

## **Methodist Stone Oak Hospital 2017-2019**

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## Organizational Profile

Methodist Stone Oak Hospital is part of the Methodist Healthcare<sup>1</sup> family of hospitals. It is the first full-service hospital built this century in South Texas. Opened in March 2009, the facility features many modern design amenities for patients, families and physicians. It is truly the next generation in Methodist Healthcare's half-century legacy of providing high quality care to South Texans. Services range from emergency care, obstetrics, newborn intensive care, cardiology, neurosurgery, general surgery and orthopedics. Patients enjoy an environment of all private rooms. Methodist Stone Oak Hospital is accredited by the Joint Commission in stroke care and is designated as an accredited Chest Pain Center.

**Our Mission:** Serving Humanity to Honor God by providing exceptional and cost-effective health care accessible to all.

**Our Vision:** To be world-class

**Our Values:** I-CARE: Integrity, Compassion, Accountability, Respect, Excellence

**Our Core Competency:** Building partnerships to serve our community.

## Community Benefits Committee – Guiding Community Outreach

The Methodist Healthcare System Core Competency, *building partnerships to serve our community*, enables achievement of the mission of service to the community (Serving Humanity) through compassionate service, efficiency, and effectiveness with a servant leadership attitude (being responsible stewards of Methodist Healthcare's assets while honoring God). The Mission supports regular, consistent impactful contributions to strengthen the health of the community guided by the Community Benefits Committee. Formed in 1995 as a result of the partnership agreement, the Community Benefits Committee is a standing committee of Methodist Healthcare. The committee meets quarterly to review community benefits provided by Methodist Healthcare. Members include representatives from Methodist Healthcare's Community Board, Board of Governors and leadership from Methodist Healthcare and Methodist Healthcare Ministries, as well as key staff members from each organization. An annual community report is submitted by the president and CEO of Methodist Healthcare, to the Community Benefits Committee, Board of Governors, Community Board, and MHM recapping the complimentary programs offered to the community, a great many of them directed to

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<sup>1</sup> Methodist Healthcare is comprised of 26 facilities, including eight hospitals. Methodist Healthcare was formed as a 50-50 co-ownership between the Methodist Healthcare Ministries of South Texas (MHM) and HCA. MHM is a private, faith-based, not-for-profit organization dedicated to providing medical and health-related human services to low-income families and the uninsured in South Texas. MHM is second only to the government in providing health care to the indigent population in a 72-county area. HCA, based in Tennessee, is the nation's leading provider of health care services, composed of more than 250 hospitals and freestanding surgery centers in 20 U.S. states and in the United Kingdom.

those less fortunate. The report includes a summary trend chart of actual services. In addition to the annual report, a quarterly report is presented on various aspects of Methodist Healthcare’s community involvement focused on measuring community activity that benefits the underserved.

## Population Served

### In 2015, Methodist Stone Oak Hospital served

Emergency Department Patients	Inpatients	Outpatients	Outpatient Surgery	Total
28,029	11,365	9,120	4,526	<b>53,040</b>

### In 2016, Methodist Stone Oak Hospital budgeted for

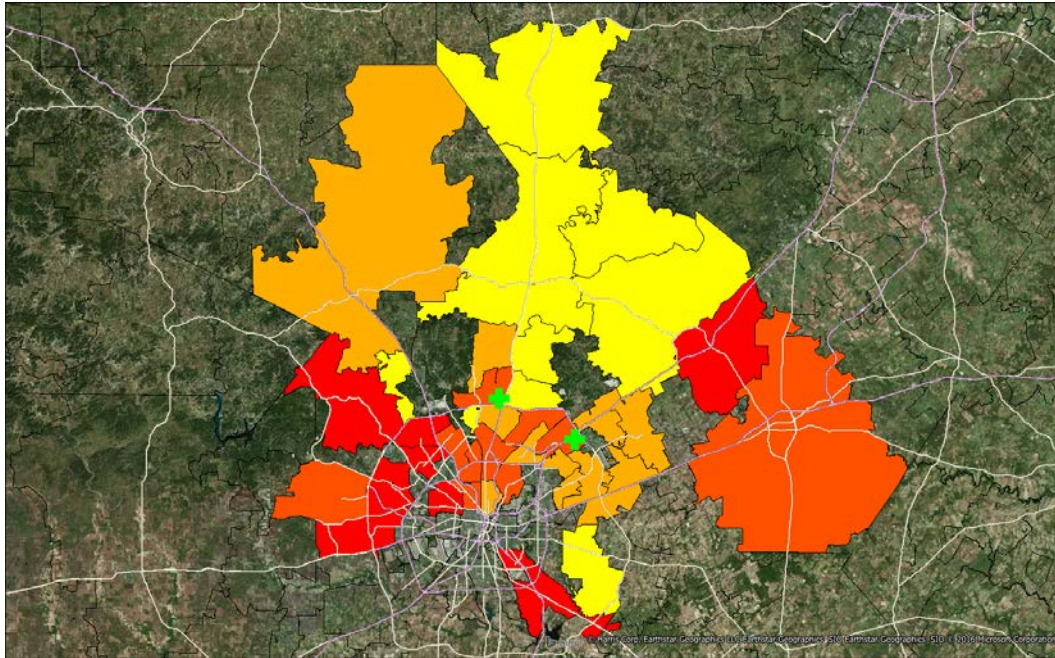
Emergency Department Patients	Inpatients	Outpatients	Outpatient Surgery	Total
30,626	12,053	10,390	4,542	<b>57,611</b>

