

# Uvalde Memorial Hospital

**Our Mission:** To promote the healing of those we serve by providing high-quality, compassionate health care.



**Our Vision:** To be the provider of choice to the people we serve with the best staff, the best care, and the healthiest community.

**Our Values:**

- Compassion - Do unto others as you would have them do unto you.
- Accessibility - Be available to all we serve.
- Integrity - Do the right thing.
- Stewardship - Be fiscally responsible and accountable. Cultivate resources entrusted to us to promote healing and wholeness.
- Excellence - Exceed expectations through teamwork and innovation.



## Our History

The story of UMH is one of a community taking care of its own, and emerged from humble beginnings. In 1928, Dr. George Merritt opened Uvalde's first 7-bed hospital in his home and in 1937, Dr. Merritt built a second hospital across from his home on Martin Street and increased the number of beds to 10.

Less than ten years later it became evident to community leaders that a larger and more comprehensive facility was needed to meet the healthcare needs of the current residents, as well as provide an impetus for future economic growth. In February 1946, a bond issue was passed to finance the construction of Memorial Hospital on eight and one-half acres gifted to the county by the Puccini family. The new \$1 million, 21,000-square-foot, 39-bed hospital opened on September 20, 1949 at the corner of Garner Field Road and Puccini Lane.

By the mid-1960's, the need for a larger and more sophisticated hospital was once again apparent and plans for a 53,000-square-foot building began. The Uvalde County Commissioners passed a resolution in January 1968 creating the Uvalde County Hospital Authority. This new political subdivision allowed the authority to sell revenue bonds to be repaid from the revenue generated from the hospital.

The current hospital was constructed next door to the original building and was built at a cost of \$2 million; \$1 million from a Federal Hill-Burton grant, \$450,000 from the sale of revenue bonds and a generous \$550,000 from community fundraising efforts. On February 2, 1971, the 62-bed hospital opened its doors with an intensive care unit, six maternity beds, and expanded services.

In January 1996, a \$4.2 million, 27,000-square-foot expansion project for outpatient services was completed. This expansion included new spaces for The Rehabilitation Center, The Women's and Newborns' Center, Emergency Department, Radiology, Laboratory, Cardiopulmonary, Registration, Medical Records, and Central Supply.

In 2010 the Saving Lives Close to Home capital campaign raised 5.4 million dollars to fund Kate Marmion Regional Cancer Medical Center. This effort, largely supported by the late former Governor Dolph Briscoe, brought the first radiation therapy practice west of San Antonio and expanded specialty care for the residents of the region. Uvalde Medical and Surgical Associates (UMSA), a 501 (c) 3 governed by a board of directors, was also established under the Uvalde County Hospital Authority through the project. This speciality physician practice is located in the medical office buildings of the Kate Marmion Regional Cancer Medical Center and provides cardiology, general surgery, orthopedic and sports medicine, geriatric, and family medicine care.

## A Look at Us Now

Today, Uvalde Memorial Hospital is a 66-bed 501(c) 3 not-for-profit county hospital serving five counties and governed by a seven-member board of directors. Top of the line equipment provides the service region with access to medical technology that rivals what is found in a big city.

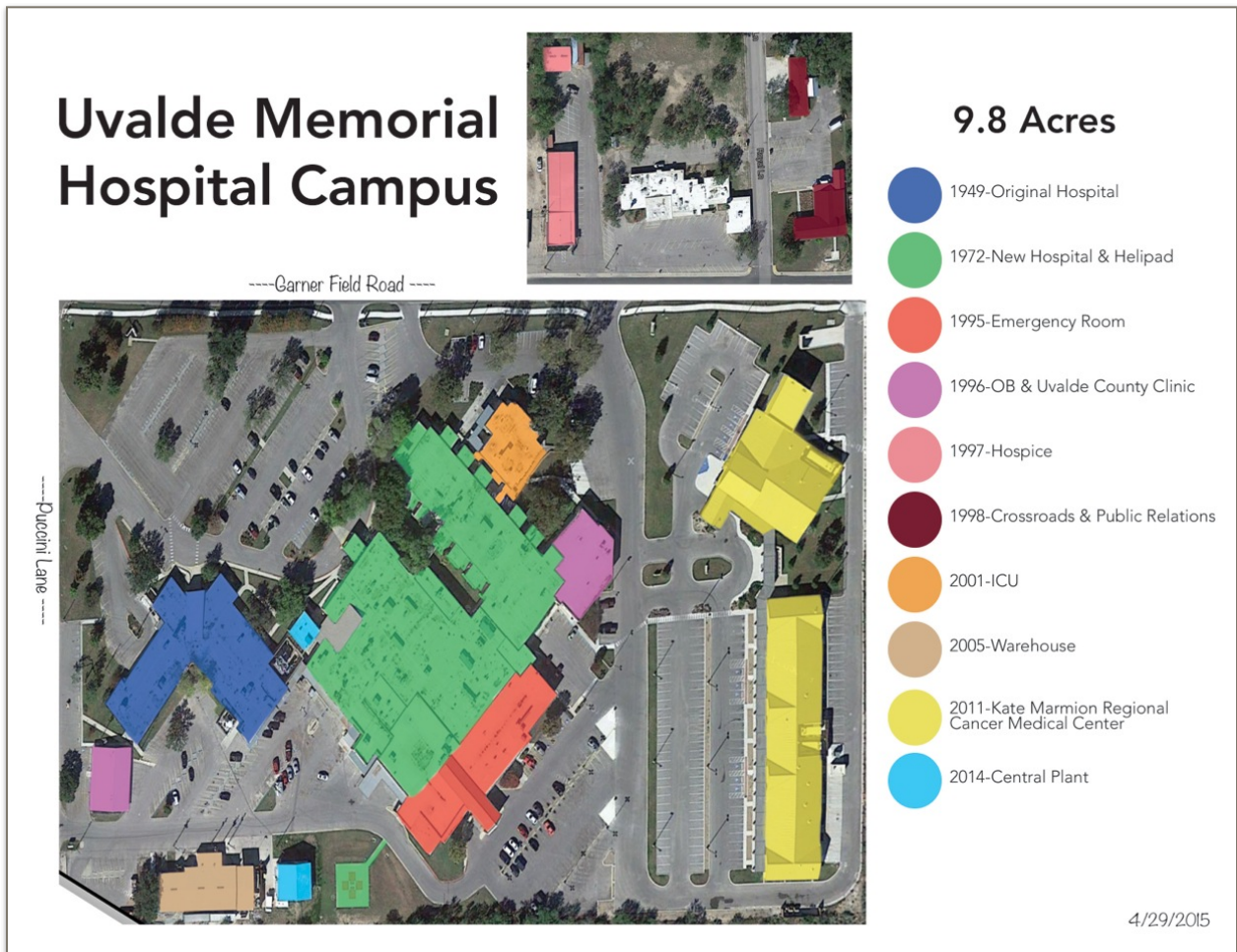
The hospital employees more than 460 people and is supported by volunteers who contribute a combination of over 6,000 hours each year. The hospital's active medical staff is made up of 23 physicians who cover a wide variety of specialties including family medicine, orthopaedics, wound care, general surgery, sports medicine, cardiology, pediatrics, and more.

