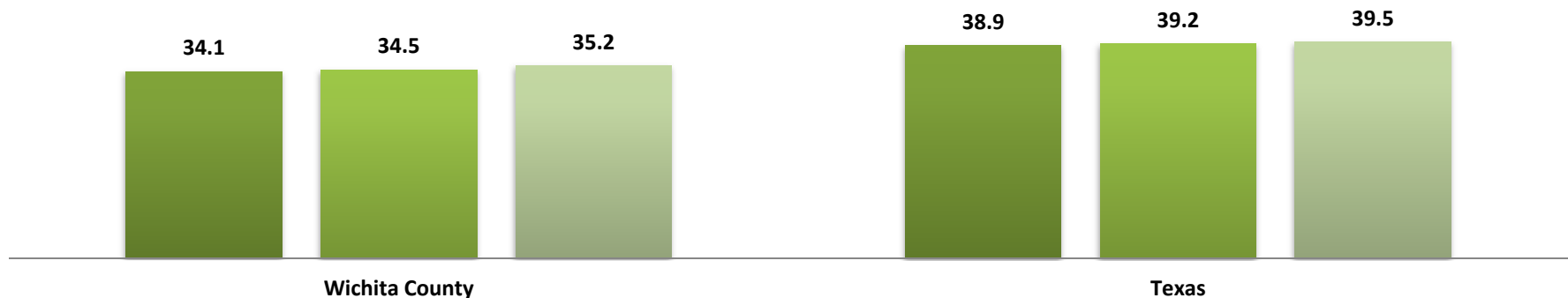
Population Health

Median Age

- The median age in Wichita County and the state is expected to increase over the next five years (2019-2024).
- Wichita County (34.5 years) has a younger median age than Texas (39.2 years) (2019).

Median Age

■ 2010 ■ 2019 ■ 2024



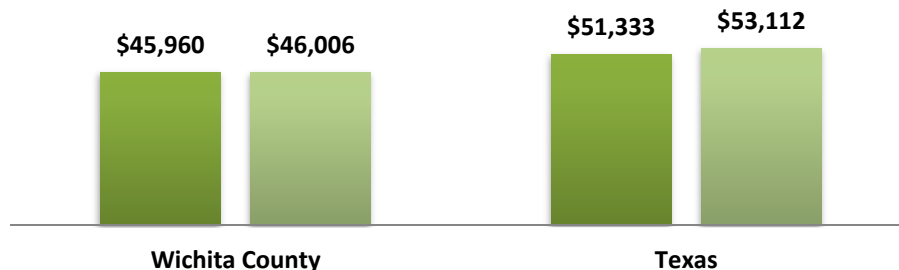
Population Health

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 (2019-2024).
- Wichita County (\$45,960) has a lower median household income than Texas (\$51,333) (2019).
- Wichita County (23.2%) has a lower percentage of residents with a bachelor or advanced degree than the state (28.6%) (2019).

Median Household Income

■ 2019 ■ 2024



Education Bachelor / Advanced Degree 2019

■ Wichita County ■ Texas



Population Health

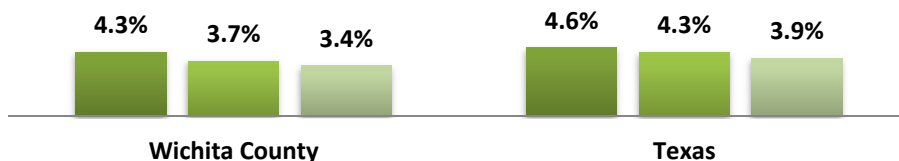
Unemployment

- Unemployment rates in Wichita County and the state decreased between 2016 and 2018.
- In 2018, Wichita County (3.4%) had a slightly lower unemployment rate than the state (3.9%).
- Over the most recent 12-month time period, monthly unemployment rates in Wichita County overall decreased. April, May and October 2018 had the lowest unemployment rate (3.1) as compared to June 2018 with the highest rate (3.9).

Unemployment

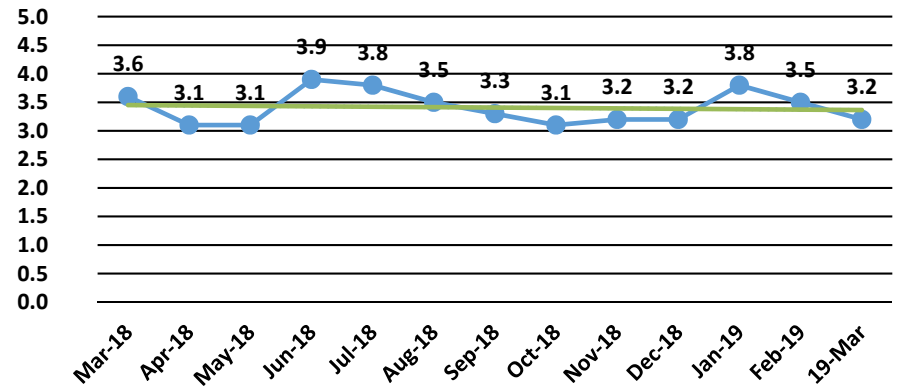
Rates by Year

■ 2016 ■ 2017 ■ 2018



Unemployment

Wichita County Rates by Month
Most Recent 12-month Period



Population Health

Poverty

- Wichita County (14.2%) has a slightly higher percentage of families living below poverty as compared to the state (12.5%) (2019).
- Between 2015 and 2017, the percent of children (<18 years) living below poverty in Wichita County and the state decreased.
- Wichita County (21.0%) has a consistent percentage of children (<18 years) living below poverty with Texas (21.0%) (2017).

Families Below Poverty

2019

■ Wichita County ■ Texas



Children Below Poverty

Percent, Children (<18 years)

2015-2017

■ 2015 ■ 2016 ■ 2017



Source: IBM Watson Health Market Expert Tool; data accessed May 5, 2019.

Source: The Annie E. Casey Foundation, Kids Count Data Center, filtered for Wichita County, TX, www.datacenter.kidscount.org; data accessed May 1, 2019.

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 2019 Federal Poverty Thresholds define a household size of 4 as living below 100% of the federal poverty level if the household income is less than \$25,750, and less than 200% of the federal poverty level if the household income is less than \$51,500. Please see the appendix for the full 2019 Federal Poverty Thresholds.

Population Health

Food Insecurity

- According to Feeding America, an estimated 18.5% of Wichita County residents are food insecure as compared to 14.9% in Texas. Additionally, 24.5% of the youth population (under 18 years of age) in Wichita County are food insecure as compared to 22.5% in Texas (2017).
- The average meal cost for a Wichita County resident is \$2.78, as compared to \$2.71 in the state (2017).

Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Wichita County	18.5%	24.5%	\$2.78
Texas	14.9%	22.5%	\$2.71

Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for Wichita County, TX, https://www.feedingamerica.org/research/map-the-meal-gap/by-county?_ga=2.33638371.33636223.1555016137-1895576297.1555016137&s_src=W194ORGSC; information accessed May 6, 2019.

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.

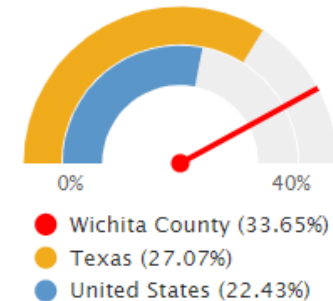
Average Meal Cost Definition: The average weekly dollar amount food-secure individuals report spending on food, as estimated in the Current Population Survey, divided by 21 (assuming three meals a day, seven days a week).

Population Health

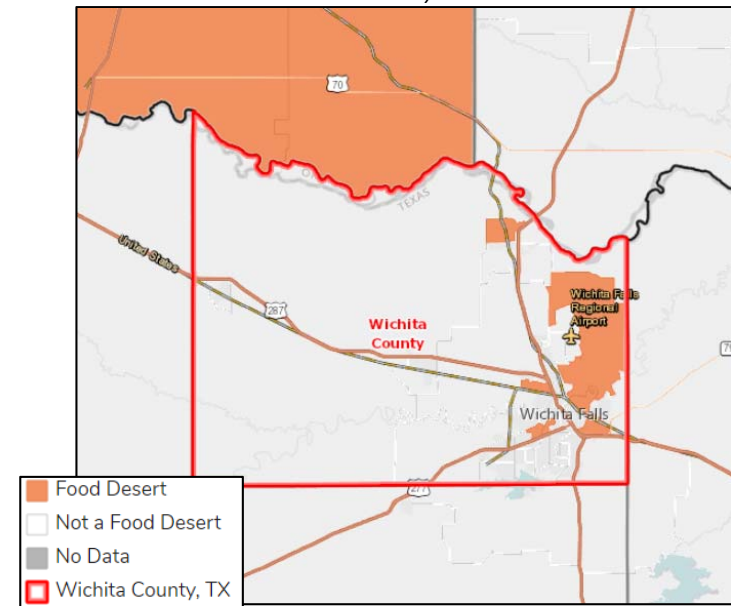
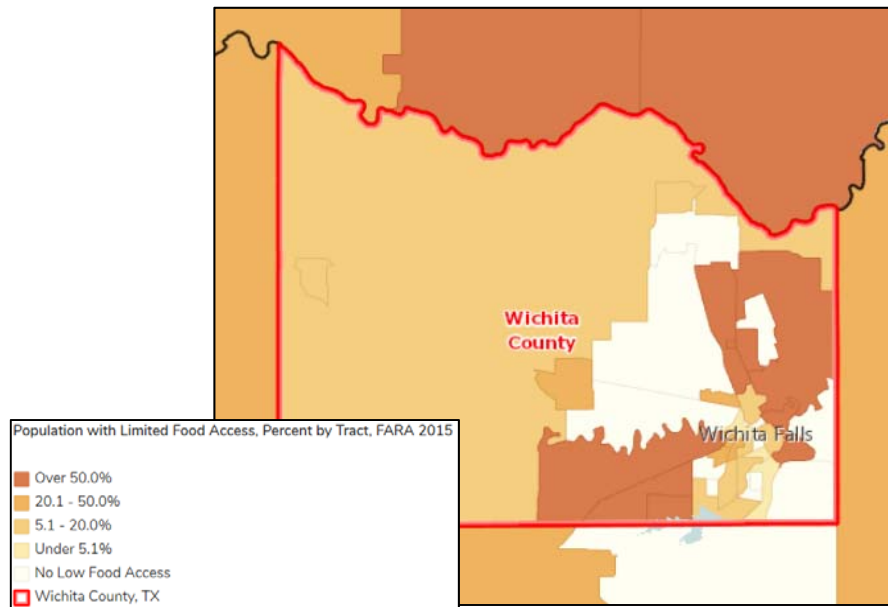
Low Food Access

- In 2015, Wichita County (33.7%) had a higher percentage of its population with low food access than the state (27.1%) and the nation (22.4%).
- The number of neighborhoods that are within food deserts and also have low food access are primarily located in eastern Wichita County (2015).

Percent Population with Low Food Access



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: CARES Engagement Network, Health Indicator Report: logged in and filtered for Wichita County, TX, <https://engagementnetwork.org/>; data accessed May 19, 2019.

Low Food Access Definition: Limited access to healthy foods captures the proportion of the population who are low income and do not live close to a grocery store. Living close to a grocery store is defined differently in rural and non-rural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in non-rural areas, it means less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size. Stores met the definition of a supermarket or large grocery store if they reported at least \$2 million in annual sales and contained all the major food departments found in a traditional supermarket, including fresh meat and poultry, dairy, dry and packaged foods, and frozen foods.

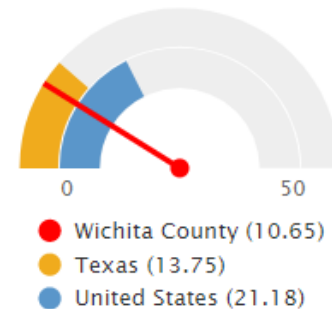
Food Desert Definition: A food desert is defined as a low-income area where a substantial number or share of residents has low access to a supermarket or large grocery store. A population is defined as having limited food access if they are living more than 1 mile from a supermarket or large grocery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

Population Health

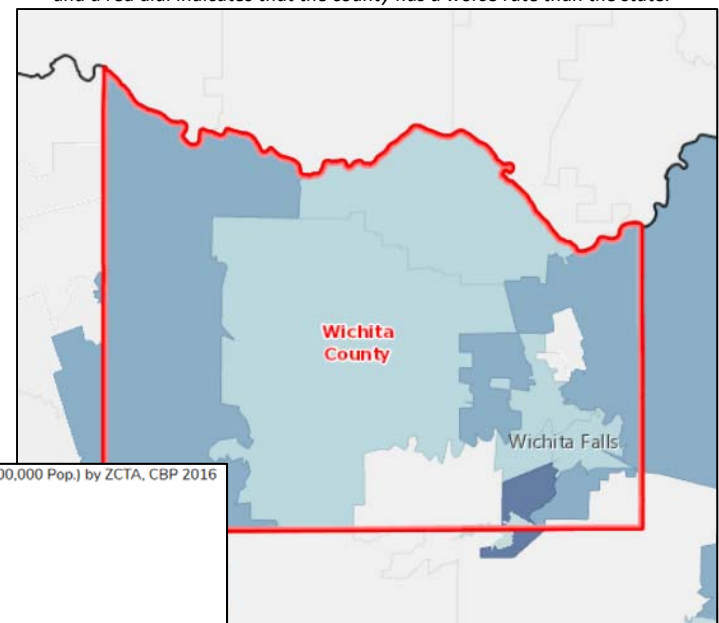
Grocery Store Access

- In 2016, Wichita County (10.7) had a lower rate of grocery stores per 100,000 population than the state (13.8) and the nation (21.2).
- The majority of zip code tabulation areas (ZCTAs) with lower numbers of grocery stores per 100,000 population are primarily located in the central and eastern parts of the county (2016).

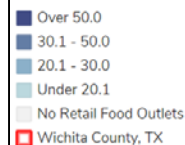
Grocery Stores, Rate
(Per 100,000 Population)



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.



All Retail Food Outlets, Rate (Per 100,000 Pop.) by ZCTA, CBP 2016



Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Wichita County, TX, <https://engagementnetwork.org/>; data accessed May 19, 2019.

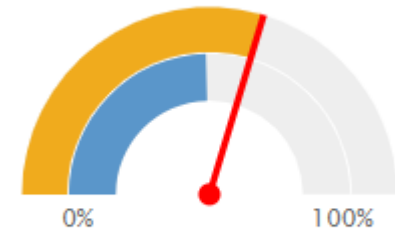
Grocery store definition: Stores met the definition of a supermarket or large grocery store if they reported at least \$2 million in annual sales and contained all the major food departments found in a traditional supermarket, including fresh meat and poultry, dairy, dry and packaged foods, and frozen foods. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded.

Population Health

Children in the Study Area

- In 2016-2017, Wichita County (59.4%) had a slightly higher percentage of public school students eligible for free or reduced price lunch than the state (58.9%), and a higher rate than the nation (49.2%).
- Wichita County (96.7%) has a higher high school graduation rate than the state (91.0%) and the nation (86.8%) (2016-2017).

Percent Students Eligible for Free or Reduced Price Lunch



- Wichita County (59.35%)
- Texas (58.94%)
- United States (49.21%)

Cohort Graduation Rate



- Wichita County (96.7)
- Texas (91)
- United States (86.8)

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.



HEALTH DATA OVERVIEW

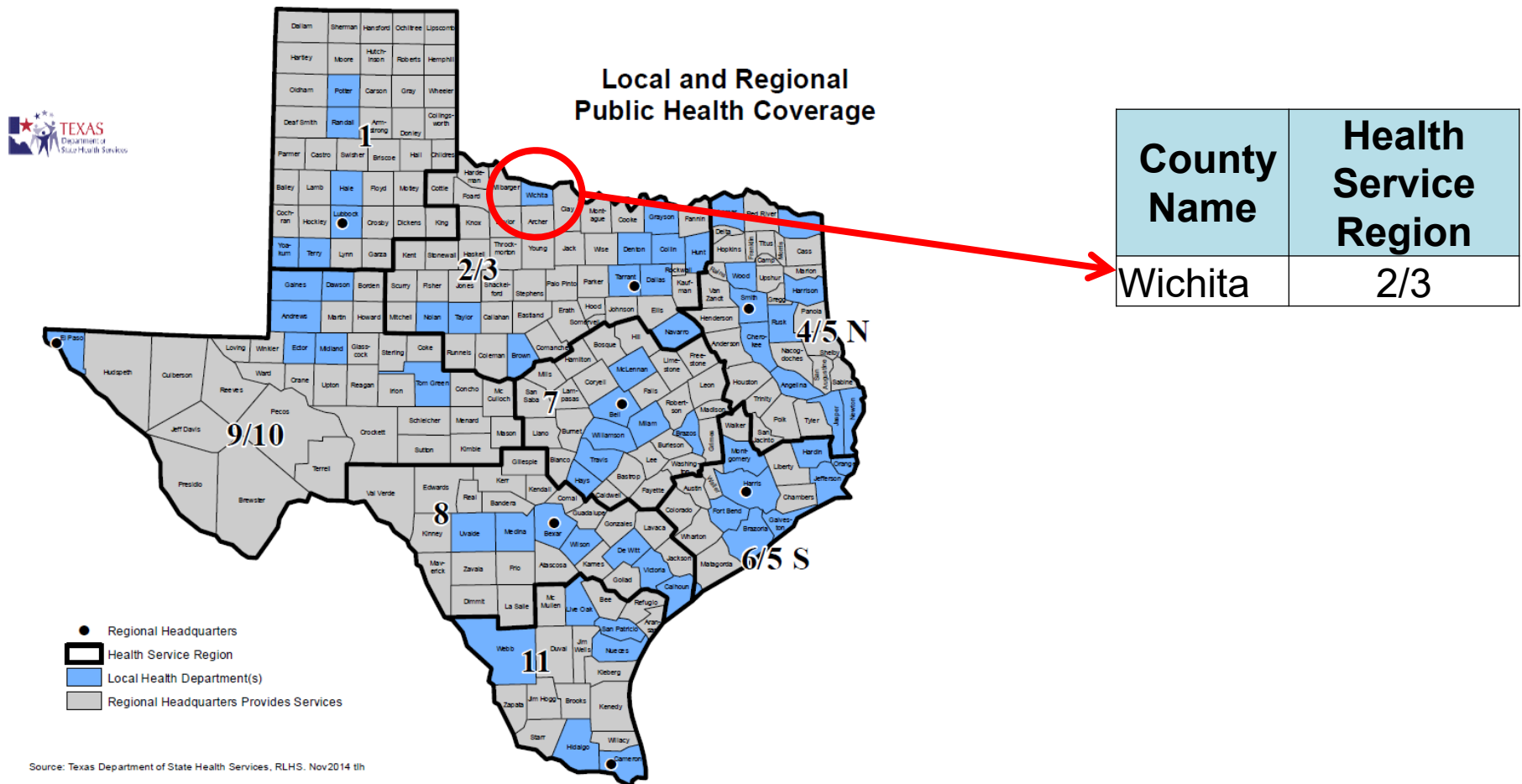
Health Status

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)
 - CARES Engagement Network
 - 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, health service region, and county level data

Health Status

County and Health Service Region Map



Source: Texas Department of State Health Services, Center for Health Statistics; <http://www.dshs.state.tx.us/chs/vstat/annrpts.shtm>; data accessed August 21, 2018.
 Note: Health Service Region (HSR) 2/3 includes a total of 49 counties in the state of Texas.

Health Status

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:
 - Health Behaviors:
 - Adult smoking
 - Adult obesity
 - Physical inactivity
 - Sexually transmitted infections
 - Clinical Care:
 - Uninsured
 - Flu vaccinations
 - Mammography screening
 - Preventable hospital stays

2019 County Health Rankings	Wichita County
Health Outcomes	181
LENGTH OF LIFE	154
QUALITY OF LIFE	198
Health Factors	136
HEALTH BEHAVIORS	241
CLINICAL CARE	15
SOCIAL & ECONOMIC FACTORS	82
PHYSICAL ENVIRONMENT	107

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

Health Status

Mortality – Leading Causes of Death (2015-2017)

Rank	Wichita County	Texas
1	Malignant neoplasms (C00-C97)	Diseases of heart (I00-I09,I11,I13,I20-I51)
2	Diseases of heart (I00-I09,I11,I13,I20-I51)	Malignant neoplasms (C00-C97)
3	Chronic lower respiratory diseases (J40-J47)	Cerebrovascular diseases (I60-I69)
4	Cerebrovascular diseases (I60-I69)	Chronic lower respiratory diseases (J40-J47)
5	Alzheimer's disease (G30)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
6	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Alzheimer's disease (G30)
7	Diabetes mellitus (E10-E14)	Diabetes mellitus (E10-E14)
8	Chronic liver disease and cirrhosis (K70,K73-K74)	Septicemia (A40-A41)
9	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)
10	Parkinson's disease (G20-G21)	Chronic liver disease and cirrhosis (K70,K73-K74)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Leading Causes of Death Rates (2015-2017)

Mortality Category (2015-2017)	Wichita County		Texas	
	Combined 3Yr. Rate	3Yr. Change	Combined 3Yr. Rate	3Yr. Change
Malignant neoplasms (C00-C97)	 192.5		148.0	
Diseases of heart (I00-I09,I11,I13,I20-I51)	 184.4		169.5	
Chronic lower respiratory diseases (J40-J47)	 70.2		40.4	
Cerebrovascular diseases (I60-I69)	 57.3		42.0	
Alzheimer's disease (G30)	 44.1		38.2	
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	 45.8		38.3	
Diabetes mellitus (E10-E14)	 31.8		20.9	
Chronic liver disease and cirrhosis (K70,K73-K74)	 23.6		13.8	
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	 18.6	-	12.8	
Parkinson's disease (G20-G21)	 15.6		9.0	

-  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.
-  indicates that the rate is trending downwards.
-  indicates that the rate is trending upwards.
-  indicates that the rate has remained steady.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

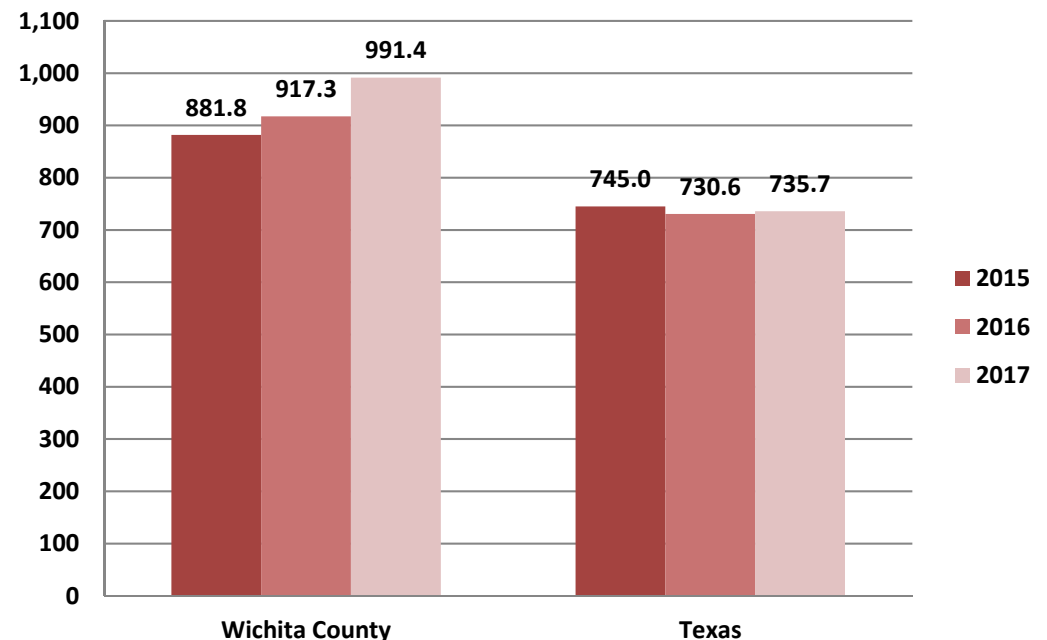
Health Status

Mortality – Overall

- Overall mortality rates in Wichita County remained higher than the state between 2015 and 2017.
- Overall mortality rates in Wichita County increased between 2015 and 2017, while rates in the state slightly decreased.
- In 2017, the overall mortality rate in Wichita County (991.4 per 100,000) was higher than the state (735.7 per 100,000).

Overall Mortality

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Wichita County	1,306	881.8	1,363	917.3	1,490	991.4	4,159	930.2
Texas	189,654	745.0	191,966	730.6	198,106	735.7	579,726	737.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

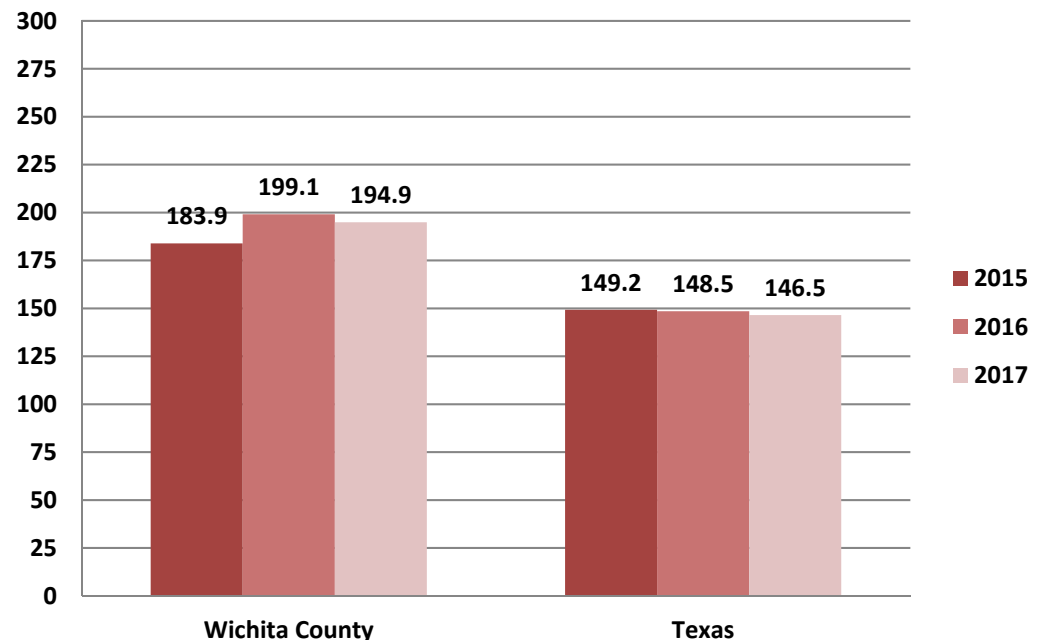
Health Status

Mortality – Malignant Neoplasms

- Cancer is the leading cause of death in Wichita County and the second leading cause of death in the state (2015-2017).
- Between 2015 and 2017, cancer mortality rates increased in Wichita County and decreased in the state.
- In 2017, the cancer mortality rate in Wichita County (194.9 per 100,000) was higher than the state rate (146.5 per 100,000).

Malignant Neoplasms (Cancer)

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Wichita County	272	183.9	302	199.1	291	194.9	865	192.5
Texas	39,121	149.2	40,195	148.5	40,668	146.5	119,984	148.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

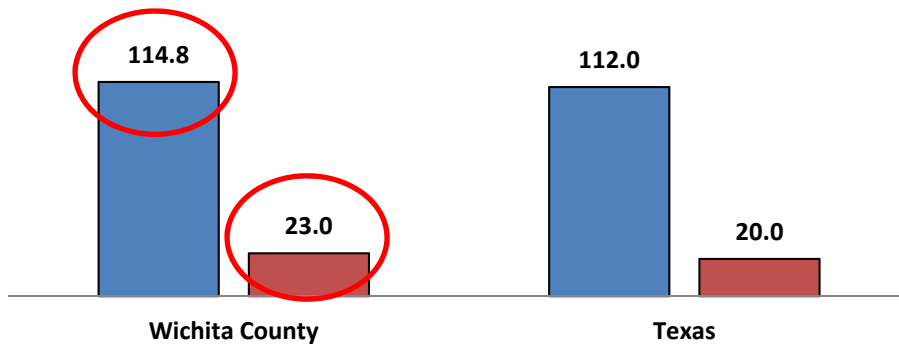
Health Status

Cancer Incidence & Mortality by Type

Female Breast

Age-adjusted Incidence and Mortality Rates per 100,000
2012-2016

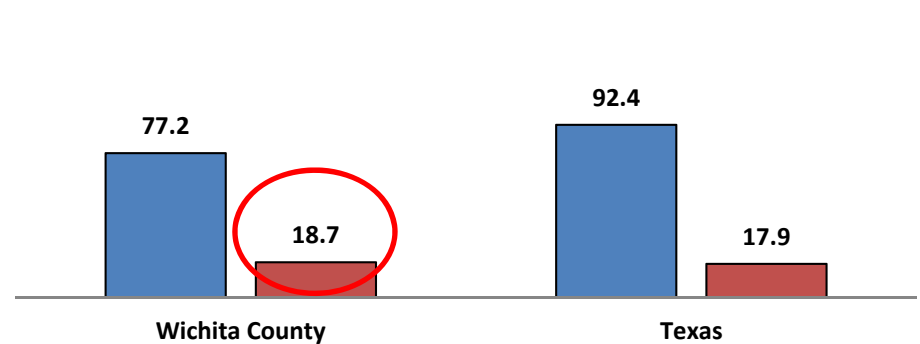
■ Incidence ■ Mortality



Prostate

Age-adjusted Incidence and Mortality Rates per 100,000
2012-2016

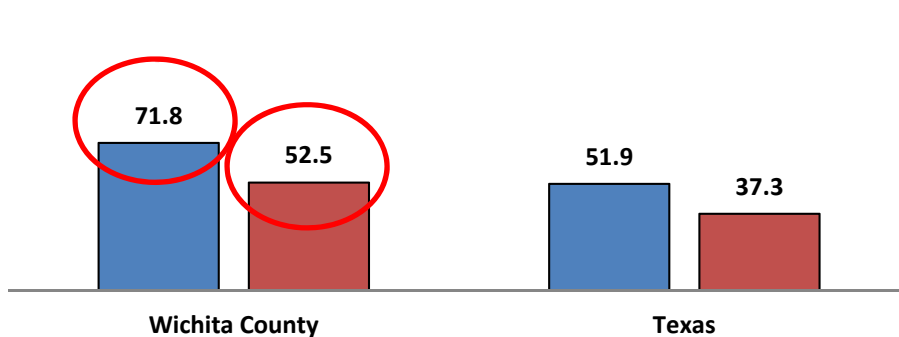
■ Incidence ■ Mortality



Lung and Bronchus

Age-adjusted Incidence and Mortality Rates per 100,000
2012-2016

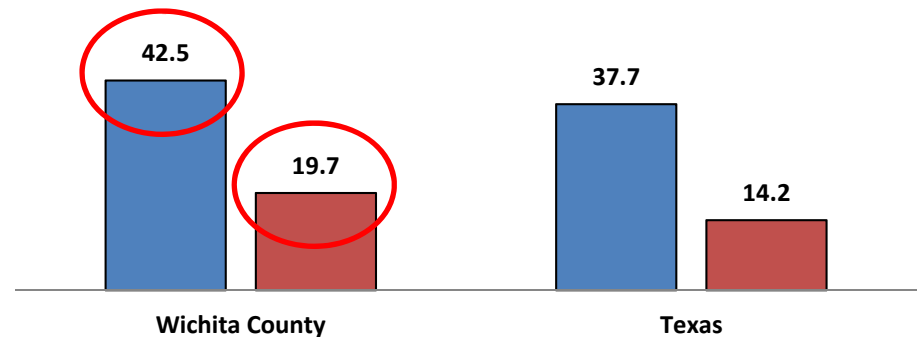
■ Incidence ■ Mortality



Colon and Rectum

Age-adjusted Incidence and Mortality Rates per 100,000
2012-2016

■ Incidence ■ Mortality



Source: Texas Cancer Registry, Cancer Incidence and Mortality by Site and County, <http://www.cancer-rates.info/TX/index.php>; data accessed May 20, 2019.

Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population. *Counts/rates are suppressed if fewer than 16 cases were reported in the specified category; Counts < 16 are too few to calculate a stable age-adjusted rate.

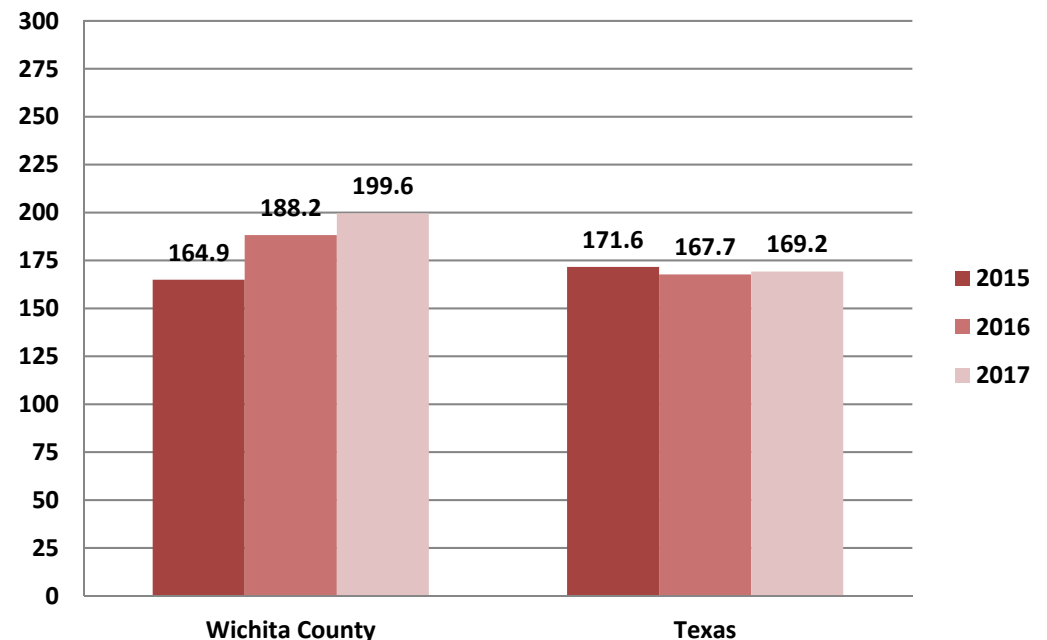
Health Status

Mortality – Diseases of the Heart

- Heart disease is the second leading cause of death in Wichita County and the leading cause of death in the state (2015-2017).
- Between 2015 and 2017, heart disease mortality rates increased in Wichita County and slightly decreased in the state.
- In 2017, the heart disease mortality rate in Wichita County (199.6 per 100,000) was higher than the state rate (169.2 per 100,000).

Diseases of Heart

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Wichita County	246	164.9	283	188.2	306	199.6	835	184.4
Texas	43,298	171.6	43,772	167.7	45,346	169.2	132,416	169.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

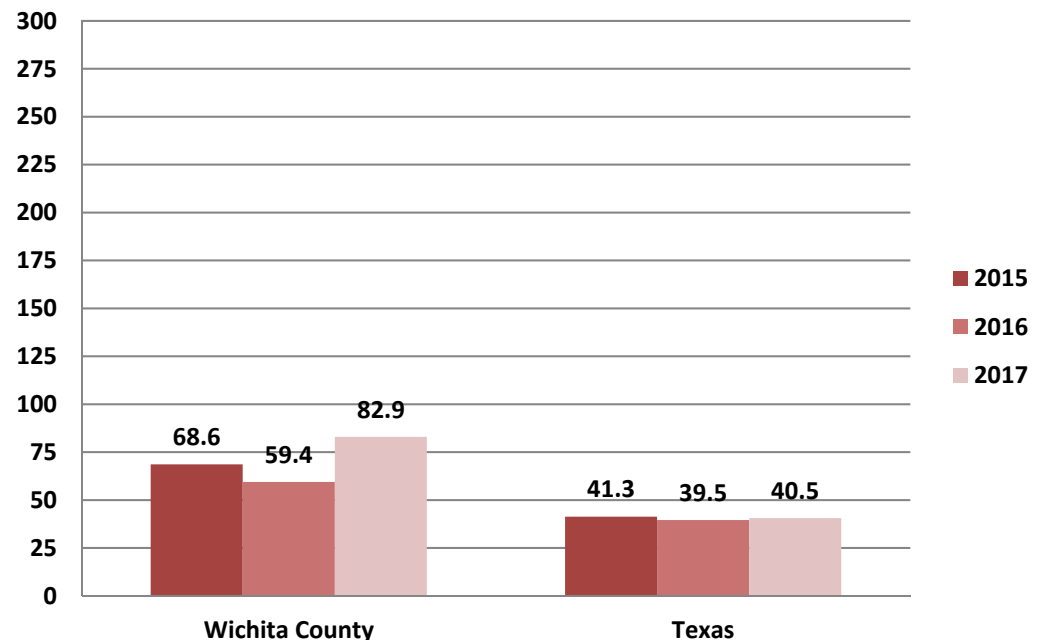
Health Status

Mortality – Chronic Lower Respiratory Diseases

- Chronic lower respiratory disease (CLRD) is the third leading cause of death in Wichita County and the fourth leading cause of death in the state (2015-2017).
- Between 2015 and 2017, CLRD mortality rates increased in Wichita County and slightly decreased in the state.
- In 2017, the CLRD mortality rate in Wichita County (82.9 per 100,000) was higher than the state rate (40.4 per 100,000).