Methodist Stone Oak Hospital’s service area of 28 Zip codes located in five counties (Bexar, Blanco, Comal, Guadalupe and Kendall) has an estimated population of over 1.5 million<sup>2</sup>. Our service area also includes underserved rural areas.

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<sup>2</sup> Based on PCensus a trademark of tetrad Computer Applications Inc. Utilizing US Census Data

**Figure 1 Geographical Illustration of Population Served<sup>3</sup>**



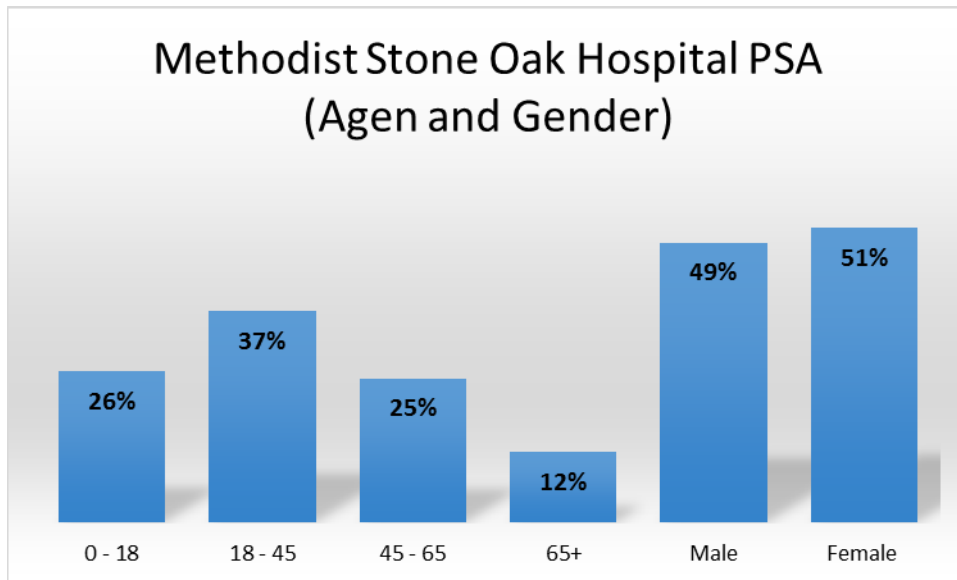
**Figure 2 Population Ethnicity<sup>4</sup>**

<b>2015 Estimated Population by Ethnicity</b>	<b>1,527,500</b>
White	1,170,873
Black	102,825
Asian	42,594
Other	211,207
<b>2015 Estimated Population Hispanic or Latino</b>	<b>706,341 (46%)</b>

<sup>3</sup> Based on PCensus a trademark of tetrad Computer Applications Inc. Utilizing US Census Data

<sup>4</sup> Based on PCensus a trademark of tetrad Computer Applications Inc. Utilizing US Census Data

Figure 3 Population Age and Gender<sup>5</sup>



To help meet the needs of our rural communities, Methodist Healthcare manages Medina Regional Hospital in Hondo, Texas, Val Verde Regional Medical Center in Del Rio, Texas, Cuero Community Hospital in Cuero, Texas, and Frio Regional Hospital in Pearsall, Texas. This enables these hospitals to provide the community with resources that otherwise may not be available. Methodist Healthcare provides a neuro telemedicine program, Tele-Stroke, to Connally Memorial Medical Center (Floresville, Texas), Guadalupe Valley Regional Medical Center (Seguin, Texas), Fort Duncan Regional Medical Center (Eagle Pass, Texas), Dimmitt Regional Hospital (Carrizo Springs, Texas), Laredo Medical Center (Laredo, Texas), Peterson Regional Hospital (Kerrville, Texas), Medina Regional Hospital (Hondo, Texas), Frio Regional Hospital (Pearsall, Texas), South Texas Regional Hospital (Jourdanton, Texas), Memorial Hospital (Gonzales, Texas) and Cuero Community Hospital (Cuero, Texas). The Tele-Stroke program provides these rural Texas hospitals access to Methodist Healthcare neurologists who can remotely diagnose and treat stroke patients when minutes count. Methodist Healthcare also has abdominal transplant program satellite clinics in numerous Texas cities including Lubbock, Corpus Christi, McAllen, Laredo, Temple, Austin and will open another clinic in El Paso.