In 2014, UMH provided almost 10 million dollars in charity care. The hospital provides care to patients who meet criteria under the charity care policy without charge or at discounted rates. A half-cent sales tax revenue is distributed to Uvalde County and designated for healthcare expenditures. The sales tax revenue is split among healthcare entities including the hospital. Seventy-five percent of this revenue is allocated to UMH and covers less than 12 percent of the hospital's annual charity care.



## Our Facility

Our current campus has seen much growth since it's inception in 1949. The map below outlines each part of the facility by the year the buildings were acquired or built. Not pictured are the remodels the plant has undergone including major projects such as the addition of the Women's Imaging Center in 2014.



## Who We Serve

Uvalde Memorial Hospital serves a five-county region comprised of Edwards, Kinney, Real, Uvalde, and Zavala counties with a population draw of more than 45,000 residents. The most populous county in the region is Uvalde with more than half of the total residents. The region is predominately Hispanic and has a much larger population over age 65 than the Texas average.



**Exhibit 2:**  
5-county Medical Service Region

	Texas	Edwards	Kinney	Real	Uvalde	Zavala
<b>Demographics</b>						
Population	26,448,193	1,884	3,586	3,350	26,926	12,156
% Below 18	26.6%	21.2%	19.7%	17.4%	28.1%	30.5%
% 65 and >	11.2	24.5	25	27.7	15.7	12.5
% Hispanic	38.4	54.6	57.0	26.9	69.9	92.9
% Non-hispanic white	44.0	43.7	40.0	69.6	28.2	6.4
<b>Social &amp; Economic Factors</b>						
Some college (% adults 25-44)	58.6%	48.6%	31.3%	61.5%	48.4%	52.0%
Unemployment	6.3%	6.6%	7.8%	5.7%	7.1%	14.7%
Children in poverty	25%	38%	24%	39%	39%	45%
Median household income		\$35,339	\$41,271	\$34,556	\$35,813	\$25,291
Children in single-parent households	33%	39%	33%	63%	37%	49%
Violent Crime (per 100,000 pop.)	422	166	76	79	298	362

Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

## Why A Community Health Needs Assessment (CHNA)?

A Community Health Needs Assessment captures the community's perspective of needs through the analysis of information obtained over the course of several months and multiple research methods.

Through the Internal Revenue Service the Federal Government now requires non-profit hospital's to conduct a CHNA every three years. These community based studies help health care providers identify local needs, determine the availability of local resources, prioritize strengths, weaknesses, and areas of opportunity, and build stronger relationships with their communities throughout the process. It provides an opportunity for hospitals to hear directly from those that they serve.

Uvalde Memorial Hospital relied on the expertise and input of multiple individuals and agencies, locally and nationally, to ensure a quality assessment.

UMH employed National Center for Rural Health Works (NCRHW), a national leader in community health needs assessments, to assist in the project. Under the direction of director Gerald Doeksen and associate director Cheryl St. Clair, NCRHW provided the Hospital with a detailed toolkit to outline the CHNA process from beginning to end. In addition, an Economic Impact Study was conducted by NCRHW to assess the impact of UMH, UMSA, and the combination of physician's independent practices in the five-county service region.

## Data Collection and Timeline

UMH used both primary and secondary research methods to conduct the assessment. Data was gathered using the following methods:

- **Advisory and Steering Committee**

### **The Commitment**

Committee of 35 community members representing a wide variety of employers, industries, not-for-profit organizations, city and county government, and volunteer organizations from across the five-county service region participated in a 3-month advisory process. Participants committed to serving from March 4 - May 6 with the understanding that they must attend all meetings, assist in the collection of surveys, participate in focus groups, and collaborate to prioritize local health needs and make recommendations to the Hospital.