Chronic Lower Respiratory Diseases

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Wichita County	102	68.6	89	59.4	125	82.9	316	70.2
Texas	10,231	41.3	10,107	39.5	10,650	40.5	30,988	40.4

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

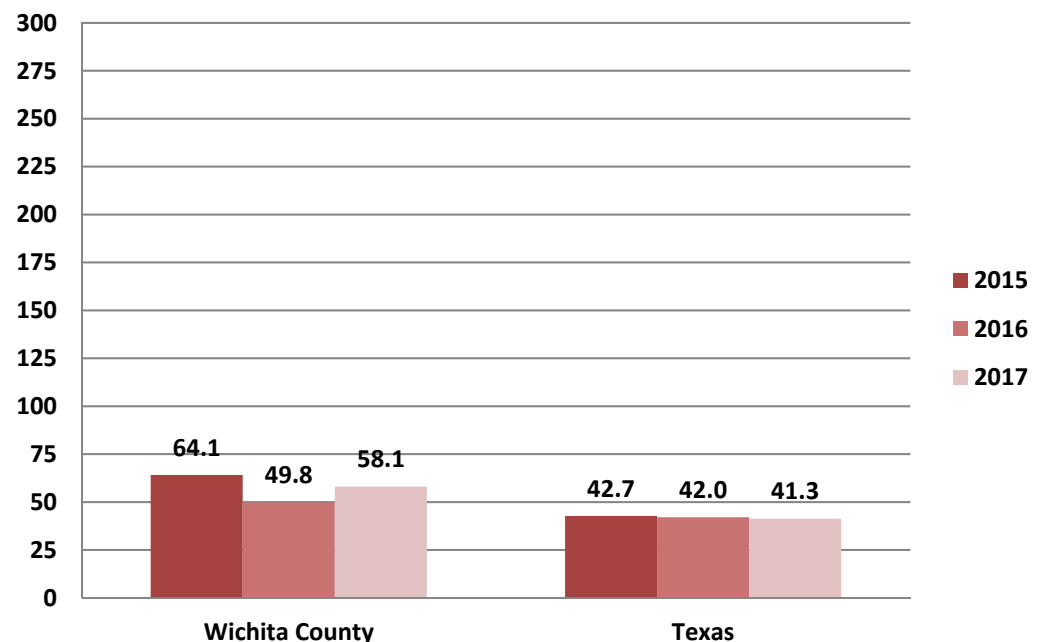
Health Status

Mortality – Cerebrovascular Diseases

- Cerebrovascular disease is the fourth leading cause of death in Wichita County the third leading cause of death in the state (2015-2017).
- Between 2015 and 2017, cerebrovascular disease mortality rates in Wichita County and the state slightly decreased.
- In 2017, the cerebrovascular disease mortality rate in Wichita County (58.1 per 100,000) was higher than the state rate (41.3 per 100,000).

Cerebrovascular Diseases

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Wichita County	95	64.1	76	49.8	89	58.1	260	57.3
Texas	10,485	42.7	10,673	42.0	10,790	41.3	31,948	42.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

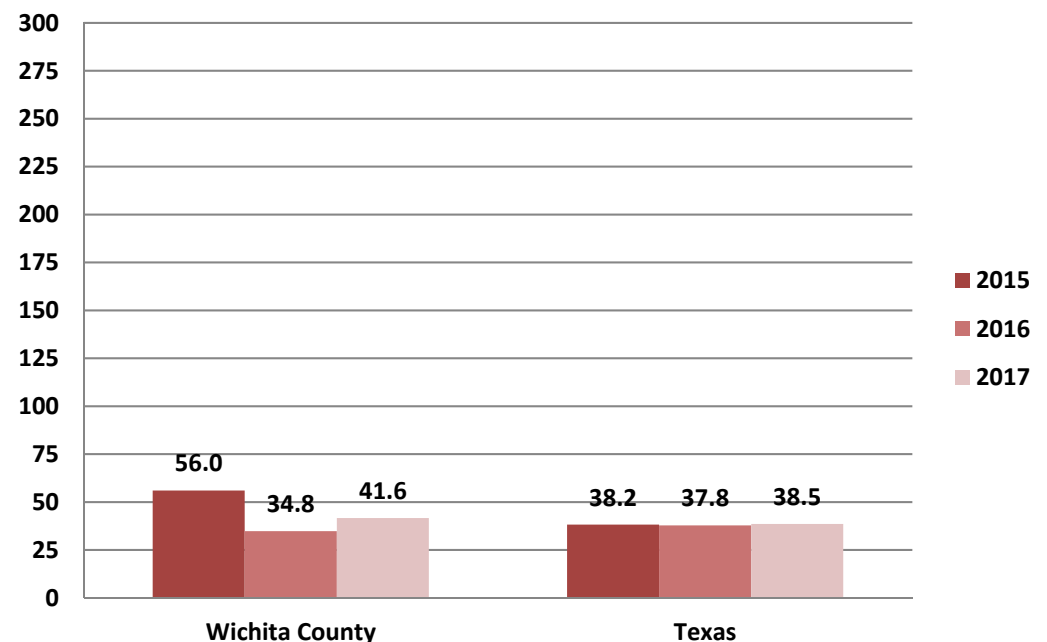
Health Status

Mortality – Alzheimer's Disease

- Alzheimer's disease is the fifth leading cause of death in Wichita County and the sixth leading cause of death in the state (2015-2017).
- Between 2015 and 2017, Alzheimer's disease mortality rates decreased in Wichita County and slightly increased in the state.
- In 2017, the Alzheimer's disease mortality rate in Wichita County (41.6 per 100,000) was higher than the rate in the state (38.5 per 100,000).

Alzheimer's Disease

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Wichita County	84	56.0	55	34.8	65	41.6	204	44.1
Texas	8,903	38.2	9,135	37.8	9,545	38.5	27,583	38.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

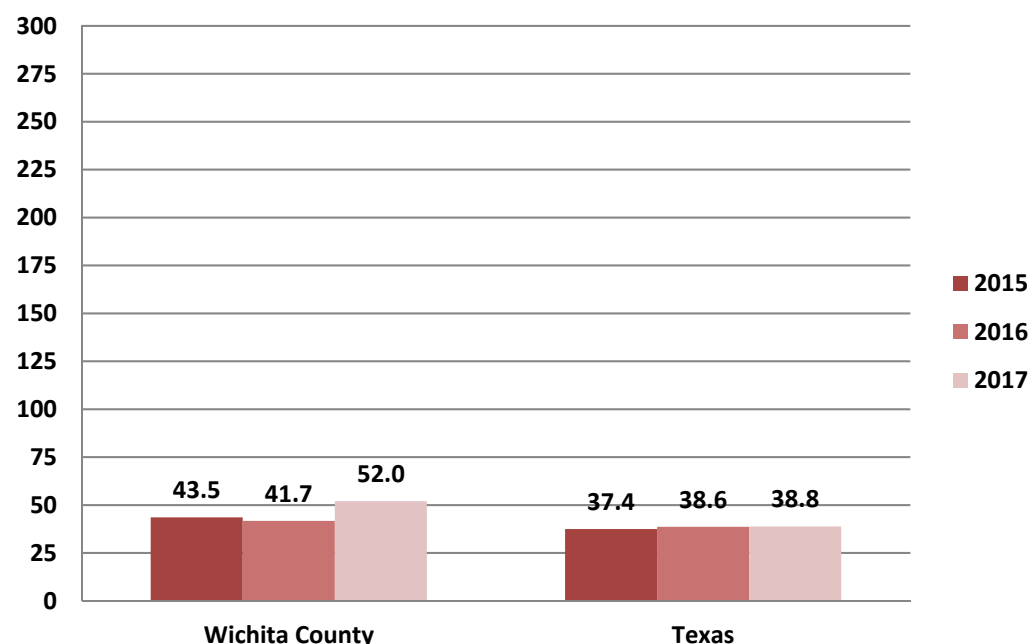
Health Status

Mortality – Accidents

- Fatal accidents are the sixth leading cause of death in Wichita County and the fifth leading cause of death in the state (2015-2017).
- Between 2015 and 2017, accident mortality rates increased in Wichita County and the state.
- In 2017, the accident mortality rate in Wichita County (52.0 per 100,000) was higher than the state rate (38.8 per 100,000).
- The leading cause of fatal accidents in Wichita County is due to motor vehicle accidents, followed closely by falls (2017).

Accidents (Unintentional Injuries)

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Wichita County	62	43.5	55	41.7	74	52.0	191	45.8
Texas	9,976	37.4	10,536	38.6	10,763	38.8	31,275	38.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.

Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Accident mortality rates include: motor vehicle crashes, other land transport accidents, water transport accidents, air and space transport accidents, falls, accidental shootings, drownings, fire and smoke exposures, poisonings, suffocations, and all other unintentional injuries.

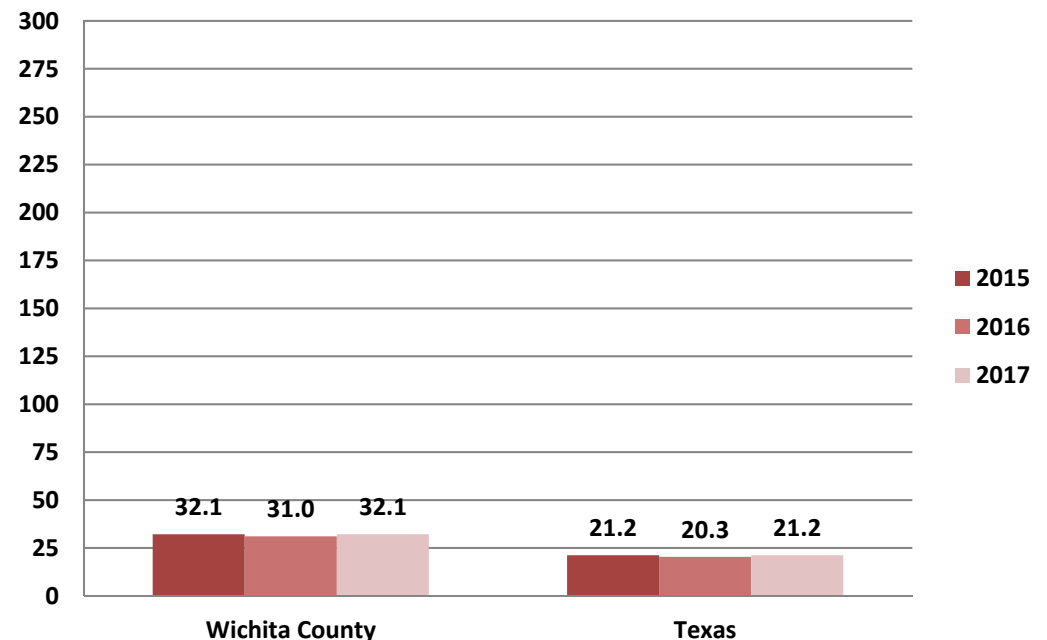
Health Status

Mortality – Diabetes Mellitus

- Diabetes mellitus is the seventh leading cause of death in Wichita County and the state (2015-2017).
- Between 2015 and 2017, diabetes mortality rates remained steady in Wichita County and the state.
- In 2017, the diabetes mortality rate in Wichita County (32.1 per 100,000) was higher than the state rate (21.2 per 100,000).

Diabetes Mellitus

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Wichita County	46	32.1	47	31.0	48	32.1	141	31.8
Texas	5,521	21.2	5,470	20.3	5,832	21.2	16,823	20.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

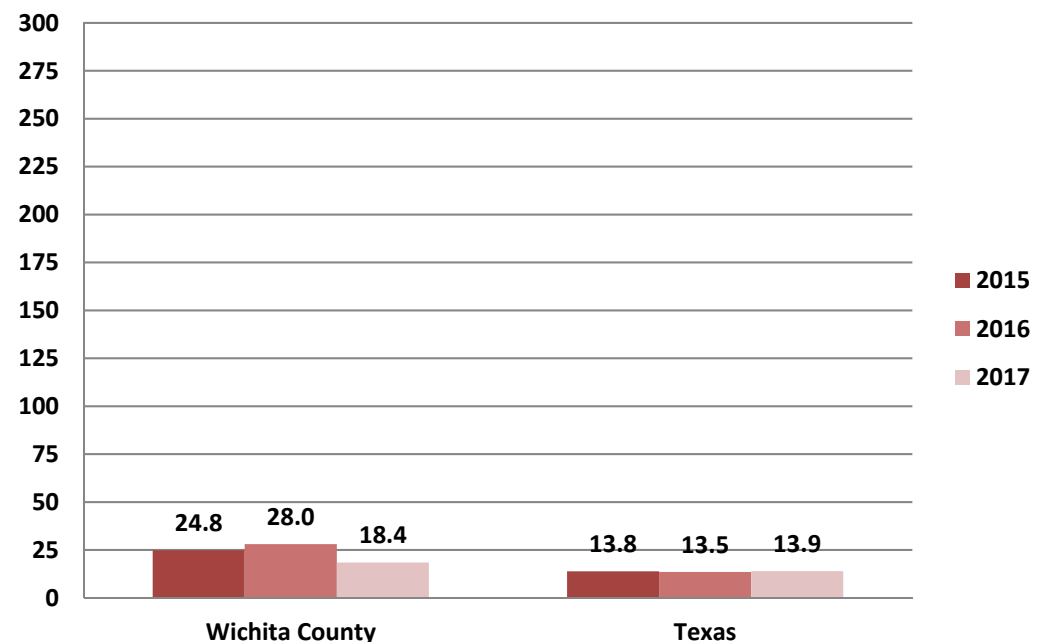
Health Status

Mortality – Chronic Liver Disease and Cirrhosis

- Chronic liver disease and cirrhosis is the eighth leading cause of death in Wichita County and the tenth leading cause of death in the state (2015-2017).
- Between 2015 and 2017, chronic liver disease and cirrhosis mortality rates decreased in Wichita County and remained relatively stable in the state.
- In 2017, the chronic liver disease and cirrhosis mortality rate in Wichita County (18.4 per 100,000) was higher than the state rate (13.9 per 100,000).

Chronic Liver Disease and Cirrhosis

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Wichita County	37	24.8	40	28.0	26	18.4	103	23.6
Texas	3,844	13.8	3,880	13.5	4,107	13.9	11,831	13.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

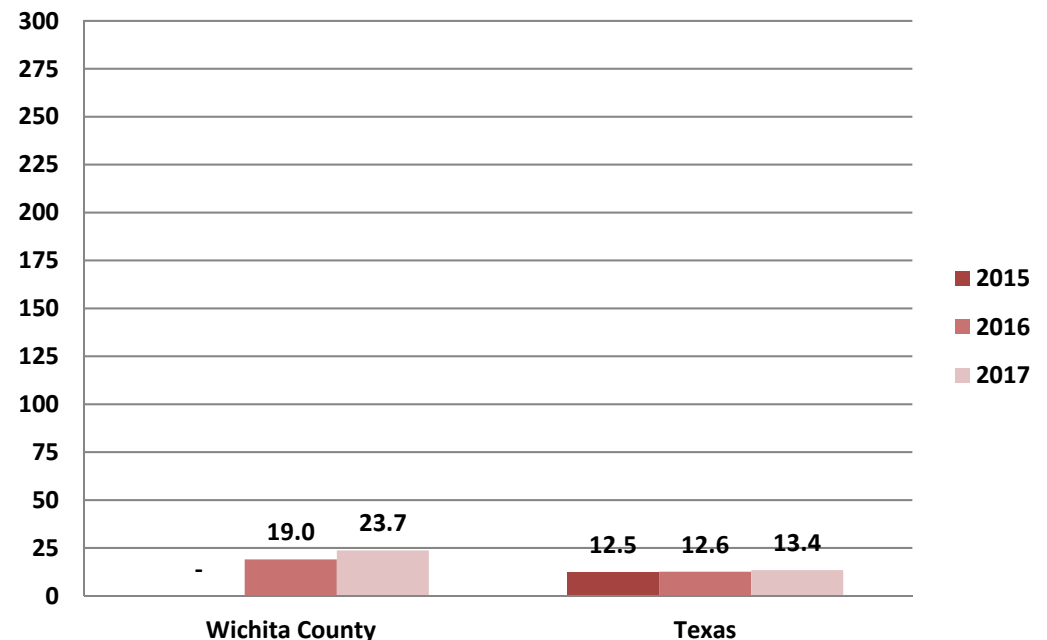
Health Status

Mortality – Intentional Self-Harm (Suicide)

- Intentional self-harm (suicide) is the ninth leading cause of death in Wichita County and is not a leading cause of death in the state (2015-2017).
- Between 2015 and 2017, intentional self-harm mortality rates increased in the state.
- In 2017, the intentional self-harm mortality rate in Wichita County (23.7 per 100,000) was higher than the state (13.4 per 100,000).

Intentional Self-Harm (Suicide)

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Wichita County	17	-	24	19.0	32	23.7	73	18.6
Texas	3,403	12.5	3,488	12.6	3,778	13.4	10,669	12.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

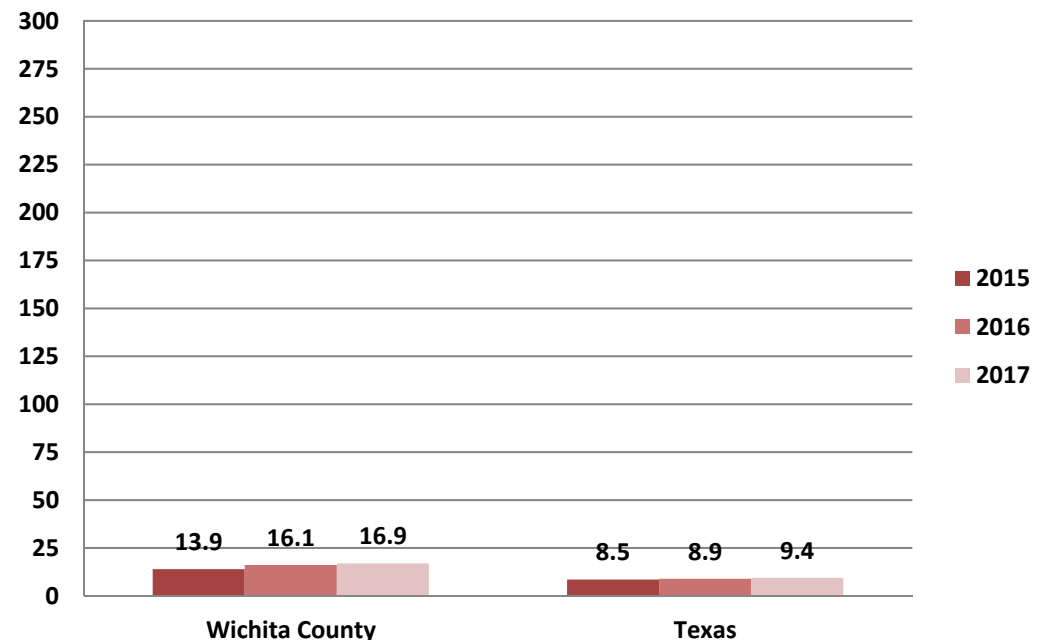
Health Status

Mortality – Parkinson's Disease

- Parkinson's Disease is the tenth leading cause of death in Wichita County and is not a leading cause of death in the state (2015-2017).
- Between 2015 and 2017, Parkinson's Disease mortality rates increased in Wichita County and the state.
- In 2017, the Parkinson's Disease mortality rate in Wichita County (16.9 per 100,000) was higher than the state rate (9.4 per 100,000).

Parkinson's Disease

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Wichita County	21	13.9	24	16.1	26	16.9	71	15.6
Texas	1,983	8.5	2,150	8.9	2,338	9.4	6,471	9.0

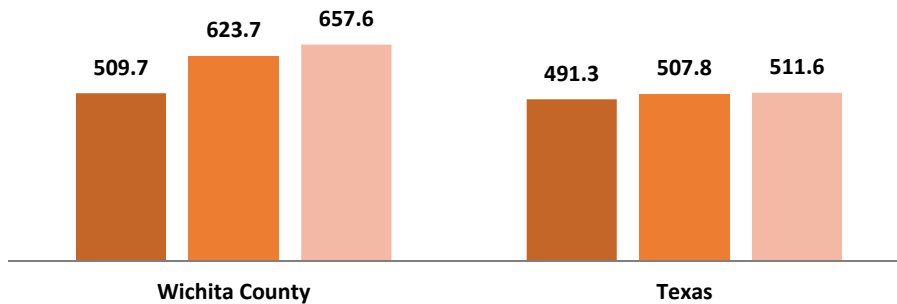
Health Status

Communicable Diseases – Chlamydia, Gonorrhea, Syphilis, HIV

Chlamydia

Rate per 100,000
2015-2017

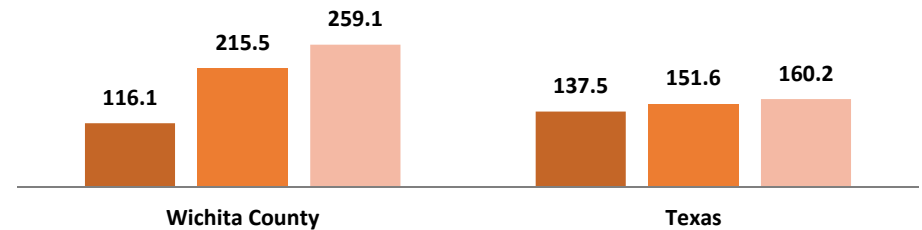
■ 2015 ■ 2016 ■ 2017



Gonorrhea

Rate per 100,000
2015-2017

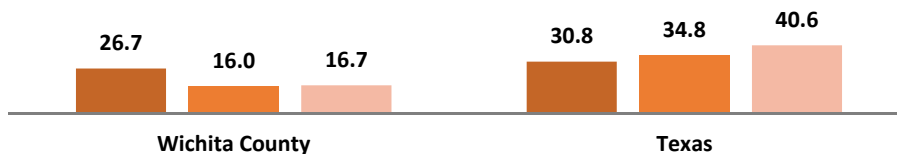
■ 2015 ■ 2016 ■ 2017



Syphilis

Rate per 100,000
2015-2017

■ 2015 ■ 2016 ■ 2017



HIV Diagnoses

Rate per 100,000
2015-2017

■ 2015 ■ 2016 ■ 2017

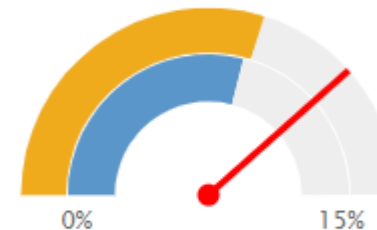


Health Status

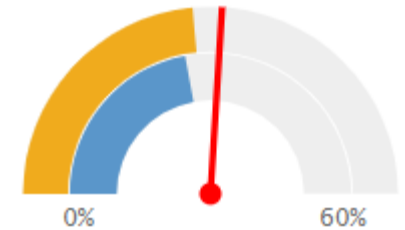
Chronic Conditions – Diabetes

- In 2015, the percent of adults (age 20+) ever diagnosed with diabetes by a doctor in Wichita County (12.3%) was higher than the state (9.5%) and national (9.3%) rates.
- In 2015, the percentage of Medicare Beneficiaries with diabetes in Wichita County (31.2%) was higher than the state rate (28.2%) and the national rate (26.6%).
- Between 2015 and 2017, diabetes prevalence rates in adults (age 18+) in Wichita County and Texas increased.
- In 2017, Wichita County (21.4%) had a higher percent of adults (age 18+) who had ever been diagnosed with diabetes than the state (11.9%).

Percent Adults with Diagnosed Diabetes (Age-Adjusted)



Percentage of Medicare Beneficiaries with Diabetes

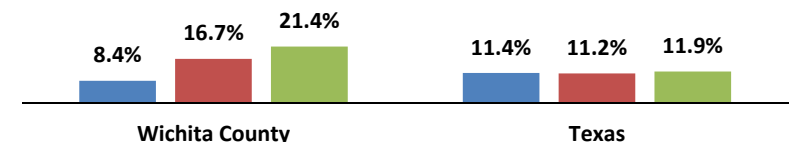


Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Diabetes

Percentage, (Adults age 18+)
2015-2017

■ 2015 ■ 2016 ■ 2017



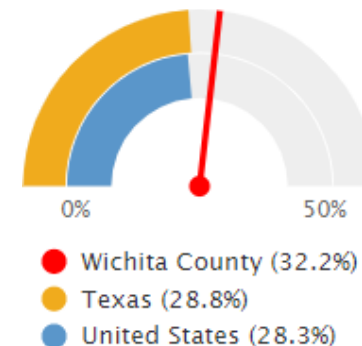
Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Wichita County, TX, <https://engagementnetwork.org/>; data accessed May 19, 2019.
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 9, 2019.
Definition: Has a doctor, nurse, or other health professional ever told you that you have diabetes?

Health Status

Chronic Conditions – Obesity

- In 2015, Wichita County (32.2%) had a higher percentage of adults (age 20+) who reported having a Body Mass Index (BMI) greater than 30.0 (obese) than the state (28.8%) and the nation (28.3%).
- Between 2015 and 2017, obesity prevalence rates in adults (age 18+) in Wichita County and the state overall increased.
- In 2017, Wichita County (43.1%) had a higher percentage of obese adults (age 18+) than the state (33.0%).

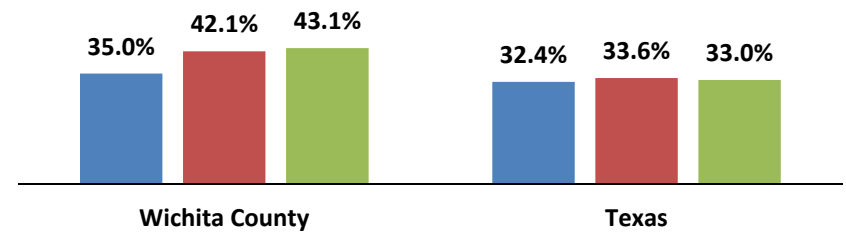
Percentage of Adults Obese



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.

Obesity
Percentage, Adults (age 18+)
2015-2017

■ 2015 ■ 2016 ■ 2017

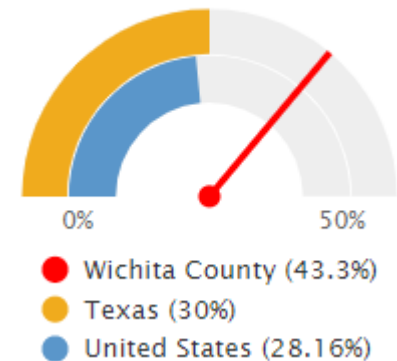


Health Status

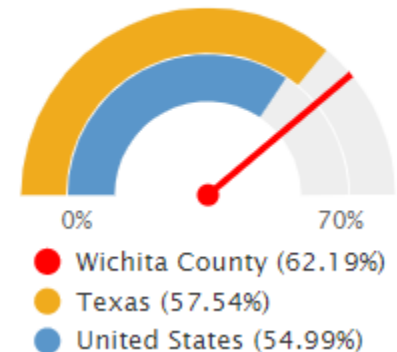
High Blood Pressure

- Wichita County (43.3%) had a higher percentage of adults (age 18+) with high blood pressure (hypertension) than the state (30.0%) and the nation (28.2%) (2006-2012).
- Wichita County (62.2%) has a higher rate of Medicare fee-for-service residents with hypertension than the state (57.5%) and a higher rate than the nation (55.0%) (2015).

Percent Adults with High Blood Pressure



Percentage of Medicare Beneficiaries with High Blood Pressure



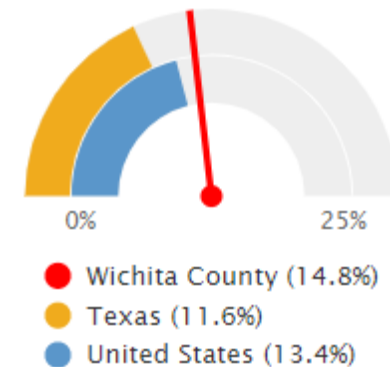
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Health Status

Chronic Conditions – Asthma

- In 2011-2012, the percent of adults (age 18+) in Wichita County (14.8%) that had ever been told by a health professional that they had asthma was higher than the state rate (11.6%) and national rate (13.4%).
- Between 2015 and 2017, asthma prevalence rates in adults (age 18+) in Wichita County and the state overall decreased.
- In 2017, Wichita County (11.5%) had a consistent percentage of adults (age 18+) ever diagnosed with asthma with the state (11.8%).

Percent Adults with Asthma

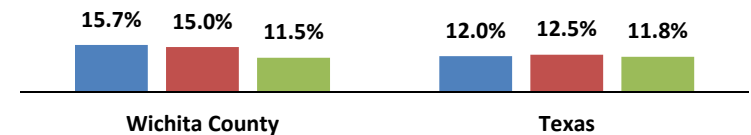


Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Asthma

Percentage, Adults (age 18+)
2015-2017

■ 2015 ■ 2016 ■ 2017

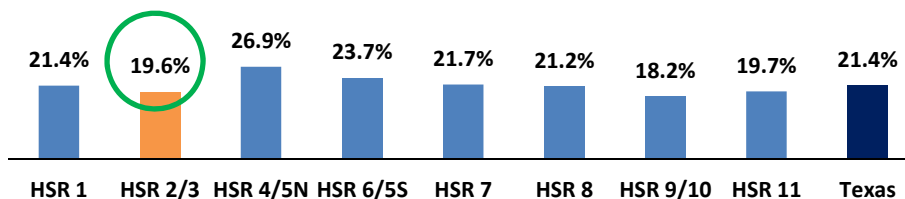


Health Status

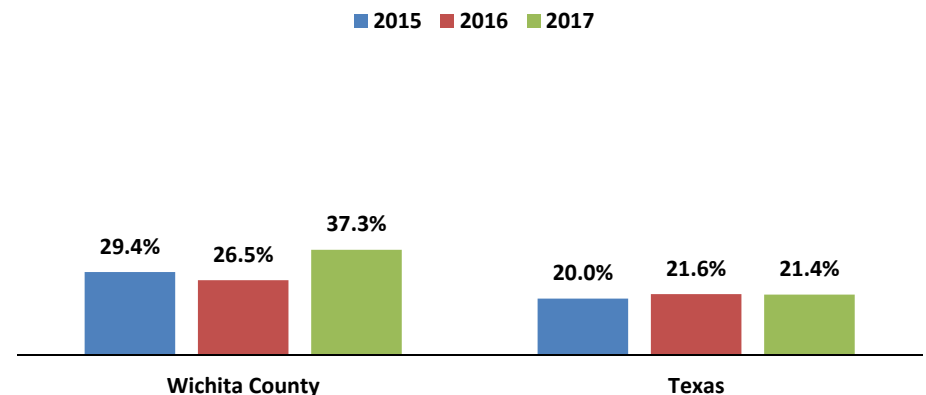
Chronic Conditions – Arthritis

- In 2017, the percentage of adults (age 18+) ever diagnosed with arthritis in HSR 2/3 (19.6%) was the second lowest as compared to all other health service regions and the state (21.4%).
- Between 2015 and 2017, arthritis prevalence rates in adults (age 18+) in Wichita County and the state overall increased.
- In 2017, Wichita County (37.3%) had a higher percentage of adults (age 18+) ever diagnosed with arthritis than the state (21.4%).

Arthritis
Percentage, Adults (age 18+)
2017



Arthritis
Percentage, Adults (age 18+)
2015-2017



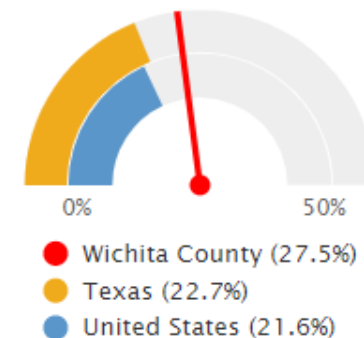
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 3, 2019.
Definition: Has a doctor, nurse, or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

Health Status

Health Behaviors – Physical Inactivity

- In 2015, the percent of the adult population (age 20+) in Wichita County (27.5%) that self-reported no leisure time for physical activity was higher than the state rate (22.7%) and the national rate (21.6%).
- The percent of adults (age 18+) that did not participate in leisure time physical activity in Wichita County and the state overall increased between 2015 and 2017.
- In 2017, the percentage of adults (age 18+) that did not participate in physical activity in Wichita County (34.4%) was slightly higher than the state (32.1%).

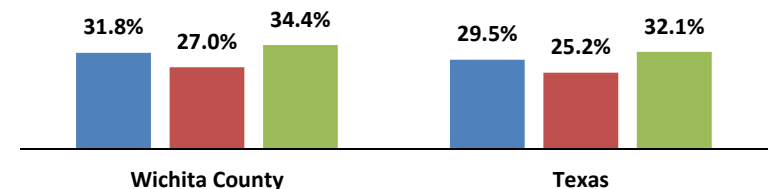
Percent Population with no Leisure Time Physical Activity



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.

Physical Inactivity
Percentage, Adults (age 18+)
2015-2017

■ 2015 ■ 2016 ■ 2017



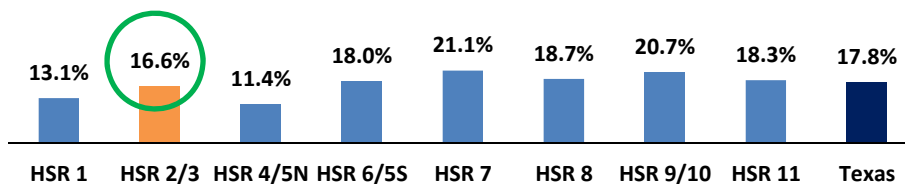
Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Wichita County, TX, <https://engagementnetwork.org/>; data accessed May 19, 2019.
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 3, 2019.
Physical Activity Definition: During the past month, did you participate in any physical activities or exercises such as running, golf, gardening or walking for exercise?

Health Status

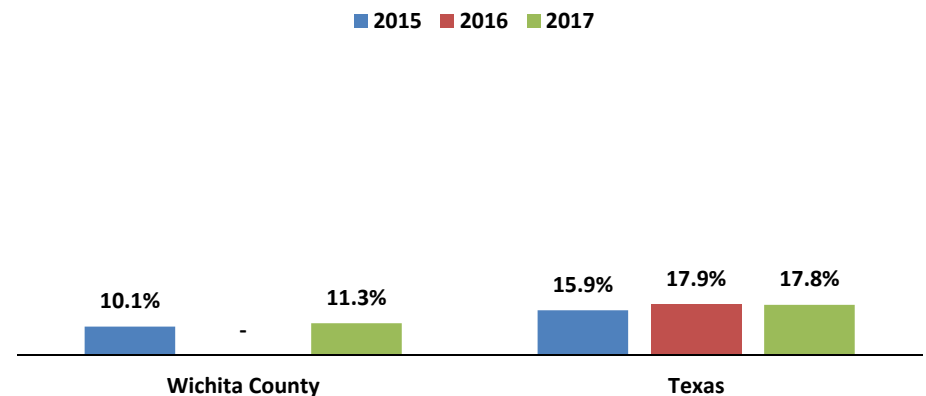
Health Behaviors – Binge Drinking

- In 2017, the percentage of adults (age 18+) at risk of binge drinking in HSR 2/3 (16.6%) was the third lowest as compared to all other health service regions and the state (17.8%).
- Between 2015 and 2017, the percentage of adults (age 18+) at risk of binge drinking in the state overall increased.
- In 2017, Wichita County (11.3%) had a lower percentage of adults (age 18+) at risk of binge drinking than the state (17.8%).

Binge Drinking
Percentage At Risk, Adults (age 18+)
2017



Binge Drinking
Percentage At Risk, Adults (age 18+)
2015-2017



Note: the percentage of adults (age 18+) that were at risk of binge drinking in Wichita County could not be calculated in 2016 due to a sample size less than 50 and/or a relative standard error greater than 30.0%.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 3, 2019.

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.

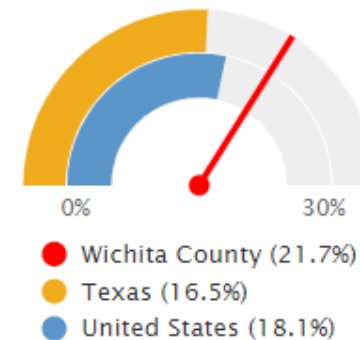


Health Status

Health Behaviors – Smoking

- The percent of the adult (age 18+) population in Wichita County (21.7%) that self-reported currently smoking cigarettes some days or every day was higher than the state rate (16.5%) and national rate (18.1%) (2006-2012).
- Between 2015 and 2017, the percent of adults (age 18+) that self-reported smoking every day in Wichita County decreased, while rates in the state increased.
- In 2017, the prevalence of current, every day smokers in Wichita County (19.9%) was lower than the state (26.2%).

Percentage of Adults Smoking Cigarettes

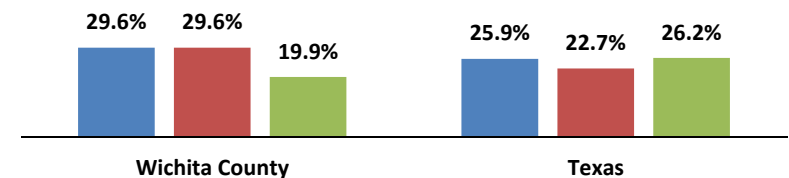


Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Smoking Frequency - Every Day

Percentage, Adults (age 18+)
2015-2017

■ 2015 ■ 2016 ■ 2017



Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Wichita County, TX, <https://engagementnetwork.org/>; data accessed May 19, 2019.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 3, 2019.