In order to meet the needs of those whose primary language is not English, Methodist Stone Oak Hospital offers:

- Language interpretation – 200 languages available 24/7, 365 days a year through a relationship with STRATUS. Methodist Healthcare has video remote interpretation (VRI) throughout the organization, for patients and families requiring language assistance.

<sup>5</sup> ERSI 2013 Demographic Report

- Methodist Stone Oak Hospital provides materials and forms in Spanish (additional languages upon request). As a large percentage of the population turns to the internet for health and wellness information, Methodist Healthcare's website, SAHealth.com, is available in Spanish.

## **Community Needs Assessment Methodology, Process and Community Involvement**

### **Methodology**

Methodist Healthcare is a founding member of The Health Collaborative (THC), a nonprofit convening organization that brings together hospital systems, other health care organizations, local government and nonprofit organizations in Bexar County to identify and solve community health issues through collaboration. THC has conducted its Bexar County Community Health Needs Assessment (BCCHNA), an in-depth look at local health, since 1998 and Methodist Healthcare has used this assessment to analyze, prioritize and act on the health-care needs of the community. Conducted every three years, the BCCHNA has evolved into a national model recognized for its comprehensiveness and for the community engagement and collaboration it has fostered.

Members of THC include: Methodist Healthcare, MHM, Appdiction Studio, Baptist Health System, Bexar County Department of Community Resources, CHRISTUS Santa Rosa Health System, Community First Health Plans, Our Lady of the Lake University, the City of San Antonio Metropolitan Health District, University Health System, University of Texas Health Science Center at San Antonio Department of Family and Community Medicine, SA Clubhouse, ILX Health Strategies Group and the YMCA of Greater San Antonio. Funders of the THC Community Health Assessment are Baptist Health Foundation, Bexar County, the Kronkosky Charitable Foundation, the United Way of San Antonio, San Antonio Metro Health Department and MHM.

THC bases its community health assessment on the social determinant model which views outcomes as a product of health-related behaviors and the behaviors themselves as a likely product of social dynamics at the level of the social context of the neighborhood. The BCCHNA uses data from the San Antonio Metropolitan Health District's annual Health Profiles, a report which looks at health trends, area demographics, information on prevalence of disease, and other findings. Health Profiles looks at the population by age, by gender and by race/ethnicity as it relates to current population, projected population, birth, education, ZIP code and census tract. It also provides an in-depth look at birth trends, including fertility rates, maternal health, maternal age and ethnicity, teen births, low birth weight and premature trends and mother's BMI and weight gain. Youth indicators examined include juvenile probation, family violence, immunization rates, and child abuse. Deaths are examined by infant mortality rate and causes, life expectancy by race/ethnicity and gender, all causes of death, and years of potential life lost. The BCHNA also draws from the following data sources: Population and housing data from the U.S. Census Bureau; population estimates and projections from the Texas State Demographic Center at the University of Texas at San Antonio; social and economic conditions data from the U.S. Census Bureau American Community Survey; crime data from the U.S. Department of Justice Uniform

Crime Report; vital statistics, Behavioral Risk Factor Surveillance System (BRFSS), injury, hospital discharge, hospital bed, and health professions data from the Texas Department of State Health Services; Medicaid and public benefits data from The Texas Health and Human Services Commission; and communicable disease and vital statistic data from the San Antonio Metropolitan Health District.

Finally, data is collected at the neighborhood level with the intent of describing the social contexts that possibly give rise to health-related behaviors described in the Health Profiles and BRFSS survey data. Discussion groups and interviews were conducted city-wide with over 160 participants, ranging from community residents, service providers, government staff and officials, and advocates for the health of Bexar County’s low-income, medically-underserved and minority populations (See Community Partners). These interviews and meetings took place during March and April of 2016. The Health Collaborative contracted with Community Information Now (CI:Now), a local data intermediary serving south central Texas, for quantitative data collection and analysis and for development of the assessment narrative.