### **Selection Process**

National Center for Rural Health Works provided a list of potential community steering and advisory committee members. Examples of recommendations include city and/or

county government representatives, healthcare providers such as physicians or administrators, school health officials, emergency medical services, higher education, and volunteer organization representatives. The steering committee was selected using the recommendations of NCRHW. The steering committee then met to select the advisory committee, a selection process also guided by NCRHW recommendations.

### **Sampling Method**

The intensive selection process guided by NCRHW recommendations resulted in cluster sampling. In cluster sampling, the over all population (the 5-county service region) is broken up into subpopulations (individual counties), known as clusters. Each cluster is assumed to be representative of the heterogeneity of the larger target population. Judgement (or purposive) sampling was also used within the clusters. In judgement sampling respondents are selected because they are believed to meet the requirements of the study. The assumption is that the opinions of this group of experts are representative of the larger target population.

- **Needs Assessment Survey**

A public survey was widely distributed in various ways throughout the 5-county service region from March 4 - April 1, 2015 and was made available in English and Spanish. On April 1, 2015 the survey closed with a total of 591 completes.

#### **Distribution**

A press release was distributed on March 4 to all local newspapers announcing the survey and providing information on how to obtain and complete a copy. The survey was made available online at [www.umhtx.org](http://www.umhtx.org) during the same time period.

Each steering and advisory committee member completed the assessment and obtained 5 additional completed surveys from individuals who fell into the category the member was representing on the committee.

The survey link was shared via social media multiple times throughout the month.

The survey was e-mailed to list serves including the local Chamber of Commerce, local school districts, local higher education institutes, the largest employers in Uvalde county, active medical staff members, Uvalde County Hospital Authority board members, and UMH employees.

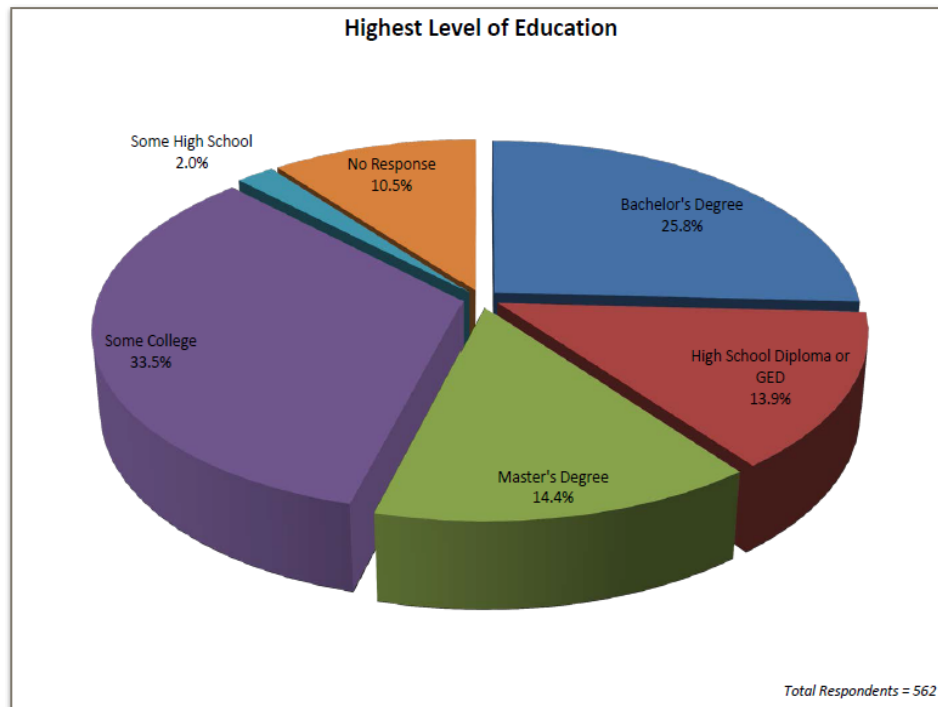
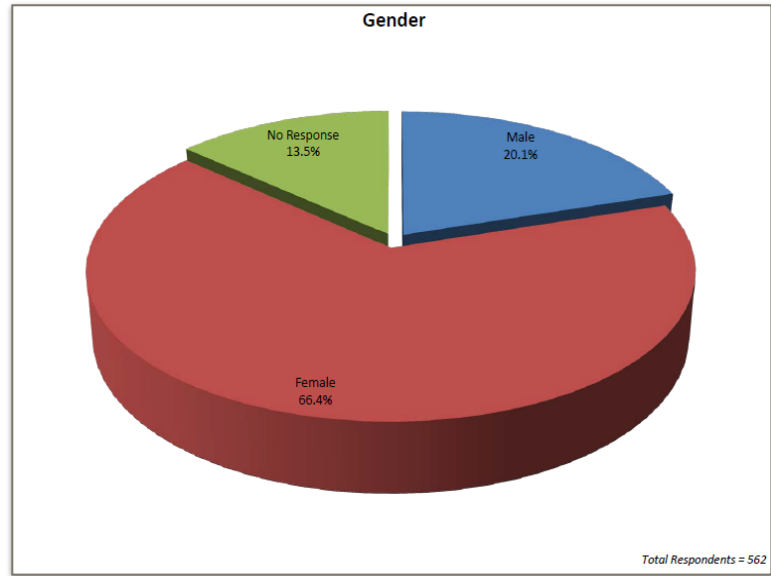
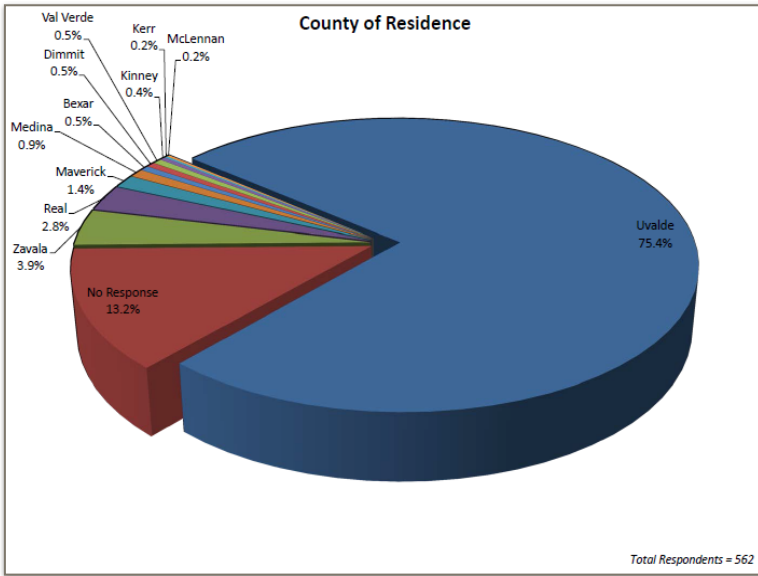
#### **Validity**