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)

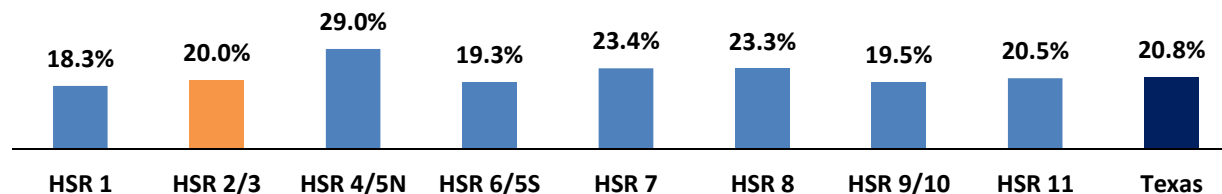
Note: smoking refers to cigarettes, and does not include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), marijuana, chewing tobacco, snuff, or snus.

Health Status

Health Behaviors – E-Cigarette Use

- In 2017, the percentage of adults (age 18+) that reported ever using an e-cigarette or other electronic vaping product in HSR 2/3 (20.0%) was consistent with the majority of other health service regions and the state (20.8%).

E-Cigarette Use - Ever
Percentage, Adults (age 18+)
2017

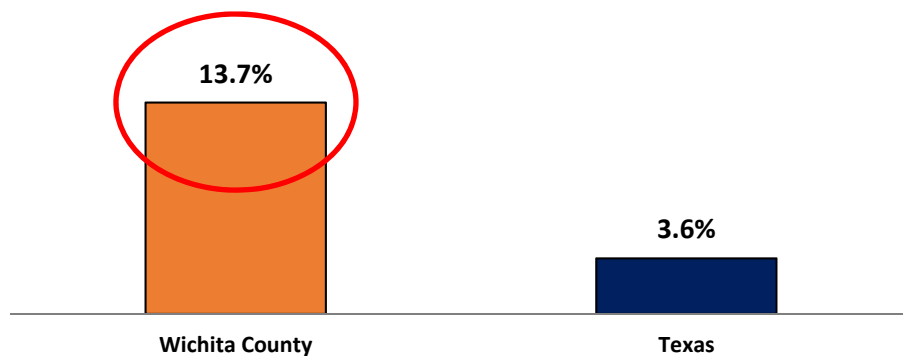


Health Status

Maternal & Child Health Indicators

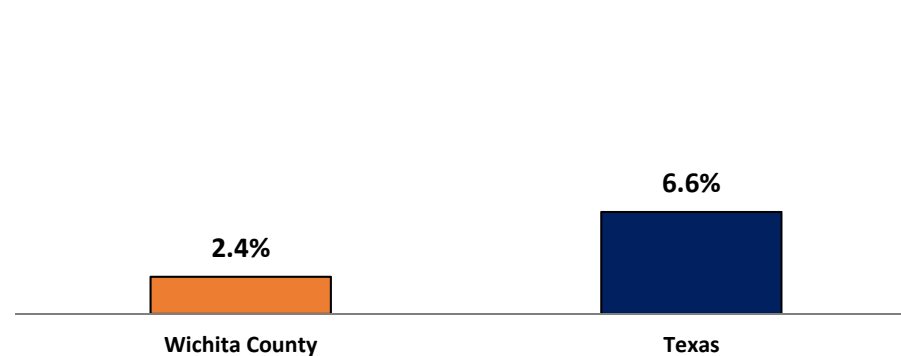
Smoking During Pregnancy

Percent of All Births
2015



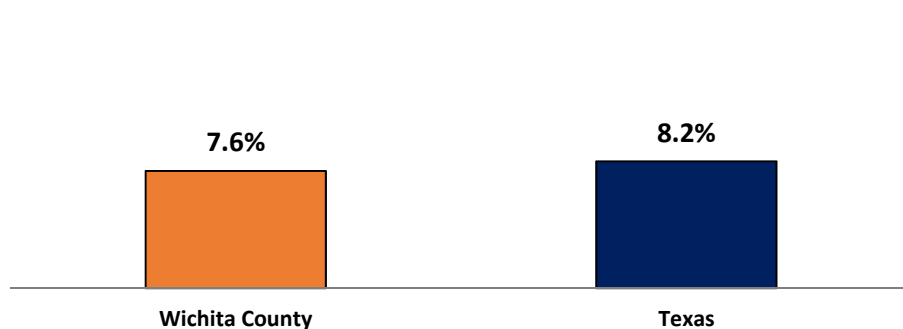
No Prenatal Care

Percent of All Births
2015



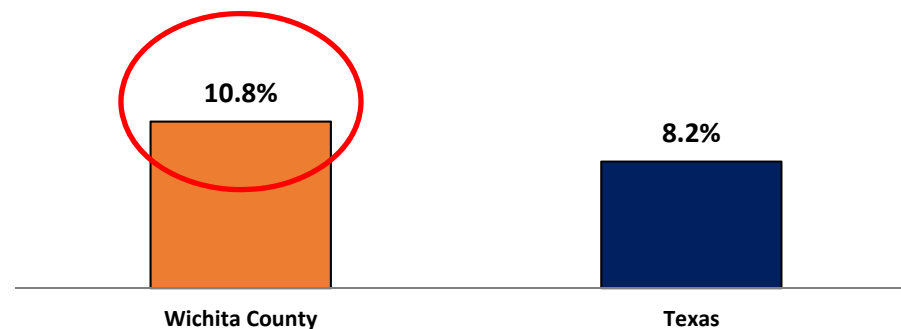
Low Birth Weight (<2,500g)

Percent of All Births
2015



Teen Births (age 0-19)

Percent of All Births
2015



Source: Texas Department of State Health Services, Texas Health Data, Birth Outcomes report filtered for Wichita County, TX; <http://healthdata.dshs.Texas.gov/VitalStatistics/Birth>; data accessed May 19, 2019.

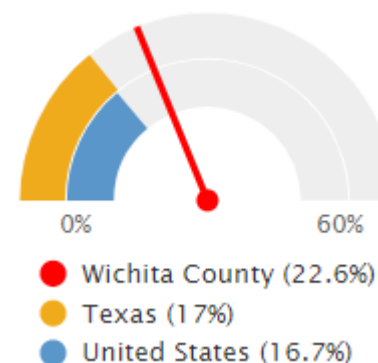
Note: Percentages are crude rates based on number of specific indicator-related cases divided by total births. Rates are not calculated if number of cases are too low for statistical reliability. Birth data are reported by mothers' county of residence (as mothers reported on birth certificates during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

Health Status

Mental Health – Depressive Disorders

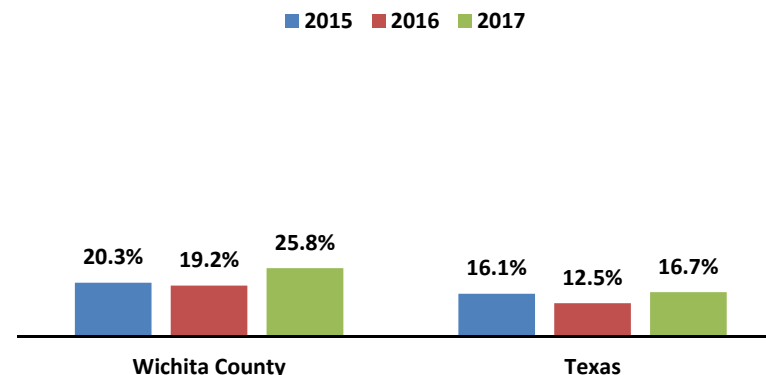
- In 2015, the percentage of Medicare Beneficiaries in Wichita County (22.6%) with depression was higher than the state (17.0%) and national rates (16.7%).
- Between 2015 and 2017, the rate of adults (age 18+) ever diagnosed with a depressive disorder in Wichita County increased, while rates in the state overall remained stable.
- In 2017, Wichita County (25.8%) had a higher percentage of adults (age 18+) ever diagnosed with a depressive disorder than the state (16.7%).

Percentage of Medicare Beneficiaries with Depression



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+)
2015-2017



Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Wichita County, TX, <https://engagementnetwork.org/>; data accessed May 19, 2019.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 3, 2019.

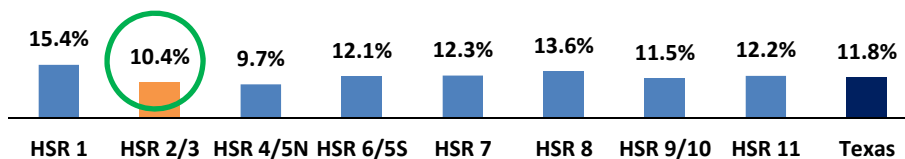
Definition: Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder including depression, major depression, dysthymia, or minor depression?

Health Status

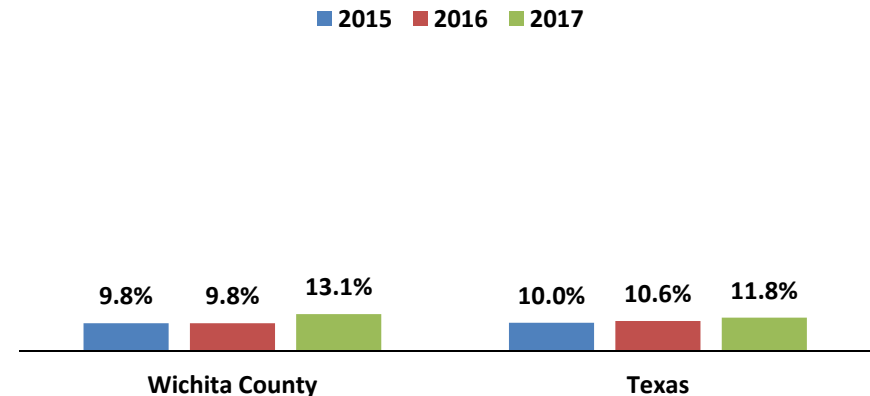
Mental Health – 14+ Days of Poor Mental Health

- In 2017, HSR 2/3 (10.4%) had the second lowest rate of adults (age 18+) that reported experiencing 14 or more days of poor mental health with all other health service regions and the state (11.8%).
- Between 2015 and 2017, the percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health in Wichita County and the state increased.
- In 2017, Wichita County (13.1%) had a slightly higher percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health than the state (11.8%).

Days of Poor Mental Health - 14+
Percentage, Adults (age 18+)
2017



Days of Poor Mental Health - 14+
Percentage, Adults (age 18+)
2015-2017



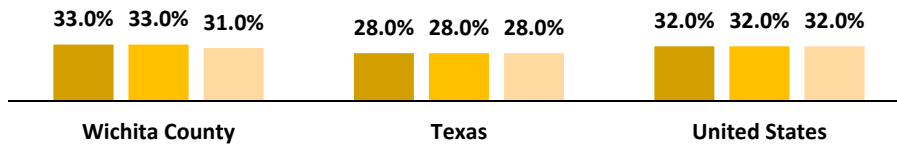
Health Status

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

Received Mammography Screening

Percent, Females (age 35+)
2015-2017

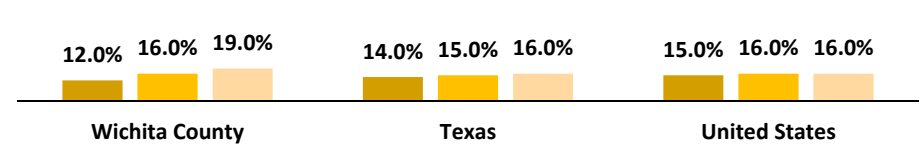
■ 2015 ■ 2016 ■ 2017



Received Prostate Cancer Screening

Percent, Males (age 50+)
2015-2017

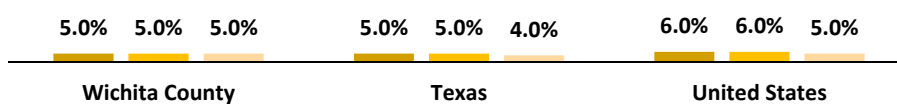
■ 2015 ■ 2016 ■ 2017



Received Pap Test Screening

Percent, Females (all ages)
2015-2017

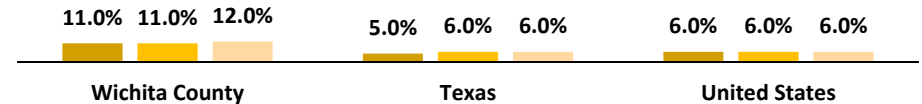
■ 2015 ■ 2016 ■ 2017



Received Colorectal Cancer Screening

Percent, Adults (age 50+)
2015-2017

■ 2015 ■ 2016 ■ 2017



Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; information accessed May 19, 2019.

Mammography Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for mammography 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 mammography services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; male beneficiaries; and female beneficiaries aged less than 35.

Colorectal Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for colorectal 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; and beneficiaries aged less than 50.

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 for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; and male beneficiaries.

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.



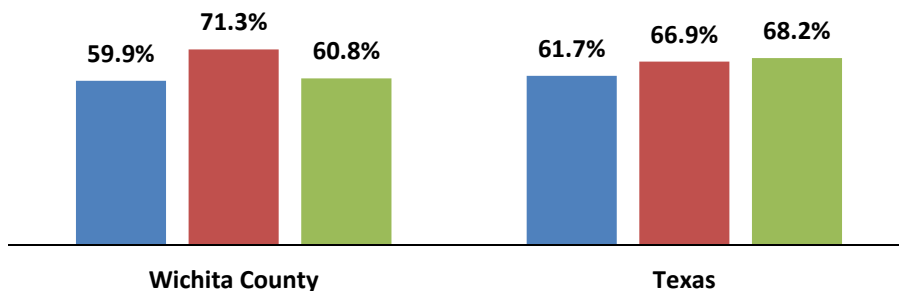
Health Status

Preventive Care – Influenza Vaccine

- Between 2015 and 2017, the percent of adults (age 18-64) that did not receive a flu shot in Wichita County fluctuated, while rates in the state increased.
- In 2017, Wichita County (60.8%) had a lower percentage of adults (age 18-64) that did not receive a flu shot than the state (68.2%).
- Between 2015 and 2017, the percent of adults (age 65+) that did not receive a flu shot in the past year in Wichita County and the state overall increased.
- In 2017, the percent of adults (age 65+) that did not receive a flu shot in the past year in Wichita County (56.3%) was higher than the state (40.6%).

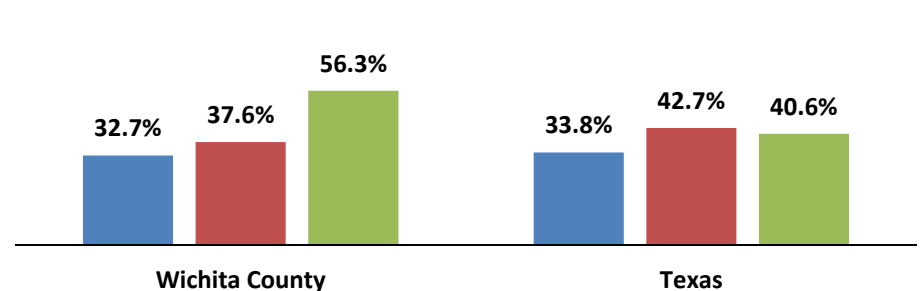
No Flu Shot in the Past Year
Percentage, Adults (age 18-64)
2015-2017

■ 2015 ■ 2016 ■ 2017



No Flu Shot in the Past Year
Percentage, Adults (age 65+)
2015-2017

■ 2015 ■ 2016 ■ 2017

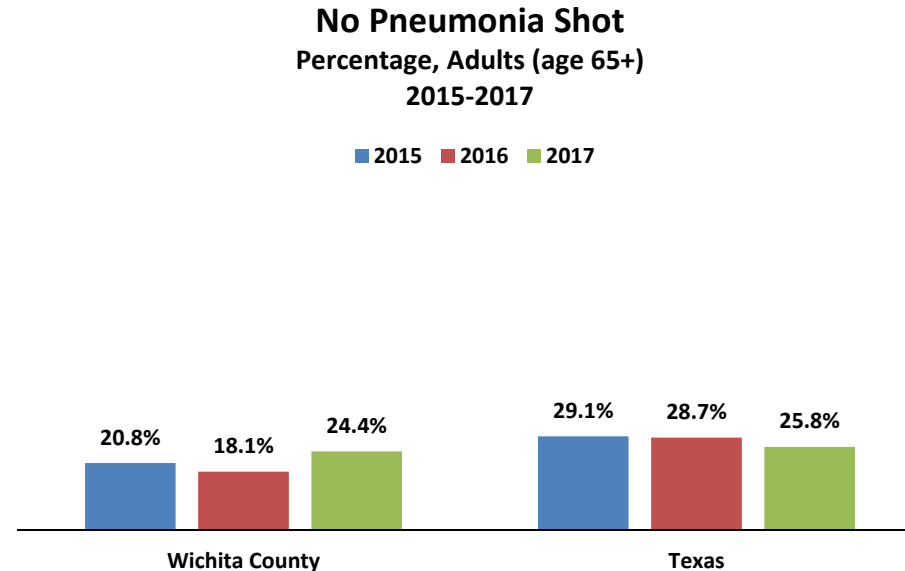


Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 3, 2019.
Definition: During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

Health Status

Preventive Care – Pneumococcal Vaccine (65+ Years)

- Between 2015 and 2017, the percent of adults (age 65+) that had never received a pneumonia shot in Wichita County overall increased, while rates in the state decreased.
- In 2017, the percent of adults (age 65+) that had never received a pneumonia shot in Wichita County (24.4%) was slightly lower than the state rate (25.8%).

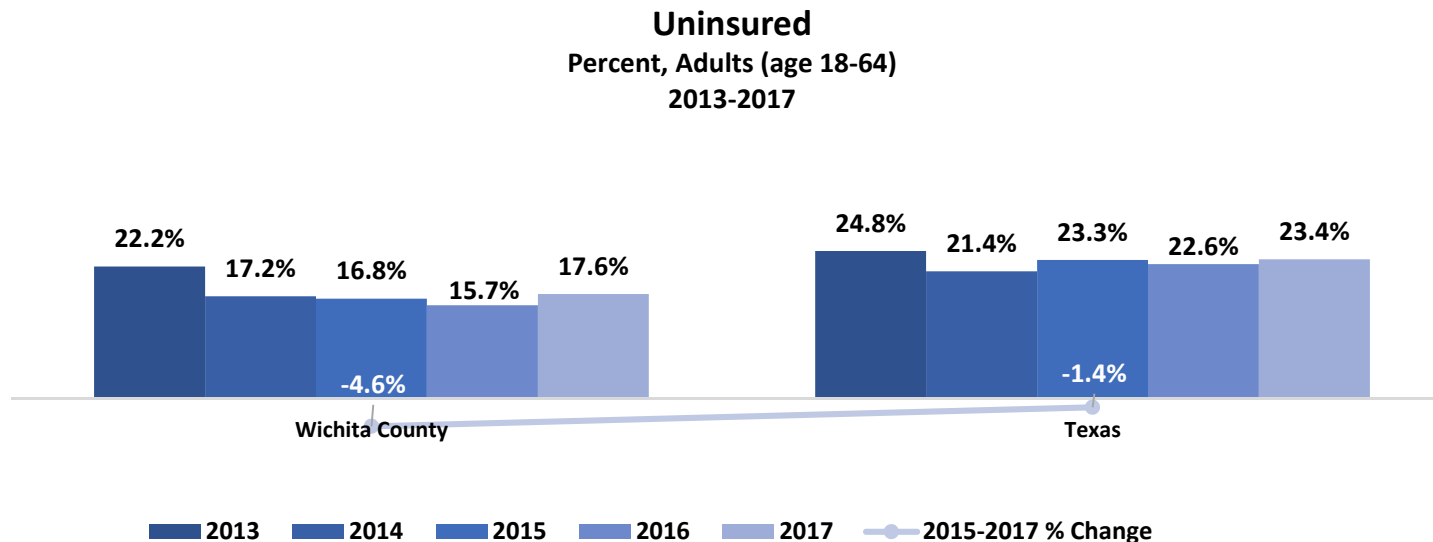


Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 3, 2019.
Definition: Have you ever had a pneumonia shot? *ADULTS AGE 65+ YEARS*

Health Status

Health Care Access – Uninsured

- As of 2017, Wichita County (17.6%) has a lower rate of uninsured adults (age 18-64) as compared to the state (23.4%).
- Wichita County and the state experienced declines in the percentage of uninsured adults (age 18-64) between 2015 and 2017 (4.6% and 1.4%, respectively).



Source: United States Census Bureau, Small Area Health Insurance Estimates filtered for Wichita County, TX, <https://www.census.gov/data-tools/demo/sahie/#/>; data accessed May 19, 2019.

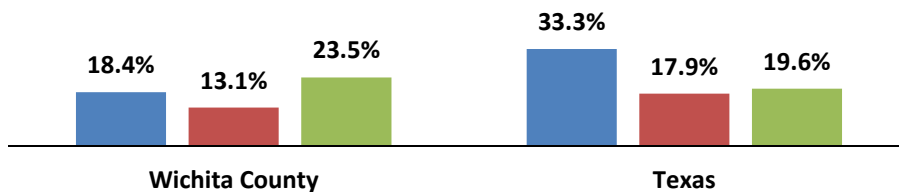
Health Status

Health Care Access – Medical Cost Barrier and No Personal Doctor

- Between 2013 and 2017, the percent of adults (age 18+) that needed medical care but could not receive it due to cost increased in Wichita County and decreased in the state.
- In 2017, the percent of adults (age 18+) that reported experiencing a medical cost barrier in the past 12 months in Wichita County (23.5%) was higher than the state (19.6%).
- Between 2015 and 2017, the percent of adults (age 18+) in the state that reported having no personal doctor slightly decreased.
- In 2017, Wichita County (27.3%) had a lower percentage of adults (age 18+) that had no personal doctor than the state (32.2%).

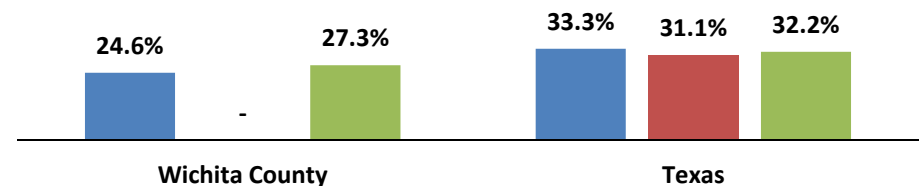
Medical Cost Barrier
Percentage, Adults (age 18+)
2015-2017

■ 2015 ■ 2016 ■ 2017



No Personal Doctor
Percentage, Adults (age 18+)
2015-2017

■ 2015 ■ 2016 ■ 2017



Note: the percentage of adults (age 18+) that reported having no personal doctor in Wichita County could not be calculated in 2016 due to a sample size less than 50 and/or a relative standard error greater than 30.0%.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 3, 2019.

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?

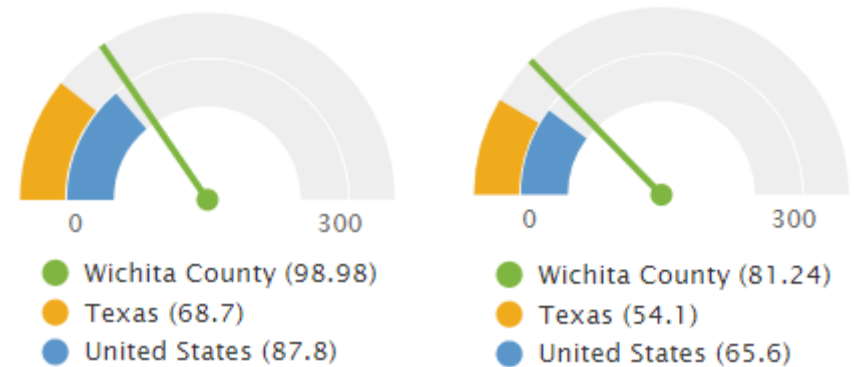


Health Status

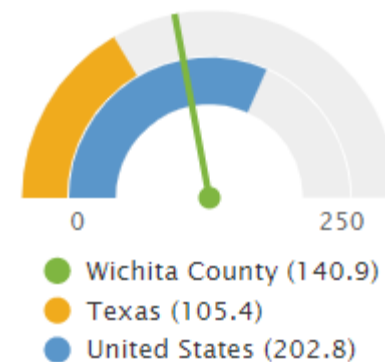
Health Care Access – Providers

- In 2014, the rate of primary care physicians per 100,000 population in Wichita County (98.9 per 100,000) was higher than the state (68.7 per 100,000) and national rates (87.8 per 100,000).
- In 2015, the rate of dental care providers per 100,000 population in Wichita County (81.2 per 100,000) was higher than the state (54.1 per 100,000) and national rates (65.6 per 100,000).
- In 2017, the rate of mental health care providers per 100,000 population in Wichita County (140.9 per 100,000) was higher than the state rate (105.4 per 100,000) and lower than the national rate (202.8 per 100,000).

Primary Care Physicians, Rate per 100,000 Pop. Dentists, Rate per 100,000 Pop.



Mental Health Care Provider Rate
(Per 100,000 Population)



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: CARES Engagement Network, Health Indicator Report: logged in and filtered for Wichita County, TX, <https://engagementnetwork.org/>; data accessed May 19, 2019.

Definition: "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.

Definition: All dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry and who practice within the scope of that license.

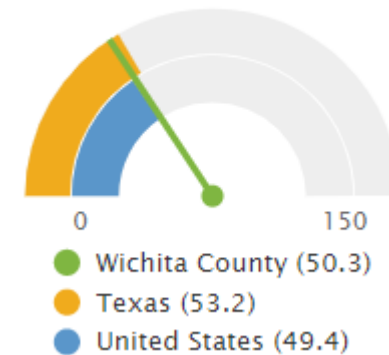
Definition: Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Health Status

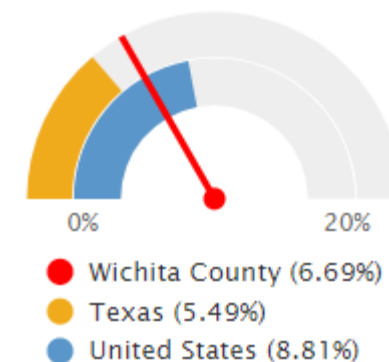
Health Care Access – Common Barriers to Care

- **Lack of available primary care resources for patients to access may lead to increased preventable hospitalizations.**
 - In 2015, the rate of preventable hospital events in Wichita County (50.3 per 1,000 Medicare Enrollees) was lower than the state (53.2 per 1,000) and slightly higher than the nation (49.4 per 1,000).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
 - In 2013-2017, 6.7% of households in Wichita County had no motor vehicle, as compared to 5.5% in Texas and 8.8% in the nation.

Preventable Hospital Events, Age-Adjusted Discharge Rate
(Per 1,000 Medicare Enrollees)



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: CARES Engagement Network, Health Indicator Report: logged in and filtered for Wichita County, TX, <https://engagementnetwork.org/>; data accessed May 19, 2019.

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 27 interviews with the two groups outlined in the IRS Final Regulations
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

Interviewee Information

- **Raymond Atkins:** Executive Director, Helen Farabee Centers
- **Kris Awtrey:** CEO/Administrator, Presbyterian Manor/House of Hope
- **DeAndra Chenault:** City Councilor, Wichita Falls City Council
- **Randy Cooper:** Executive Director, Boys and Girls Club of Wichita Falls
- **Kristi Curd:** Director of Case Management and Social Work, United Regional Health Care System
- **Dori Dockery:** Director of Community Health, United Regional Health Care System
- **Alisa Echols:** CEO, Hospice of Wichita Falls
- **Amy Fagan:** Assistant Director, Wichita Falls Health Department
- **Kelly Fristoe:** Financial Services Representative, Financial Partners
- **Woody Gossom:** County Judge, Wichita County
- **Laura Gutierrez:** Diabetes Educator, United Regional Health Care System
- **Jackie Hamm:** Executive Director, THE Kitchen/Red/Green Door Senior Centers
- **Brian Hull, MD:** Medical Director of Transitional Care, United Regional Health Care System
- **Lauren Johnson:** Board Chair, United Regional Health Care System Foundation
- **Lou Kreidler:** Director, Wichita Falls Health Department
- **Robin Lockhart:** Interim Chair, Wilson School of Nursing
- **Carol Marlar:** Onsite Manager, United Way
- **Rebecca McCain:** CEO, Electra Memorial Hospital
- **Debi Mills:** Director of Health Services, Wichita Falls Independent School District
- **Regan Nabors:** Senior Representative Community Engagement, American Cancer Society
- **Michelle Nelson:** Senior Director of Health Improvement, United Regional Health Care System
- **Allen Patterson:** CEO, Community Healthcare Center
- **Steve Sparks:** Executive Director, Faith Mission/Faith Refuge
- **Michael Stanford:** Board Chair, United Regional Health Care System
- **Helen Talley:** Director of Nursing, Presbyterian Manor/House of Hope
- **Mani Vejjandla:** Pharmacist, Guffey's Pharmacy
- **Angie Weiss:** Nutrition Director, Wichita Falls Area Food Bank

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

7.4%

- 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

77.8%

- Community leaders

14.8%

Note: Interviewees may provide information for several required groups.

Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
 - Insurance Coverage & Affordability of Care
 - Transportation
 - Access to Primary Care
 - Access to Specialty Care
 - Access to Mental & Behavioral Health Care
 - Community Education & Preventive Care
 - Healthy Lifestyle Management
 - Access to Healthy Foods
 - Community Collaboration & Awareness of Existing Resources
 - Child & Adolescent Health
 - Aging Population

Insurance Coverage & Affordability of Care

- **Issues:**

- Cost barriers to care leading to:
 - Overuse of the ER
 - Delay in seeking care
 - Foregoing care
- Outmigration due to lack of specialty providers participating in local insurance plans
- Expensive dental care services leading to delay in seeking care for all insurance types
- High cost of health care services forcing lower socioeconomic groups to choose between:
 - Medications/prescriptions
 - Food, meals
 - Utilities
- Concern surrounding lack of sliding fee scale related clinics in west side of county

- **Needs:**

- Efforts to promote financial assistance, support programs, discounted services in the community
- Education concerning use of the ER vs. a primary care provider
- Greater access to affordable health care services, medications for underserved populations
- Evaluation of clinic-placement in west side of the community

“The cost of health insurance is the biggest barrier. It just makes it difficult for a lot of people.”

“Overuse of the ER is with Medicaid and uninsured patients because they can’t find anyone who will see them.”

“When you get down to the uninsured and even the Medicaid population, they don’t even think about doing anything with the sniffles – they just suffer with it until it gets bad and then they go to the ER.”

“There are different provider type plans in our zips, and there are no specialists in our community that are participating in those plans...if you need to see a dermatologist or urologist, you have to go to the Metroplex. So while people are insured, what they’re really facing is lack of access to local, comprehensive care.”

“People wait to do dental care, even with insurance, because it’s so expensive. There is even more of a gap for unfunded patients and those who have limited financial means.”

“Patients are having to choose between affording medications and affording food and paying bills. The cost has gone up and is going up.”

“We have a patient population that has no funding, or they’re underfunded. Not only can they not afford the doctor’s office, but they also can’t afford the medications. The high costs of drugs is quite a deterrent and leads to a lot of comorbidity and readmissions because they can’t fill the prescription so they don’t take the meds.”

“We don’t have enough clinics that are on that west side of the county. There [should] be an FQHC medical, dental and behavioral site on the west side of the community, maybe more than one site. We need to provide medical, dental and behavioral primary care services to the financially and otherwise vulnerable in the community.”

Transportation

- **Issues:**

- Transportation barriers leading to patients missing health care appointments
- Existing transportation infrastructure has limitations with long wait times, stops around the county
- Difficulty for residents living in more rural areas to seek transportation to care
- Disproportionate transportation challenges in getting to/from doctor's appointments for:
 - Low income
 - Medicare patients
 - Elderly
 - Handicapped

- **Needs:**

- Efforts to improve local public transit system availability
- Emphasis on the transportation needs for low income, Medicare, elderly, handicapped residents

"With access to care, we need a better infrastructure in transportation. Some patients can't afford a cab and they miss their appointment. We're missing the boat by not having a more county-wide transportation system that's accessible, reliable and safe. Patients who don't show up say they couldn't get a ride. If we had a better system, our patients could get to their appointments."

"Transportation is hard. Patients will say if they have to take the bus, it'll take all day. Sometimes going 2-3 blocks takes 2-3 hours because of the stops. Our transportation is very limited."

"We're a widespread, rural county and we have parts of our county that are a 25-30 minute drive away. Transportation is an issue a lot with patients."

"Transportation could be better. I don't know how the financially vulnerable get to specialists at all. Most have to bum a ride or walk."

"Medicare does not cover transportation and that's a real challenge. Our elderly folks have to rely on family, friends or ride programs. To make it to an appointment, they'd have to find a taxi and they have to make choices...so they choose between which appointment to go to, or not follow up on appointments due to lack of transportation. We have a bus route here but it only runs certain hours and certain routes and they have significant issues with access to the bus rides."

"If the patient doesn't have anyone to take them to their appointment, that's an issue."

"If they're in a wheel chair, getting to the bus stop may be a little too hard. If it's raining, they can't get to the doc. Even just waiting at the bus stop. That's a problem."

Access to Primary Care

- **Issues:**

- Limited number of providers accepting new patients in the community
- Difficulty in seeking primary care for certain insurance types (Medicaid, Medicare)
- Provider shortage leading to:
 - Overuse of ER
 - Increased use of advanced practitioners
 - Long wait times
- Increasing number of providers preferring “shift work,” resisting admitting to nursing homes
- Long wait times and inconsistent follow up disproportionately affecting un/underinsured patients
- Concern surrounding recent closing of residency program
- Lack of local providers accepting patients with developmental disabilities

- **Needs:**

- Continued efforts to recruit physicians
- Education regarding importance in preventive care, establishing relationship with primary care providers
- Emphasis on the primary care needs of un/underinsured, Medicaid, Medicare, low income, developmentally-disabled residents
- Evaluation of re-establishment of residency program in the community

“There are challenges even if you have good health insurance in finding a primary care doc accepting new patients.”

“It’s not a lack of providers in Wichita Falls, but it’s a lack of in-network physicians for certain insurance types.”

“Many primary care physicians are getting to retirement age or they’re trying to limit Medicaid patients.”

“There are a lot of primary care physicians who are no longer taking Medicare patients. For many seniors, the emergency room is their primary care physician.”

“A lot of times the PCP is out of sight, out of mind. A lot of people see PAs.”

“The new docs don’t want to be called after 5pm or on weekends. There are physicians now that will not admit to a nursing home.”

“If they’re unfunded, they struggle getting into clinics. If they’re funded, they have access but it still takes longer than it should. It is more difficult for patients to get quick access to primary care.”

“If you’re insured, you’re going to get follow up consistently on chronic conditions. If you’re Medicaid or unfunded, instead of getting a blood pressure check every 3 months, you might get an appointment every 6 months.”

“Last year we lost the residency program which hurt a lot of the low income community. We need to be looking at having another primary care residency in the community for purposes of a long term health care infrastructure.”

“Physicians are limiting the number of folks they will take with developmental disabilities...folks with mental retardation and autism.”

Access to Specialty Care

- **Issues:**

- Outmigration of patients to Dallas/Fort Worth, Oklahoma City due to:
 - Lack of awareness of services available locally
 - Patient perception that “bigger is better”
 - Pending retirements
 - Long wait times to see local providers
 - Lack of in-network providers
- Specialties mentioned as needed due to limited depth, insurance barriers and/or succession planning needs include:

▪ Neurology	▪ Oncology
▪ Dermatology	▪ CV Surgery
▪ Cardiology	▪ Neurosurgery
▪ Endocrinology	▪ Pulmonology
- Disproportionate challenge in seeking specialty care for un/underinsured patients
- Increasing number of local providers unable to prescribe pain medications

- **Needs:**

- Continued recruitment efforts for specialty care providers
- Greater number of local specialty care options for all payer types
- Emphasis on availability of local specialty care services for patients

“People are leaving because we need more marketing. We need to do a better job of expressing what our options are.”

“People are still going down to Dallas or Oklahoma City for orthopedics. The stigma is you have to go to DFW or Oklahoma City to get those big name people.”

“Neurology and dermatology are huge problems here. Dermatology has always been a challenge here and I’m afraid a big one will retire soon.”

“Once you get to the specialists office, they’re not good about being on time and they’re inundated with people. It’s a chore to go see a specialist.”

“Our HMO network is lacking when it comes to neurology, dermatology and endocrinology. People leave for cardiovascular, orthopedic, urology services...”

“People leave for cardiovascular surgery, neurosurgery. There’s still a need for another endo because of the amount of diabetics we have. The community has one oncology practice and a few of those providers are getting ready to retire.”

“We have difficulty getting unfunded or underfunded patients into specialty care. An unfunded patient is required to come up with a \$200 copay when they get to the office, and they’re turned away if they can’t pay that.”

“Cardiologists don’t take Medicaid. There’s only two endocrinologists and the other one is retiring. Neither take Medicaid.”

“We have a significant issue with pulmonology, both in that they’re very busy and that they want several hundred dollars just to see a patient for a regular visit. That’s very difficult for unfunded and underfunded patients.”

“People have to go out of town to get pain medications because some docs here lost their DEA license. We have had quite a few of those lately.”

Access to Mental & Behavioral Health Care

- **Issues:**

- Disproportionate challenge in seeking care, long wait times for un/underinsured patients
- Lack of substance abuse treatment facilities, outmigration of un/underinsured patients to Abilene for care
- Overuse of the ER by mental/behavioral health-related patients
- Concern surrounding unmet needs, including:
 - Bipolar
 - Schizophrenia
 - Depression
 - Suicidal ideations
- Stigma associated with seeking mental and behavioral health care
- Increasing number of patients on multiple prescriptions from different prescribers
- Lack of bilingual providers in the community

- **Needs:**

- Increased access to local mental and behavioral health services for un/underinsured and bilingual patients
- Increased emphasis on need for primary prevention for mental and behavioral health
- Promotion and generation of substance abuse programs and services
- Efforts to reduce stigma associated with seeking care

“We’ve always had suicide as a watch list item, mental health is a real issue here.”