The final assessment was released by THC and local city and county officials at a breakfast meeting whereby a cross section of grassroots and city leaders were invited as well as participants from the focus groups and one-on-one interviews conducted for the assessment. The Executive Summary of the assessment was provided to all attendees.

**Figure 4 CHNA Timeline**

	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
<b>Community Health Assessment</b>																		
Building Relationships	X	X	X	X	X	X	X	X	X									
Qualitative Data Collection					X	X	X											
• Key Informant Interviews						X	X											
• Focus Groups							X											
• Community Dialogues							X	X	X									
• Photovoice								X	X									
• Data analysis																		
Draft CHA Qualitative Report										X								
CHA Community Release											X							
<b>Community Health Improvement Plan</b>																		
Project Mgmt & Partnership Dev									X	X	X	X	X	X				
CHIP Planning Sessions											X	X	X	X	X			
CHIP Report Development																X		
CHIP Community Release																	X	
<b>CHA/CHIP Evaluation</b>																		
Planning Sessions																X	X	X
Plan Development																	X	X



In order to assess the rural areas Methodist Healthcare serves, University Health System’s (UHS) Regional Healthcare Partnership (RHP) 6 plan was utilized. Thee Texas Health and Human Services Commission established geographic boundaries for new Regional Healthcare Partnerships (RHP). Each RHP has developed a plan that identified the participating partners, community needs, proposed projects and funding distribution. RHP 6 is anchored by University Health System and includes the following counties: Atascosa, Bandera, Bexar, Comal, Dimmit, Edwards, Frio, Gillespie, Guadalupe, Kendall, Kerr, Kinney, La Salle, McMullen, Medina, Real, Uvalde, Val Verde, Wilson, and Zavala.

## Community Partners

<p><b>One-on-One Setting Interviews with Key Regional and City Officials</b></p>	<ul style="list-style-type: none"> <li>• Scott Ackerson - Haven for Hope</li> <li>• Bryan Alsip, MD - University Health System</li> <li>• Doug Beach - National Alliance on Mental Health Illness</li> <li>• Eric Cooper - San Antonio Food Bank</li> <li>• David Marquez - Bexar County Economic Development</li> <li>• Richard Milk - San Antonio Housing Authority</li> <li>• Carlos Moreno, MD - CommuniCare</li> <li>• Vincent Nathan, PhD - San Antonio Metropolitan Health District</li> <li>• Paul Nguyen, MHA - CommuniCare</li> <li>• Janet Realini, MD - Healthy Futures of Texas</li> <li>• Bob Rivard - The Rivard Report</li> <li>• Bill Wilkinson, MA - Roy Maas Youth Alternatives</li> <li>• Nelson Wolff, JD - Bexar County</li> <li>• Brian Woods, EdD - Northside Independent School District</li> </ul>
<p><b>Discussion Group Participants</b></p>	<ul style="list-style-type: none"> <li>• Melinda Abrego - CSRA</li> <li>• Linda Aguero - Laurel Ridge Treatment Center</li> <li>• Magdalena Alvarado</li> <li>• Nadia Alvarez - San Antonio Area Foundation</li> <li>• Carmen Amador - Community member</li> <li>• Alberto Barragan - San Antonio AIDS Foundation</li> <li>• Oralia Bazaldua - University of Texas Health Science Center San Antonio</li> <li>• Brian Bowser - American Heart Association</li> <li>• Mercedes Bristol - Community member</li> <li>• Jacqueline Burandt - University Health Systems</li> <li>• Rose Caballero - Community member</li> <li>• Jessica Campbell - CommuniCare</li> <li>• Velma Cantu - Community member</li> <li>• Hortencia Carmona - Prevention Resource Center, Region 8</li> <li>• Margaret Carter - Presa Community Center</li> <li>• Sofia Castillo - CentroMed</li> <li>• David Clear - San Antonio Metropolitan Health District</li> <li>• Debra Colorado</li> <li>• Jennifer Cook - University of Incarnate Word</li> <li>• Dawn Cook - Alamo Area Resource Center</li> <li>• Keeley Cooper - University of Texas at San Antonio</li> <li>• Guadalupe Cornejo</li> </ul>