The standard when performing surveys is a confidence level of 95%, with a margin of error of 5%. For a population of 50,000, the minimum sample size required to meet this

standard is 381. With 591 completes UMH was pleased the assessment well exceeded the given minimum.

**Participation**

Participation was seen from each county in the service region. The majority of respondents were female and over 70% of respondents reported their highest level of education was at least some college.





- **Public Health Sources**

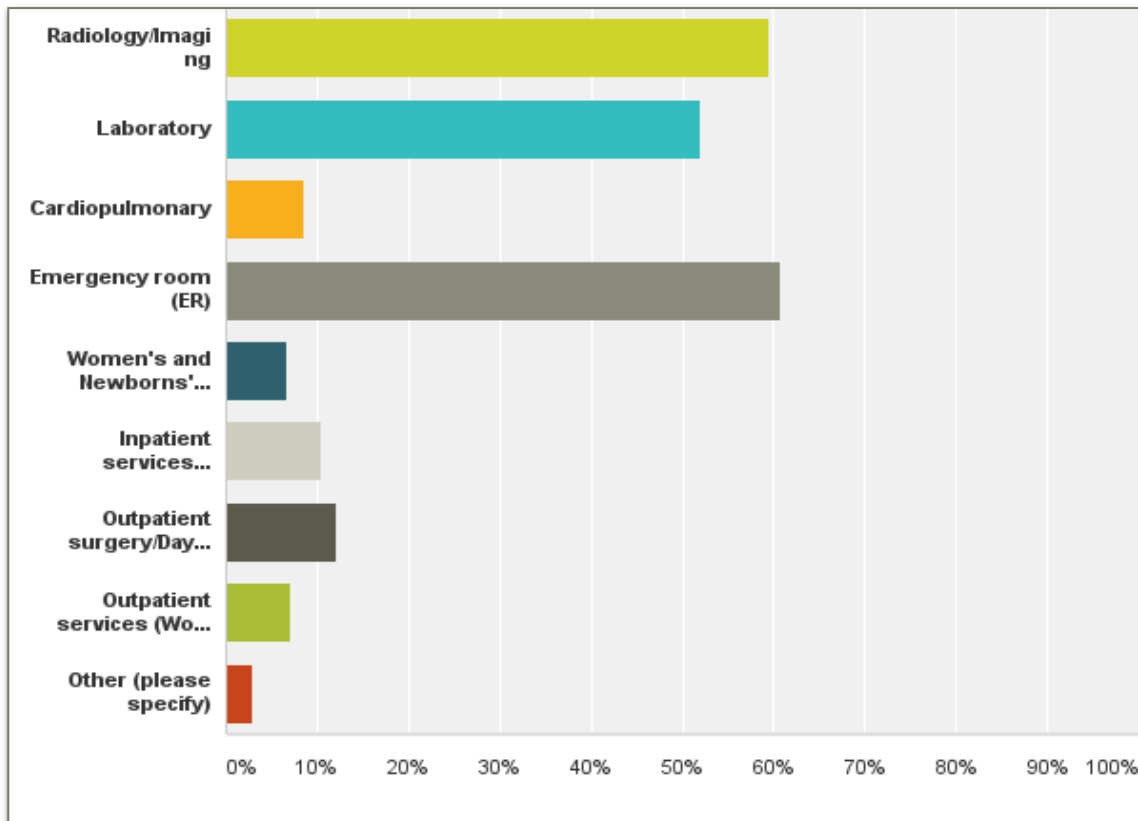
Information was gathered from January through June of 2015 using public health sources such as Centers for Disease Control and Prevention, Texas Department of State Health Services, National Center for Rural Health Works, County Health Rankings and Roadmaps, and Centers for Medicare and Medicaid Services.

## Key Findings

- **Survey Results**

Please reference the Appendix for the complete copy of survey questions and answers. Below is a synopsis of key findings only.