“For patients who are funded and have insurance, access is good. It’s for the un/underinsured, they have to go and sit at the office for multiple days and wait their turn. And so they give up and can’t afford it, can’t miss work, those kinds of things. So it’s not very accessible to the unfunded/underfunded population.”

“We’re limited on resources for drug/alcohol counseling. Many people dealing with that have to go to Abilene if they’re unfunded and don’t have insurance to pay.”

“Mental health is tricky. You have a lot of frequent flyers in the ER that are dealing with mental health issues.”

“We see a lot of unaddressed mental health issues and substance abuse...so we see a lot of bipolar, schizophrenia, those kinds of things.”

“There is a stigma associated with accessing services. It’s hard to get people to acknowledge that they have a problem to seek care.”

“There’s several elderly that do have health issues with depression and suicidal drinking, but because of the stigma they don’t want it known.”

“Folks are on multiple prescribed medications. They may be on pain medication, anti-anxiety medication, and it’s all from different prescribers. There’s a lot of accidental multiple drug causes of death.”

“...we have one Spanish speaking counselor in Wichita County, but there’s no one else here that speaks Spanish.”



Community Education & Preventive Care

Healthy Lifestyle Management

- **Issues:**

- High rates of obesity and associated chronic conditions, including hypertension and diabetes
- Limited healthy lifestyle education confounded by lack of desire to participate in behavior change, preventive care
- Concern surround trending diets
- Significant tobacco use
- Challenge in understanding cost and complexity of health care system
- Opportunity for physicians to educate patients on available community resources based on individualized needs

- **Needs:**

- Targeted healthy lifestyle education towards underserved populations
- Emphasis on the importance of physical activity, nutritious diet, preventive care
- Education provided via physician office regarding community resources available for individualized patient needs

“The three top health needs can all be tied to obesity when you look at the chronic diseases related to that. Hypertension, diabetes...those are tied to the overweight and the issues that we have with our obese population.”

“There’s a lack of education, but there’s also a lack of desire to change. There’s a lack of the beginning phase of prevention rather than caring after it happens.”

“We need general education for all ages about healthy eating, exercise, less screen time...there’s not a lot of information on how to stay healthy here.”

“It doesn’t feel like a popular trend in Wichita County is to eat healthier, but eating fatty foods is.”

“Recently, there’s a lot of trend diets – the keto diet, intermittent fasting...those things are very popular and they have health consequences.”

“If there are 5 people walking towards me, 3 people are sucking on a cigarette.”

“The intimidation of cost and complexity of the medical system is a lot for people in this area. There’s also a lack of knowledge for a lot of people in regards to the medical arena.”

“Doctors’ offices need to be educated on programs and different agencies and what they do out in the community whether it’s for medication, utilities, or food. If you’re educated on what programs we have here in the county, then you’re more able to help a person who might not have anyone at home to help them.”

Community Education & Preventive Care

Access to Healthy Foods

- **Issues:**

- Growing concern surrounding local food deserts, particularly within the community's east side
- Prioritization of rent, utilities forcing residents to forego healthy foods
- Limited healthy food options within walking distance
- Transportation barriers in seeking healthy foods leading to purchasing groceries from vendors with less healthy options
- Disproportionate challenge in accessing healthy food options outside of Wichita Falls

- **Needs:**

- Promotion and development of healthy food vendors/options in the community
- Evaluation of mobile pantry access in the east side of the community
- Advocating of healthy food options in local corner stores for those living in food deserts

"The east side needs a lot of access to healthy foods. We need to work on a mobile pantry so people have more access to food specifically in the east part of town."

"Food deserts are a big issue here in the community. We have some areas that don't have access to fruits and vegetables."

"Budget and financial obligation to pay rent and bills keep people from getting healthy food. Food is one of those things that gets put on the backburner when bills need to be paid."

"We need access to not only health care, but also to healthy foods and grocery stores. We have food deserts and zero places to get healthy food within walking distance, which is a problem because many people don't have a car."

"If they don't have easy access to transportation or public transportation, and they're not close enough to walk to a grocery store, then they end up getting their groceries at the corner mart or 711...you don't get many healthy options there."

"We need healthy food. Having access to quality food is really an issue especially for parts of our community that live in a food desert."

"The food disparity will continue to be an issue. In Electra, it's difficult because we don't have a real grocery store so that causes a problem with people having access to good food they can eat. We have a dollar general and a little convenience store."

Community Education & Preventive Care

Community Collaboration & Awareness of Existing Resources

- **Issues:**

- Suggestion regarding shared medical records across the community with the implementation of Epic
- Lack of transparency regarding health care costs
- Need for communication and community outreach regarding resources available for residents to use
- Limited awareness of existing resources, particularly for low income
- Lack of health literacy and understanding of access points across the continuum of care
- Confusion surrounding primary care vs. urgent care
- Limited coordination across community organizations
- Perception that there is a lack of communication between hospital staff and patient families

- **Needs:**

- Evaluation of shared medical records across the community
- Increased communication and outreach efforts to promote local resources and programs, particularly for low income
- Improved health literacy and education on access points along the continuum of care
- Focus on continued communication between hospital staff members and patient families

“Sharing of medical records is a thing that can happen, this can be a shared medical record community. That’s a game changer to be able to get everybody to coordinate care and reduce the cost of care.”

“Things have never been more complicated than before because they don’t understand why healthcare costs so much money. There’s such a lack of transparency.”

“It’s the knowledge of understanding the services out there. People don’t know what all the hospital can offer and how the hospital is willing to help them.”

“We need to be helping people understand the services that are provided and how they could be helped financially. People are becoming very tight with their money and they would choose to spend money on something else instead of using it for health care.”

“We need to get the word out to low income residents on what care is available to them.”

“Health care is changing, the way health care is being delivered to the population is changing...health care IQ is at an all-time low. People don’t know how to seek out health care appropriately so they don’t seek out their benefits.”

“When it comes to primary care vs. urgent care, that’s where there may be some confusion as to which would be the best option.”

“There’s enough organizations...how those organizations coordinate and communicate is a challenge and it’s become an even bigger challenge in the last few years. We had a health coalition that brought those people together, but that’s fallen to the wayside.”

“A lot of times, communication between hospital staff and the families is not always there.”

Child & Adolescent Health

- **Issues:**

- Growing rate of pediatric obesity, type 2 diabetes
- Challenge in accessing healthy food for children
- Significant concern surrounding contributing factors to poor pulmonary health
- Poor management of chronic conditions
- Higher rates of sexual activity at younger ages, sexually transmitted infections
- Substance use (vaping, synthetic marijuana) and bullying contributing to perceived higher suicide rates
- Lack of adolescents with primary care provider leading to parents taking children to ER for non-emergent issues
- Limited access to affordable dental care services, pediatric specialists

- **Needs:**

- Improved access to youth counseling and behavioral health services including substance abuse
- Education on preventive care and healthy lifestyle management for children
- Sex education for youth population regarding abstinence, proper contraception and STI prevention

“Pediatric obesity is becoming more and more of an issue, and that’s leading to pediatric type 2 diabetes.”

“In certain areas, there’s not access to healthy food sources for children. That can lead to poor health, obesity, and eventually into diabetes.”

“Asthma and allergies are real big here based on our crop producing, ranching community and smoking. We have lots of contributors to poor pulmonary health for kiddos. Kids have to go to Dallas for that.”

“Asthma is the biggest issue, and there are so many students that don’t manage their asthma. They’re not on any medications – just rescue inhalers.”

“Our STD rate here is very high. Teenagers and young adults have become sexually active younger here. We struggle with parents wanting to believe their kids will abstain from sex, but they’re not.”

“Vaping is a big challenge. Kids are able to walk into school with something that looks like a flash drive and go into the bathroom and vape.”

“The suicide rate is rising and the age of children committing suicide is getting younger and younger. Kids are experimenting with different kinds of drugs, especially synthetic marijuana. There is also bullying in schools.”

“For a lot of kiddos...when they’re sick, their parents take them to the ER rather than go to a walk in clinic because a lot of them don’t have PCPs.”

“Dental care is limited for children unless you can pay for it. It’s impossible to find teeth cleanings for kids.”

“We don’t have pediatric specialists here...people leave and go to the Metroplex. Sometimes that’s hard on families to have to go to that area.”

Aging Population

- **Issues:**

- Growing aging population in the community
- Concerns in aging process, including:
 - Affording health care services
 - Transportation barriers
 - Nutritious diet
 - Access to healthy foods
- Limited number of primary care providers accepting Medicare, Medicaid patients
- Lack of affordable medications leading to choice between rent, food, health care
- Increasing need for affordable, safe housing options for seniors
- Difficulty understanding and navigating the health care system
- Perception there is limited advanced care planning and education

- **Needs:**

- Increased access to local, affordable services
- Emphasis on the transportation needs to/from health care appointments
- Assistance in navigating the health care system
- Focused education and promotion of advanced care planning

“We need older adult health care. We have a large population of people who do not have great insurance and so they do not take great care of themselves.”

“...we have an aging population and that puts additional strains on health care providers. We’re not growing but we are changing.”

“For seniors, the predominant problems are whether or not they can afford health care, can they get to health care throughout the community, can they get proper nutrition, can they get food to their home and get quality calories.”

“Transportation is a huge issue for seniors. People who are homebound don’t always have access to transportation to get to doctors’ appointments.”

“For seniors, access to primary care is huge...one of the biggest is the lack of doctors in Wichita Falls who are primary care and accept Medicare or Medicaid.”

“There is a concern with [seniors] being able to afford their medications. There’s patients that have to cut down on groceries to pay for their medications. They can’t afford medications because they have to pay rent and buy food.”

“The safe housing for elderly patients is a challenge because of cost and not having the means to go to assisted living when the time is right.”

“Seniors have health literacy issues and are not able to navigate and understand our healthcare system. Another major issue we have is extremely delayed conversations about advanced care planning.”

“We need to help people understand end of life and chronic disease better. That way, when it comes to that time, patients are more accepting and less likely to spend their last days in the hospital.”

Populations Most at Risk

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

- Homeless
 - Mental and behavioral health care needs
 - Increasing need for shelter options for pets
 - Lack of follow up care
 - Overuse of the Emergency Room
- Low Income
 - Long wait times for appointments
 - Overuse of the Emergency Room
- Pediatric
 - Limited access to local specialty care
 - Lack of pediatric home health options
 - Few resources for developmentally-delayed children
- Teens/Adolescents
 - Dental care for mental retardation, autism
 - Obesity, lack of access to healthy foods
 - Vaping, synthetic marijuana use
 - Teen pregnancy
 - Impact of adverse health events during childhood
 - Increasing rates of autoimmune diseases (arthritis)
 - Lack of access to contraceptives
- Racial/Ethnic
 - Language barriers (Hispanic)
 - Limited number of bilingual mental and behavioral health care providers
- Veterans
 - Frustration with VA system
 - Transportation barriers
 - Lack of local preventive care options
 - Stigma associated with seeking care for mental and behavioral health care issues
 - Need for social work assistance
 - Increasing number of homeless veterans
- Elderly
 - Transportation barriers
 - Need for Community Paramedicine Program
 - Lack of health literacy
 - Limited number of primary care providers accepting Medicare, Medicaid
 - Lack of affordable, safe housing options
 - Limited understanding of advanced care planning



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 directly to the hospital online 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 2017 to 2019 Implementation Plan.

Priority 1: Need for Additional Primary Care and Specialty Providers

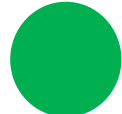
Activity	Impact & Evaluation:	Current Status
1.A. United Regional will continue to recruit and employ additional physicians to the community, as well as physicians employed by the United Regional Physician Group (URPG) that accept patients from all payer sources (including TriCare, Medicare, Medicaid, CHIP, etc.).	Recruited, 2017 Allan Coleman, Trauma Surgeon Vanya Wagler, Rheumatology Niangui Wang, Neurology Deacon Vice, ED Olasupo Olagundoye, FP Lee Kern, Neurosurgery Robin Qubty, Hospitalist Julie Thomas, OB/ Hospitalist Audrey Puentes, OB/ Hospitalist Miguel Cintro, OB/ Hospitalist Gaynelle Rollings, OB/ Hospitalist Olufemi Lawal, Pulm (Starts in 2018) Olawunmi Lawal, IM (Starts in 2018) Kimberly Bourne, Endo (Starts in 2018) Chris Ellington, CVT (Starts in 2018) Shaila Shanchita, FP (Starts in 2018) Eric Jackson, ED (Starts in 2018) Nic Thompson, ED (Starts 2018) Gilbert Ojong, Hospitalist (Starts in 2018) Ven Achanta, Hospitalist (Starts in 2018) Anil Nalubotula, Hospitalist (Starts in 2018) Aparna Rao-Sunkari, Hospitalist (Starts in 2018) Amar Sunkari, Hospitalist (Starts in 2018) Ankit Patel, Hospitalist (Starts in 2018) Alex Moshtaghi, FP (Starts in 2019) Recruited earlier, but started in 2017 Paul Benson, Urology Ron Andari, GI Darpan Kumar, EP Josh Stagg, GI Kent Russell, FP Raj Rai, Pediatrics	

Recruited, 2018

Anas Alhoms, Hospitalist
 Glory Zhu, ER
 Ammar Al-Sadoon, Hospitalist
 Cristina Beatrice, Hospitalist
 Eddy Walker, Ortho
 Amr Takielde, Hospitalist
 Maxine Lingurar, OB/Gyn
 Kevin Bedford, OB/Gyn (Starts in 2019)
 Paul Morrison, Urology (Starts in 2019)
 Said Haider Al-Tawil, Hospitalist
 Jason Hoffman, Ortho (Starts in 2020)
 Robert Schwalm, Pediatrics (Starts in 2019)
 Daniel Jeffcoat, FP (Starts in 2020)
 Brian Stroud, Hospitalist (Starts in 2019)
 Robert Harbolovic, FP (Starts in 2021)
 Linda Rodrigue, OB/ Hospitalist
 Tilahun Belay, Hospitalist
 Chris Godwin, FP
 Talha Ramzan, FP (Starts in 2021)
 Hollie Rose, OB/GYN (Starts in 2019)
 Robert Funk, Neurosurgery (Starts in 2019)

Recruited, 2019

Jason Hoffman, Ortho (*Attending Fellowship /Starts in 2021*)
 Kyle Howard, Pediatrics
 Derick Sager, Anesthesia
 Whitney Nwagbara, Hospitalist
 Mark Phalen, Ophthalmology
 Mohammed Ramadan, Urology
 Michael Henderson, Family Medicine
 Bukola Esho, Hospitalist
 Dawncheerie Walker, Hospitalist
 Valmy Ngomba, Hospitalist
 Jamaan Kenner, OB/Gyn
 Rabi Khan, Neurology

	Jason Cromar, Hospitalist Rose Ngishu, Hospitalist Kyra Crenshaw, Family Medicine Chukwud Obiagwu, Interventional Cardiologist Maryam Mahmood, Hospitalist Muhammad Farhan, Hospitalist Lincoln De La Porte, Hospitalist Celestine Mkposi, Hospitalist Robert Dillard, ER Terrell Bibb, ENT (Starts in 2021) Christian Moncrief, CVT	
1.B. United Regional will continue to expand specialty care capacity by recruiting physicians in such specialties as orthopedics, urology, trauma surgery, dermatology, and others as outlined in its Physician Needs Assessment, which will be updated periodically to ensure continuous reflection of community need.	<u>Recruited, 2017</u> Allan Coleman, Trauma Surgeon Vanya Wagler, Rheumatology Niangui Wang, Neurology Deacon Vice, ER Olasupo Olagundoye, FP Lee Kern, Neurosurgery Olufemi Lawal, Pulm (Starts in 2018) Olawunmi Lawal, IM (Starts in 2018) Kimberly Bourne, Endo (Starts in 2018) Chris Ellington, CVT (Starts in 2018) Shaila Sanchita, FP (Starts in 2018) Eric Jackson, ER (Starts in 2018) Alex Moshtaghi, FP (Starts in 2019) <u>Recruited earlier, but started in 2017</u> Paul Benson, Urology Ron Andari, GI Darpan Kumar, EP Josh Stagg, GI Kent Russell, FP Raj Rai, Pediatrics <u>Recruited, 2018</u> Glory Zhu, ER Eddy Walker, Ortho	

	Maxine Lingurar, OB/Gyn Kevin Bedford, OB/Gyn (Starts in 2019) Paul Morrison, Urology (Starts in 2019) Rebecca Poole, CNT recruited an OB/Gyn Jason Hoffman, Ortho (Starts in 2020) Robert Schwalm, Pediatrics (Starts in 2019) Linda Rodrigue, OB/ Hospitalist Cosmin Dobrescu, CVT (Starts in 2019) Hollie Rose, OB/GYN (Starts in 2019) Robert Funk, Neurosurgery (Starts in 2019) <u>Recruited, 2019</u> Jason Hoffman, Ortho (<i>Attending Fellowship /Starts in 2021</i>) Kyle Howard, Pediatrics Derick Sager, Anesthesia Mark Phalen, Ophthalmology Mohammed Ramadan, Urology Michael Henderson, Family Medicine Jamaan Kenner, OB/Gyn Rabi Khan, Neurology Kyra Crenshaw, Family Medicine Chukwud Obiagwu, Interventional Cardiologist Robert Dillard, ER Terrell Bibb, ENT (Starts in 2021) Christian Moncrief, CVT	
1.C. United Regional will continue to increase awareness of its service offerings in the community through billboard, direct mail, and print advertisements, as well as social media outlets and updating the hospital's website.	United Regional continues to educate and promote the community through billboards, print ads in the TRN, SSA newspapers, Wichita Falls Living magazine, area high school football programs, direct mail of new physicians and procedures/services offered and website and Facebook updates. 2019 - Facebook and Google ads were added to the advertising mix.	

1.D. United Regional will continue to participate in the Health Coalition of Wichita County's initiatives to ensure availability of and access to the number and types of healthcare providers necessary to meet the needs of the community, including the Coalition's efforts to: ▪ Complete a needs assessment that determines the numbers and types of providers needed, as well as access issues. ▪ Develop an approach for recruitment activities among various health services providers.	United Regional completed its physicians' needs assessment in the summer of 2017 and has developed a recruitment plan to help ensure that our community has an adequate number of physicians and specialties to serve the needs of our region. The recruitment plan was implemented in 2017 and will continue into 2018, and focuses on prioritized physician specialties. (no additions – it just continues to be implemented)	
1.E. United Regional will continue 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. United Regional staff from social services, supportive care, Heart Failure Clinic, quality and safety, information technology, admitting, and other departments participate as needed. 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.	2017 January 19 – Chronic Disease Management Resources <i>Approximately 56 attendees</i> Discussion topics included: What is Community Partners, 2016 Initiative Highlights, Review of 2016 Needs Assessment & 2017 Initiatives, Overview of Chronic Disease Management Programs & Resources February 23 – Wichita Falls – Wichita County Public Health District <i>Approximately 55 attendees</i> Discussion topics included: Community Health Assessment & Improvement Plan, Health Coalition of Wichita County Activities & Initiatives. March 23 – Community Assistance & Resources <i>Approximately 40 attendees</i> Discussion topics focused on local and regional non-profit organizations that offered programs and services available to help individuals with socioeconomic and medical needs in the community setting. Programs highlighted include Christmas In Action, Rolling Plains Management Corporation, and 2-1-1 North Texas and United Way. April 13 – Quality Performance & Process Improvement	

	<i>Approximately 40 attendees</i> Discussion topics focused on quality performance and process improvement methods for health care professionals. June 29 – Sepsis Prevention, Treatment, & Recovery – Part 1 <i>Approximately 55 attendees</i> Discussion topics include defining the difference between Systemic Inflammatory Response Syndrome (SIRS), Sepsis, and Shock, recognizing early symptoms of SIRS, and identifying appropriate pre-hospital treatment and indicators for hospitalization. July 20 – Sepsis Prevention, Treatment, & Recovery – Part 2 <i>Approximately 25 attendees</i> Discussion topics include evaluating the need for end-of-life and/or palliative care in patients with severe sepsis Outline complications and co-morbidities in sepsis patients Describe appropriate post-acute care for sepsis patients 2018 April 19 – Home Health Quality Metrics & Regulatory Up-Dates Speaker: Kristi Curd <i>Approximately 14 attendees</i> May 30 – Skilled Nursing Facility Quality Metrics, Regulatory Speaker: Amanda Minniear & Michelle Nelson Up-Dates, and Advance Directives <i>Approximately 35 attendees</i> June 28 – Wichita Falls County Public Health District	
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Community Health Needs Assessment & Community & Clinical Health Bridge Project and Improving Care Transitions

Speaker: Amy Fagan and Dori Dockery
Approximately 39 Attendees

August 16 – NAMI of Wichita Falls: Presentation about Mental Health

Speaker: Jessica Cartwright, Executive Director
Approximately 62 attendees

October 18 – Sepsis Symptom Awareness

Speakers: Jennifer Wilson, RN, BSN & Crysta Barker RN, CWCA
Approximately 45 attendees

December 20 – Skilled Nursing Facility Focus Groups

Speakers: Jessica A. Sanchez, Dori Dockery, Zach Kast, and Michelle Nelson
Approximately 61 attendees

2019 (Jan-Sept)

1/24/2019-Antimicrobial Stewardship: Background, Goals, Interventions, and Implications

Speaker: Rachel Reitan, FNP-C, MSNeD, CWS
 37 Attendees

3/26/2019-Expert Panel Discussion: Perspectives on Current Healthcare Quality Topics

84 Attendees

6/27/19-Brain Development and the Effects of Adverse Childhood Experiences

Speaker: Beth Maywald
 56 Attendees

	7/25/19-The Ins and Outs of Inpatient DNR and Out of Hospital DNR (OOHDNR) Forms Speakers: Lindsey Shelley, Zach Kast, Kristi Curd 86 Attendees 8/22/19-Unpacking Food Insecurity Speakers: Wichita Falls Area Food Bank-Emily Kincaid, Meals on Wheels-Pamela Hughes and Catholic Charities-Emily Klement 43 Attendees 10/21/19 - Knee/Hip Joint Replacement Speaker: Travis Newberry PT, DPT, MBA, CWS- Director of Rehabilitation and Wound Care Services Heather Cobb RN, BSN -Clinical Nurse Manager, Orthopedics and Spinal Surgery 41 Attendees 11/15/19 - Palliative Care: It's Not Just for End-of-Life Presenter: Dr. Praveen Reddy Director of Palliative Care United Regional 98 Attendees	
1.F. United Regional will continue to plan the reinstatement of the Physician Leadership Academy to educate and train the community's leaders of tomorrow. The curriculum is designed to help prepare physicians leaders to serve as effective members or officers of the medical staff and medical staff committees, medical directors, leaders of group practices, practice associations, and medical societies, quality improvement champions, and/or physician executives.	The Physician Leadership Academy was expanded into the Leadership Academy to include not only physicians but hospital leaders. We held three (3) sessions in 2017, focusing on the following topics: • Physician Market Intensive: reviewing the current state of health care and key implications for physicians and leaders. • Leveraging Your Leadership Profile: gaining a better understanding of leadership tendencies and how to leverage them effectively • Influencing Through Effective Communication: Identify communication strategies based on audience and situation	

We had a total of 38 participants – 23 physicians, and 15 non-physician leaders

2018

Between January 1 – June 30, 2018, we held two (2) sessions focusing on the following topics:

- Leading Through Vision: Understanding the role that a clear vision plays in successfully leading a team and examining strategies for aligning culture to support vision.
- Facilitating Effective Teamwork: Understanding the components of constructive teamwork, learning to diagnose team dynamics, and using strategies to correct team dysfunction.

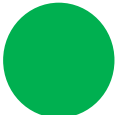
We had a total of 40 participants – 23 physicians, and 17 non-physician leaders

Between July 1, 2018 – December 31, 2018, we held two (2) sessions focusing on the following topics:

- What Patients Want: Understanding the different drivers of physician selection and loyalty, pinpointing the organization's biggest opportunities to become more consumer-oriented.
- Instilling Accountability: Diagnosing personal and organizational barriers to achievement; ensuring your team is enabled, capable, and invested in achieving a desired and shared objective.

We had a total of 38 participants – 21 physicians, and 17 non-physician leaders

The final session was completed on November 29, 2018. At this time, the program has not been reinstated.

1.G. United Regional will continue to serve as the inpatient clinic site for the family medicine residency program. The program is conjunction with the Community Healthcare Center and the University of North Texas medical school.	United Regional continues to serve as the inpatient clinic site for the family medicine residency program. Additional, the residents have begun their rotation in OB. In April 2018, the North Central Texas Medical Foundation (NCTMF), which sponsors the Wichita Falls Family Medicine and the Community Health Care Center, cancelled their contract, which automatically cancelled United Regional's agreement to provide the inpatient clinic site. United Regional assisted the current and incoming residents in finding placements and provided monetary resources to assist in their relocations.	
1.H. 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.	Number of students in the program as of December 31, 2017 : 48 Number of students in the program as of June 30, 2018: 41 as well as 14 students that are in our Future in the Falls (High School Track) 2018: Number of students in the program as of December 31, 2018 : 45 2019: Number of students in the program as of December 31, 2019: 63	
1.I. United Regional will continue to serve as a teaching facility for LVN, RN, respiratory therapist, radiology technician and laboratory technician students.	<u>2017:</u> <u>Spring Semester - 529 students</u> MSU BSN students – 185 Vernon College ADN students – 158 EMT students – 89 LVN students – 33 Surgical Technician students – 14 Athletic Training students – 13 Respiratory Therapy Students – 8 Nurse Practitioner students – 7 Medical Assistant students – 5 Laboratory (July 2016-2017) - 4	

	Pharmacy Tech students – 4 Medical School students – 3 Radiology Students – 2 Health Informatics students – 1 Occupational Therapy students – 1 Physician Assistant students – 1 Physical Therapy students – 1 <u>Summer Semester 188 students</u> LVN students – 102 MSU BSN students – 19 Surgical Technician students – 13 Pharmacy Tech students – 11 Nurse Practitioner students – 9 Radiology Students – 8 Laboratory (July 2017-2018) – 5 Vernon College ADN students – 8 EMT students – 7 Athletic Training students – 1 Medical Assistant students – 1 Medical School students – 1 Physical Therapy students – 1 Physician Assistant students – 1 Physical Therapy assistant students – 1 <u>Fall Semester – 516 students</u> MSU RN students – 179 Vernon ADN students – 166 LVN students- 67 EMT students – 30 Surgery Technician students – 15 Radiology students – 11 Medical Assistant Students – 10 Nurse Practitioner students – 7 Respiratory Therapist students - 7 Radiology Students – 6 Nurse Anesthetist students – 3	
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	Pharmacy Students – 3 Pharmacy Tech students – 3 UTA BSN students – 2 Athletic Training students – 1 Health informatics – 1 Medical School students – 1 Physical Therapy students – 1 Social Work students – 1 Physician Assistant students – 1 Ultrasound student – 1 <u>2018:</u> <u>Spring Semester - 494 students</u> MSU BSN students – 175 Vernon College ADN students – 144 EMT students – 19 LVN students – 63 Surgical Technician students – 15 Athletic Training students – 16 Respiratory Therapy Students – 7 Nurse Practitioner students – 14 Medical Assistant students – 6 Pharmacy Tech students – 11 Radiology Students – 9 Health Informatics students – 6 Physical Therapy students – 2 Ultrasound Diagnostician – 1 Social Work student – 1 Physical Therapy Assistant – 1 CRNA students – 3 Health Care Administration Interns – 1 <u>Summer Semester – 142 students</u> MSU BSN students – 16 EMT students – 4 LVN students – 73 Athletic Training students – 1	
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Nurse Practitioner– 20
 Physician Assistant - 1
 Radiology Students – 7
 Health Informatics students – 1
 Physical Therapy students – 1
 Occupational Therapy - 1
 Social Work student – 1
 Physical Therapy Assistant – 1
 CRNA students – 2
 Medical Student – 1
 Health Informatics Masters – 1
 Lab – 4
 Radiology Students – 7

Fall Semester – 573 students

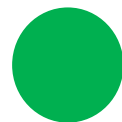
MSU BSN students – 208
 Vernon College ADN – 168
 EMT students – 47
 LVN students – 67
 Surgical Technician students – 15
 Respiratory Therapy – 7
 Nurse Practitioner students – 20
 Physician Assistant - 3
 Medical Assistant students – 3
 Radiology Students – 18
 Occupational therapy - 1
 Social Work student – 2
 CRNA students – 2
 Health Informatics masters – 1
 Medical Lab assistant – 5
 Respiratory Therapy Students – 6

2019:

Spring Semester – 497 students

MSU BSN students – 193
 Vernon College ADN students – 137
 EMT students – 36

	Surgical Technician students – 13 Athletic Training students – 13 Respiratory Therapy Students – 6 Nurse Practitioner students – 8 Physician Assistant students - 6 Medical Assistant students – 50 Pharmacy Tech students – 11 Radiology Students –17 CRNA students – 2 Medical Lab assistant students - 5 <u>Summer Semester – 134 students</u> MSU BSN students – 20 Advanced EMT students – 5 EMT students – 2 Laboratory -4 students July 2019-2020 LVN students – 63 Nurse Practitioner– 9 Physician Assistant - 4 Radiology Students – 8 Occupational Therapy - 1 Physical Therapy Assistant – 2 CRNA students – 2 Medical Student – 1 Cardiopulmonary Rehab extern – 1 Surgical Technician students - 12 <u>Fall Semester -549 students</u> Radiology Students –11 MSU BSN students – 177 Vernon College ADN – 190 EMT students – 38 LVN students – 53 Surgical Technician students – 15 Respiratory Therapy – 5 Nurse Practitioner students – 7 Physician Assistant - 4	
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	Medical Assistant students – 6 Radiology Students –19 CRNA students – 5 Health Informatics – 2 EEG technician student – 1 Certified Nurse Midwife student – 1 Physician Therapy student – 3 Dietitian student – 1 Pharmacy tech students – 11	
1.J. Members of the Clinical Education Team will continue to provide continuing nursing education to employees, community nurses and emergency response personnel from the local and rural communities.	2017 Name of Class - # of Attendees • Advanced Cardiac Life Support (ACLS) – 102 • Bereavement Support Training – 18 • Breastfeeding Educator Workshop Part I – 20 • Breastfeeding Educator Workshop Part II – 20 • Crisis Prevention Intervention (CPI) – 269 • Charge Nurse Development (Assertive Communication) – 187 • Diabetic Foot Ulcers - 20 • ECMO provider course – 17 • Ethical Dilemmas – 70 • Electronic Fetal Monitoring, rising to the expert level – 26 • Heart Failure: What's it all about? – 4 • Mental Health First Aid – 37 • NTRAC Trauma Acute Care – 37 • Ostomy Care & Pouching Techniques - 6 • PALS (Pediatric Advanced Life Support) -50 • Perinatal Orientation & Education Programs: ○ Physiologic and Psychosocial adaptation to pregnancy – 13 ○ The Process of Labor & Birth – 7 ○ Complications of Pregnancy – 11 ○ Perinatal Safety and risk management module 9 – 14 ○ Postpartum assessment and nursing care – 4	

- Newborn assessment and Care – 10
- Neonatal Complications – 14
- Preceptor Training – 47
- Pressure Injuries & Pressure Injury Prevention – 16
- Resolve Through Sharing - 10
- Sepsis Prevention, treatment & recovery - 45
- STABLE – 45
- Trauma Care Review – 49
- Trauma Acute Care Conference – 76
- Understanding Pressure Ulcers – 16
- Wound Healing and Management – 7

2018

Name of Class - # of Attendees

- Advanced Cardiac Life Support (ACLS) – 82
- Advanced Cardiac Life Support – Renewal - 20 attendees
- Advanced Cardiac Life Support 2-Day Provider - 17 attendees
- BLS for Healthcare Providers - 4 attendees
- Basic Arrhythmia - 3 attendees
- Heartcode BLS - 1 attendee
- Neonatal Resuscitation -Megacode Check-Off - 11attendees
- Pediatric Advanced Life Support – Renewal - 4 attendees
- Pediatric Advanced Life Support-Basic - 3 attendees
- Joint Camp – 630 attendees
- Arterial Ulcers - 32
- Bereavement Support Training – 2
- Breastfeeding Educator Workshop Part I – 5
- Breastfeeding Educator Workshop Part II – 5
- Crisis Prevention Intervention (CPI) – 74

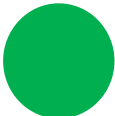
- Charge Nurse Development (Change Leadership) – 139
- Methadone Pain Management – 21
- Neonatal Abstinence Syndrome – 50
- Moist Wound Healing and Skin Tears - 13
- PALS (Pediatric Advanced Life Support) -27
- Neonatal Complications – 7
- Preceptor Training – 47
- Pressure Injuries & Pressure Injury Prevention – 16
- Resolve Through Sharing - 5
- STABLE – 36
- Physiologic and Psychosocial adaptation to pregnancy – 6
 - The Process of Labor & Birth – 6
 - Complications of Pregnancy – 7
 - Perinatal Safety& Risk management module 9 – 7
 - Postpartum assessment and nursing care – 7
 - Newborn assessment and Care – 7

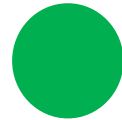
2019

Name of Class - # of Attendees

- Advanced Cardiac Life Support (ACLS) – 76
- Advanced Therapies for Heart Failure - 34
- BLS for Healthcare Providers - 13 attendees
- Heartcode BLS - 19 attendee
- Neonatal Resuscitation -Megacode Check-Off - 9 attendees
- Palliative Care: It's not just for end-of-life - 25
- Pediatric Advanced Life Support – Renewal - 12 attendees
- Pediatric Advanced Life Support-Basic - 15 attendees
- Preceptor Workshop - 15
- Antimicrobial Stewardship - 10

	• Emergency Medical Services Conference - 108 • Bereavement Support Training – 2 • Pregnancy loss sensitivity training - 7 • STABLE – 51 • Trauma Acute Care Conference - 43 • POEP (Perinatal Orientation and Education Program) - Physiologic and Psychosocial adaptation to pregnancy – 17 --Perinatal Safety& Risk management – 16 --Postpartum assessment and nursing care – 16 --Newborn assessment and Care – 7 • NOEP (Neonatal Orientation and Education Program) - Transition to extrauterine life – 4 - Newborn skin care/developmental care/pain mgmt. – 4 - The respiratory System – 4 - The Cardiovascular system/ late preterm infant – 4 - Metabolic and nutrition support/Renal/Endocrine – 4 - The gastrointestinal system/neurological system - 4	
1.K. Via its employed physician group, United Regional will continue to operate a primary care walk-in clinic, CarePlus, which is staffed by its employed primary care providers (physicians and advanced practitioners). CarePlus is now open extended weekday hours and weekend hours.	2017 Total visits: 17,492 2018 Total visits: 19,885 2019 Total visits: 24,451	
1.L. United Regional will continue to explore partnerships with rural communities/hospitals to improve access to primary care and wellness care.	United Regional hosts quarterly meetings with the rural hospital administrators. Opportunities for collaboration are discussed.	

1.M. United Regional will continue to offer Palliative Care/Supportive Care services, designed to focus on relief of pain, stress and other debilitating symptoms of serious illness. The goal is to relieve suffering and provide the best possible quality of life for patients and their families.	<u>2017</u> Number of patients seen by the Palliative Care team: 3,543 <u>2018</u> Number of patients seen by the Palliative Care team: 2,541 <u>2019</u> Number of patients seen by the Palliative Care Team: 2,913 United Regional expanded Palliative Care services to clinic-based settings at URP & Texas Oncology in August 2019 with 56 scheduled appointments through 12/31/2019	
1.N. 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.	See “Community Resource List” section in the full report.	
1.O. United Regional will continue to provide a Language Line to provide translation and interpretation services, on an as needed basis.	<u>Process for using the Language Line</u> <u>Identifying The Patient’s Language</u> Ask the patient directly, utilize the Language Identification Chart or call a CyraCom Client Services representative. <u>Accessing a Medical Interpreter</u> Dual-handset phones are specifically designed for medical interpretation. Our phones enable natural and continuous face-to-face communication to provide the best possible care for LEP patients. Using Any Phone: • Dial 800-481-3293 to access the interpretation service • When prompted, enter your 9-digit account number, 501017990	

	• At the second prompt, enter your 4-digit PIN number, 5678 • Say the name of the language you need • When the interpreter comes on the line, give the interpreter a brief explanation of the call	
1.P. 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.	Martti: My Accessible Real-Time Trusted Interpreter For limited English proficient and deaf and hard-of-hearing patients, Martti is completely self-contained, completely mobile, and completely wireless and can go anywhere in the hospital. At the push of a button, a team of qualified, HIPAA trained interpreters, in more than 200 languages, is available 24/7. The six Martti units are located throughout the hospital: • ED – Discharge Call Office • Med Surge – 6C Storage Room • Critical Care – 7W Med Room • Bridwell 3rd floor – Pre-Op Clean Utility Room • Bridwell 4th floor – Antepartum Triage Med Room • URPB Barnett – Family Practice Staff signs the equipment in and out. For questions or additional training needs, they contact: Patient Relations, X3685 URPB Charity Gilmore, RN X5254	

Priority 2: Prevention, Education and 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 offer communication vehicles (such as newsletters, email campaigns, media releases, etc.) and free community education seminars to educate the public on various preventive care and healthy lifestyle choices.	<u>“Healthy You”, 2017</u> “Healthy You”, June 2017 (37,087 copies mailed). Topics included: Stroke warning signs and education; vitamin D information; heat exhaustion vs. heat stroke; foot conditions and treatments; and a healthy recipe. “Healthy You”, August 2017 (approx. 37,000 copies mailed). Topics included: urinary tract infections, cholesterol, AFIB, back pain, a healthy recipe, and information on the upcoming Celebrating Women event. “Healthy You”, November 2017 (approx. 37,000 copies mailed). Topics included: avoiding the common cold and flu (with CarePlus info), pancreatic cancer, knee pain, neck pain, diabetes education, headaches and migraines, and a healthy recipe. <u>“Healthy You”, 2018</u> “Healthy You”, May 2018 (approx. 37,000 copies mailed). Topics included: dangers of uncontrolled diabetes, benefits of hormone therapy, overactive bladder treatments, meal planning and prep benefits of robotic surgery, and a healthy recipe. “Healthy You”, August 2018 (approx. 37,000 copies mailed). Topics included: Celebrating Women, COPD, women’s screenings, and diseases in women, arthritis treatments, orthopedic symptoms you can’t ignore, and a healthy recipe.	