- Marisol Cortez - CommuniCare
- Michelle Dado - San Antonio Healthy Start/San Antonio Metropolitan Health District
- Ashley Davalos - University of Texas at San Antonio
- Maria Del Carmen Martinez - Community member
- Elisabeth DeLaRosa - University of Texas Health Science Center San Antonio
- Rosita Deleon - Community member
- Nicole Adele Dierschke - University of Texas Health Science Center San Antonio
- Diana DiMeglio - University of Texas at San Antonio
- Charlene Doria-Ortiz - Bexar County Department of Community Resources
- Veronica Drake - San Antonio Behavioral Health Hospital
- Sister JT Dwyer - Daughters of Charity
- Maria Escamilla - Community member
- Laura Esparza - Community member
- Bethany Evans - Healthy Futures of Texas
- Mary Falcon - Alamo Area Resource Center
- Andrea Figueroa - Martinez Women Center
- Penny Flores - University of Texas Health Science Center San Antonio
- Vince Fonseca - Population Health Institute of Texas
- Martha Garcia - Community member
- Guadalupe Garcia - Community member
- Stephanie Garza - Presa Community Center
- Martha Gonzales - Community First Health Plans
- Gilbert Gonzales - Bexar County Mental Health Department
- Nora Gonzales - San Antonio Metropolitan Health District
- Ernesto Guajardo - University of Incarnate Word
- Kristine Gusman - YMCA of Greater San Antonio
- Susan Hancock - Community member
- Clarissa Holloway - University Health System
- Carmona Hortencia - San Antonio Council on Alcohol and Drug Abuse/PRC Region 8
- Danielle Housley - Northside Independent School Districts
- Meredith Howe - Project Worth
- Joe Ibarra - Community member
- Judy Johnson - Community member
- Courtney Kukes - University of Texas at San Antonio
- Yen Le - University of Texas at San Antonio
- Maria Lee - Community member
- Marissa Lira - Bexar County Department of Community Resources
- Juan Lopez - San Antonio Metropolitan Health District
- Elizabeth Lutz - The Health Collaborative
- Terri Mabrito - Voices for Children
- Elizabeth Manrique - University of Texas Health Science Center San Antonio
- Kate Martin - UTHealth School of Public Health, San Antonio Regional Campus
- Mario Martinez - Project Worth
- Delia Martinez - Community member
- Selma Martinez - Community member

- Jerry Mauricio - Healthy Futures of Texas
- Amanda Merck - Community member
- Nilda Molinas - Community member
- Kaela Momtselidze - American Cancer Society
- Alan Montemayor - Community member
- Sylvia Montes de Oca - Cal Farley's
- Dianna Morganti - Community member
- Ginger Mullaney - Healthy Futures of Texas
- Velma Muñiz - Bexar County Mental Health Department
- Michelle Mutchler - University of Texas at San Antonio
- MaryKay Newman - Bexar County Ryan White Program
- Denholm Oldham - Maximus
- Kelsey Olson - Healthy Futures of Texas
- Lisa Ortega - Methodist Healthcare Ministries
- John Osten - San Antonio Metropolitan Health District
- Dean Parra - Alamo Area Resource Center
- George Patrin - Serendipity Alliance
- Jocabed Peña - Presa Community Center
- Jeannette Peña - San Antonio Council on Alcohol and Drug Abuse
- Alice Perez - Community member
- Sandra Pett - Bexar County Ryan White Program
- Caleb Rackley - Community member
- Norma Ramirez - Daughters of Charity Services San Antonio
- Ruben Ramos - Amerigroup
- Pamela Ramsey - Brighton San Antonio
- Mrudula Rao - Stone Oak Psychiatry / AFSP
- Varda Ratner - The Patient Institute
- Jesse Renteria - San Antonio Council on Alcohol and Drug Abuse
- Carolina Reyes - Community member
- Eric Reynolds - Community member
- Clarissa Rivera - University Health System
- Laurie Rodriguez - Northside Independent School District
- Vanessa Rodriguez - San Antonio Healthy Start/San Antonio Metropolitan Health District
- Roger Rodriguez - San Antonio Independent School District
- Javier Roman - Community member
- Shirleen Romo - SA Clubhouse
- Lea Rosenauer - Girls Inc of San Antonio
- Kendra Royal - Johnson & Johnson
- Thomas Schlenker - Interlex
- Eric Schoenfeldt - Community member
- Pegeen Seger - University of Texas Health Science Center San Antonio
- Kathy Shields - San Antonio Metropolitan Health District
- Jeff Skelton - Community member
- Sharon Small - Community member
- Nicole Solis - Child Protective Services