Over 75% of respondents answered that they, or someone in their household, had used the services of a hospital in the past 24 months. More than 90% of respondents that had used hospital services went on to say that those services were received at Uvalde Memorial Hospital. The following graph shows the distribution of those services throughout the hospital:



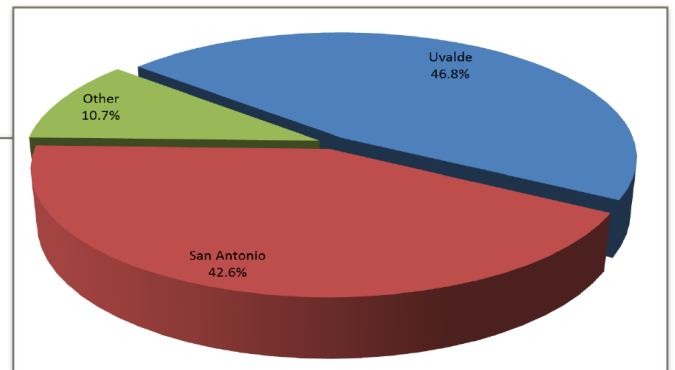
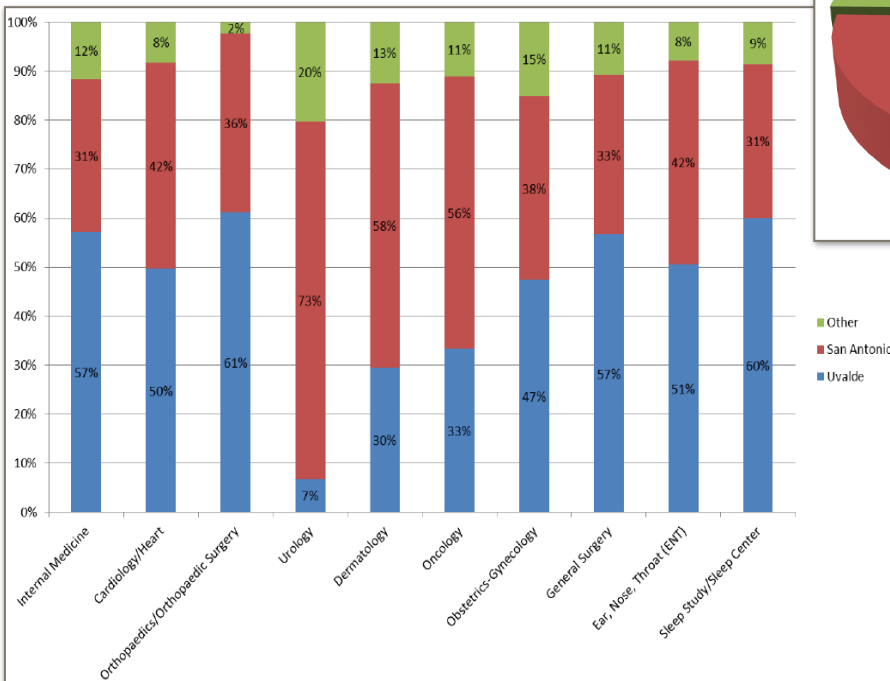
Respondents who had not received their services at UMH, received care at:

- Val Verde Regional Medical Center,
- Methodist Healthcare System,
- Medina Regional Hospital,
- and Peterson Regional Medical Center.

Approximately 5% selected “other” indicating they received services at a different facility than those listed above. The majority of these respondents said they went to the other facility because of a physician referral or the availability of specialty services. The top three facilities for physician referrals were:

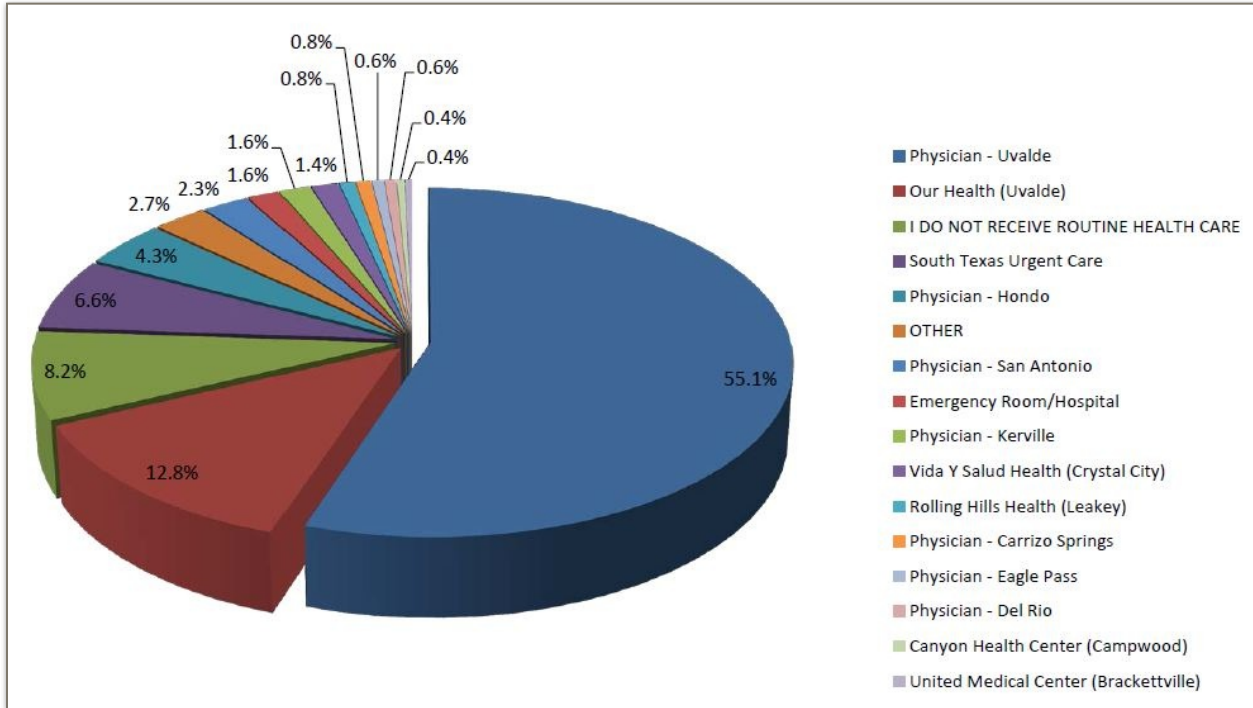
1. Methodist Healthcare System
2. Medina Regional Hospital
3. Val Verde Medical Center

Respondents also answered a series of questions regarding specialty services received in the last 24 months. Overall, 53% left Uvalde to receive specialty care. More specifically, the areas in which more than 50% of respondents left Uvalde for care were: Urology, Dermatology, Oncology, and Obstetrics-Gynecology.