	“Healthy You”, Fall/Winter 2018 (approx. 37,000 copies mailed). Topics included: flu vaccine and prevention, advance directives, Hip health/Mako sidebar, Breast Care Program, heartburn/ Linx Sidebar, CarePlus-eCare /PCMH sidebar. <u>“Healthy You”, 2019</u> “Healthy You,” May 2019 (approx. 37,000 copies mailed). Topics included: bleeding control, generic ortho info, genetics/genetics testing, MyChart, men’s health and a healthy recipe. “Healthy You,” August 2019 (approx. 37,000 copies mailed). Topics included: elective surgery, pelvic health, common spine problems, choosing your obstetrics experience, and a healthy recipe. “Healthy You,” November 2019 (approx. 37,000 copies mailed). Topics included: Gluten-free recipes, healthy family (family medicine), managing stress, surgery for back pain. <u>Press Releases, 2018:</u> • Completed Bridwell Center for Emergency Care Opens • Cowling Chosen as Chair-Elect of Statewide Hospital Association Board • Physicians Bring Endoscopic Ultrasound to the Community • Flu and Community Collaboration • Five Awarded Scholarships from Future in the Falls • Robotic Assisted Hernia Repair • Training for Stop The Bleed • 100 Top Hospitals • Back Pain Event in Bowie	
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Press Releases, 2019

- Drug Takeback Event
- Epic Implementation
- Mobile Pantry
- Stop the Bleed
- Sports Physicals at Burkburnett Clinic
- Barnett Rd Medical Building Expansion

Community Education, 2017:

January 17 – Neuro with Dr. Brandon Ohman in Jacksboro (18 attendees/6 referrals)
February 7 – Ortho with Dr. Jason Holinbeck in Nocona (13 attendees/4 referrals)
March 9 – Arthritis with Dr. Erin Shiner (175 attendees/25 referrals)
March 21 – Neuro with Dr. Brandon Ohman (155 attendees/16 referrals)
April 4 – Joint Replacement with Dr. Joshua Schacter (110 attendees/12 referrals)
April 11 – Sinus with Dr. Jed Grisel (112 attendees)
April 18 – Ortho with Dr. Jason Holinbeck (142 attendees/15 referrals)
May 9 – Foot Health with Dr. Steven Klumb (132 attendees/19 referrals)
June 13 – Hand Health with Dr. Dan Babbel (122 attendees/20 referrals)
August 1 – Non-Operative Neuro in Seymour with Dr. Brandon Ohman (49 attendees/7 referrals)
September 12 – Urology with Dr. Paul Benson (138 attendees/18 referrals)
September 19 – Non-Operative Orthopedics in Jacksboro with Dr. Jason Holinbeck (0 attendees/0 referrals)
October 3 – Non-Operative Neuro in Bowie with Dr. Brandon Ohman (5 attendees/4 referrals)
October 10 – Heart Rhythm Disorders (Electrophysiology) with Dr. Darpan Kumar (180 attendees/did not do referrals)

November 7 – Non-Operative Orthopedics with Dr. Jason Holinbeck (179 attendees/14 referrals)

Community Education , 2018

February 20 – Heart Rhythm Disorders (Electrophysiology) with Dr. Darpan Kumar (56 attendees/did not do referrals)

March 20 - Joint Replacement with Dr. Joshua Schacter (144 attendees/12 referrals)

April 24 – New Procedures for Bladder Incontinence with Dr. Paul Benson (133 attendees/ 7 referrals)

May 15 – Back or Neck Pain with Dr. Brandon Ohman (148 attendees/ 11 referrals)

May 22 – OUCH! Do Your Feet Hurt with Dr. Steven Klumb (138 attendees / 8 referrals)

June 26 – Achy, Breaky, Joints with Dr. Michael Sheen, Dr. Edward Walker and Dr. Chandler Harvey (127 attendees / 9 referrals)

August 7 – Pain Getting Out of Hand? with Dr. Dan Babbel (115 attendance / 11 referrals)

October 23 – The Alzheimer’s and Dementia Dilemma: Understanding the Disease, How to Care for Loved Ones and for Yourself (273 attendance / no referrals)

November 13 – Heads Up! with Dr. Jerry Giles, Dr. Cameron Godfrey, and Dr. Jed Grisel (attendance 168 / no referrals)

Community Education, 2019

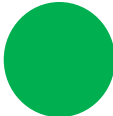
January 29 - Lose the Weight for Life! with Dr. Chris Finnell (59 attendance / 16 referrals)

February 12- Heart Rhythm Disorders with Dr. Darpan Kumar (attendance 150 / no referrals)

March 19 – Achy, Breaky, Joints? with Dr. Michael Sheen and Dr. Edward Walker (106 attendance / 7 referrals)

May 21 – Living with Rheumatoid Arthritis with Dr. Vanya Wagler (138 attendance / 8 referrals)

	June 18 – Benefits of Continuous Glucose Monitoring in Diabetes with Dr. Kimberly Bourne (99 attendance / 10 referrals) July 30 – Real Talk for Women with Dr. Thien Tran (101 attendance / 7 referrals) September 17 – Joint Pain with Dr. Joshua Schacter and Dr. Chandler Harvey (144 attendance / 14 referrals) October 29 – Pain Getting Out of Hand with Dr. Dan Babbel (129 attendance / 188 referrals) November 12 – Neurosurgery topic with Dr. Robert Funk (135 attendance) <u>55 ADVANTAGE, 2017</u> February 21 – Hardening of the Arteries with Dr. Bruce Palmer (321 attendance) April 18 – Alzheimer’s Disease with Susan Gross (241 attendance) June 20 – Skin Cancer with Dr. Mamad Bagheri (307 attendance) August 8 – Arthritis with Dr. Erin Shiner (282 attendance) October 24 – Medicare Supplements with Kelly Fristoe (195 attendance) December 19 - Heart Rhythm Disorders with Dr. Darpan Kumar (218 attendance) <u>55 ADVANTAGE, 2018</u> February 20 – Hospitalists’ Role in Patient Care with Andre Desire and Dr. Arif Mahmood (192 attendance) April 17 – Advanced Care Planning: Making Your Wishes Known with Dr. Lee Rodgers (167 attendance) June 19 – The ABC’s of Diabetes with Dr. Kimberley Bourne (133 attendance) August 14 – Managing Osteoarthritis with Dr. Vanya Wagler and Risks of Heart Disease with Dr. Siram Sudarshan (166 attendance) October 16 – I’ve been discharged – Now What Do I Do with Dr. Brian Hull (227 attendance)	
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	December 18 – Link Between Hearing Loss and Dementia with Dr. Jed Grisel (233 attendance) <u>55 Advantage 2019</u> March 26 – Colorectal Cancer: Prevent It! presented by Dr. Christopher Morrison, Gastroenterologist (210 attendance) June 25 – “10 Ways to Love Your Brain” presented by Susan Gross, MA, LPC education and family care specialist with the Alzheimer’s Association, North Central Texas Chapter (261 attendance) October 1 – “It’s a Stall World After All” presented by Dr. Paul G. Morrison, Urologist (260 attendance) December 17 – ‘Healthy Eating’ presented by Hannah Lacey, United Regional Dietitian (196 in attendance)	
2.B. United Regional will continue to offer health education classes within the community on a variety of topics, such as CPR, prepared childbirth, smoking cessation, and breast feeding. Please see the hospital's website for cost details.	<u>2017 Smoking Cessation:</u> March 7 course – 24 registered/22 completed June 20 course – 8 registered /5 completed August 8 – 5 registered / 4 completed November 7 – 20 registered / 20 completed December – 2 individual meetings with employees <u>2018 Smoking Cessation</u> March 6 course – 25 registered/24 completed June 19 course – 6 registered /4 completed August 7 course – 1 registered/1 completed November 6 course – 16 registered/16 completed <u>2019 Smoking Cessation</u> March 5 course – 26 registered/26 completed June 4 course – 11 registered /4 completed August 6 course – 5 registered/4 completed November 5 course – 9 registered/ 10 completed <u>2017</u> Name of Class - # of Attendees	

	• Advanced Cardiac Life Support (ACLS) – 102 • Bereavement Support Training – 18 • Breastfeeding Educator Workshop Part I – 20 • Breastfeeding Educator Workshop Part II – 20 • Crisis Prevention Intervention (CPI) – 269 • Charge Nurse Development (Assertive Communication) – 187 • Diabetic Foot Ulcers - 20 • ECMO provider course – 17 • Ethical Dilemmas – 70 • Electronic Fetal Monitoring, rising to the expert level – 26 • Heart Failure: What's it all about? – 4 • Mental Health First Aid – 37 • NTRAC Trauma Acute Care – 37 • Ostomy Care & Pouching Techniques - 6 • PALS (Pediatric Advanced Life Support) -50 • Perinatal Orientation & Education Programs: ○ Physiologic and Psychosocial adaptation to pregnancy – 13 ○ The Process of Labor & Birth – 7 ○ Complications of Pregnancy – 11 ○ Perinatal Safety and risk management module 9 – 14 ○ Postpartum assessment and nursing care – 4 ○ Newborn assessment and Care – 10 • Neonatal Complications – 14 • Preceptor Training – 47 • Pressure Injuries & Pressure Injury Prevention – 16 • Resolve Through Sharing - 10 • Sepsis Prevention, treatment & recovery - 45 • STABLE – 45 • Trauma Care Review – 49 • Trauma Acute Care Conference – 76 • Understanding Pressure Ulcers – 16	
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- Wound Healing and Management – 7
- 7-CPR Hands Only CPR Courses (81 participants)
- Cadaver Lab (112 participants)
- Coaches Concussion Training (38 participants)

2018

Name of Class - # of Attendees

- Advanced Cardiac Life Support (ACLS) – 82
- Advanced Cardiac Life Support – Renewal - 20 attendees
- Advanced Cardiac Life Support 2-Day Provider - 17 attendees
- BLS for Healthcare Providers - 4 attendees
- Basic Arrhythmia - 3 attendees
- Heartcode BLS - 1 attendee
- Neonatal Resuscitation -Megacode Check-Off - 11attendees
- Pediatric Advanced Life Support – Renewal - 4 attendees
- Pediatric Advanced Life Support-Basic - 3 attendees
- Joint Camp – 630 attendees
- Arterial Ulcers - 32
- Bereavement Support Training – 2
- Breastfeeding Educator Workshop Part I – 5
- Breastfeeding Educator Workshop Part II – 5
- Crisis Prevention Intervention (CPI) – 74
- Charge Nurse Development (Change Leadership) – 139
- Methadone Pain Management – 21
- Neonatal Abstinence Syndrome – 50
- Moist Wound Healing and Skin Tears - 13
- PALS (Pediatric Advanced Life Support) -27
- Neonatal Complications – 7
- Preceptor Training – 47
- Pressure Injuries & Pressure Injury Prevention – 16

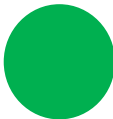
- Resolve Through Sharing - 5
- STABLE – 36
- Cadaver Lab (87participants)
- Physiologic and Psychosocial adaptation to pregnancy – 6
 - The Process of Labor & Birth – 6
 - Complications of Pregnancy – 7
 - Perinatal Safety& Risk management module 9 – 7
 - Postpartum assessment and nursing care – 7
 - Newborn assessment and Care – 7

2019

Name of Class - # of Attendees

- Advanced Cardiac Life Support (ACLS) – 58
- BLS for Healthcare Providers - 10 attendees
- Basic Arrhythmia - 3 attendees
- Hands Only CPR Courses (16) – 131
- Heartcode BLS - 19 attendee
- Heartsaver CPR Courses (19) – 179
- Neonatal Resuscitation -Megacode Check-Off - 9 attendees
- Pediatric Advanced Life Support – Renewal - 6 attendees
- Pediatric Advanced Life Support-Basic - 6 attendees
- Antimicrobial Stewardship - 10
- Emergency Medical Services Conference - 108
- Bereavement Support Training – 2
- Pregnancy loss sensitivity training - 2
- STABLE – 37
- Stop the Bleed Courses (6) – 98
- Trauma Acute Care Conference - 43
- POEP (Perinatal Orientation and Education Program)
 - Physiologic and Psychosocial adaptation to pregnancy – 17

	--Perinatal Safety& Risk management – 16 --Postpartum assessment and nursing care – 16 --Newborn assessment and Care – 7 • NOEP (Neonatal Orientation and Education Program) - Transition to extrauterine life – 4 - Newborn skin care/developmental care/pain mgmt. – 4 - The respiratory System – 4 - The Cardiovascular system/ late preterm infant – 4 - Metabolic and nutrition support/Renal/Endocrine – 4 - The gastrointestinal system/neurological system - 4 <u>Prenatal Classes, 2017</u> January - June: • United Regional – 24 classes with 270 attendees • Sheppard Airforce Base (once monthly) with 78 attendees • Harrell School Tours – with 27 attendees July – December: • United Regional – 26 classes with 228 attendees • Sheppard Airforce Base (once monthly with the exception of November) with 76 attendees • WFISD School Tour/class – with 21 attendees <u>Prenatal Classes, 2018</u> January – June: • Courses at United Regional – 26 classes with 360 attendees • Sheppard Airforce Base (once monthly) with 42 attendees July – December:	
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	• Courses at United Regional – 24 classes with 226 attendees • Sheppard Airforce Base (bi-monthly) with 86 attendees <u>Prenatal Classes, 2019</u> January – December • Courses at United Regional – 51 classes with 726 attendees • Sheppard Airforce Base (monthly) with 111 attendees	
2.C. United Regional will continue to participate in a variety of health fairs and presentations focused on education and prevention in the community.	<u>COMMUNITY EDUCATION PRESENTATIONS, 2017:</u> January 17 – “Do you Have Stinging, Burning, or Stabbing Pain in Your Neck or Back” presented by Dr. Brandon Ohman in Jacksboro, TX – Attendance 18 February 7 – “Is Your Pain Becoming a Pain in Daily Living?” presented by Dr. Jason Holinbeck in Nocona, TX – Attendance 13 March 9 – “Picture Life With Less Pain” presented by Dr. Erin Shiner at the Kemp at the Forum – Attendance 175 March 21 - “Do you Have Stinging, Burning, or Stabbing Pain in Your Neck or Back” presented by Dr. Brandon Ohman at the Wellington – attendance 155 April 4 – “Joint Pain” presented by Dr. Joshua Schacter at the Wellington – attendance 110 April 11 – “Breathe Easier” presented by Dr. Jed Grisel at the Kemp at the Forum - attendance 112 April 18 – “Is Your Pain Becoming a Pain in Daily Living?” presented by Dr. Jason Holinbeck at the Wellington– attendance 142 May 9 – “Agony of defeat” presented by Dr. Steven Klumb at the Kemp at the Forum - attendance 132 June 13 – “Is Your Pain Getting out of Hand?” presented by Dr. Dan Babbel at the Kemp at the Forum– attendance 122 August 1 – “Do you Have Stinging, Burning, or Stabbing Pain in Your Neck or Back” presented by Dr. Brandon Ohman in Seymour, TX – attendance 49	

	September 12 – Advanced Diagnosis and Treatment of Overactive Bladder presented by Dr. Paul Benson at the Wellington – attendance 138 September 19 – “Is Your Pain Becoming a Pain in Daily Living?” presented by Dr. Jason Holinbeck in Jacksboro, TX – Attendance 0 October 3 – “Do you Have Stinging, Burning, or Stabbing Pain in Your Neck or Back” presented by Dr. Brandon Ohman in Seymour, TX – attendance 5 October 10 – Heart Rhythm Disorders presented by Dr. Darpan Kumar at the Wellington – attendance 180 November 7 – “Is Your Pain Becoming a Pain in Daily Living?” presented by Dr. Jason Holinbeck in Jacksboro, TX – Attendance 179 <u>2018 COMMUNITY EDUCATION PRESENTATIONS</u> February 20 – Heart Rhythm Disorders (Electrophysiology) with Dr. Darpan Kumar (56 attendees/did not do referrals) March 20 - Joint Replacement with Dr. Joshua Schacter (144 attendees/12 referrals) April 24 – New Procedures for Bladder Incontinence with Dr. Paul Benson (133 attendees/ 7 referrals) May 15 – Back or Neck Pain with Dr. Brandon Ohman (148 attendees/ 11 referrals) May 22 – OUCH! Do Your Feet Hurt with Dr. Steven Klumb (138 attendees / 8 referrals) June 26 – Achy, Breaky, Joints with Dr. Michael Sheen, Dr. Edward Walker and Dr. Chandler Harvey (127 attendees / 9 referrals) August 7 – Pain Getting Out of Hand? with Dr. Dan Babbel (115 attendance / 11 referrals) October 23 – The Alzheimer’s and Dementia Dilemma: Understanding the Disease, How to Care for Loved Ones and for Yourself (273 attendance / no referrals) November 13 – Heads Up! with Dr. Jerry Giles, Dr. Cameron Godfrey, and Dr. Jed Grisel (attendance 168 / no referrals)	
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COMMUNITY EDUCATION PRESENTATIONS 2019

January 29 - Lose the Weight for Life! with Dr. Chris Finnell
 (59 attendance / 16 referrals)

February 12- Heart Rhythm Disorders with Dr. Darpan Kumar (attendance 150 / no referrals)

March 19 – Achy, Breaky, Joints? with Dr. Michael Sheen and Dr. Edward Walker (106 attendance / 7 referrals)

May 21 – Living with Rheumatoid Arthritis with Dr. Vanya Wagler (138 attendance / 8 referrals)

June 18 – Benefits of Continuous Glucose Monitoring in Diabetes with Dr. Kimberly Bourne (99 attendance / 10 referrals)

July 30 – Real Talk for Women with Dr. Thien Tran (101 attendance / 7 referrals)

September 17 – Joint Pain with Dr. Joshua Schacter and Dr. Chandler Harvey (144 attendance / 14 referrals)

October 29 – Pain Getting Out of Hand with Dr. Dan Babbel (101 attendance / 7 referrals)

November 12 – Neurosurgery topic with Dr. Robert Funk (135 attendance)

HEALTH FAIRS, 2017:

(Date – Location – Attendance)

January 26 – City View ISD – 12

January 27 – City View ISD – 21

February 4 – Women’s Expo – over 400 health panel screenings performed

February 16 - Cornerstone Dental – 14

February 23 – Hospice Employee Health Fair – 120

February 28 – Crossfit Health Event – 18

March 3 – MSU Health Fair – 120

March 6 – March 10 – Burkburnett ISD – 265

March 22 and 23 – Wichita Co Courthouse – 170

March 23 – Henrietta ISD – 68

March 24 – Nocona ISD – 32

March 29 and 30 – Fidelity Bank – 56

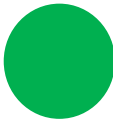
April 1 – Wichita Co. Health Unit – 120 April 3 – 6 – Iowa Park ISD – 65 April 7 – Seymour ISD – 48 April 11 – Seymour Ag – 125 April 20 – Holliday ISD – 33 April 27 – Sheridan Medical Lodge – 15 May 6 – Wichita Falls ISD – 100 May 18 – Olney ISD – 30 July 26 – WFISD PIE Camp R2L – 75 Aug 12 – Project Back to School – 300 Sept 14 – Sr Benefits Expo – 150 Oct 7 – WFISD Employee Event – 150 Oct 7 – CrossFit Gym Pink Event – 35 Oct 11 – Wichita County Employee Event – 80 Oct 12 – Wichita County Employee Event Day 2 – 60 Oct 12 – BCI Event – 150 Oct 13 – Burk High School Pink Event – 50 Oct 14 – SGK Race for the Cure – 500 Oct 14 – Naturals Grocers Pink Event – 50 Oct 18 – WFISD Employee Event – 75 Oct 24 – Sewell Toyota Pink Event – 20 Oct 26 – HealthSouth Employee Event - 80 Oct 26 – City of WF Employee Event– 450 Oct 29 – Alpha Kappa Alpha Pink Event – MSU – 30 Nov 1 – Union Square Employee Event - 60 Nov 17 – NO TX State Hospital Employee Event – 250 <u>2018 HEALTH FAIRS/PRESENTATIONS</u> January 26 – Career Day Booker T Washington – 45 February 10 - Women’s Expo - 400 February 13 - Cornerstone Dental -15 February 14-15 - Wichita Co Emp Wellness Event - 140 February 28 - Fidelity Bank - 14 March 1 - Fidelity Bank- 42 March 2 - Seymour ISD Employee Outreach - 55 March 2 - MSU Health Fair - 100 March 5-9 - Burk ISD Employee Outreach - 253	
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March 14 - Cryovac Employee Outreach - 65
March 16 - Cryovac Employee Outreach - 45
March 21 - Henrietta ISD Employee Outreach - 60
March 28 - Union Square Employees - 60
March 29 - Nocona ISD Employees - 30
March 29 - Hospice Employee Health Fair - 75
April 2-5 - Iowa Park ISD Employee Outreach – 75
April 5 – McNiel Jr. High Health Class / Cardiology presentation – 30 kids
April 7 - Wichita Co Public Health Unit - 120
April 17 - House of Hope Employee Outreach - 12
May 5 - WFISD Employee Wellness Event - 120
May 10 - WFISD Employee Event - 35
May 18 - Olney ISD Employee Outreach - 65
June 16 - Bowie Health Fair – 15
June 26 – Optimist Club – Adv Dir - 25
July 10 – Red Door – Adv Dir – 82
July 23 – Friendly Door – Adv Dir – 40
July 26 - 50+ Zone – 75
July 26 – WF Teachers Credit Union – Adv Dir – 30
August 29 – Little Black Bag – Adv Dir – 30
Sept. 11 – Byer’s Women’s Club – Adv. Dir - 15
October 5 – Sheppard AFB - 150
October 11 – Clay Co – 50
October 11 – Notre Dame – CPR - 10
October 18 - City of WF – 350
October 18 – Seymour - 45
October 18 - Cancer Support Group – 10
October 22 – Burkburnett Baptist Church – 80
October 24 Petrolia ISD Vaping Presentation - 150
October 25 – SAFB Women’s Clinic – 100
October 30 – Union Square - 55
November 15 – Iowa Park Health Fair - 150
November 16 – NO TX State Hospital - 300

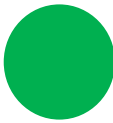
HEALTH FAIRS/PRESENTATIONS 2019

February 12 - Wichita County Employee - 75

	February 13 – Wichita County Employee – 70 February 20 – Fidelity Bank Employee Event – 30 February 21 – Fidelity Bank Employee Event – 20 February 25 – Leadership Wichita Falls (Youth) – presentation and tours – 30 March 1 – Burk ISD Employee Event – 33 March 4 – Burk ISD Employee Event – 37 March 5 – Burk ISD Employee Event – 70 March 5 – Central Baptist Church – Advance Directive Presentation – 60 March 6 – Burk ISD Employee Event – 55 March 7 – Burk ISD Employee Event – 50 March 8 – Seymour ISD Employee Event - 55 March 8 - MSU Health Fair – 200 March 19 – Henrietta ISD Employee Event - 65 March 26 – Leadership Wichita Falls (Adult) – presentation and tours – 45 March 28 – Hospice Employee Event – 60 March 29 – Hospice Employee Event – 65 March 30 - Wichita Falls Wichita County Public Health District Health Fair – 200 April 1 – 4 Iowa Park ISD Employee Event - 70 April 18 – MSU/PIE Senior Sendoff – 250 April 26 – Nocona ISD Employee Wellness – 27 April 26 – Drug Take Back Event – collected 395 pounds of medications and narcotics April 27 – WFISD Employee Wellness Event – 75 May 1 – Union Square Employee Event - 70 May 15 – Iowa Park Middle School – Heart Health Lecture to 85 children May 17 – Olney ISD Employee Wellness – 45 May 22 – Hospice Employee Health Fair – 113 August 10 – Project Back to School – 575 September 10 – Byers Community Center – 12 September 19 – Senior Benefits Expo – 75 September 23 – Sigma Kappa Alumni – Advance Directive Presentation - 18	
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	October 3 – Clay County Senior Health Fair – 50 October 8 – Wichita County Employee Event – 150 October 9 – Encompass Employee Event – 70 October 12 – WFISD Employee Event – 150 October 13 – MSU Sorority Presentation – 60 October 16 – WFISD Employee Event - 50 October 16 – City of Wichita Falls – 300 October 16 – Vernon College ADN Program – cardiopulmonary education October 23 – BCBS Employee Health Fair – 300 October 30 – Sewell Toyota Employee Health Fair - 20 November 22 - North Texas State Hospital Employee Health Fair - 225	
2.D. United Regional will participate in the Health Coalition of Wichita County's initiatives regarding its goal of reducing the prevalence of individuals who are overweight or obese in Wichita County.	A representative from United Regional's Food Service department attends the Health Coalition's Healthy Eating Active Living (HEAL) subcommittee, which is held every other month. The HEAL attendees discuss coordination of initiatives including wellness resources, healthy eating diabetes and pre-diabetes. <u>2019</u> The Health Coalition of Wichita County disbanded in 2019.	
2.E. United Regional will continue to publish "Healthy You," a community magazine which is distributed three times per year to approximately 50,000 residents in the nine- county primary service and secondary service area. Each edition contains content relevant to a variety of health concerns as well as promotes hospital services including support groups and community education offerings. Example health topics have included stroke, cardiac health, emergency care, diabetes, healthy eating, influenza, seasonal allergies, hospitalist program, summer safety, athletic injuries, concussions, joint replacement, and other specialty services and surgical interventions.	<u>2017</u> "Healthy You", June 2017 (37,087 copies mailed). Topics included: Stroke warning signs and education; vitamin D information; heat exhaustion vs. heat stroke; foot conditions and treatments; and a healthy recipe. "Healthy You", August 2017 (approx. 37,000 copies mailed). Topics included: urinary tract infections, cholesterol, AFIB, back pain, a healthy recipe, and information on the upcoming Celebrating Women event. "Healthy You", November 2017 (approx. 37,000 copies mailed).	

	Topics included: avoiding the common cold and flu (with CarePlus info), pancreatic cancer, knee pain, neck pain, diabetes education, headaches and migraines, and a healthy recipe. 2018 “Healthy You”, May 2018 (approx. 37,000 copies mailed). Topics included: dangers of uncontrolled diabetes, benefits of hormone therapy, overactive bladder treatments, meal planning and prep benefits of robotic surgery, and a healthy recipe. “Healthy You”, August 2018 (approx. 37,000 copies mailed). Topics included: Celebrating Women, COPD, women’s screenings, diseases in women, arthritis treatments, orthopedic symptoms you can’t ignore, and a healthy recipe. “Healthy You”, Fall/Winter 2018 (approx. 37,000 copies mailed). Topics included: flu vaccine and prevention, advance directives, Hip health/Mako sidebar, Breast Care Program, heartburn/ Linx Sidebar, CarePlus-eCare /PCMH sidebar. 2019 “Healthy You,” May 2019 (approx. 37,000 copies mailed). Topics included: bleeding control, generic ortho info, genetics/genetics testing, MyChart, men’s health and a healthy recipe. “Healthy You,” August 2019 (approx. 37,000 copies mailed). Topics included: elective surgery, pelvic health, common spine problems, choosing your obstetrics experience, and a healthy recipe.	
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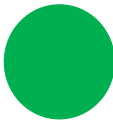
	“Healthy You,” November 2019 (approx. 37,000 copies mailed). Topics included: Gluten-free recipes, healthy family (family medicine), managing stress, surgery for back pain.	
2.F. United Regional will continue to offer the “Bee Healthy Program” for its employees and their spouses. The program includes annual biometric screening and counseling by mid-level practitioners regarding health and wellness issues. Screening/counseling is required for health insurance participants, and financial incentives/penalties are included to encourage smoking cessation, healthy lifestyles, participation in chronic disease management, etc.	Bee Healthy Activities, 2017: • Catapult Screenings – 1,612 employees plus 364 spouses No updates as we only do Catapult screenings in Jan/Feb each year. • Health Risk Management (HRM) program – 25 active participants 30 “active” participants at year end, but only 24 completed the program at year end. Started with 16 with Metabolic Syndrome, of which 8 don’t have it now and 2 reduced the number of risk factors by 1. • Fitness classes – 2,014 class participants • Diabetes Management Program – 27 current participants 80 participants at year end • Real Appeal Weight Loss Program – 147 participants 192 participants • Tobacco Cessation – 26 employees completed the program. By year-end, 57 signed up and 51 completed the course. Bee Healthy Activities, 2018: • Catapult Screenings – 1653 employees plus 361 spouses; Highlights from 2018 cohort results (compared to 2013) ○ Metabolic Syndrome improved by 40.1% ○ Uncontrolled Hypertension improved by 71.1% ○ Pre-Hypertension improved by 37.9% ○ Controlled Diabetes improved by 78.7% ○ Preventative Care ▪ No PCP Men improved by 79.4% ▪ No PCP Women improved by 89.0%	

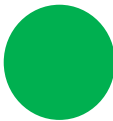
	▪ No Mammogram improved by 27.0% ▪ No Pap Smear improved by 51.1% ▪ No Clinical Breast Exam improved by 50.0% ○ 83% Outstanding/Good rating in 2018 No additional updates as we only do Catapult screenings in Jan/Feb each year. • Health Risk Management (HRM) program – 19 active participants 19 “active” participants at year end. Started with 10 with Metabolic Syndrome, of which 3 don’t have it now and 2 reduced the number of risk factors by 1, 2 non-adherent, and 3 are testing next month. • Fitness classes – 1,468 class participants • Diabetes Management Program – 106 current participants • Real Appeal Weight Loss Program – 234 participants and 1,481 pounds lost. 88% of participants are “at-risk”, meaning they have been diagnosed with Diabetes, Cardiovascular Disease or other related conditions • Tobacco Cessation – At year-end, 45 employees had completed the course. Bee Healthy Activities, 2019: • Wellness Screenings were conducted internally through the wellness team and the URPg clinic. ○ 819 employees plus 163 spouses screened ○ Results will be available in Q2 2020 • Health Risk Management (HRM) program – 30 active participants • Fitness classes – 1,178 class participants • Diabetes Management Program – 106 current participants • Real Appeal Weight Loss Program – 21 participants and 139 pounds lost. 86% of participants are “at-	
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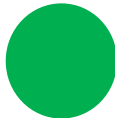
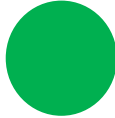
	risk”, meaning they have been diagnosed with Diabetes, Cardiovascular Disease or other related conditions • Tobacco Cessation – Year to date, 34 employees have completed the course and 37 employees completed a baseline pulmonary lung test. <i>(We have added the PFT as a final step in the cessation course, at no charge to participants, in an attempt to help improve actual quit rates.)</i> • Cooking Demo- 16 participants • Bee Healthy Fun Run- 24 • Keep the Weight Off Class- 14 • Well Fargo 1:1 Financial Coaching- 3 • Epic Implementation Outreach- 2200 stress brochures distributed ○ Over 100 massages to clinical and front line staff • Healthy Wage Contest ○ 10 Participants ○ 5, 908, 387 steps taken in 8 weeks • Wellness Screenings were conducted internally through the wellness team and the URPB clinic. ○ 755 employees plus 171 spouses screened totaling 926 ○ Results will be available in Q2 2020 • Health Risk Management (HRM) program – 29 active participants • Fitness classes – 308 class participants • Diabetes Management Program – 108 current participants • Real Appeal Weight Loss Program – 10 participants in the last quarter, with a grand total program weight loss of 1717 pounds. 100% of the 10 last quarter participants are “at-risk”, meaning they have been diagnosed with Diabetes, Cardiovascular Disease or other related conditions	
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	- Tobacco Cessation – Last quarter, 10 employees have completed the course and 9 employees completed a baseline pulmonary lung test. <i>(We have added the PFT as a final step in the cessation course, at no charge to participants, in an attempt to help improve actual quit rates.)</i> - Cooking Demo- 12 participants - F-15 Workout Launch- 12 - Well Fargo 1:1 Financial Coaching- 3	
2.G. United Regional will continue to offer a Type 1/Type 2 Diabetes Support Group which provides education to patients on the topics of eye care, new meter technology, and other diabetes management topics.	<u>2017</u> 2/28/17 - Adult Support Group Attendance: 25 Topic: Exercise & Diabetes, Presented by Physical Therapist, Joel Blanco, DPT, CSCS 3/28/17 - Sugar Stompers Pediatric Support Group Attendance: 13 Topic: Camp Sweeney 5/9/17 - Adult Support Group Attendance 23 Topic: Healthy Eating, Speaker Andrea Grassi 8/18/2017 – Sugar Stompers Attendance: 41 10/31/2017 – Adult Support Group Attendance: 25 Topic: Nutrition, Speaker Andrea Grassi 11/14/2017 – Diabetes at a Glance Attendance: 60 <u>2018</u> 3/1/2018 – Healthy Eating Speaker Andrea Grassi Attendance: 20 4/10/2018 – Pediatric Support Group	

	Camp Sweeney CMN Scholarships Awards Attendance: 15 5/15/2018- Staying Well – Movement Can Help with Overall Health Speaker: Aketa Thomas Attendance: 27 8/30/2018-Diabetes and Kidney Health Speaker: Dr. Reddy Attendance:25 10/26/2018- Healthy Eating with Diabetes Speaker: Laura Gutierrez Attendance: 9 11/7/2018-Diabetes and Your Eyes Speaker: Dr. Ross Lynd Attendance: 25 11/29/2018- Pediatric Support Group Urban Air get together Attendance: 18 2019 2/2/2019 – Taking Care of the Neuropathic Foot Speaker: Jason Mitcham Attendance: 29 5/6/2019 – Healthy Summer Snacks Speaker: Hannah Golovin, RD, LD Attendance: 9 7/10/2019 – Healthy Cooking with WFAFB Speaker: Taylor Offutt Attendance: 8	
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	10/19/2019- Technology Decision support class Speaker- Laura Gutierrez, RN, CDE Attendees- 25 12/2/2019 -What, Why and How of Diabetic Neuropathy Speaker-Jason Mitcham Attendees- 25	
2.H. United Regional will continue to provide Diabetes Education to help patients with diabetes manage the disease.	<u>2017</u> 2,000 Outpatient Encounters 1,971 Inpatient Encounters <u>2018</u> 1,898 Outpatient Encounters 2,791 Inpatient Encounters <u>2019</u> 2,447 Outpatient Encounters 4,252 Inpatient Encounters	
2.I. United Regional will continue to provide diabetes monitoring supplies to employees who are self-enrolled in the Diabetes Management program through our benefit plan.	<u>2017</u> \$487,204 in benefits paid <u>2018</u> \$687,037.05 in benefits <u>2019</u> \$787,813 in benefits paid	
2.J. United Regional conducts diabetes and survival skills classes for patients with newly diagnosed diabetes. It also conducts post discharge phone calls to individuals who need assistance in managing their chronic illnesses such as heart failure, management of medications, and placement with community resources such as transportation, social services.	<u>2017</u> 3,907 Discharge Calls completed to patients with a diagnosis or history of Heart Failure, Diabetes, COPD, Pneumonia, or Sepsis through December 31st, 2017. <u>2018</u> 4,481 Discharge Calls completed to patients with a diagnosis or history of Heart Failure, Diabetes, COPD, Pneumonia, or Sepsis through December 31, 2018. <u>2019</u>	

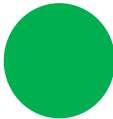
	2,894 Discharge Calls completed to patients with a diagnosis or history of Heart Failure, Diabetes, COPD, Pneumonia, or Sepsis through December 31 st , 2019.	
2.K. United Regional will continue to offer weight loss surgery and a support group for those who qualify for the procedure. Those who qualify are able to participate in the support group not only before the procedure, but also afterwards.	2017 149 weight loss surgeries - Support group meetings - February had 9 people in attendance - May had 12 people in attendance - August had 8 people in attendance - November had 17 people in attendance 2018 119 weight loss surgeries - Support group meetings - February had 14 people in attendance - May had 16 people in attendance - August had 20 people in attendance - November had 10 people in attendance 2019 153 weight loss surgeries - Support group meetings - February had 12 people in attendance - May had 2 people in attendance - August had 9 people in attendance - November had 9 people in attendance	
2.L. United Regional will continue to offer a transition clinic to help elective surgery patients, with identified risk factors, reduce or eliminate those risk factors in order to avoid developing surgical site infections.	2017 The Transition Clinic has provided care to 156 individual patients through December 31st, 2017. There have been 366 kept appointments during this time. 2018 The Transition Clinic has provided care to 307 individual patients through December 31, 2018. There have been 587 kept appointments during this time.	