	<ul style="list-style-type: none"> <li>• Luis Solis - Community member</li> <li>• Gloria Soria - Community member</li> <li>• Ellen Spitzen - San Antonio Metro Health District</li> <li>• Teresa Stewart - Community member</li> <li>• Barbara Stocks - San Antonio Independent School District</li> <li>• Mark Stoeltje - SA Clubhouse</li> <li>• Melanie Stone - University of Texas Health Science Center San Antonio</li> <li>• Michelle Swisher - CommuniCare</li> <li>• JoAnn Tampke - Community member</li> <li>• Judith Temple - Community member</li> <li>• Bruce Thompson - Center for Health Care Services, Children's Services</li> <li>• Chris Torres - Texas A&amp;M University San Antonio</li> <li>• Amanda Torres - Community member</li> <li>• Melissa Valerio – UTHealth School of Public Health, San Antonio Regional Campus</li> <li>• Liset Vasquez - Texas A&amp;M University San Antonio</li> <li>• Juanita Vasquez-Lopez - Methodist Healthcare Ministries</li> <li>• Katherine Velasquez - Community member</li> <li>• Chris Velasquez - San Antonio Metropolitan Health District</li> <li>• Laura Villarreal - Girls Inc of San Antonio</li> <li>• Emily Weatherall - Cal Farley</li> <li>• Carolyn Welker - Martinez Street Women’s Center</li> <li>• Irene White - Martinez Street Women’s Center</li> <li>• Linda Williams - SA Clubhouse</li> <li>• Lauren Witt - Nix Health</li> <li>• Leslie Wood - Children's Bereavement Center</li> <li>• Christine Yanas - Methodist Healthcare Ministries</li> <li>• April Yancey - University of Texas at San Antonio</li> <li>• Chris Zapata - Community member</li> <li>• Vanessa Zuniga - San Antonio AIDS Foundation</li> </ul>
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**Identified Community Needs: Working Together to Meet the Goals**

In order to work collaboratively with other health care systems and organizations, businesses and nonprofits and make a true impact in our community, Methodist Healthcare has adopted the health priority areas based upon the 2016 three-year Bexar County Community Health Assessment. The health priority areas for our hospitals listed in priority order (these same five priority areas have not changed since the last community health improvement plan adopted in 2014):

## **Community Health Priority No. 1: Healthy Eating and Active Living**

The percentage of Bexar County adults who consumed fruits and vegetables five or more times per day has remained flat over recent years, estimated at 17.1% (14.2%-20.5%) in 2011 and 15.4% (11.8%-19.8%) in 2013. Although the point estimate is lower in 2013, the confidence intervals overlap almost completely, meaning there was actually little or no real change among BRFSS respondents. The news is better for sugar-sweetened drinks with the percent of adults reporting that they never drink sugar-sweetened beverages increasing from 22.7% (16.9%-29.7%) in 2012 to 36.0% (31.2%-41.1%) in 2014. Because the confidence intervals do not overlap at all, there clearly was a true increase among respondents

## **Community Health Priority No. 2: Healthy Child and Family Development**

Although the birthrate among females aged 15 to 19 continues to decline, the percentage of births to mothers receiving prenatal care in the first trimester has also declined, leading to an increase in the rate of hospitalizations for complications of pregnancy or childbirth.

## **Community Health Priority No. 3: Safe Communities**

Although the numbers point to crime rate decreasing overall in Bexar County, there are other contributing factors to “Safe Communities”. Motor vehicle accidents are a common cause of death among children age one to 14, pointing to the importance of child safety seats and seat belts as well as adult and older teen driver behaviors. Transportation is seen as one of the greatest challenges for the region for those who do not have private vehicles or easy access to public transportation.

## **Community Health Priority No. 4: Behavioral and Mental Well-Being**

Health is about more than the physical body. Mental health is related to how people think, feel and act as they cope with life—how they handle stress, relate to others and make choices. In Bexar County, There is growing clinical recognition of the impact of mental health conditions and disorders on overall health status and costs. There does appear to be a steady increase in the mental illness related hospitalization rate between 2010 and 2014. The goal is to improve comprehensive behavioral health services and access for all.

## **Community Health Priority No. 5: Sexual Health**

One of the most pressing health concerns voiced by Bexar County residents is teen pregnancy. Although the birth rate to teens ages 15-19 has declined in Bexar County, it is still an overwhelming concern. In addition, sexually transmitted infections can threaten people of any age, including unborn babies. While syphilis can be easily detected and treated in the mother, when untreated it can have devastating effects on the health of the baby. Our goal is to ensure that males and females have access to education and resources to promote sexual health.