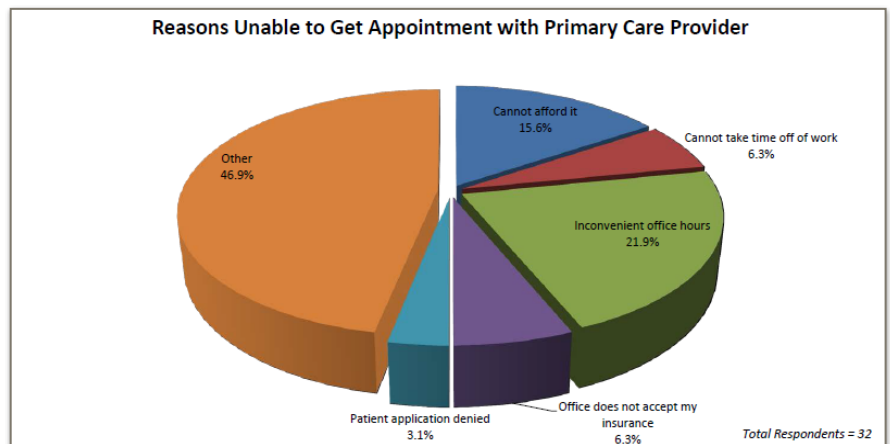


Legend:  
■ Other  
■ San Antonio  
■ Uvalde

For routine primary (family) care, over half of respondents answered that they use a physician in Uvalde. The second largest group receive care at Our Health (Uvalde) and the third largest group do not receive routine healthcare.



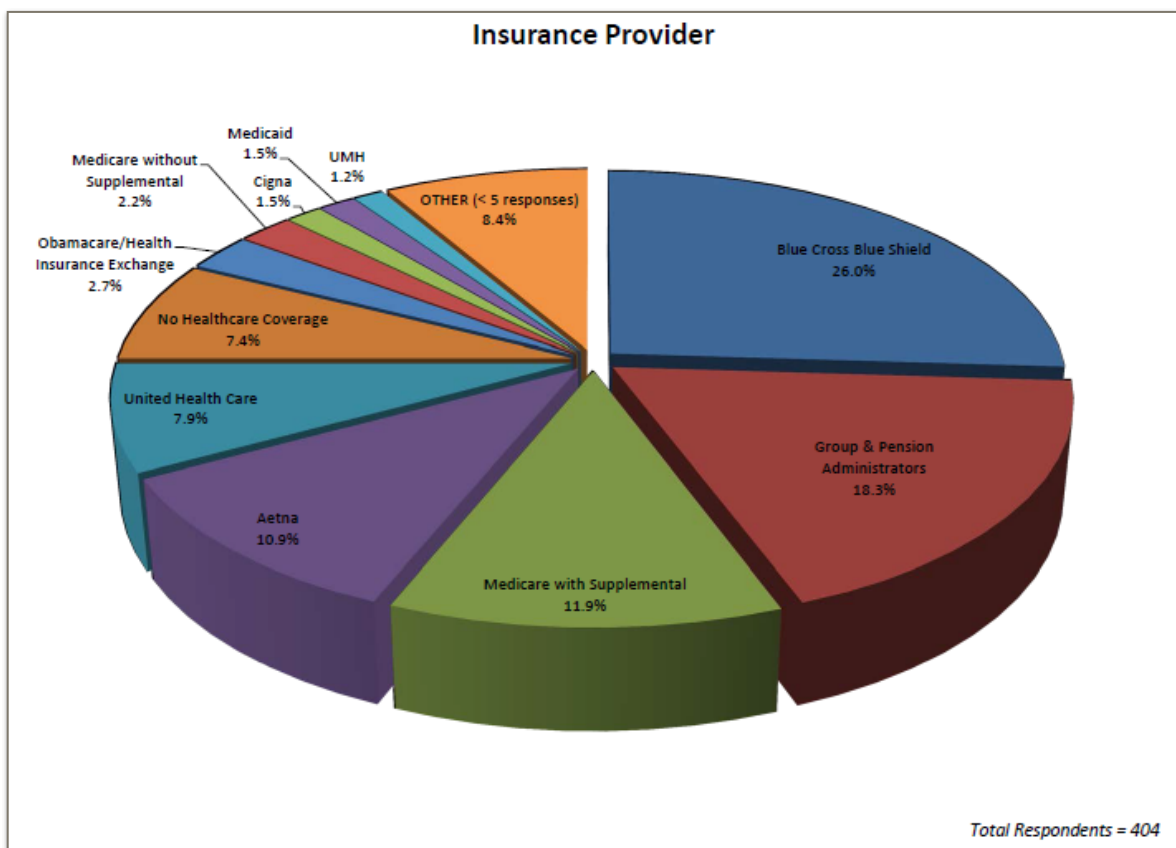
The 8.2% of respondents who answered that they do not receive routine healthcare, went on to answer "Are you able to get an appointment for primary routine (family) care?" To this question, the largest majority (40.5%) of those individuals responded "don't know" (indicating perhaps they have not tried) or "yes" (31.0%). Only 21.4% of the 8.2%, which equates to approximately 8.8 individuals, said "no" they could not get an appointment for routine care.