	<u>2019</u> The Transition Clinic has provided care to approximately 1,404 individual patients through December 31st, 2019. There have been 2,437 kept appointments during this time.	
2.M. 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	<u>2017</u> Provided 744 free sports physicals 2017 Saturday Injury patients were 69 Our providers also covered the sidelines for 21 local FB games (total of approximately 73.5 hours of coverage) <u>2018</u> Provided 904 free sports physicals 2018 Saturday Injury patients were 74 Our providers also covered the sidelines for 36 local FB games (total of approximately 124.75 hours of coverage) <u>2019</u> Provided 1,329 free sports physicals 2019 Weekend Injury Clinic patients were 64 Our providers also covered the sidelines for 64 local FB games (total of approximately 229.5 hours of coverage)	
2.N. United Regional and all owned facilities are tobacco-free.	United Regional provides signage informing patients and visitors that no tobacco products are allowed on hospital property and other United Regional owned facilities.	

2.O. United Regional will continue to offer smoking cessation courses at a minimal fee of \$25 per person.	<u>2017</u> March 7 course – 24 registered/22 completed June 20 course – 8 registered /5 completed August 8 – 5 registered / 4 completed November 7 – 20 registered / 20 completed December – 2 individual meetings with employees <u>2018</u> March 6 course – 25 registered/24 completed June 19 course – 6 registered /4 completed August 7 course – 1 registered/1 completed November 6 course – 16 registered/16 completed <u>2019 Smoking Cessation</u> March 5 course – 26 registered/26 completed June 4 course – 11 registered /4 completed August 6 course – 5 registered/4 completed November 5 course – 9 registered/10 completed	
2.P. 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.	<u>2017</u> 94 Lung Screenings <u>2018</u> 138 Lung Screenings <u>2019</u> 265 Lung Screenings	
2.Q. United Regional will strive to maintain designation as a Texas Ten Step Facility by the Department of State Health Services and the Texas Hospital Association.	We continue to be a Texas Ten Step Facility. Our exclusive breast feeding rate as of 12/31/17 is 67.3% compared to the national average 50.02% (exclusive breast milk feeding=infants who only had breast milk during their hospital stay). We continue to be a Texas Ten Step Facility. Our exclusive breast feeding rate as of 06/30/18 is 64.8% compared to the national average 50.06% (exclusive breast milk feeding=infants who only had breast milk during their hospital stay).	

	2019 - We continue to be a Texas Ten Step Facility. Our exclusive breast feeding rate as of 12/31/19 is 60.9% compared to the national average of 51.6% (exclusive breast milk feeding = infants who only had breast milk during their hospital stay.	
2.R. United Regional will continue to participate in the Women's Expo with approximately 1,500 in attendance. Health information is presented to the attendees and includes breast cancer awareness, obesity education, cardiac health and stroke. Screenings for body mass index, peripheral artery disease, blood pressure, pulmonary function, cardiac, cholesterol and blood glucose screenings are also provided at no charge.	<u>Women's Expo/Heart of a Woman 2017 (February)</u> February 4th Women's Expo and Heart of a Woman event blood panel screenings: • 133 to the Women's Expo participants • 334 to Heart of a Woman participants <u>Women's Expo / Heart of a Woman 2018 (February)</u> February 5th Women's Expo and Heart of a Woman event blood panel screenings: • 306 screenings provided to the Women's Expo and Heart of a Woman participants <u>Women's Expo / Heart of a Woman 2019 (February)</u> February 9th Women's Expo Heart of a Woman event blood panel screenings: • 345 screenings provided to the Women's Expo and Heart of a Woman participants	
2.S. United Regional will continue to offer prenatal classes to help expectant mothers have a healthy pregnancy; United Regional will continue to assist Sheppard Air Force Base with their monthly prenatal orientation. The hospital's Community Health Education Specialist presents information to couples monthly about the hospital's Mother/Baby Unit, what to expect during their stay, as well as provides general prenatal education.	<u>PRENATAL CLASSES, 2017:</u> January to June: • United Regional – 24 classes with 270 attendees • Sheppard Airforce Base (once monthly) with 78 attendees • Harrell School Tours – with 27 attendees July – December: • United Regional – 26 classes with 228 attendees • Sheppard Airforce Base (once monthly with the exception of November) with 76 attendees • WFISD School Tour/class – with 21 attendees (WFISD mainstreams the s now, so there are no classes at Harrell for the pregnant students. United Regional	

	provides tours and teaching materials which are handed out to students.) <u>Prenatal Classes, 2018</u> January – June: • Courses at United Regional – 26 classes with 360 attendees • Sheppard Airforce Base (once monthly) with 42 attendees July – December: • Courses at United Regional – 24 classes with 226 attendees • Sheppard Airforce Base (bi-monthly) with 86 attendees <u>Prenatal Classes, 2019</u> January – December • Courses at United Regional – 51 classes with 726 attendees • Sheppard Airforce Base (monthly) with 111 attendees	
2.T. United Regional will continue to provide a Mammogram Fund through the United Regional Foundation, which goes towards the provision of free mammograms for females who qualify.	<u>2017</u> 99 screenings in 2017. Amount expended: \$17,778.93 (Includes UR and RA expenses) • Current balance: \$12,124.21 <u>2018</u> 105 screenings in 2018. Amount expended \$11,375 (includes UR & RA) • Current balance \$2,642.21. Once the fund is fully expended, no additional mammography services will be paid from this source. <u>2019 (Jan-Dec)</u> 8 screenings in 2019. Amount expended \$1,113.72	

	Current balance \$178.49. Once the fund is fully expended, no additional mammography services will be paid from this source.	
2.U. 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.	2017: Total attendance: 329 2018: Total attendance: 437 2019: Total attendance: 474	
2.V. 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.	2017 January Stryker warming blanket-In-service Stop the Bleed Burk High School- 6 Stop the Bleed Electra PD and EMS-24 Stop the Bleed MSU Police-11 Active Shooter Drill–Emergency Department New Sternal Saw- In-service ED Stop the Bleed Burk Fire, PD and EMS-32 Trauma Case Review February Art Line training– ED staff NTRAC Meeting– STABLE education-46 Stop the Bleed– Seymour VFD- 7 TNCC- 24 Stop the Bleed Police Academy Vernon College-23 Stop the Bleed Vernon College Instructors-5 March Vernon College Seminar Day Trauma Assessment Lecture-91 ENPC- 24 Henrietta Elementary School Health Fair-160 Stop the Bleed Archer City EMS- 12 Burn Lecture—Medical City Plano -20 NTRAC Trauma Acute Care Conference- 42 April NTRAC Meeting- Trauma Nursing Assessment Vernon College- 91 ATLS Full Course -17 participants	

	Altrix Warming and Cooling Device In-service-38 ASSET Course-4 Anatomy Lab-24 TNCC-24 Disaster Drill– Decontamination -Mass Casualty-65+ Wilbarger Child Passenger Safety Seat Check-100 Teen Safe Driving– Juvenile Probation Center-25 May Stop the Bleed DPS Troopers-10 CISM Course-28 Stop the Bleed– Vernon College Seniors-52 Distracted Driving Video– PSA Click It or Ticket Media Event-40 Kids Fest Child Passenger Safety Table-300+ Trauma Critical Care Conference-98 Stop the Bleed– TXDot Archer City-9 TCRN Study Course-8 June NTRAC Meeting– EZ IO Update-40 Trauma Case Review REBOA ED and ICU nursing information-72 TNCC-24 Outreach– Waurika Oklahoma-4 Hospital Rounding– CroFab Quanah, Vernon, Electra, Henrietta, Nocona-20 Car Fit and CPS Checkpoint-TXDot travel center-20 July Stop the Bleed Graham Police/DPS/ Sherriff's Department-9 Stop the Bleed -Faith Baptist Church, Wichita Falls - 8 Safety Fair– WFISD 1st-5th Graders-50 Stop the Bleed– Electra Memorial-15 August Strike Back Education Summit– Peyton's Project-25	
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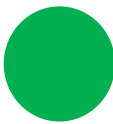
	Active Shooter Drill– Seymour Hospital Stop the Bleed– faculty from Henrietta School District-110 Global Trauma Symposium Webcast-50+ September Stop the Bleed– Vernon College Senior Nursing Students-54 Skills Fair United Regional– Rapid Infusor, Report of Death forms, Atrium Chest Drain System Child Safety Seat Saturday Event– TXDot Wichita Falls-20 TNCC-24 Senior Focus– Balance Screening-500 + October ATLS-12 Trauma Case Review with JPS Ft. Worth Senior Focus Fall Prevention-250+ Hospital Wide Disaster Drill– Internal Explosion - 50+ Vernon College Seminar Day-90+ Stop the Bleed– Respiratory Seminar Day-26 ENPC-20 November TNCC Wilbarger General-15 Stop the Bleed– Out Patient -4 ENPC-22 Rib Plating Cadaver Lab-10 Southwest Trauma Acute Care Surgery Webcast - 100+ December TNCC United Regional -24 Stop the Bleed MSU Instructors 5TNCC- 24 2018 January TNCC-24 Critical Incident Stress Management debriefing- 8	
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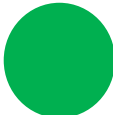
	Child Passenger Safety In-service Post-Partum-22 Neonatal Transport Education NTRAC-12 February Trauma Assessment MSU Nursing-50 Stop the Bleed SAFB Fire department-24 Child Passenger Safety-North Texas Childcare Ass-18 Stop the Bleed- Senior Leadership-12 March Decontamination Drill-40+ NTRAC Trauma Conference-55 TNCC-24 Trauma Case Review Cadaver Airway Training Residents-20 April Active Shooter Drill-UR-15 Shattered Dreams Rider High School-400+ Advanced Trauma Life Support-12 Emergency Nurses Pediatric Course-24 Residents Chest Tube Training-20 May Trauma Critical Care Conference- 58 Click it Or Ticket Media Event-20 Stop the Bleed Barnett Road- 48 Stop the Bleed - Windthorst VFD- 8 Stop the Bleed - HR 14 June Stop the Bleed- Sunrise Optimist Club-16 Vernon College Health Fair-CPS 12 TNCC-24 Stop the Bleed- Throckmorton TXDot-12 Stop the Bleed- House Supervisors-7 Stop the Bleed- General Medical Staff Meeting-50+ July Stop the Bleed - Residents-16	
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	Stop the Bleed - Electra 4H-8 Emergency Nurses Pediatric Course-20 Stop the Bleed - Sheppard Youth Center-25 Stop the Bleed- TXDot Wichita Falls-18 Trauma Nurse Core Curriculum-24 August Stop the Bleed - URP Stop the Bleed Training – WFISD-70 Stop the Bleed – Bowie ISD-100 Stop the Bleed – Burkburnett Clinic-10 Stop the Bleed – Holliday ISD – 90 Stop the Bleed – UR Quality – 14 Car Seat Check-2 Stop the Bleed – Electra-10 September TNCC-22 Stop the Bleed – TXDOT (SW Pkwy)-18 Safety Seat Saturday - checked 33 seats and replaced 21, 9 boosters and 12 convertible seats October Stop the Bleed – Cowboy Church (Henrietta)-12 NTRAC Cardiac Education (Dr. Sudarshan)-40 Stop the Bleed –Iowa Park ISD (2 times) 92 & 86 TCRN Review – Electra Hospital-4 Trauma Assessment-Vernon College-104 TNCC-20 Senior Focus Fall Prevention Table Stop the Bleed-Vernon College-92 ENPC-14 Booster Seat check – Scotland Park School-14 Advanced Trauma Life Support-12 Physicians November Southwest Trauma Acute Care Surgery Webcast-112 Anatomy Lab EMS, Nursing, Students-88 Burkburnett/Windthorst High School Stop the Bleed/Anatomy Lab-70	
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	TNCC-24 Stop the Bleed-Vernon College EMS-20 NTRAC-48 Drug & Needle Take Back-243 lbs taken in – touched over 100 citizens ENPC-18 2019 January CRT Training 10 IO Training 30 Stop The Bleed PSA Shoot Donor Task Force February RAC 55 Stop The Bleed EMS Class 40 March EMS Advanced TBI 12 Vernon Trauma Assessment 105 FBI Education Stop The Bleed 10 Early Child Fair 100+ Donor Task Force ED Trauma Class MSU Trauma Lectures 75 April RAC 62 ATLS 16 HCMH Trauma Training 12 Drug Take Back 35+ TNCC 24 May Stop The Bleed & Summer Safety TPA/Stroke Education 15 Outreach Education Donor Task Force Car Seat Safety	
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	June - RAC60 - Car Seat Check 1 - ATLS 24 - Trauma Education - Stop The Bleed MSU 45 - Trauma Education Graham - REBOA Training - Donor Task Force July - Car Seat Check Off 2 - Trauma Education 5 - Stop The Bleed MSU Accelerated 35 - Faith Community Education Fair 75+ - HCMH Trauma Education 8 - Active Shooter Meeting Nocona 15 - Stop The Bleed MSU 20 August - RAC 45 - TLS Graham 14 - TLS Faith Community 15 - Stop The Bleed Bowie 28 - Stop The Bleed Archer City 42 - Trauma Education - Car Seat Check 2 September - BRMB Active Shooter Drill - Active Shooter Drill Nocona Hospital 20 - Trauma Education - Scarlett Hawk Drill - Stop The Bleed Covercraft 22 - Donor Task Force - Stop The Bleed Burk ISD 375 October - Senior Focus-Fall prevention table 500+ - Stop the Bleed IC EVANS Burkburnett 115 - Stop the Bleed Burk Jr. High 110	
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	Stop the Bleed Burk High School November NTRAC Cardiac Education 45 ENPC 24 Car Seat Check 2 Stop the Bleed Burk Rotary Club13 Vernon College Trauma Assessment and Stop the Bleed 110 Drug Take Back 28 Stop the Bleed Vernon ISD 200+ Stop the Bleed Henrietta ISD 200+ Active Shooter Drill Education Building ATLS 16 STACS Conference 300+ WEBCAST December Cadaver LAB/ Stop the Bleed 200+ Stop the Bleed MSU 30 Stop the Bleed Field & Stream 6 TNCC 24	
2.W. United Regional’s Cardiopulmonary Rehabilitation Department will continue to offer a pulmonary support group every other month entitled Breathsavers. This program is designed for adults with pulmonary diseases (COPD, asthma, emphysema and chronic bronchitis). Its purpose is to assist those afflicted with pulmonary disease to develop self-care skills for a more active life and to find support among others with pulmonary disease.	<u>2017</u> March: 23 attended June: 37 attended <u>2018</u> March: 30 attended, Topic: Heart Failure June: 25 attended, Topic: Importance of Pulm. Rehab and COPD. November: 27 attended, Topic: Infection Control <u>2019</u> March 2019- Idiopathic Pulmonary Fibrosis Videos (25 attendees) July 2019- Inogen (30 attendees) October 2019- no speaker - just gave flu shots (8 shots given)	

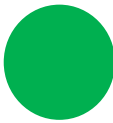
2.X. United Regional will continue to provide the Tres Hood Cancer Resource Center. The Cancer Resource Center is designed in a library fashion and is available to clinical staff, patients and their family members. The center has a myriad of cancer education materials and a resource nurse available to help families learn more about cancer.	The materials in the Cancer Resource Center are updated quarterly by a staff member of the American Cancer Society. As requested, information is mailed to a member of the hospital's Social Work department to be placed in the library.	
2.Y. United Regional will continue to offer its Supportive Care program to assist patients who have chronic diseases to access the medical and emotional support needed to best manage their disease processes. 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.	<u>2017</u> Number of patients seen by the Palliative Care team: 3,543 <u>2018</u> Number of patients seen by the Palliative Care team: 2,541 <u>2019</u> Number of patients seen by the Palliative Care Team: 2,913 United Regional expanded Palliative Care services to clinic-based settings at URP & Texas Oncology in August 2019 with 56 scheduled appointments through 12.31.2019.	
2.Z. United Regional will continue to provide 55 Advantage, a senior affinity program held every other month. The program provides education for senior citizens on various health topics. In the past, topics have included: cardiopulmonary and cardiac rehab education, emergency department education about triage and when to go to the ED, hospitalists, importance of medication reconciliation, hearing loss, and diabetes. United Regional employs a 55 Advantage Specialist to oversee this program.	<u>55 ADVANTAGE, 2017</u> February 21 – Hardening of the Arteries with Dr. Bruce Palmer (321 attendance) April 18 – Alzheimer's Disease with Susan Gross (241 attendance) June 20 – Skin Cancer with Dr. Mamad Bagheri (307 attendance) August 8 – Arthritis with Dr. Erin Shiner (282 attendance) October 24 – Medicare Supplements with Kelly Fristoe (195 attendance) December 19 - Heart Rhythm Disorders with Dr. Darpan Kumar (218 attendance) <u>55 ADVANTAGE, 2018</u>	

	February 20 – Hospitalists’ Role in Patient Care with Andre Desire and Dr. Arif Mahmood (192 attendance) April 17 – Advanced Care Planning: Making Your Wishes Known with Dr. Lee Rodgers (167 attendance) June 19 – The ABC’s of Diabetes with Dr. Kimberley Bourne (133 attendance) August 14 – Managing Osteoarthritis with Dr. Vanya Wagler and Risks of Heart Disease with Dr. Siram Sudarshan (166 attendance) October 16 – I’ve been discharged – Now What Do I Do with Dr. Brian Hull (227 attendance) December 18 – Link Between Hearing Loss and Dementia with Dr. Jed Grisel (233 attendance) 2019 - 55 ADVANTAGE March 26 – Colorectal Cancer, Prevent It! with Dr. Christopher Morrison (attendance 210) June 25 – 10 Ways to Love Your Brain with Susan Gross with the Alzheimer’s Association (attendance 261) October 1 – It’s a Stall World After All with Dr. Paul Morrison (attendance 260) December 17 - Healthy Eating with Hannah Lacey, dietitian with United Regional (attendance 196)	
2.AA. United Regional will continue to provide medication reconciliation for all patients through the combined efforts of physicians, nurses and pharmacists.	2017 United Regional has performed a Medication Reconciliation Quality Improvement initiative to enhance the quality of the process during the time period from January 1st through June 30th, 2017. This project has involved physicians, nurses, pharmacy, social work, and clinical informatics team members. Improvements have been made to the process after thorough review. The front line staff members have been educated on the improvements and were then implemented. Data is continuously being monitored to ensure that the changes improve the care and safety for our patients. The team is committed to continually reviewing the process and efforts to improve it are ongoing.	

2018

The process improvement project for Admission Medication Reconciliation officially ended 12/31/2017. The overall education provided to nursing and physicians improved the process as well as the implementation of Pharmacy technicians in gathering medication histories for those patients being admitted from the ED. In fact, our pharmacy technicians are consistently seeing at least 20% of admitted patients through the ED and work to obtain the most accurate medication histories as possible. This helps the admission team (physician and nurses) have the most appropriate information when the patient arrives to the floor. At this time, we continue to monitor the progress via VERGE reports and those events related to medication reconciliation have declined by 70% in 2017 compared to 2016. The current challenge in the near future is to see how to adapt current process improvements in workflow and translate them to the new EHR system being implemented in 2019.

In the latter half of 2018, the data was refined to enable review of the number of admissions that involve the collection of medication history by Pharmacy Technicians. It was seen that during the time a Pharmacy Technician is scheduled to collect the medication history, they are able to perform this dedicated service for over 40% of the patients that come through the ED, when they are scheduled. The Pharmacy Technician is allowed more time to ask more thorough questions related to compliance and able to clarify home medications the patient is taking. The patient is encouraged to take their time and provide as much information as possible, to ensure the correct history is collected. This service allows Physicians and nurses to tend to other tasks at hand, while being able to access thorough and correct information to make clinical decisions, when needed. The work with medication

	reconciliation will continue to need focus, as the transition to the new EHR provides new opportunities for further enhancement of the process. 2019 No current education ongoing. Medication Reconciliation is part of the daily routine within EPIC system.	
2.AB. United Regional will participate in the Health Coalition of Wichita County’s initiatives to increase collaboration and communication among community health partners. The Coalition’s initiatives include: ▪ Develop a plan to ensure the continuation of community coalition, ▪ Implement an annual health services summit that bring together health and human services providers, ▪ Develop a communication framework that facilitates communication and collaboration among community partners, ▪ Develop standardized processes that comply with applicable state and federal laws and will enable service providers to share information electronically, ▪ Educate providers on the importance of and processes by which care can be coordinated, and ▪ Develop tools for personal record keeping and contact information of care providers accessible by patient and caregivers.	Collaboration and communication among community health partners. • 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. 2018 The Community Partner’s Group developed and offered training to post-acute care organizations related to: ○ PICC Care and Maintenance ○ Sepsis Prevention and Treatment ○ Caring for Heart Failure Patients ○ Caring for Diabetic Patients ○ Advance Directive for Staff ○ Advance Directive for Patients/Families ○ Basic Wound Care Enabling service providers to share information electronically. • United Regional provides a tab on its website homepage entitled “Community Partners.” Pages	

	under the tab are pages with information on projects/events, request for meeting minutes, member list, etc. Members can submit information for sharing via the pages. <u>2018</u> United Regional has implemented the use of social media to engage Community Partners in learning and collaboration opportunities. Information about events and collaboration opportunities is shared on the United Regional Community Partners Facebook page. Members are encouraged to join the Facebook page. <u>2019</u> The Community Partner's Group continued to offered training to post-acute care organizations related to: ○ PICC Care and Maintenance ○ Sepsis Prevention and Treatment ○ Caring for Heart Failure Patients ○ Caring for Diabetic Patients ○ Advance Directive for Staff ○ Advance Directive for Patients/Families ○ Basic Wound Care United Regional implemented a pilot program to provide care coordination services to patients discharging from the hospital to selected post-acute care facility partners. The care coordination team conducted 753 visits. The team continues to meet with community partners to share data, findings, and collaborate on process improvements. United Regional partnered with the Community Health Care Center to provide primary care services to high risk uninsured/underinsured patients. United Regional has initiated 482 referrals to CHCC for program enrollment. United Regional partnered with Guffey's Drug Store to provide medication assistance to high risk uninsured	
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	patients. United Regional has provided \$18,983.47 in medication assistance through this program. United Regional also provided medication grant program navigation assistance to high risk uninsured/underinsured patients through the Transition Clinic. The program assists patients in applying for manufacturer assistance/grant programs. The program has resulted in 79 patients being approved for programs providing approximately \$38,513.25 in medications. United Regional partnered with Lyft to provide transportation to high risk patients to and from necessary medical appointments and post-acute services. The program has provided 578 rides. United Regional partnered with Wichita Falls Faith Mission through the Transition Clinic to provide an on-site wellness clinic providing basic medical care and screenings to the community. The program has conducted 145 appointments. United Regional utilizes the LiveWellWichitaCounty web-site as a resource to identify and refer patients to appropriate resources.	
2.AC. 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. Examples of sponsorships include, but are not limited to: Midwestern State University Simulation Center, Hospice of Wichita Falls, American Cancer Society's Relay for Life, SIDS and Kids, American Red Cross, Leadership Wichita Falls, Hospice, United Way, Race for the Cure, Wichita Falls ISD sports program, Falls Fest, Martin Luther King Breakfast, Sheppard Air Force Base, Project Back to School, etc.	<u>Hospital Sponsorships, 2017</u> • Martin Luther King Center Breakfast – January 21 • Chamber of Commerce Annual Meeting – January 25 • Alzheimer's Assoc. "Night To Remember" – January 28 • Heart of a Woman/Woman's Expo - February 4 • ARC "Boot Scooting Boogie" – February 4 • Leadership WF – February 23 & 28 • United Way Chili Cookoff – February 24 • Special Olympics – March 4 • Breastfeeding Coalition Mom Prom – March 4	

- Peyton’s Project “Spurs and Pearls” – March 25
- Hospice of WF – Golf Tournament - May 1
- Kid’s Fest –May 4
- High Heels for Hot Meals – (The Kitchen, Meals on Wheels program) – May 11
- American Red Cross Home Fire Campaign – May 25
- Sids and Kids – May 25
- American Cancer Society - Relay for Life – June 3
- WF Leadership Breakfast – July 14
- SAFB Military Affairs Committee – August
- Project Back to School – August 12
- Hotter’N Hell Hundred – August 26
- Auditory Implant Initiative – October 7
- Empty Bowls – October 10
- Chamber of Commerce Business Expo – October 12
- Susan G. Komen Race for the Cure –October 14
- Latin Gala – October 20
- Interfaith Oh Christmas Tree – November 16

Hospital Sponsorships, 2018

- SAFB Military Affairs Committee
- Martin Luther King Center Breakfast – January 20
- Alzheimer’s Assoc. “Night To Remember” – January 20
- WF Leadership Boots and Bling – February 3
- Heart of a Woman/Woman’s Expo - February 10
- Peyton’s Project “Spurs and Pearls” – February 24
- Leadership WF – March 1 (youth) & April 3 (adults)
- Breastfeeding Coalition Mom Prom – March 4
- Faith Community Hospital Walk – March 17
- Special Olympics Superstars Bowl – April 6
- Fallstown Dancing Through History – (The Kitchen, Meals on Wheels program) – April 28
- ARC Casino Night – May 4

- Hospice of WF – Golf Tournament - May 7
- North Texas Senior Games – May 18-19
- WFHS Senior Safe Night
- Rider Senior Safe Night
- Wichita County Mounted Patrol Rodeo
- American Cancer Society - Relay for Life – June 1
- Helen Farabee Center “Peace of Mind” – June 23
- WCS Leadership Breakfast – June 29
- Project Back to School – August 4
- Hotter’N Hell Hundred – August 25
- Early Childhood Coalition – October 4
- Susan G. Komen Race for the Cure –October 6
- Empty Bowls – October 10
- Patsy’s House Bingo, Bags and Badges – October 13
- Latin Gala – October 13
- Rock Steady Boxing – Parkinson Disease

Hospital Sponsorships, 2019

- SAFB Military Affairs Committee
- Rock Steady Boxing
- WF Alliance for the Arts
- Martin Luther King Center Breakfast – January 19
- Camp Chaparral Baptist Assembly
- WFISD Career Education Classroom
- Heart of a Woman/Woman’s Expo - February 10
- Peyton’s Project “Spurs and Pearls” – February 23
- Alzheimer’s Assoc. “Night To Remember” – March 2
- Leadership WF – February 25 (youth) & March 26 (adults)
- The Kitchen – High Heels for Hot Meals – April 11
- Hospice of WF – Golf Tournament - May 6
- North Texas Senior Games – May 17-18
- WFHS Senior Safe Night – May 24
- Rider High School Senior Safe Night – May 24

- American Cancer Society - Relay for Life – June 1
- WCS Leadership Breakfast – June 29
- Project Back to School – August 10
- Hotter’N Hell Hundred – August 24
- Susan G. Komen Race for the Cure –October 5
- Patsy’s House Bingo, Bags and Badges – October 12
- Empty Bowls – October 15
- SAFB Air Show – October 26-27
- Base Camp Lindsey Muck Run – November 9

Sports Medicine (Injury, Prevention & Treatment), 2017

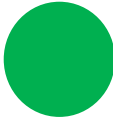
- Official Health Care Provider for MSU Athletics and the Wichita Falls Nighthawks
- Express Soccer Tournament – March 4
- PRCA Rodeo – April 21-22
- Patsy’s House Softball Tournament – April 28-29
- Hirschi Athletic Booster Golf Tournament – May 20
- Green Belt Bowl – June 10
- Texoma Youth Baseball
- Barwise Jog a Thon – October 27
- West Swim Team – October
- Fantasy of Lights Basketball – November 24-25
- WF Classic Basketball Tournament – December 2

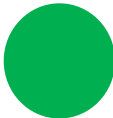
Sports Medicine (Injury, Prevention & Treatment), 2018

- Official Health Care Provider for MSU Athletics
- Rider Soccer Tournament – January 12-13
- Express Soccer Tournament – March 3
- THOR medical tent – April 7
- Patsy’s House Softball Tournament – May 3-4
- Hirschi Athletic Booster Golf Tournament – May 20
- Burkburnett Booster Golf Tournament – May 12
- Wichita County Mounted Patrol Rodeo - May

	• Green Belt Bowl – June 9 • Fantasy of Lights Basketball – November 24-25 • WF Classic Basketball Tournament – December 2 <u>Sports Medicine (Injury, Prevention & Treatment)</u> <u>Sponsorships, 2019</u> • Official Health Care Provider for MSU Athletics • FC Wichita Falls Soccer • West Swim Team • Rider Soccer Tournament – January 10-12 • Express Soccer Tournament – March 2 • THOR medical tent – April 6 • WF PRCA Rodeo – April 26-27 • Wichita County Mounted Patrol Rodeo – May 31 • Green Belt Bowl – June 8 • TO Junior Golf Tournament – June 17-19 • Patsy’s House Softball Tournament – June 21-22 • Barwise Jog a Thon – October • Fantasy of Lights Basketball – November 29-30 • WF Classic Basketball Tournament – December 7	
2.AD. 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 including Electra Memorial Hospital, Kell West Regional Hospital, Healthsouth Rehabilitation Hospital and Texoma Christian Care Center.	<u>2017</u> Currently, we have established connections with URP (Nextgen), Electra Memorial Hospital, and Kell West. We have signed participation agreements with Faith Community Hospital and Graham Regional Hospital. A participation agreement has been sent to Wilbarger General Hospital. We are currently receiving orders from and sending results directly into the Nextgen solution. Additionally, we are submitting data from Nextgen into the HIE client portal. Submission of CCDAs from Nextgen to the HIE portal will be completed in the first quarter of 2018. Kell West is importing their data into the HIE portal. Faith Community and Graham Regional are both in the early stages of connectivity.	

	We are in the final stages of end to end testing with Texoma Christian Care Center and Pulmonary Services of North Texas. We are also working with HHSC on a potential funding source through CMS. CMS is completing their review of the data submitted through HHSC. We are in conversations with Texas Health Services Authority about establishing connectivity with HIE Texas. <u>2018</u> Currently, we have established connections with URP (Nextgen), Electra Memorial Hospital, and Kell West. We have signed participation agreements with Faith Community Hospital and Graham Regional Hospital. A participation agreement has been sent to Wilbarger General Hospital. We are currently receiving orders from and sending results directly into the Nextgen solution. Additionally, we are submitting data from Nextgen into the HIE client portal. Submission of CCDAs from Nextgen to the HIE portal will be completed in the first quarter of 2018. Kell West is importing their data into the HIE portal. Connectivity to Faith Community has been completed and some preliminary testing completed. All HIE related activity has been placed on hold due the Epic implementation. <u>2019</u> We successfully transitioned from a best of breed suite of applications to Epic's integrated solution. As such, we retired our Allscripts, Nextgen, and Soft Computing applications. We did maintain our Cerner HIE platform as we were successful in migrating our connections from the legacy applications to Epic. We are currently submitting data from United Regional to the HIE while maintaining our connections with Electra Memorial and Kell West. Due	
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	to our conversation to Epic no new connections were established in 2019.	
2.AE. United Regional will continue to provide patients upon admission with a “discharge planning notebook” that helps patients and family members better prepare for discharge and the next venue of care. The notebook contains information and resources, based on the patient's diagnosis and specific need, on home health, rehabilitation, long term care, disease-specific management, medication management and community organizations that provide support to persons in the community.	2017 Binders Provided (Jan-Sept): 11,318 • Protocol: Nurse that complete patient assessment reviews the binder at admission, information updated throughout stay, nurse reviews binder material again with patient in discharge process. • October 2017: Discharge binders replaced with folders for process improvement. Oct-Dec: 3,750 • The discharge folders and discharge process were assessed by a focus group of former patients who provided input for implemented improvements. Total: 15,068 Combined binders and folders 2018 • Protocol: working document /folder throughout stay of patient, all disciplines can utilize to have the TEAM approach for patient care and providing patients what they need before they leave • New utilization in the Mother baby area and ED Discharge folders utilized: • Inpatient 9,713 • Bridwell Tower 5,349 • ED 50,000 2019 • No major protocol changes. Minor adjustments to folder contents and verbiage • Addition of Ambulatory Surgery Folder Discharge folders utilized: • Inpatient 14,526 • Post-Partum 2,492 • ED 73,960	

	Ambulatory Surgery 6,067	
2.AF. 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.	2017 Tracked by interventions and assessments completed. - Interventions(interactions) - Total all hospital: 92,068 - Assessments completed - In-house: 7,887 - ER: 5,686 2018 Tracked by interventions and assessments completed. - Interventions(interactions) - Total all hospital: 104,489 - Assessments completed - In-house: 7,970 - ER: 5,118 2019 Tracked by interventions and assessments completed. - Interventions - Total all hospital: 113,868 - Assessment completed - In-House : 11,708 - ER : 7,493	
2.AG. United Regional support various community health initiatives through sponsorship or participation on a limited basis. Initiatives include Relay for Life, Sids and Kids, Hospice, Race for the Cure, Project Back to School, Kids Fest, and more.	Hospital Sponsorships, 2017: - Martin Luther King Center Breakfast – January 21 - Chamber of Commerce Annual Meeting – January 25 - Alzheimer’s Assoc. “Night To Remember” – January 28 - Heart of a Woman/Woman’s Expo - February 4 - ARC “Boot Scooting Boogie” – February 4 - Leadership WF – February 23 & 28 - United Way Chili Cookoff – February 24 - Special Olympics – March 4	

- Breastfeeding Coalition Mom Prom – March 4
- Peyton’s Project “Spurs and Pearls” – March 25
- Hospice of WF – Golf Tournament - May 1
- Kid’s Fest –May 4
- High Heels for Hot Meals – (The Kitchen, Meals on Wheels program) – May 11
- American Red Cross Home Fire Campaign – May 25
- Sids and Kids – May 25
- American Cancer Society - Relay for Life – June 3
- WF Leadership Breakfast – July 14
- SAFB Military Affairs Committee – August
- Project Back to School – August 12
- Hotter’N Hell Hundred – August 26
- Auditory Implant Initiative – October 7
- Empty Bowls – October 10
- Chamber of Commerce Business Expo – October 12
- Susan G. Komen Race for the Cure –October 14
- Latin Gala – October 20
- Interfaith Oh Christmas Tree – November 16

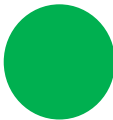
Hospital Sponsorships, 2018

- SAFB Military Affairs Committee
- Martin Luther King Center Breakfast – January 20
- Alzheimer’s Assoc. “Night To Remember” – January 20
- WF Leadership Boots and Bling – February 3
- Heart of a Woman/Woman’s Expo - February 10
- Peyton’s Project “Spurs and Pearls” – February 24
- Leadership WF – March 1 (youth) & April 3 (adults)
- Breastfeeding Coalition Mom Prom – March 4
- Faith Community Hospital Walk – March 17
- Special Olympics Superstars Bowl – April 6
- Fallstown Dancing Through History – (The Kitchen, Meals on Wheels program) – April 28

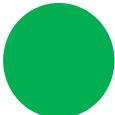
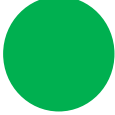
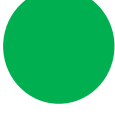
- ARC Casino Night – May 4
- Hospice of WF – Golf Tournament - May 7
- North Texas Senior Games – May 18-19
- WFHS Senior Safe Night
- Rider High School Senior Safe Night
- American Cancer Society - Relay for Life – June 1
- Helen Farabee Center “Peace of Mind” – June 23
- WCS Leadership Breakfast – June 29
- Project Back to School – August 4
- Hotter’N Hell Hundred – August 25
- Susan G. Komen Race for the Cure –October 6
- Patsy’s House Bingo, Bags and Badges – October 13

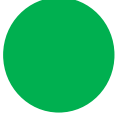
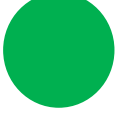
Community Sponsorships, 2019

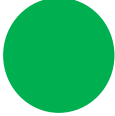
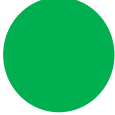
- SAFB Military Affairs Committee
- Rock Steady Boxing
- WF Alliance for the Arts
- Martin Luther King Center Breakfast – January 19
- Camp Chaparral Baptist Assembly
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- Heart of a Woman/Woman’s Expo - February 10
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- WCS Leadership Breakfast – June 29
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- Hotter’N Hell Hundred – August 24

	• Susan G. Komen Race for the Cure –October 5 • Patsy’s House Bingo, Bags and Badges – October 12 • Empty Bowls – October 15 • SAFB Air Show – October 26-27 • Base Camp Lindsey Muck Run – November 9 <u>Sports Medicine (Injury, Prevention & Treatment)</u> <u>Sponsorships , 2019</u> • Official Health Care Provider for MSU Athletics • FC Wichita Falls Soccer • West Swim Team • Rider Soccer Tournament – January 10-12 • Express Soccer Tournament – March 2 • THOR medical tent – April 6 • WF PRCA Rodeo – April 26-27 • Wichita County Mounted Patrol Rodeo – May 31 • Green Belt Bowl – June 8 • TO Junior Golf Tournament – June 17-19 • Patsy’s House Softball Tournament – June 21-22 • Barwise Jog a Thon – October • Fantasy of Lights Basketball – November 29-30 • WF Classic Basketball Tournament – December 7	
2.AH. United Regional will continue to host and participate in blood drives throughout the year.	<u>2017</u> 327 units of blood were donated at the drives held in 2017. <u>2018</u> 357 units of blood were donated at the drives held in 2018. <u>2019</u> 260 units of blood were donated at the drives held in 2019.	