## Area Health Services<sup>6</sup>

A listing of existing health care facilities and other resources:

The Primary and Core Based Statistical Area offers the following health facilities and resources:

- Methodist Healthcare System
- Methodist Healthcare Ministries
- Wesley Health and Wellness Center
- Bishop Ernest T. Dixon Jr. Clinic
- San Antonio Metropolitan Health District
- Bexar County Department of Community Resources
- Comal County (CHRISTUS Santa Rosa)
- Guadalupe County (Guadalupe Regional Medical Center)
- Kendall County
- Medina County (Medina Healthcare)
- Blanco County
- County Health Departments
- University Health System
- Audie L. Murphy Memorial VA Hospital
- San Antonio Army Medical Center
- CHRISTUS Santa Rosa
- Baptist Health System
- Nix Health
- Southwest General Hospital
- San Antonio State Hospital
- Barrio Comprehensive Family Health Center
- Centro Med
- La Mision Family Health
- Adolescent Pregnancy and Parenting Program
- Father Flanagan's Boys Town
- Center for Health Care Services
- Child Guidance Center
- Southwest Mental Health Center
- Warm Springs

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<sup>6</sup> The area health services listed is a sampling of the represented services available and is not all inclusive

# Methodist Stone Oak Hospital's Community Health Improvement Plan based on the Community Health Needs Assessment

## Community Priority No. 1: Healthy Eating and Active Living

**Community Goal:** To foster social change and strengthen positive behaviors around healthy eating and active living to ensure access to nutritious foods and build environments that enable all residents to make healthy choices and lead healthy lives.

**Objective:** To promote healthy eating and active living resources across the community through various channels.

### Strategies:

- To promote the prevention of heart disease through healthy eating, physical activity, and tobacco free lifestyles.
- To promote the prevention and management of diabetes through healthy eating, active living, and self-management.
- To promote the prevention and management of obesity through healthy food choices, and fitness education/offerings.

### Tactics: In 2017, Methodist Stone Oak Hospital will implement the following tactics, with yearly updates through 2019:

- Continue to support heart disease education and prevention. Methodist Stone Oak Hospital anticipates over 1,000 participants for these events in 2017:
  - Red Dress Fun Run
  - Cardiac Connections seminar
  - American Heart Association sponsorship and Heart Walk
- Distribution of public awareness materials, including information on diabetes, cardiac disease and other healthy eating and active living issues. Methodist Stone Oak Hospital will distribute over 150 pieces per month in 2017.
- Continue support of the San Antonio Food Bank with the collection and donation of healthy food items through a project adopted by the nursing staff. Methodist Stone Oak Hospital anticipates over at least one food drive in 2017.

**Impact:** Through the tactics listed above, Methodist Stone Oak Hospital will bring awareness to healthy eating and active living issues as well as contribute to the decrease of obesity, hypertension and diabetes rates.

### Measurement:

- Attendance to events, seminars, classes and screenings
- Restocking literature

- Number of website views
- Percent increase in social media followers
- Percent increase in affinity group members

**Key Partners:**

- American Heart Association
- American Diabetes Association
- YMCA
- Healthy Restaurant Coalition
- Center for Disease Control and Prevention
- Sodexo

## **Community Health Priority No. 2: Healthy Child and Family Development**

**Community Goal:** To make pregnancy and early childhood the focus of system level changes that support healthy child and family development.

**Objective:** To increase the number of programs that provide education on healthy child and family development.

**Strategies:**

- To promote prenatal care and support through education, nutrition, and active living
- To promote infant care and support through education and nutrition
- To promote early childhood development through education and nutrition

**Tactics: In 2017, Methodist Stone Oak Hospital will implement the following tactics, with yearly updates through 2019:**

- Support March of Dimes. Methodist Stone Oak Hospital will provide a walk team for the March of Dimes Walk for Babies. Methodist Stone Oak Hospital anticipates 25 walkers in 2017.
- Provide at least one scholarship (\$1,500 each) to high school students seeking health care degrees in 2017.
- Offer the community parenting classes including Buckle Up Baby, Breastfeeding and, Getting Ready for Childbirth and Tour. Methodist Stone Oak Hospital anticipates 150 classes to be held in 2017.
- Continue providing the community with free lactation consultations (in person and by phone). Methodist Stone Oak Hospital anticipates a combined total of 5,000 consultations (including in person and by phone) in 2017.
- Distribute Call-a-Nurse magnets. The Call-a-Nurse program is a telephone service offering free medical advice by trained emergency care pediatric nurses to parents of sick/injured children. The Call-a-Nurse for Children service is available from 5 p.m. to 8 a.m. Monday through Friday and around the clock on weekends and holidays. Methodist Stone Oak Hospital will distribute over 700 magnets in 2017.



**Impact:** Through the tactics listed above, Methodist Stone Oak Hospital will bring awareness to healthy child and family development issues, as well as contribute to the decrease of complications in pregnancy, infant mortality rates and preventable childhood developments will decrease.