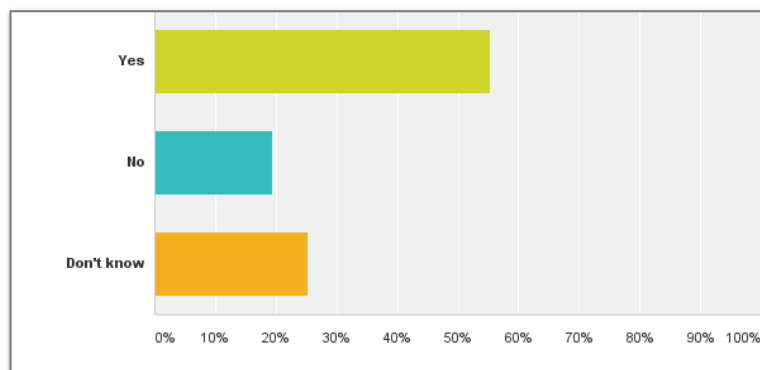
The three most prominent conditions survey respondents have been told by a physician they have were:

1. High blood pressure
2. Overweight/obesity
3. Diabetes

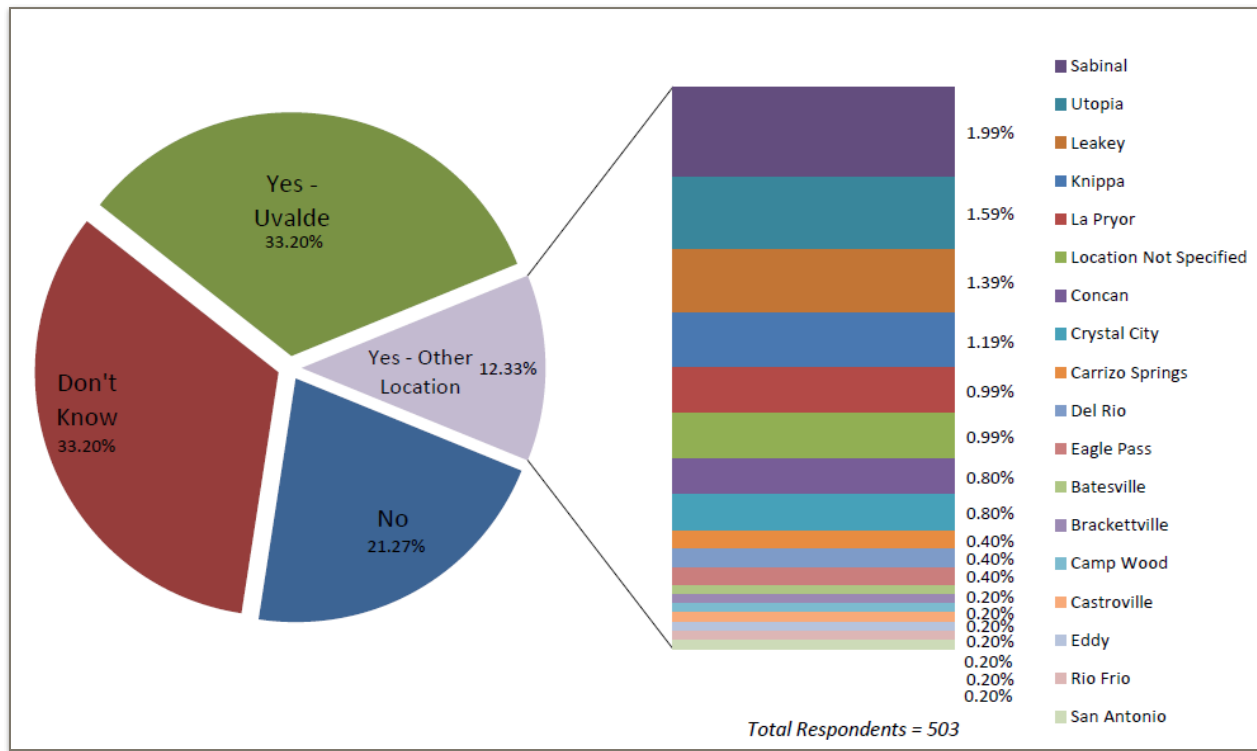
Healthcare coverage for survey respondents showed 64.6% receive insurance through private insurance companies, 15.6% through Medicare or Medicaid, and 7.4% no coverage. Only 2.7% of respondents were insured through Obamacare/Health insurance exchange.



When asked “Would you utilize an after-hours care facility that has more affordable pricing than the hospital emergency room and a cash only policy?,” over 50% of respondents answered yes.