Priority 3: Access to Affordable Care and Reducing Health Disparities among Specific Populations

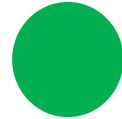
Activity	Impact & Evaluation:	Current Status
3.A. United Regional will continue to provide medical care to all patients in need, regardless of their ability to pay. In addition to its internally-provided charity program, United Regional is a health care provider under the State of Texas Medicaid Program and a mandated provider under the Wichita County Indigent Program.	Charity Care Cost, 2017 • URPG – \$277,877 • United Regional – \$19,842,742 Charity Care Cost, 2018: • URPG – \$387,623 • United Regional – \$31,394,000 Charity Care Cost, 2019: • URPG – \$731,000 • United Regional – \$29,400,000	
3.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.	
3.C. United Regional will continue to provide office space for two Texas Department of Health and Human Services staff members and 50% of their monthly operating cost to assist families with qualification for Medicaid services.	We pay \$1,426/ month for our state worker. We pay for one case worker and the other one is provided to us. Annual operating cost is \$17,112.00	
3.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. Specifically, the program identifies infusion patients who have no insurance or limited insurance coverage for the medications they need (drugs that can cost as much as \$5,000 per dose) to treat their disease, often cancer. Specifically, United Regional provides assistance to cancer patients to obtain special assistance from drug companies for those who qualify for free or reduced price chemotherapy agents.	2017 29 individual patients assisted \$336,202.60 drug replacement provided \$1,497,424.61 credited towards patient accounts 2018 11 individual patients assisted. \$210,894.45 drug replacement provided. \$868,635.78 credited towards patient accounts 2019 20 individual patients assisted \$469,731.52 drug replacement provided	

3.E. Physician referral, class registration, and nurse triage services will continue to be offered at no charge to the community through the United Regional's "Call-A-Nurse" phone line. Referrals are provided for local physicians as well as other community health care services.	\$1,801,120.07 credited towards patient accounts Call-A-Nurse January 1 – December 31, 2017 - Physician Referral Calls – 420 - Service Referral Calls –553 - Classes Enrolled – 1,652 - Nurse Triage calls –3,249 2018 Call-A-Nurse: January to December 31, 2018 - Physician Referral Calls – 363 - Service Referral Calls –611 - Classes Enrolled – 1,895 - Nurse Triage calls –3,867 2019 Call-A-Nurse: January to December 31, 2019 - Physician Referral Calls – 284 - Service Referral Calls –421 - Classes Enrolled – 1,670 - Nurse Triage calls –3,270	
3.F. United Regional will continue to provide families who frequent the Emergency Department for non-emergency pediatric care with brochures and information about CarePlus walk-in clinic.	2017 2,575 books were mailed January 1 – December 31, 2017 2018 1,965 books were mailed January 1 – December 31, 2018 2019 974 books were mailed 1st and 2nd quarter of 2019. No more were mailed due to Epic.	
3.G. United Regional will continue to host Senior Focus, which provides health information for seniors with approximately 1,500 in attendance. Educational topics include 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	2017 Senior Focus was held on Saturday, September 30, 2017. 215 wellness panels provided 73 PSAs for men provided 370 flu shots	

pulmonary function testing. A wellness panel screening (cholesterol and full lipid panel) is provided at no cost and PSAs are also provided. In addition, flu shots are provided free of charge to those in attendance.	2018 Senior Focus was held on Tuesday, October 16, 2018. • 219 wellness panels provided • 327 flu shots 2019 Senior Focus was held on Tuesday, October 1, 2019. • 269 wellness panels provided • 395 flu shots	
3.H. United Regional will continue to operate its Heart Failure Clinic. All heart failure patients are scheduled to follow-up at the Heart Failure Clinic within one (1) week of 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.	2017 The Heart Failure Clinic has provided care to 277 individual patients through December 31st, 2017. There have been 1,242 kept appointments during this time. 2018 The Heart Failure Clinic has provided care to 407 individual patients through December 31st, 2018. There have been 1,552 kept appointments during this time. 2019 The Heart Failure Clinic has provided care to approximately 434 individual patients through December 31st, 2019. There have been 2,080 kept appointments during this time.	
3.I. United Regional will continue to partner with outside organizations to connect patients to community resources.	2017 • Resource lists are provided to outside organizations. • Education on how to provide resources to their patients and communities (TPC and DSRIP programs) is provided through networking with other hospitals and service organizations. • Education, resources, and information are provided to the Community Partners group and post-acute care providers. • Ad – Hoc teams on how to improve communication and inter-facility resources are	

	also provided to Community Partners on an ongoing basis. <u>2018</u> The Community Partner's Group developed and offered training to post-acute care organizations related to: ○ PICC Care and Maintenance ○ Sepsis Prevention and Treatment ○ Caring for Heart Failure Patients ○ Caring for Diabetic Patients ○ Advance Directive for Staff ○ Advance Directive for Patients/Families ○ Basic Wound Care <u>2019</u> The Community Partner's Group continued to offered training to post-acute care organizations related to: ○ PICC Care and Maintenance ○ Sepsis Prevention and Treatment ○ Caring for Heart Failure Patients ○ Caring for Diabetic Patients ○ Advance Directive for Staff ○ Advance Directive for Patients/Families ○ Basic Wound Care United Regional implemented a pilot program to provide care coordination services to patients discharging from the hospital to selected post-acute care facility partners. The care coordination team conducted 753 visits. The team continues to meet with community partners to share data, findings, and collaborate on process improvements. United Regional partnered with the Community Health Care Center to provide primary care services to high risk uninsured/underinsured patients. United Regional has initiated 482 referrals to CHCC for program enrollment.	
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	United Regional partnered with Guffey's Drug Store to provide medication assistance to high risk uninsured patients. United Regional has provided \$18,983.47 in medication assistance through this program. United Regional also provided medication grant program navigation assistance to high risk uninsured/underinsured patients through the Transition Clinic. The program assists patients in applying for manufacturer assistance/grant programs. The program has resulted in 79 patients being approved for programs providing approximately \$38,513.25 in medications. United Regional partnered with Lyft to provide transportation to high risk patients to and from necessary medical appointments and post-acute services. The program has provided 578 rides. United Regional partnered with Wichita Falls Faith Mission through the Transition Clinic to provide an on-site wellness clinic providing basic medical care and screenings to the community. The program has conducted 145 appointments. United Regional utilizes the LiveWellWichitaCounty website as a resource to identify and refer patients to appropriate resources.	
3.J. 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.	The 2016-2017 SOG received pledges of \$41,634.01. The Compassion Fund will not be a part of the 2017-2018 campaign (Friendship Fund instead.) One gift of \$10,000 was received. The 12/31/17 balance of the Compassion was \$60,580. 2018-2019 SOG raised \$40,753 for the Compassion Fund. Current balance (11/30/18; we do not have December financials yet) is \$62,476.	

	<u>2019</u> The Spirit of Giving Campaign, which was held in late 2019, provided employee the opportunity to donate to another campaign to assist in funding programs that provided care to patients within the community.	
3.K. 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 such as colds, flu, fever, coughs, earaches, headaches, upset stomachs, sprain, lacerations, and the like. CarePlus is open to the entire community not just patients of United Regional Physician Group physicians.	2017 Total visits: 17,492 2018 Total visits: 19,885 2019 Total visits: 24,451	

Priority 4: Access to Affordable, High Nutritional Quality Food

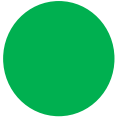
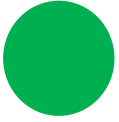
Activity	Impact & Evaluation:	Current Status
4.A. United Regional will collaborate as appropriate with the Health Coalition of Wichita County in the following activities identified by the Coalition: ▪ Develop and implement a communications campaign to encourage healthy lifestyle choices, ▪ Increase Wichita County community members' intake of healthy food choices, and ▪ Increase community levels of physical activity.	United Regional supports the Health Coalitions initiatives for healthy lifestyles, healthy food choices and physical activity through: • Articles in our Healthy You magazine • United Regional Facebook page posts • Implementation of the Healthy Food Box program • Implementing healthy food options in our Dining Room (see 4.D.) for our employees and guests • Supporting events in our community that include sports and other physical activities (see 2.AC.) 2018 • United Regional Physician Group is partnering with the Health District to promote prevention screenings such as colonoscopies, mammograms, etc. • United Regional Services are also listed on their newly launched Living Well web site – http://livewellwichitacounty.com/programs 2019 The Health Coalition of Wichita County disbanded in 2019.	
4.B. 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. Compassion Fund at United Regional Foundation provides these boxes, which contain a variety of nonperishable food items.	2017 - The Healthy Food box program has provided 182 food boxes to patients and families through December 31st, 2017. 2018 - The Healthy Food box program has provided 324 food boxes to patients and families through December 31, 2018. (This will increase dramatically in 2019.) At \$17.34 per box total expended in 2018 for boxes was \$5,626.62. 2019 – The Healthy Food Box program has provided 546 food boxes to patients and families through December 31, 2019 for an approximate total of \$8,654.10	

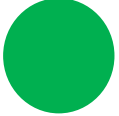
	URHCS has also partnered with the WFAFB to provide free community health screenings and healthy food boxes in underserved communities in 2019 through the Mobile Food Pantry Program. The Mobile Food Pantry has provided 2,318 food boxes through December 31, 2019 and screened 580 individuals.	
4.C. United Regional will continue to sponsor the High Heels for Hot Meals event, which benefits The Kitchen. The Kitchen provides food for seniors as well as the local Meals on Wheels program.	2017 - United Regional sponsored High Heels for Hot Meals at a level of \$5,000. The event was held on Thursday, May 11, 2017. 2018 - United Regional sponsored Falls Town Dancing Through History on April 21, 2018 at a level of \$2,500. 2019 - United Regional sponsored High Heels for Hot Meals at a level of \$2,500. The event was held on April 11, 2019.	
4.D. 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.	<u>2017</u> • Calorie information is provided on 100% of the items served in our dining room. • We have a wellness wall that is featured at the entrance of our dining room that features a Dietitian top pick, quarterly/seasonal healthy newsletters featuring recipes, and most recently adding the “Feed Your Potential” Platform that Aramark has introduced. Feed Your Potential 365, a health and well-being campaign that will be an ongoing part of Aramark’s Healthy for Life commitment. The goal of program is that we want to help people discover what healthy food can do to feed their potential and accomplish their best. • 100% of the served Aramark menu is on MyFitnessPal, a free app that allows consumers to track their calories/nutrition from their phone. • Aramark is partnered with the American Heart Association to improve the health of all	

	American’s 20 percent by 2020. This Healthy for Life 20 by 20 initiative is innovative because it combines industry leading menu commitments with nationwide community health programs AND consumer education and engagement. Aramark has evolved its healthy menu to realize a 20% health impact across all of the foods and beverages we serve reflecting: A 20% reduction in calories, saturated fat and sodium. A 20% increase in fruits, vegetables and whole grains. In our dining room we have done this in all areas (grab n go, home line, salad bar, soups, deli, and grill). Our beverage cooler now feature the majority of items that are low or now sugar. We have 3 water options. The 2nd beverage cooler has all of the unhealthy sodas on the very bottom and out of the line of sight to the consumer. The consumer has to search for the unhealthy bottled drink. • We have changed our cookies to a Craveworthy Cookie. These cookies have no artificial flavors or colors, no trans-fat, and no high fructose corn syrup. • We have added color coded tongs to the salad bar to help people realize what is healthy and what is better to consume in smaller portions. • Our make your own snack area features dried fruits, nuts, seeds, items with dark chocolate, sugar free options, and zero fat jelly beans. <u>2018</u> • “Feed Your Potential” platform offered in the dining room. FYP360 is a site that is available to customers and employees of United Regional that offers health tips and recipes for those looking for healthy lifestyle	
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	choices. Cards with website information are available at the Wellness wall in the dining room. • Every station in the dining room features a vegetarian option. • Catering now features several vegetarian options. • Increased vegan protein options on the salad bar (black beans, chick peas). • Now serving the Beyond Burger which is a Vegan burger patty with vegan cheese and vegan mayo as topping options. • Increased fresh grab and go options for those in a hurry. Protein packs (lean meat, cheese, seasonal fruit, and crackers), increase fresh fruit cup choices. • Grill features a “Build Your Own Burger” Menu. Choose from Angus, turkey, black bean, Garden or Beyond Burger patty. Select your bun: sesame, whole wheat, or lettuce. <u>2019</u> • Added a thin crust option on the pizza station. • Added gluten free bread to the deli station. • Snack wall feature in dining room features 80% healthy snack options-(low in fat, high in GOOD fats, whole grain, high in fiber, minimal ingredients). • Our Combo meal now features an option to choose whole wheat roll, cornbread, or a piece of whole fruit. • Our Home Combo has the option to choose a side salad instead of a hot side. • Added whole and sliced avocados to the grill and deli stations.	
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Priority 5: Access to Mental and Behavioral Health Care

Activity	Impact & Evaluation:	Current Status
5.A. United Regional will participate, as appropriate, in the Health Coalition of Wichita County's initiatives to increase early identification and treatment of individuals with behavioral and mental health conditions.	The Health Coalition's Mental Health and Physical Health task force has not been meeting. However, United Regional continues to identify patients for mental and behavioral health referrals and intervention (see 5.B.)	
5.B. 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.	Tracked by Patients seen for Intervention: 2017 463 Patients identified for Mental/Behavioral health referral or intervention includes ER and in-house. 2018 631 Patients identified for Mental/Behavioral health referral or intervention includes ER and in-house. 2019 997 Patients identified for Mental/Behavioral health referral or intervention includes ER and in-house.	
5.C. United Regional will explore providing additional services through psychiatric telehealth.	Psychiatric telehealth services were implemented in 2017.	
5.D. United Regional will continue to staff a SANE (Sexual Assault Nurse Examiner) that is trained specifically to treat sexually assaulted patients.	We have a certified SANE Coordinator and 8 Sexual Assault Nurse Examiners that perform SANE exams. These nurses take call 24/7/365. Dr. Scott Myers is our medical director. This team does forensic exams for victims of sexual assault. They also take forensic pictures for law enforcement. Our team does acute exams (assaults	

	within 96 hours) and scheduled exams (those outside of the 96 hour window).	
5.E. United Regional will continue to provide individual and family guidance counseling for employees through the Employee Assistance Program.	Reporting on this program is unavailable due to confidentiality, however, it is still provided.	



PREVIOUS PRIORITIZED NEEDS

Previous Prioritized Needs

2013 Prioritized Needs

1. Additional Healthcare Providers
2. Access to Affordable Primary Care and After-Hours Non-Urgent Care
3. Fragmented Continuum of Care
4. Patient Education and Preventive Care
5. Childhood Hunger and Malnourishment Issues
6. Health Disparities Among Specific Populations
7. Unhealthy Lifestyles and Behaviors in the Community

2016 Prioritized Needs

1. Need for Additional Primary Care and Specialty Providers
2. 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
5. Access to Mental and Behavioral Health Care



2019 CHNA PRELIMINARY HEALTH NEEDS

2019 Preliminary Health Needs

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



PRIORITIZATION

The Prioritization Process

- On August 12, 2019 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, Chief Executive Officer
 - Nancy Townley, Chief Operating Officer
 - Jane Ritter, 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
- 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 Health Care System Capacity
a. Are people at United Regional Health Care System 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:
 1. 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

Final Priorities

- Hospital leadership decided to address all of the ranked health needs. The final health priorities that United Regional will address through its Implementation Plan are, in descending order:
 1. 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



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.

United Regional Resource Community List

Wichita Falls & 800 Numbers

A Plus Medical (DME)	761.2292, fax 761.2295
Abuse Hotline (APS or CPS)	800.252.5400
Adult Protective Services Main	235.1995
Advanced Rehab and Nursing of WF (SNF)	766.0279, fax 234.2076
Air Evac Life Team (helicopter, same as Life Team Air Evac)	800.247.3822, local Ext -3990
Allred Prison	855.7477
Alzheimer's Association	767.8800, 800.272.3900
American Cancer Society	691.7201 (local), Guest Room Services 877.227.1618
American Diabetes Association	888.342.2383
American Heart Association	800.242.8721
American Kidney Fund	800.638.8299
American Lung Association	800.586.4872
American Medical Response (AMR) Ambulance	322.1911, business office 322.1506, x105, fax 322.1342
Anderson, Michael (psychiatrist)	322.6981
Angels Care Home Health	322.1391, fax 322.2967
Arbor House (assisted living)	723.5035, fax 767.1688,
Area Agency on Aging (helps people 60+, aka Golden Concepts)	322.5281, fax 322.6743
Association for Retarded Citizens (ARC)	692.2303
At Home Care (HH)	766.4663, fax 766.2236
Beacon Lighthouse for the Blind	767.0837
BestCare Health Services (HH)	692.9824, fax 692.4163
Beyond Faith Homecare (HH)	696.8004, fax 696.8009

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Boys & Girls Club	322.2012
Brookdale Sikes Lake(assisted living-memory unit Alzheimer's)	696.1351
Brookdale Lake Wellington (assisted living)	691.8181, fax 691.6770
Brookdale Midwestern (assisted living)	322.0918, fax 322.8765
Bus Station	766.2223
Campbell, Dan (attorney – senior law)	696.5015
Child Care, Inc.	766.4332
Child Protective Services	main 235.1995-option 6, fax 432.684.2973
Children's Aid Society of West Texas	322.3141, fax 322.6417
Cigna Care Centrix	877.466.0164
City Bus Service (WF)	761.7433 (handicap-w/c, dialysis, CTC), Questions/Issues – 322.4122
Clinics of North Texas	766.3551, Outpatient PT 723.3117, fax 723.3140
Community Healthcare Center	766.6306
Community Svcs for Aged & Disabled (TDHS-CAD)	235.1751
Coram (IV Infusion Dallas)	800.899.7060, fax 214.902.3601
County (Wichita) Indigent Care for the Deceased	(no burials, cremation only) 716.8535
Courtyard Gardens Care Center (SNF)	322.0741, fax 322.3055
Crisis Resolution Unit (CRU-mental health, part of HFRMH-MR)	766.3877
Daybreak MR Group Home	766.0712
Dialysis – Fresenius Medical Records for North Texas Dialysis	866.320.4813, fax 806.792.8808
Disabled American Veteran's (DAV)	723.1082
Edgepark Medical (DME-mail order)	800.321.0591Ext 3386 or 330.963.6172
Encompass Home Health	691.2273, fax 691.3364
Encompass Rehabilitation Hospital	720-5700 fax 720-5701

Faith Mission	723.5663
Faith Refuge (Women)	322.4673
Falls Funeral Home	264.2626
Falls Home Health (HH)	766.1990, fax 766.0064
Family Planning Clinic	723.0755
First Choice Community Home Care (HH)	691.7458
1 st Texas Home Health (HH)	763.9500, fax 763.9501
First Step (Domestic Violence)	723.7799, fax 723.1132, hotline 692.1993 or 800.658.2683
Fresenius Medical Records for North Texas Dialysis Center	866.434.2597, fax 806.792.8808
Gables at Rolling Meadows (SNF 14 beds & NH-private pay)	Main 691.7511, fax 692.4201
Gold Cross Medical Supply (DME)	723.5561, fax 322.4925
Grocery Cart 761.7433	(thru City of WF, \$2 trans to grocery store, Tues, Wed, Thurs, by w/c van Reservations required by 9 am)
Guffeys's Pharmacy	322-8626 fax 322-8476
Hampton Vaughn Funeral Home (County Burial)	767.1770
Handicap Bus (City of WF)	Mary Ann 761.7642, Jeri Sowards 322.4122
Handicap Express	(Wheel Chair van) 767.2515 fax 767.0570
Healing Hands Home Health	432-0588 fax 432-0275
Healthline Medical Equipment (DME-formerly AM Home Medical)	691.6100, fax 691.0757
Helen Farabee Regional MH-MR Center	Referral line 800.621.8504 Main 397.3300 Crisis Services 397.3395 See Crisis Resolution Unit 766.3877
Helping Hands & Hearts	687.2280 714 Brook

	Clothing, household goods and food
Heritage Home Medical Equipment (DME)	687.3333, fax 687.3334
Home Instead Senior Care (unskilled help)	322.4472, fax 332.4475
Horizon Bay of Brookdale (assisted living)	691.8181, fax 691.6770
Hospice Plus of Wichita Falls	
Hospice of Wichita Falls	691.0982, fax 687.0776, In-patient Center 691.7100
Hospice Plus of Wichita Falls	767-1611 fax 767-1613
House of Hope (NH-Presbyterian Manor for Alzheimer's, pvt pay)	691.1710, fax 689.7220
Housing Authority of Wichita Falls	723.8389
Indigent Health Care – Wichita County Human Services	716.8535
Information & Referral – United Way of Texas 211	Call 211
Infusion Partners (IV-Grand Prairie)	800.869.0001, local 972.641.3232 fax 972.641.1130
Inheritance Adoptions	322.3678
Interfaith Ministries	322.1365, fax 322.8197
Intrepid Home Health (HH)	696.9239, fax 696.9678
Jordan Health Services	761.6191, fax 761.6194
KCI (wound vacs)	800.275.4524, fax 888.245.2295
Kell West Regional Hospital	692.5888, fax 696.7570
Kinder Hearts Home Health (pedi HH)	696.5700, 866.524.5700
Kindred at Home	720.0514, fax 720-0713
Kindred Hospice	716.9035
Legal Aid of NW Texas	723.5542
Life Team AirEvac (helicopter-same as Air Evac Life Team)	800.247.3822, local Ext 3990

Lifetime Designs (home modification for disabled)	877.392.3222
Lincare (DME)	723.9831, fax 322.9766
Lion's Club (adult eyeglass frames)	855.5669
Loving Christian Maternity Home	691.9935
Meals on Wheels (Red Door Senior Center)	322.6232
Medco DME- "disposable DME" especially feeding supplies	800-245-3816
Medicaid Non-Emergency Authorization	800.540.0694, fax 512.514.4205
Medicaid Office-1328 Oakhurst	767.1720
Medicaid Transportation	877.633.8747
MedData	764-8484
Mental Health-Mental Retardation – MR placement	800.669.4166
Methadone Clinic	322.9355, referral line 800.759.3058
Midtown Manor	767.1533
Midwestern Healthcare Center (SNF)	723.0885, fax 763.8142,
Midwestern State University	main 397.4000, social work 397.4437
Millar's Orthotic & Prosthetics	322.4647
Muscular Dystrophy Association	696.5581
Nortex Regional Planning Commission (assist 60 yr olds +, aka Golden Concepts)	322.5281
North Texas Dialysis Center - Fresenius	322.1450, fax 322.1456
North Texas Home Health (HH)	322.1672, fax 322.1019
North Texas Rehab Center (Out-Pt Therapy)	322.0771, fax 766.4943
North Texas State Hospital WF campus	692.1220, admissions 689.5296 Fax 689.5094 Vernon Campus 940.552.9901 Medical Records 689.5219

Nursing Home Complaint Hotline	800.458.9858
OSTC-Occupational Sports Therapy Center (Out-Pt PT,OT)	692.4688, fax 692.8388
Ombudsman – Nursing Home (Area Agency on Aging)	322.5281
Outreach Health Services (Primary Care)	766.0571
Pacific Pulmonary Services (DME)	692.1019, fax 692.0975
Paragon Infusion (IV Service Dallas)	866.972.5888
Patsy's House	322.8890, fax 322.6695
Pregnancy Help Center	322.4883 or 761.3432
Presbyterian Manor (private pay)	691.1710, nurses station 696.8697 fax 691.0105
Promise Hospital of WF	720.6633
Promise Skilled Nursing Facility (SNF)	322.3393, fax 720-5117
Rathgeber Hospitality House	764.2400
Red Cross	322.8686, Military Notification 800.926.6001 (need –Name, DOB, SS#, Contact #, Branch, Division, Rank, Station Location, Commanding Officer Contact #)
Red River Hospital	322.3171, fax 766.1948
Red River Recovery Center	761.3034
Reneau Rehab (outpatient)	687.3422, fax 687.0726
Respiratory Vest	817.505.9692
Rolling Meadows (Retirement Comm & “The Gables at Rolling Meadows” Private Pay & MCR)	691.7511, fax 696.5154 fax 692.4201
Rolling Plains (utilities assistance)	723.2261
Rose Street Mental Health Care	723.4480
Royal Estates Retirement	696.2296
Salvation Army	322.9822
Scott Medical Supply (DME)	322.7268, fax 322.1918

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Section 8 Housing	761.7454
Senior Care Health & Rehab (SNF)	767.5500, fax 235.4000
Senior Citizens (Red Door)	322.6232, adult day care 723.1261
Serenity House (outpt substance abuse treatment)	767.0423, fax 766.0507
Sharplines (transportation, Medicaid transportation)	800.633.0852
Sheridan Medical Lodge (Burkburnett) SNF	569.9500
Social Security Administration	800.772.1213, local 1.866.815.9605
Solaris Hospice	888.376.5274
Southwest Transplant	800.201.0527
Star Connection (Free crisis counseling for families w/ children 17 & younger)	322.3606, fax 322.3590
Star Transportation Wheelchair Transport (Trans Star)	696.9889
Taxi – The New Texhoma Transportation Inc.	322.1352, fax 322.5373, Wichita Star 723.0723
Texas Department of Aging & Disabled (QMB)	720.8413
Texas Department of Criminal Justice – Allred Prison	855.7477
Texas Department of Health	761.7800
Texas Department of Human Services (Health & Human Services - 1328 Oakhurst)	767.1720
Texas Rehabilitation Commission	235.1710
Texas Runaway Hotline	800.580.4357
Texas State Commission for the Blind	691.8675
Texhoma Christian Care Center (SNF)	Main 723.8420, fax 264.5700
Trans Star Ambulance	696.6400, fax 687.6444
Tricare at SAFB	676.5950
Trott's Pharmacy	692.1234, fax 691.5455
United Regional Outpatient Therapy PT/OT	764.5470 fax 764.5471 764.5400 main

United Regional Infusion	764- 6080, fax 6084, admissions 764-5050, fax 4060
United Way	322.8638
University Park Manor (SNF)	692.8001, fax 692.8954
Veteran's Clinic of North Texas	877.565.9329, 257.0000, fax 257-0020
Veteran's Officer	716.8599
Wheelchair Ramps – Texas Ramp Project	214.675.1230 (www.TexasRamps.org)
Wichita County Human Services (indigent health & burial)	716.8535
Wichita County Mental Health Coordinator	716.8526, fax 716.8517
Wichita County Sheriff	766.8170
Wichita Falls City – County Health Department	761.7800, WIC 761.7817, STD 761.7837, AIDS 761.7843
Wichita Falls Police	761.7792, dispatch 720.5000
Wichita Home Health Service (HH)	322.7113, fax 766.6025, primary care 322.5157
Wichita Medical Supply (DME)	723.9242, fax 767.4412
Wichita Mortuary Service	689.9498 aka Wichita Falls Embalming
W.I.C. (Women, Infants & Children)	761.7817
Workforce Child Care Management Corp	723.8774, fax 723.2261

Nursing Homes – Vent Dependent Patients

Bellville – Colonial Belle Nursing Home	979.865.3689
Brownfield – Tumbleweed NH (behavioral)	806.637.5761
Brownsville – Valley Grande Manor	956.546.4568
Dennison-Homestead of Dennison	903.463.4663
Gilmer—Gilmer Care Center Also does dialysis	903.843.5529, fax 903.843.3745

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Gladewater – Truman W. Smith (children)	903.845.2181
Longview – Crestcare Nursing & Rehab	903.753.7651
Lubbock - Southern Specialty Rehab & Nursing	806.795.1774, fax 806.795.4652
San Antonio – Meridian Care	210.599.3005
San Augustine – Trinity Rehab Ventilator Unit	936.275.2055, fax 936.275.5658
Temple – Bell County Nursing & Rehab	254.773.1641
Oklahoma – Idabel– Memorial Heights	580.286.3366

TB- State Chest Hospitals

UT San Antonio	800.839.5864, ext 2425
UT Tyler	903.877.8080

Abilene

Acadia Behavioral Health Center (psych)	800.335.3498, 325.698.6600, fax 325.698.8200
Christian Homes of Abilene (adoption)	915.677.2205
Council on Drug & Alcohol Abuse	800.588.8728, ext 117 (sees pts in Vernon & elsewhere monthly)
Express Medical Supply	327.672.3030, fax 325.672.2030
Hendrick Medical Center	325.670.2000
Humana Hospital	915.695.9900
Kinder Hearts HH	325.672.6135, fax 325.672.6176
Serenity House (substance abuse)	325.673.6489, fax 325.673.1794

Amarillo

Northwest Texas Health System (TDCJ)	806.354.1000
Rico Air Ambulance (fixed wing)	806.331.7426
VA Hospital	806.355.9703

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Archer City

Ambulance	574.2871, fax 574.2232 (wants out of town)
Archer County Sheriff	574.4333
Vista Living of Archer (SNF)	574.4551, fax 574.2366

Azle

North Texas EMS (critical care, bariatric, etc.)	817.441.0911
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Big Spring

VA Hospital	915.263.7361
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Bowie

Ambulance	872.2251 dispatcher, 872.4522
Advanced Rehabilitation of Bowie	872.2283, fax 872.5292
Bowie Home Medical Equipment	872.4360, fax 872.4425
Central Hospital of Bowie	872.1126
Independence Hall (Independent Living)	872.6267
IntegraCare (HH)	872.6499, fax 872.6496
Senior Citizens	872.4500
Independence Hall – Independent Living	872.6267
Solaris Healthcare (Hospice)	872.8080, fax 872.8081
Specialty Nurses	872.9888, fax 872.9889

Breckenridge

Stephens County Hospital	254.559.2241
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Bridgeport

Integracare HH	940.683.2691
Senior Care (Stagecoach Rehabilitation)	940.683.8500

Brownsville

Valley Grande Manor (SNF-vents)	956.546.4568
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Burkburnett

Reneau PT & Rehab Outpt	569.3630, fax 569.3752
Evergreen Care Center (SNF)	569.2236, fax 569.0895 or 569.1299
Handicap Express (wheelchair van)	569.9191
Police Dept	569.2231

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Senior Citizens

569.0821

Carrollton/McKinney

Select Specialty Hosp (LTAC) 469.892.1233
Star Plus Ambulance 469.452.7101

Childress

Aerocare Home Medical Equip (DME) 940.937.3370, 800.723.7833, fax 940.937.3735
Childress Dialysis Center (open MWF, 5A-5P) 940.937.7099, fax 940.937.8730
Childress Healthcare Center (SNF) 940.937.8668
Childress Medical Supply (DME) 940.937.8683, fax 940.937.6438
Childress Regional Medical Center main & swing bed 940.937.6371 fax SB 940.937.9190. fax outpt PT 940.937.9153, (HH) 940.937.2500
Turner Nursing & Rehab (SNF) 940.937.3675

Chillicothe

Chillicothe Hospital 940.852.5131

Crowell

Ambulance 940.684.1200
Crowell Nursing Center (SNF) 940.684.1511, fax 940.684.1661
Sharp Line (Rolling Plains) 800.633.0852
Sheriff's office 940.684.1501

Dallas

Baylor Institute for Rehab 214.820.9310, fax 214.820.7165
Baylor Health Care System – Patient Transfer Center – 214.820.6444

Transfer Line is good for all Baylor facilities & they may direct a patient to go to another Baylor facility, depending upon availability & diagnosis

Main Hospital 214.820.0111, fax 214.820.2411,
Heart & Vascular Hospital 214.820.0620
Jack & Jane Heart Hospital 214.820.2272
Care Flight 1.800.442.6260
Centre for Neuro Skills (Irving) 800.554.5448, 972.580.8500, fax 972.255.3162
Children's Medical Center 214.456.2000, CMC Transport 214.456.2926
Coram IV Infusion Service 214.902.3600, fax 214.902.3601, 800.899.7060
Kindred (LTAC) 214.355.2600
MedCare Ambulance dispatch 877.339.6428, fax 217.342.1070, office 217.342.1050
Medical City Hospital 972.566.7000
Methodist Medical Center 214.947.3405 Bed Control
Methodist Transfer Line 214.947.4325 fax 214.947.2749
Paragon Infusion 972.588.1000, fax 972.588.1001
Parkland Memorial Hospital 214.590.6690
Presbyterian Hospital 214.345.7871, Nursing Supervisor 214.345.7777
Texas Health Transfer Center – Presbyterian is a TX Health Hosp – 888.782.8233
Regency Hospital (LTAC) 972.236.6600, fax 972.939.1487

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Scottish Rite Hospital 214.521.3168
 Southwest Institute for Forensic Technology 214.920.5900
 Southwest Transplant Alliance 800.201.0527
 Texas Specialty Hospital (LTAC) 214.637.0000
 UTSW (Saint Paul/Zale Lipshy) Transfer Line 877.645.0911 fax 214.633.8193 or 214.633.8778
 VA Hospital 214.857.1554 or 1557 bed control 214.857.1340, spinal cord program 214.857.1770
 Willed Body Program (of UT SW Medical Center-forms to do) 214.648.2221, fax 214.648.4506
 Zale Lipshy Hospital bed control 214.645.1254, 214.590.3182

Decatur

Ambulance – Sacred Cross EMS 940.627.2002
 Heritage Place (SNF) 940.627.5444
 Life Star Air Ambulance 800.568.6806
 Senior Care Health & Rehab (SNF) 940.626.2800, fax 940.626.2804
 Solaris Hospice Home Care 940.627.7803, fax 940.627.1011
 Tri-State EMS (stretcher) 940.626.2062, fax 940.626.2063
 Wise County MH-MR 940.627.1251
 Wise Regional Dialysis 940.626.1700, fax 940.626.1750
 Wise Regional Health System 940.627.5921, Inpt Rehab 940.626.2999, fax 940.626.4064

Denton

Atrium Medical Center (LTAC) 940.270.4100, fax 940.270.4131
 Integrity Transitional Hospital (LTAC) 940.320.2300, ext 209, fax 940.565.8533
 University Behavioral Health (mental health, substance abuse – child & adolescent & adults)
 940.320.8100, fax 940.384.0307

Electra

Electra Health Care Center (SNF) 495.2184, fax 495.3717
 Electra Hospital Home Health 495.2900, fax 495.2930
 Electra Memorial Hospital 495.3981, ambulance ext 126 fax 495.3992
 Electra Memorial Hospital, PT Dept 495.2159, fax 495.2301
 Electra Medical Supply (DME) 495.4601, fax 495.3611
 Electra Senior Citizens 495.4311
 Police Dept 495.2345, 495.2131

Fort Worth

Baumgardner's Funeral Home (autopsy-fetal demise & private) 817.731.8400
 Cook Children's Hospital 682.885.4000
 Harris Methodist Hospital 888.782.8233
 John Peter Smith Hospital 817.921.3431
 Kindred (LTAC-downtown) 817.332.4812
 Life Care Hospital (LTAC) 817.370.6078, Admissions 817.222.8342
 **Non-Emergency Transport Inc. 817-885-8662
 Ambulance and W/C van transport (24/7)
 Pate Rehabilitation (Post-Acute Brain Injury) 972.241.9334 fax 972.241.0155
 Tarrant Co Medical Examiner 817.920.5700
 Teddy Bear Air (Pedi Trauma-Cook's) 800.543.4878
 Transfer Hotline 877.422.9337
 West Haven Nursing Home (SNF) 817.336.7283 (accepts younger pts, psych & violent pts)

01.28.2019

Willed Body Program of University of North Texas at Ft Worth 817.735.2047 (forms to do)

Gainesville

Gainesville Dialysis Cottage (Davita Dialysis) 940.612.1642 fax-940.612.2360

Garland

Community Care Center of Garland (SNF-vents) 972.278.3566, fax 972.278.4695

Graham

Ambulance 940.549.2222 emergency, 940.549.3400 (EMS Barn)
Beyond Faith Homecare, Rehab & Hospice (HH) 940.521.0300, fax 940.521.0323, 866.559.0300
Brookdale of Graham (assisted living) 940.549.8181
Garden Terrace (SNF) 940.549.4646, fax 940.549.8006
Graham General Hospital - main 940.549.3400, fax 940.521.5157, Outpatient PT 940.521.5310, PT fax 940.521.5151 Swing Bed 940.521.5420
Healthline Medical Equipment (DME) 940.549.0001, fax 940.549.0066
Graham Hospital Home Health (HH) 940.549.2672, fax 940.549.3978
Graham Oaks (SNF) 940.549.8787, fax 940.549.1118
Graham Regional Hospice 940.549.9704, fax 940.549.3978
Harmony House (outpt IVs, chemo) 940.549.2223, fax 940.549.5411
Integracare (HH) 940.549.6999, fax 940.549.6296
Senior Citizens 940.549.5451, van transport 940.521.1120
Solaris Healthcare (Hospice) 940.521.0922, fax 940.521.9722
Young County Home Health (HH) 940.549.4039, 940.549.9814

Haskell

Haskell Ambulance 940.864.3945
Haskell Care Center (SNF) 940.864.8537, fax 940.864.8537
Haskell Hospital Swing Bed 940.864.2621

Henrietta

Clay County Hospital Home Health (HH) 235.1275, fax 235.1280
Clay County Memorial Hospital & Ambulance 538.5621, fax 235.1281, Outpt PT fax 235.1220
Clay County Sheriff 538.5611
Henrietta Care Center (SNF) 538.4303, fax 538.5576
Pioneer Home Medical Supply (DME) 538.5520, fax 538.5523

Houston

M.D. Anderson Transfer Center 713.563.2222, main 713.792.2121
The Methodist Hospital 713.790.3311
St. Luke's Episcopal Hospital 713.791.2011, 877.293.8127
Texas Institute for Research & Rehab (TIRR) 713.797.0100

Iowa Park

Hughes Pharmacy (outpt IV-aka Guardian Health) 592.4191, fax 592.5613
Iowa Park Clinic (Not Dr. Stutte's Clinic) 940.592.3500

01.28.2019

Iowa Park Health Care Center (SNF) 592.4139, fax 592.5576
Iowa Park Physical Therapy & Rehab (Outpt) 592.5900, fax 592.5969
Park Home Health (HH) 592.2753, fax 592.9329
Police Dept 592.2181
Senior Citizens (Friendly Door-MOW) 592.9311 (van runs daily from 9a-2p)