**Measurement:**

- Attendance to events, seminars, classes and screenings
- Restocking literature
- Number of website views
- Percent increase in social media followers
- Percent increase in affinity group members

**Key Partners:**

- YMCA
- March of Dimes
- Area Schools

## **Community Health Priority No. 3: Safe Communities**

**Community Goal:** To develop safe neighborhoods by identifying what works locally, planning how to replicate successes in our neighborhoods, and enhancing systems that respond effectively to community-identified safety needs.

**Objective:** To promote community involvement in assessing, preventing, and supporting the control of stray animals that threaten the safety of citizens.

**Strategy:** To promote public education and awareness regarding pet ownership skills, resources, and laws.

**Tactics: In 2017, Methodist Stone Oak Hospital will implement the following tactics, with yearly updates through 2019:**

- Partner with Texas Poison Center Network to distribute literature. Methodist Stone Oak Hospital anticipates distributing 250 pieces of literature in 2017.
- Controlling Stray Animals
  - Distributing Responsible Pet Ownership materials to public. Methodist Stone Oak Hospital will distribute over 500 copies to the community in 2017.
  - Supporting animal rescue and advocacy groups. Methodist Stone Oak Hospital will invite the Animal Humane Society to participate in the Red Dress Run.

**Impact:** Through the tactics above, Methodist Stone Oak Hospital will bring awareness to safe community issues as well as contribute to safer neighboring communities and access to care.

**Measurement:**

- Attendance to events, seminars, classes and screenings
- Restocking literature

- Number of website views
- Percent increase in social media followers
- Percent increase in affinity group members

**Key Partners:**

- Animal rescue organizations
- San Antonio Police Department

## **Community Health Priority No. 4: Behavioral and Mental Well-Being**

This community health priority is addressed as a system. Please refer to page 20 of the Methodist Healthcare System plan, Community Health Priority No. 4.

## **Community Health Priority No. 5: Sexual Health**

**Community Goal:** To ensure that males and females have access to education and resources to promote sexual health.

**Objective:** To increase awareness among health care providers regarding congenital syphilis rates, increase compliance in syphilis testing and increase community awareness regarding sexually transmitted diseases.

**Strategies:**

- Educate through literature, seminars, and community partnerships. Provide access with our Methodist Family Health Centers.

**Tactics: In 2017, Methodist Stone Oak Hospital will implement the following tactics, with yearly updates through 2019:**

- Promote sexually transmitted disease (STD) education for the community through CDC material distribution. Anticipate disseminating 35 pieces per month in 2017.
- Methodist Stone Oak Hospital will provide information and materials on Methodist Family Health Centers. Methodist Stone Oak Hospital will stock literature in waiting room and lobbies throughout the hospital. Goal: Distribute 50 pieces per month in 2017.

**Impact:** Through the tactics listed above, Methodist Stone Oak Hospital will bring awareness to sexual health issues as well as contribute to the decrease in teen pregnancies and sexually transmitted diseases.

**Measurement:**

- Attendance to events, seminars, classes and screenings
- Restocking literature
- Number of website views
- Percent increase in social media followers
- Percent increase in affinity group members

**Key Partners:**

- City of San Antonio Metropolitan Health District
- The Health Collaborative
- Center for Disease Control and Prevention
- School Districts

## **Implementation of the Strategy**

The implementation strategy, including an execution plan and prioritization of health needs, services and metrics for each hospital will be presented to and approved by the Community Benefits Committee, Methodist Healthcare Community Board, Methodist Healthcare Board of Governors and MHM.

The chief executive officer at each facility has appointed an advocate to work with the Methodist Healthcare Strategic Planning and Market Services Department to implement and monitor the plan. The hospital chief financial officer also has appointed a representative to attend the meetings to monitor budget adherence. These individuals form a committee that will meet twice a year.

Methodist Healthcare’s implementation strategy for each hospital facility includes:

- Communication plan
- Priority initiative work plans
- Role and responsibility assignments
- Measures/indicators for success along with baseline data

Additional monitoring of the plan will occur through the quarterly community benefits reports to the Community Benefits Committee and the annual charity care report compiled and distributed to the Community Benefits Committee.

## **Availability of the Community Health Needs Assessment and Implementation Plan**

A digital version of the assessment and plan will be available on our website, [www.SAHealth.com](http://www.SAHealth.com). A printed version will be distributed to employees and physicians and will be available to the public upon request.

### **Approval:**

Methodist Stone Oak Hospital Chief Executive Officer

**By: Marc Strode**

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Date: \_\_\_\_\_