Jacksboro

American Hospice 940.567.5202
Faith Community Hospital/Ambulance 940.567.6633 Fax 940.567.3975
Greystone Park (assisted living) 940.567.3057
Integracare (HH) 940.567.3837 or 567.3838, fax 940.567.3843
Jacksboro Healthcare Center (SNF) 940.567.2686, fax 940.567.5038
Public Transit Service (7A-6P) 866.521.1391 (goes to WF Tues & Thurs)
Tapps Van Service 888.301.7433

Knox City

Ambulance 940.657.1313 or 940.657.5050 (dispatch)
Brazos Valley Care Home (SNF) 940.658.3543
Knox County Hospital 940.657.3535, fax 940.657.3722
Knox County Hospital Home Health 940.657.3013
Knox County MH-MR 940.889.2277

Lubbock

Texas Dept of Criminal Justice-Hospital (Montfort Unit), UR 800.769.7843
Texas Tech University Medical Center 800.345.9911

Mineral Wells

Guardian EMS (stretcher) 866.458.6111
IntegraCare HH 940.325.5255

Muenster

Muenster Memorial Hospital 940.759.2271 main, fax 940.759.2275

Munday

Munday Nursing Center 940.422.4541, fax 940.422.8211

Nocona

Grace Care Center of Nocona (SNF) 825.3288, fax 825.6153
Nocona General Hospital/Ambulance 825.3235, fax 825.3604, Rehab 825.7246,
Rehab Fax 825.3323
Nocona Hospital Home Health (HH) 825.6816, fax 825.4314

Olney

Doctor Mark Mankins 940.564.3546, fax 940.564.8882
Doctor Fazzel 940.564.3561

01.28.2019

Grace Care Center of Olney (SNF) 940.564.5631, 940.564.5172
Hamilton Hospital 940.564.5521, 940.564.8107
IntegraCare Home Health (HH) 940.564.4696, fax 940.564.4695
Olney Ambulance 940.564.5027, fax 940.564.8242
Olney Health and Wellness Center (Outpt PT/OT/ST) 940.564.3188 fax 940.564.3189
Solaris Healthcare (Hospice) 940.564.2471, fax 940.564.2476
Texhoma Medical Services (DME) 940.564.2982, toll free 866.570.8031

Paducah

Paducah Nursing Center (SNF) 806.492.3516, fax 806.492.3229

Quanah

Doctor Lane 940.663.6651-office
Family Medical Equipment (DME-also in Vernon & Altus) 800.545.3653, 940.663.2084, fax 940.663.2436
Hardeman County Memorial Hospital 940.663.2795, fax 940.663.2634,
Leslie Manor (Now Just Retirement Living) 940.839.6120 (Low Income Apts, Persons age 55 or older)
Quanah Ambulance 940.663.5374, 940.663.2713
Woods Living Center (group home) 940.663.6396

San Antonio

Avalon Place (SNF-vents) 210.333.6815
Humana Tricare 800.444.5445, ext 2473
Mayfield Care Center (SNF-vents) 210.924.5533
UT San Antonio(TB-Chest Hospital) 800.839.5864, ext 2425

Seymour

Seymour Rehab and Healthcare (SNF) 889.3176, fax 889.8106
Healthline (AM Medical-DME) 888.2255, fax 888.8895
Kindred at Home (HH) 888.3744, fax 888.2609
Seymour Ambulance 889.3445, 631.9145
Seymour Hospital Home Health 889.3755, fax 889.2715
Seymour Hospital 889.5572, fax 889.5400
Seymour Medical Supply 889.6060, fax 889.6050

Sherman/Denison/(Van Alstyne nearby)

TMC Behavioral Health Center (mental health & accepts Adult Medicaid) 903.416.3000
Van Alstyne Fire/EMS (stretcher) 903.482.6666, fax 903.712.0006

Stephenville

Summer Sky, Inc., Chemical Dependency Center 888.857.8857, 254.968.2907

Temple

01.28.2019

Scott and White Hospital

254.724.2111

Throckmorton

Beyond Faith Home Health 940.849.0888, fax 940.521.0323
Throckmorton County Memorial Hospital 940.849.2151, fax 940.849.7141
Throckmorton Nursing Center (SNF) 940.849.2861

Vernon

Catholic Charities 940.552.0347
Eagle Flats Village (assisted living) 940.552.8181
Vernon Dialysis Center 940.552.9351 553.2960, fax 940.553.2955
Family Medical Equipment (DME-also in Quanah & Altus) 800.545.3653, 940.552.2273, fax 940.552.5773
Family Pharmacy (Vital Care) IV Infusion Services 800.234.7942, 940.552.2999, fax 940.552.5347
Hillcrest Clinic 940.552.5495
Ministerial Alliance (called USSC-helps with utilities, meds, etc...) 940.552.8778
North Texas Home Health (HH) 940.553.1113, fax 940.553.3010
North Texas State Hospital-Vernon campus 940.552.9901
Specialty Nurses (HH) 940.553.1300, fax 940.553.1305, toll free 888.250.6063
Vernon Ambulance 940.552.2584
Vernon Mental Health Clinic 940.552.9642
Vista Living of Vernon (SNF) 940.552.2568, fax 940.552.6256
Western Trail Behavioral Health (Vernon Hosp – Inpt Geri Psych) 940.553.2948, fax 940.553.2940, Referral Line 940.357.0545
Wilbarger General Hospital 940.552.9351
Wilbarger Hospital Home Health 940.553.2825, Home Health fax 940.553.2978,
Wilbarger Hospital Rehab/Outpatient PT 940.553.2857, fax 940.553.2964

Oklahoma

Lawton

Angels Care Home Health (HH) 580.248.0186
Aspire (HH, DME, Hospice) 580.353.5500, fax 580.353.5508
Autumn Light Hospice 580.351.1008, fax 580.252.0149
Comanche County Ambulance 580.585.5555
Comanche County Memorial Hospital 580.355.8620, for Rehab 580.695.8997
Indian Hospital 580.354.5000
Lawton/Fort Sill VA Center 580.354.3018
Southwestern Behavioral Health Center (mental health) 580.536.0077 or 888.536.0077
Southwestern Home Health 580.248.7060, fax 580.248.6442

Oklahoma City

Coram IV Infusion 405.495.2273
Heritage Manor (SNF near OKC, accepts dialysis) 405.789.7591
Mercy Hospital 405.755.1515
OU Medical Center (Oklahoma University Med Ctr) 405.271.6000
VA Homeless Program 866.835.5273 ext 1708
VA Hospital ER/Admit 405.456.5147, Main 405.456.1000, UR 405.456.4363, 405.456.1852

01.28.2019

UR Fax 405.456.1583
Vital Care IV Infusion 866.719.4343 (serves OKC & southern OK)

Other Oklahoma Cities

Abuse Hotline – State of Oklahoma 800.522.3511
Altus-Angels Care HH 580.477.2220
Altus-Aspire Home Care (HH, DME, Hospice) 855.527.7473
Altus-English Village Manor (NH) 580.477.1133
Altus-Family Medical (DME) 580.482.9410, 800.522.0151, fax 580.482.4648
Altus-Jackson County Memorial Hospital 580.482.4781
Altus-Mays+ (OK Advantage, unskilled help) 580.482.0477
Calera-Calera Manor (SNF) 580.434.5727, fax 580.434.5827
Comanche-Aspire Home Care (HH, DME, Hospice) 580.439.5662
Duncan-Advance Medical (DME) 580.252.4700, fax 580.252.4205
Duncan-Autumn Light Hospice 888.211.1266, 580.252.1266
Duncan-Chisholm Trail Hospice 580.251.8764, fax 580.251.8760
Duncan-Country Club CC (SNF) 580.255.4600
Duncan-Duncan Regional Hospital 580.252.5300 main, home health 580.251.8752, rehab unit 580.251.8460, rehab fax 580.251.8979
Duncan-Med Tech of Duncan (DME) 888.270.8164
Duncan-Wilkin's CC (SNF) 580.252.3955 main
Frederick-Aspire Home Care (HH, DME, Hospice) 580.335.2512, fax 580.335.2518
Frederick-Frederick Hospital HH (HH) 580.335.2718
Frederick-Frederick Memorial Hospital 580.335.7565
Frederick-Memorial Nursing Center (SNF in hosp, not swing bed) 580.335.6646
Hobart-Elkview HH (HH thru hospital) 580.726.6606
Idabel-Memorial Heights (SNF-vents) 580.286.3366
Marlow-Aspire Home Care (HH, DME, Hospice) 580.658.2577
Marlow-Gregston's NH (SNF) 580.658.2319
Marlow-Marlow Manor (SNF) 580.658.5468
Ringling-Ringling Nursing Home (SNF) 580.662.2344
Ryan-Advance Care Medical Equipment (DME) 866.757.2242
Ryan-Good Healthcare Professionals (HH) 580.757.2282, fax 580.668.3353
Ryan-Jefferson County EMS 580.757.2211
Snyder-Ayers Nursing Home (NH) 580.569.2258
Temple-Temple Manor Nursing Home (SNF) 580.342.6228
Walters-Aspire Home Care (HH, DME, Hospice) 580.875.3975, fax 580.931.6931
Walters-Parkview Manor (SNF) 580.875.3376
Warner-Country Side Estates (SNF-vents) 918.463.5143
Waurika-Angels Care (HH) 580.228.3545, fax 580.228.3546
Waurika-Ambulance 580.228.2375
Waurika-Jefferson County Hospital 580.228.2344
Waurika-Wade Medical Supply (DME) 580.228.2899
Waurika-Westbrook Healthcare (SNF) 580.228.2363, fax 580.228.2709
Wilson-Good Samaritan Home Health & Hospice (HH, Hospice) 580.668.3138, fax 580.668.3143



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.
 - The most significant information gap exists within this assessment's ability to capture various county-level health data indicators, such as e-cigarette use. Data for these indicators is reported at the regional level.



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 the **IBM Watson Market Expert Tool**.
- The **United States Bureau of Labor Statistics Local Area Unemployment Statistics** provides unemployment statistics by county and state; <http://www.bls.gov/lau/#tables>.
- 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/>.
- This study also used health data collected by the **CARES Engagement Network**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at <https://engagementnetwork.org/>.
- 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; <http://datacenter.kidscount.org/>.

- **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; <http://www.countyhealthrankings.org/>.
- 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; <http://wonder.cdc.gov/ucd-icd10.html>.
- This study utilizes Health Service Region level data from the **Behavioral Risk Factor Surveillance System (BRFSS)**, provided by the Texas Department of Health and Human Services; <https://www.dshs.texas.gov/chs/brfss/>.

Summary of Data Sources

- **Health Data (continued)**

- This study also used health data collected by the **CARES Engagement Network**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at <https://engagementnetwork.org/>.
- 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 <https://www.census.gov/data-tools/demo/sahie/index.html>.
- 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: <https://datawarehouse.hrsa.gov/tools/analyzers.aspx>.

- **Phone Interviews**

- CHC conducted interviews on behalf of United Regional from March 6, 2019 – March 27, 2019.
- Interviews were conducted and summarized by Valerie Hayes, Planning Manager.



DATA REFERENCES

2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430
For families/households with more than 8 persons, add \$4,420 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 of 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

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, <http://www.hrsa.gov/>; data accessed January 9, 2019.

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.

Medically Underserved Areas/Populations

Wichita Service Area

- **Wichita County**
 - Service Area Name: Wichita Service Area
 - CT 0101.00
 - CT 0102.00
 - CT 0104.00
 - CT 0106.00
 - CT 0112.00
 - MUA/P Source ID Number: 03497
 - Designation Type: Medically Underserved Area
 - Index of Medical Underservice Score: 50.7
 - Status: Designated
 - Rural Status: Non-Rural
 - Designation Date: 05/11/1994
 - Update Date: 05/11/1994

Medically Underserved Areas/Populations

Wichita Service Area

- **Wichita County**

- Service Area Name: Eastern Wichita
 - CT 0109.00
 - CT 0110.00
 - CT 0111.00
 - CT 0130.00
 - CT 0131.00
- MUA/P Source ID Number: 07236
- Designation Type: Medically Underserved Area
- Index of Medical Underservice Score: 58.4
- Status: Designated
- Rural Status: Non-Rural
- Designation Date: 07/24/2002
- Update Date: 07/24/2002

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.

Health Professional Shortage Areas

Wichita County

- **County Name:** Wichita County
 - **HPSA Name:** Wichita County
 - **Status:** Designated
 - **Rural Status:** Partially Rural
-
- **HPSA Discipline Class:** Mental Health
 - **Designation Type:**
Geographic HPSA
 - **HPSA ID:** 7485480088
 - **HPSA Score:** 16
 - **HPSA Designation Last Update Date:** 10/27/2017

Health Professional Shortage Areas

Low Income – Wichita County

- **County Name:** Wichita County
- **HPSA Name:** Low Income – Wichita County
- **Status:** Designated
- **Rural Status:** Partially Rural

– **HPSA Discipline Class:** Primary Care

- **Designation Type:** Low Income Population HPSA
- **HPSA ID:** 1488078183
- **HPSA Score:** 15
- **HPSA Designation Last Update Date:** 10/27/2017

– **HPSA Discipline Class:** Dental Health

- **Designation Type:** Low Income Population HPSA
- **HPSA ID:** 6486086024
- **HPSA Score:** 17
- **HPSA Designation Last Update Date:** 07/09/2019

Health Professional Shortage Areas

CF – James V. Allred Unit

- **County Name:** Wichita County
 - **HPSA Name:** CF – James V. Allred Unit
 - **Status:** Designated
 - **Rural Status:** Non-Rural
-
- | | |
|---|--|
| <ul style="list-style-type: none">– <u>HPSA Discipline Class:</u> Primary Care<ul style="list-style-type: none">○ <u>Designation Type:</u> Correctional Facility○ <u>HPSA ID:</u> 1482599014○ <u>HPSA Score:</u> 12○ <u>HPSA Designation Last Update Date:</u> 08/28/2018 | <ul style="list-style-type: none">– <u>HPSA Discipline Class:</u> Mental Health<ul style="list-style-type: none">○ <u>Designation Type:</u> Correctional Facility○ <u>HPSA ID:</u> 7488174472○ <u>HPSA Score:</u> 21○ <u>HPSA Designation Last Update Date:</u> 08/28/2018 |
|---|--|

Health Professional Shortage Areas

Iowa Park Clinic

- **County Name:** Wichita County
- **HPSA Name:** Iowa Park Clinic
- **Status:** Designated
- **Rural Status:** Non-Rural

- | | | |
|---|---|---|
| – <u>HPSA Discipline Class:</u> Primary Care | – <u>HPSA Discipline Class:</u> Dental Health | – <u>HPSA Discipline Class:</u> Mental Health |
| o <u>Designation Type:</u> Rural Health Clinic | o <u>Designation Type:</u> Rural Health Clinic | o <u>Designation Type:</u> Rural Health Clinic |
| o <u>HPSA ID:</u> 14899948Q8 | o <u>HPSA ID:</u> 64899948OE | o <u>HPSA ID:</u> 74899948P2 |
| o <u>HPSA Score:</u> 13 | o <u>HPSA Score:</u> 17 | o <u>HPSA Score:</u> 18 |
| o <u>HPSA Designation Last Update Date:</u> 08/17/2019 | o <u>HPSA Designation Last Update Date:</u> 08/17/2019 | o <u>HPSA Designation Last Update Date:</u> 08/17/2019 |

Health Professional Shortage Areas

North Central Texas Community Health Center

- **County Name:** Wichita County
- **HPSA Name:** North Central Texas Community Health Center
- **Status:** Designated
- **Rural Status:** Non-Rural

– <u>HPSA Discipline Class:</u> Primary Care	– <u>HPSA Discipline Class:</u> Dental Health	– <u>HPSA Discipline Class:</u> Mental Health
○ <u>Designation Type:</u> Federally Qualified Health Center	○ <u>Designation Type:</u> Federally Qualified Health Center	○ <u>Designation Type:</u> Federally Qualified Health Center
○ <u>HPSA ID:</u> 148999485W	○ <u>HPSA ID:</u> 64899948B5	○ <u>HPSA ID:</u> 748999482N
○ <u>HPSA Score:</u> 15	○ <u>HPSA Score:</u> 25	○ <u>HPSA Score:</u> 16
○ <u>HPSA Designation Last Update Date:</u> 08/17/2019	○ <u>HPSA Designation Last Update Date:</u> 08/17/2019	○ <u>HPSA Designation Last Update Date:</u> 08/17/2019



INTERVIEWEE INFORMATION

United Regional Health Care System Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Raymond Atkins	Executive Director	Helen Farabee Centers	3/8/2019	Multi-county region, including Wichita County	Valerie Hayes		x		Mental Health, Behavioral Health, Underserved, Vulnerable
Kris Awtrey	CEO/Administrator	Presbyterian Manor/House of Hope	3/21/2019	Multi-county region, including Wichita County	Valerie Hayes		x		Senior, Aging, Vulnerable
DeAndra Chenault	City Councilor	Wichita Falls City Council	3/19/2019	Wichita County	Valerie Hayes			x	General Public
Randy Cooper	Executive Director	Boys and Girls Club of Wichita Falls	3/27/2019	Wichita County	Valerie Hayes		x		Youth, Underserved
Kristi Curd	Director of Case Management and Social Work	United Regional Health Care System	3/20/2019	Multi-county region, including Wichita County	Valerie Hayes		x		General Public
Dori Dockery	Director of Community Health	United Regional Health Care System	3/7/2019	Multi-county region, including Wichita County	Valerie Hayes		x		General Public
Alisa Echols	CEO	Hospice of Wichita Falls	3/12/2019	Wichita County	Valerie Hayes		x		Medically Complex, Vulnerable
Amy Fagan	Assistant Director	Wichita Falls Health Department	3/26/2019	Wichita County	Valerie Hayes	x			General Public
Kelly Fristoe	Financial Services Representative	Financial Partners	3/13/2019	Wichita County	Valerie Hayes			x	General Public
Woody Gossom	County Judge	Wichita County	3/12/2019	Wichita County	Valerie Hayes			x	General Public
Laura Gutierrez	Diabetes Educator	United Regional Health Care System	3/20/2019	Multi-county region, including Wichita County	Valerie Hayes		x		General Public
Jackie Hamm	Executive Director	THE Kitchen/Red/Green Door Senior Centers	3/26/2019	Multi-county region, including Wichita County	Valerie Hayes		x		Senior, Aging, Vulnerable
Brian Hull, MD	Medical Director of Transitional Care	United Regional Health Care System	3/6/2019	Multi-county region, including Wichita County	Valerie Hayes		x		Underserved, Vulnerable
Lauren Johnson	Board Chair	United Regional Health Care System Foundation	3/7/2019	Multi-county region, including Wichita County	Valerie Hayes		x		General Public
Lou Kreidler	Director	Wichita Falls Health Department	3/11/2019	Wichita County	Valerie Hayes	x			General Public

United Regional Health Care System Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Robin Lockhart	Interim Chair	Midwestern University Wilson School of Nursing	3/19/2019	Multi-county region, including Wichita County	Valerie Hayes		x		General Public
Carol Marlar	Onsite Manager	United Way	3/18/2019	Multi-county region, including Wichita County	Valerie Hayes		x		General Public
Rebecca McCain	CEO	Electra Memorial Hospital	3/20/2019	Multi-county region, including Wichita County	Valerie Hayes		x		General Public
Debi Mills	Director of Health Services	Wichita Falls Independent School District	3/13/2019	Wichita County	Valerie Hayes		x		Youth, Children, Adolescents
Regan Nabors	Senior Representative Community Engagement	American Cancer Society	3/27/2019	Multi-county region, including Wichita County	Valerie Hayes		x		General Public
Michelle Nelson	Senior Director of Health Improvement	United Regional Health Care System	3/7/2019	Multi-county region, including Wichita County	Valerie Hayes		x		General Public
Allen Patterson	CEO	Community Healthcare Center	3/14/2019	Multi-county region, including Wichita County	Valerie Hayes		x		Underserved, Vulnerable
Steve Sparks	Executive Director	Faith Mission/Faith Refuge	3/14/2019	Wichita County	Valerie Hayes		x		Homeless, Underserved, Vulnerable
Michael Stanford	Board Chair	United Regional Health Care System	3/12/2019	Wichita County	Valerie Hayes		x		General Public
Helen Talley	Director of Nursing	Presbyterian Manor/House of Hope	3/21/2019	Multi-county region, including Wichita County	Valerie Hayes		x		Senior, Aging, Vulnerable
Mani Vejandla	Pharmacist	Guffey's Pharmacy	3/13/2019	Wichita County	Valerie Hayes			x	General Public
Angie Weiss	Nutrition Director	Wichita Falls Area Food Bank	3/6/2019	Wichita County	Valerie Hayes		x		Underserved, Vulnerable

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 Community Hospital Consulting; March 6, 2019 – March 27, 2019.



PRIORITY BALLOT

United Regional Health Care System Community Health Needs Assessment Prioritization Ballot

- Please review the primary criteria we will use to identify the top community health priorities for United Regional Health Care System, then cast 3 votes for each priority.
- Please return your ballot to the CHC team once completed.

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 Health Care System Capacity	
a.	Are people at United Regional Health Care System 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)

Using the criteria listed above, please indicate how important you believe this priority is for the communities we serve, with #5 indicating the highest importance and #1 indicating the lowest importance. To cast your votes, just fill in one circle in every row.

Access to Affordable Care and Reducing Health Disparities Among Specific Populations					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
United Regional Health Care System Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Access to Affordable, High Nutritional Quality Food Options					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
United Regional Health Care System Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Access to Primary Care Services and Providers					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
United Regional Health Care System Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Access to Specialty Care Services and Providers					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
United Regional Health Care System Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Access to Mental and Behavioral Health Care Services and Providers					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
United Regional Health Care System Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Prevention, Education and Awareness of Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
United Regional Health Care System Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Section 2:

Implementation Plan

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 on August 12, 2019 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 CHNA Team participated in 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 discussed the results and decided to address all of the prioritized needs in various capacities through a hospital specific implementation plan.

The six most significant needs, as discussed during the August 12th prioritization meeting, are listed below:

1. 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

United Regional leadership has developed the following implementation plan to identify specific activities and services which directly address the six 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 objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate).

The United Regional Board reviewed and adopted the 2019 Community Health Needs Assessment and Implementation Plan report on October 28, 2019.

Priority 1: Access to Primary Care Services and Providers

Rationale

Interviewees discussed the limited number of primary care providers accepting new patients in the community, as well as the difficulty in seeking primary care for certain insurance types (Medicaid, Medicare) and patients with developmental disabilities. It was noted that the provider shortage leads to overuse of the Emergency Room, increased use of advanced practitioners and long wait times for appointments. Interviewees specifically discussed the un/underinsured as disproportionately affected by long wait times and inconsistent follow up, and one interviewee specifically stated: “If you’re insured, you’re going to get follow up consistently on chronic conditions. If you’re Medicaid or unfunded, instead of getting a blood pressure check every 3 months, you might get an appointment every 6 months.”

Interviewees raised concern surrounding the increasing number of providers preferring “shift work” and resisting admitting patients to nursing homes. The recent closing of the residency program was also discussed, and one interviewee specifically stated: “Last year we lost the residency program which hurt a lot of the low income community. We need to be looking at having another primary care residency in the community for purposes of a long term health care infrastructure.”

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.).		
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.		
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.		
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.		
1.E. United Regional will continue to improve access to primary 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.		

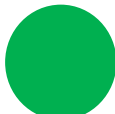
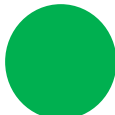
Priority 2: Access to Specialty Care Services and Providers

Rationale

Many interviewees mentioned there is outmigration of patients to Dallas/Fort Worth and Oklahoma City due to a variety of factors, including: lack of awareness of services available locally, patient perception that “bigger is better,” pending physician retirements, long wait times to see local providers, and lack of in-network providers. Specialties mentioned as needed due to limited depth, insurance barriers and/or succession planning needs include: Neurology, Dermatology, Cardiology, Endocrinology, Oncology, CV Surgery, Neurosurgery and Pulmonology.

Interviewees discussed the disproportionate challenge for un/underinsured patients in seeking specialty care, with one interviewee stating: We have difficulty getting unfunded or underfunded patients into specialty care. An unfunded patient is required to come up with a \$200 copay when they get to the office, and they’re turned away if they can’t pay that.” Additionally, a few interviewees mentioned an increasing number of local providers unable to prescribe pain medications. One interviewee stated: “People have to go out of town to get pain medications because some docs here lost their DEA license. We have had quite a few of those lately.”

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.).		
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.		
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.		
2.D. 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.		
2.E. 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.		



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.		
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Priority 3: Prevention, Education and 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. Cancer and heart disease are the two leading causes of death in Wichita County and the state. Wichita County has higher mortality rates than Texas for cancer, diseases of heart, chronic lower respiratory diseases, cerebrovascular diseases, Alzheimer's disease, accidents (unintentional injuries), diabetes mellitus, chronic liver disease and cirrhosis, intentional self-harm (suicide), Parkinson's disease, female breast cancer, prostate cancer, lung and bronchus cancer and colon and rectum cancer.

Wichita County has higher rates of communicable diseases, such as chlamydia and gonorrhea, than the state. Wichita County also has higher prevalence rates of chronic conditions and unhealthy lifestyle behaviors such as diabetes (adult and Medicare population), obesity, high blood pressure (adult and Medicare population), asthma, arthritis, smoking and physical inactivity than the state.

With regards to maternal and child health, specifically, Wichita County has higher percentages of mothers smoking during pregnancy and teen births than the state. Data also suggests that residents may not be seeking necessary preventive care services, such as flu vaccines (Medicare population).

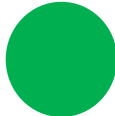
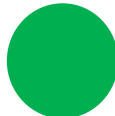
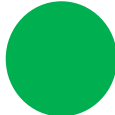
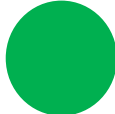
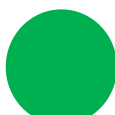
Interviewees discussed high rates of obesity and associated chronic conditions, including hypertension and diabetes, and noted the limited healthy lifestyle education in the community that is confounded by a lack of desire to participate in behavior change or preventive care. Significant tobacco use and trending diets were also mentioned as concerning, and one interviewee stated: "Recently, there's a lot of trend diets – the keto diet, intermittent fasting...those things are very popular and they have health consequences."

Interviewees discussed a challenge in understanding the cost and complexity of the health care system for residents, and also noted an opportunity for physicians to educate patients on available community resources based on individualized needs. One interviewee stated: "Doctors' offices need to be educated on programs and different agencies and what they do out in the community whether it's for medication, utilities, or food. If you're educated on what programs we have here in the county, then you're more able to help a person who might not have anyone at home to help them."

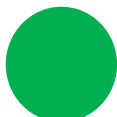
Interviewees suggested sharing medical records across the community with the implementation of Epic in order to better coordinate care and reduce the cost of care for residents due to the perceived lack of transparency regarding health care costs. It was also mentioned there is a need for communication and community outreach regarding resources available for residents to use, and the limited awareness of existing resources across the community – particularly for low income residents. One interviewee stated: "We need to be helping people understand the services that are provided and how they could be helped financially. People are becoming very tight with their money and they would choose to spend money on something else instead of using it for health care."

It was mentioned that there is a lack of health literacy and understanding of access points across the continuum of care, specifically confusion surrounding primary care vs. urgent care. It was also mentioned that there is limited coordination across community organizations, and there is a perceived lack of communication between hospital staff and patient families. One interviewee stated: "A lot of times, communication between hospital staff and the families is not always there."

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 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.	CURRENT EXAMPLES INCLUDE: <i>CPR, prepared childbirth, smoking cessation (minimal fee), breast feeding, Healthy You TV series, diabetes education, prenatal classes, monthly prenatal orientation with Sheppard Air Force Base, 55 Advantage, Senior Focus, Women's Expo</i>	
3.B. United Regional will continue to host various support and educational groups at the facility for patients and the community.	CURRENT EXAMPLES INCLUDE: <i>Type 1/Type 2 Diabetes Support Group, diabetes and survival skills classes for patients with newly diagnosed diabetes, weight loss surgery support group, Breathsavers (pulmonary support group)</i>	
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.		
3.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.	CURRENT EXAMPLES INCLUDE: <i>Bee Healthy Program, smoking cessation (minimal fee), Diabetes Management Program</i>	
3.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		
3.F. United Regional and all owned facilities are tobacco-free and vapor-free.		

3.G. 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.		
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.		
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.		
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.	CURRENT EXAMPLES INCLUDE: <i>Wichita County Health Department, Wichita Falls Area Food Bank (note: mobile pantry is listed individually under 4.E.)</i>	
3.K. 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.	CURRENT EXAMPLES INCLUDE: <i>Midwestern State University Simulation Center, Hospice of Wichita Falls, American Cancer Society's Relay for Life, SIDS and Kids, American Red Cross, Leadership Wichita Falls, Hospice, United Way, Race for the Cure, Wichita Falls ISD sports program, Falls Fest, Martin Luther King Breakfast, Sheppard Air Force Base, Project Back to School, Sids and Kids, Kids Fest</i>	

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.		
3.M. 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.		
3.N. United Regional will continue to host and participate in blood drives throughout the year.		
3.O. United Regional will continue to serve as a teaching facility and allow for students pursuing health-related careers to rotate through the facility for a variety of programs.	CURRENT EXAMPLES INCLUDE: <i>LVN, RN, respiratory therapist, radiology technician, laboratory technician</i>	
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.		

Priority 4: Access to Affordable, High Nutritional Quality Food

Rationale

Wichita County has a higher overall food insecurity rate and a higher child food insecurity rate than the state, as well as a higher average meal cost than Texas. Additionally, Wichita County has a higher percentage of its population with low food access than the state and a lower rate of grocery stores per 100,000 than the state. The majority of neighborhoods located within food deserts and have low food access are primarily located in the eastern region of Wichita County. The county also has a higher percentage of students eligible for free or reduced price lunch than the state.

Interviewees noted growing concern surrounding local food deserts, particularly within the community's east side. It was also mentioned that residents prioritize rent and utilities, which forces them to forego healthy food options. One interviewee stated: "Budget and financial obligation to pay rent and bills keep people from getting healthy food. Food is one of those things that gets put on the backburner when bills need to be paid."

It was mentioned that limited healthy food options are within walking distance for most residents, and transportation barriers in seeking healthy foods may be leading to purchasing groceries from vendors with less healthy options. Additionally, interviewees discussed the disproportionate challenge in accessing healthy food options for residents outside of Wichita Falls. One interviewee stated: "The food disparity will continue to be an issue. In Electra, it's difficult because we don't have a real grocery store so that causes a problem with people having access to good food they can eat. We have a dollar general and a little convenience store."

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, 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. Compassion Fund at United Regional Foundation provides these boxes, which contain a variety of nonperishable food items.		
4.B. United Regional will continue to sponsor the High Heels for Hot Meals event, which benefits The Kitchen. The Kitchen provides food for seniors as well as 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.		
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.		
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.		

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

Rationale

Wichita County has a higher percentage of depression (adult and Medicare population) than the state, as well as a higher percentage of adults who experienced 14 or more days of poor mental health than the state.

Interviewees discussed the disproportionate challenge in un/underinsured patients seeking mental and behavioral health care and long wait times for those patients. It was also noted that there is a lack of substance abuse treatment facilities for un/underinsured patients, which results in those patients leaving the community to seek such services in Abilene. One interviewee stated: “We’re limited on resources for drug/alcohol counseling. Many people dealing with that have to go to Abilene if they’re unfunded and don’t have insurance to pay.”

It was mentioned that mental and behavioral health-related patients tend to overuse the Emergency Room, and raised concern surrounding the unmet needs for patients residents dealing with bipolar disorder, schizophrenia, depression and suicidal ideations. Interviewees also discussed a stigma associated with seeking mental and behavioral health care services in the community. One interviewee specifically stated: “There is a stigma associated with accessing services. It’s hard to get people to acknowledge that they have a problem to seek care.”

Interviewees noted an increasing number of patients on multiple prescriptions from different prescribers, with one interviewee stating: “Folks are on multiple prescribed medications. They may be on pain medication, anti-anxiety medication, and it’s all from different prescribers. There’s a lot of accidental multiple drug causes of death.” It was also mentioned that there is a limited number of bilingual providers in the community.

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 the Employee Assistance Program.		

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

Rationale

Wichita County has a lower median household income than the state, and also has a higher percentage of families living below poverty than the state. Wichita County also has a higher percentage of adults who have experienced a medical cost barrier to care than the state, and a higher percentage of households with no motor vehicle than the state. Additionally, Wichita County has several geographic- and population-based Health Professional Shortage Area designations and census tract-based Medically Underserved Area/Population designations, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees raised concern surrounding cost barriers to care in Wichita County, which may lead to overuse of the Emergency Room, delay in seeking care or foregoing care. It was also noted that the high cost of health care services is forcing lower socioeconomic groups to choose between medications, prescriptions, food/meals and utilities. Interviewees discussed concern surrounding a lack of sliding fee scale related clinics in the west side of the county, and one interviewee specifically stated: “We don’t have enough clinics that are on that west side of the county. There [should] be an FQHC medical, dental and behavioral site on the west side of the community, maybe more than one site. We need to provide medical, dental and behavioral primary care services to the financially and otherwise vulnerable in the community.”

It was mentioned that residents tend to leave the community for specialty care services due to a lack of providers participating in local insurance plans and that dental care services are particularly expensive for all insurance types, which causes patients to delay seeking care.

Transportation was discussed as a significant issue due to patients missing health care appointments. Interviewees described the existing transportation infrastructure as having limitations with long wait times and limited stops around the county. It was mentioned that transportation is more difficult for residents living in the rural parts of Wichita County who try to seek transportation services, and that there is a disproportionate challenge in transportation to/from doctor’s appointments for the low income, Medicare, elderly and handicapped populations. One interviewee stated: “With access to care, we need a better infrastructure in transportation. Some patients can’t afford a cab and they miss their appointment. We’re missing the boat by not having a more county-wide transportation system that’s accessible, reliable and safe. Patients who don’t show up say they couldn’t get a ride. If we had a better system, our patients could get to their appointments.”

When asked about which specific groups are at risk for inadequate care, interviewees spoke about homeless, low income, pediatric, teens/adolescents, racial/ethnic, veterans and elderly populations as being disproportionately challenged by barriers to accessing healthcare services in Wichita County.

With regards to the homeless population, interviewees mentioned mental and behavioral health care needs, an increasing need for shelter options for pets of homeless persons, lack of follow up care and overuse of the Emergency Room as challenges for this particular population. For low income residents, interviewees mentioned long wait times for appointments and overuse of the Emergency Room as challenges for the low income community in Wichita County.

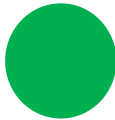
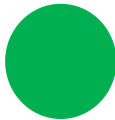
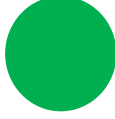
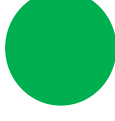
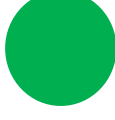
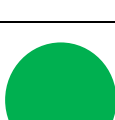
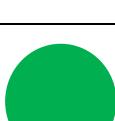
When speaking about the pediatric population in Wichita County, interviewees raised concern surrounding lack of access to local specialty care, lack of pediatric home health options in the community and few resources for developmentally-delayed children as challenges specific to these residents. For teens/adolescents, interviewees mentioned limited dental care services for youth with mental retardation and autism, obesity and a lack of access to healthy foods, vaping and synthetic marijuana use, teen pregnancy, the traumatic impact of adverse health events during childhood, an increasing rate of autoimmune diseases (arthritis) and a lack of access to contraceptives as general issues for such population.

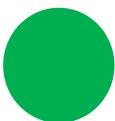
With regards to racial/ethnic groups, interviewees noted language barriers (Hispanic) and a limited number of bilingual mental and behavioral health care providers as challenges for these residents. For veterans, interviewees noted frustration with the VA system, transportation barriers, a lack of local

preventive care options, a stigma associated with seeking care for mental and behavioral health care issues, a need for social work assistance and an increasing number of homeless veterans as concerns for such residents.

Lastly, for the elderly population in Wichita County, interviewees mentioned transportation barriers, a need for a Community Paramedicine Program, a lack of health literacy, limited number of primary care providers accepting Medicare and Medicaid, a lack of affordable and safe housing options and a limited understanding of advanced care planning as challenges for this population.

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.		
6.B. United Regional will continue to work to encourage physicians new to the community to accept all payer classes.		
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.		
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.		
6.E. Physician referral, class registration, and nurse triage services will continue to be offered at no charge to the community through the United Regional's "Call-A-Nurse" phone line. Referrals are provided for local physicians as well as other community health care services.		
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.		
6.G. 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.		
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.	NOTE: Next Spirit of Giving campaign will be in 2021	
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.		
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.		
6.K. United Regional will continue to provide mammograms through charity care for females who qualify.		
6.L. 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.	CURRENT EXAMPLES INCLUDE: Surgical patients at risk for surgical site infections, patients without a PCMH, un/underinsured	



6.M. 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.		
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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 or the previous CHNA, please see details at the end of this report or respond directly to the hospital online 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 Health Care System

ATTN: Kim Maddin, Director of Community Relations

1600 Eleventh Street

Wichita Falls, Texas 76301

Email: kmaddin@unitedregional.org

Please find the most up to date contact information on the United Regional Health Care System website under “Community Health Needs Assessment”:

<https://www.unitedregional.org/about-united-regional/community-health-needs-assessment/>





Thank you!

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