Respondents indicated they were somewhat receptive to supporting a Hospital District with taxing authority:



• **Focus Group Results**

Members of the Advisory and Steering Committee participated in a focus group. Below is a summary of the committee’s responses rated on a 1 to 5 scale, from most impactful to least impactful:

- The group listed **three areas they believe impact people’s health** in our region the most.
  1. Individuals taking responsibility for their lifestyle/health;
  2. Affordable health insurance;
  3. Lack of desire to engage in physical activity and lack of knowledge regarding physical activity or a healthy diet.
- The group listed **what concerns them most about health care** in our area.
  1. Lack of availability of services/providers;
  2. Lack of availability of transportation;

3. Cost;
  4. Quality (listed last because the participants felt there is quality health care in the region).
- The group was asked what **health care, health education, or public health services they would like to see offered locally.**
    1. Primary care access;
    2. Resources for uninsured/underinsured;
    3. Nutrition/diet education;
    4. Exercise resources and education;
    5. Expanded and additional health services such as specialties of orthopedics, neurology and renal.
  - The group was asked **what type of specialty care is needed in our service area** that is currently unavailable.
    1. Geriatric care (physical and mental);
    2. Pediatric, allergist, ear nose and throat, and a nutritionist;
    3. Mental health services, additional counselors, therapists, and psychiatrist;
    4. Dermatology;
    5. Urologist, podiatry, sports medicine, oncologist.

- **Economic Impact**

An Economic Impact Study is not a requirement from the IRS for the Community Health Needs Assessment. However, the leadership and Steering Committee of Uvalde Memorial Hospital determined that it was extremely important to demonstrate to the community with the economic contribution of the hospital on the local economy.

UMH engaged the services of National Center for Rural Health Works Oklahoma Cooperative Extension Service at Oklahoma State University in March of 2015 to conduct the Economic Impact of Uvalde Memorial Hospital and Uvalde Medical and Surgical Associates, and Physician Practices.

Please reference the Appendix for a complete copy of the Economic Impact study. The following is the summary of the economic impact of UMH, UMSA, and Physician Practices on Uvalde County as measured by employment and payroll.

**UMH & UMSA**

Employment

- 551 direct jobs impact
- 225 secondary jobs impact
- 776 total jobs impact

Payroll (wages and salary including benefits)

- \$29.8 million direct impact
- \$6.3 million secondary impact
- \$36.1 million total impact

UMH and UMSA are not-for-profit tax-exempt entities and do not generate tax dollars however, the spending of its employees generate many dollars of taxes in other businesses from secondary operations and from the spending of the direct and secondary employees.

Federal, State, County and City Sales Tax Impact

- \$3.3 million federal Income tax
- \$1.2 million state sales tax and
- \$1.0 million county and city sales tax
- \$5.6 million total tax impact

**Physician Practices**

Employment

- 91 direct jobs impact
- 35 secondary jobs impact
- 126 total jobs impact

Payroll (wages and salary including benefits)

- \$9.2 million direct impact
- \$2.1 million secondary impact
- \$11.4 total impact

Retail Sales and Sales Tax Impact

- \$2.8 million retail sales impacts
- \$41, 599 city sales tax impacts
- \$27,733 county sales tax impact
- \$173,329 state retail sales impact

The impacts generated by UMH, UMSA, and physician practices contribute to the economy of Uvalde County by employing local residents. The hospital and physician practices and their employees spend money in Uvalde County and generate secondary impact.

If UMH, UMSA, and physician practices increase or decrease in size, the medical health of Uvalde County as well as the economic health of Uvalde County would be affected. For the attraction of industrial firms, businesses, and retirees, Uvalde County should have a quality hospital and health services. A quality hospital and health sector contributes to the overall

economic health of Uvalde County, as well as the overall medical health of its residents. Given this, not only do UMH, UMSA, and physician practices contribute to the health and wellness of local residents but also to the overall economic strength of Uvalde County.

## Health Status Rankings and Comparisons

The County Health Rankings & Roadmaps program helps communities identify and implement solutions that make it easier for people to be healthy in their homes, schools, workplaces, and neighborhoods. Ranking the health of nearly every county in the nation, the County Health Rankings illustrate what we know when it comes to what is making people sick or healthy. The Roadmaps to Health and RWJF Culture of Health Prize show what we can do to create healthier places to live, learn, work, and play.

<b>County Health Rankings (Out of 237)</b>					
	<b>Edwards</b>	<b>Kinney</b>	<b>Real</b>	<b>Uvalde</b>	<b>Zavala</b>
<b>County Health Outcomes</b>	143	40	233	116	159
<b>County Health Factors</b>	194	114	135	215	235

### What are county health rankings?

Published online at [countyhealthrankings.org](http://countyhealthrankings.org), the rankings help counties understand what influences how healthy residents are and how long they will live. The rankings look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births.

	<b>Edwards</b>	<b>Kinney</b>	<b>Real</b>	<b>Uvalde</b>	<b>Zavala</b>
<b>Clinical Care</b>					
Uninsured (% pop. < 65)	33	24	34	28	27
Uninsured adults	38%	29%	39%	36%	36%
Uninsured children (% pop. < 19)	20%	13%	20%	13%	12%
Primary Care	1,968:0			2,058:1	3,987:1
Dentists	1,884:0	3,586:0	1,675:1	2,071:1	6,078:1
Preventable hospital stays (per 1,000 Medicare enrollees)	79	67	69	72	101



## Committee Priorities

### 1. Education/Awareness

The committee would like to see increased educational outreach efforts to churches, educational institutions, or other community providers such as the Methodist Health-care Ministries nurse, county nurse, school nurses, and physician offices. The group felt this went hand-in-hand with increasing awareness of such activities through social media and online presence.

### 2. Wellness

The committee felt increased education on health issues that predominately affect our community such as smoking cessation, diabetes, obesity, and more, was very important. They recommended possibly offering incentive programs to local businesses or groups.

### 3. Social Services

The committee voiced they would like to see a stronger network for help identify resources available to our community for financial assistance, mental health services, and other issues for which it may be difficult for the general public to find information.

### 4. Specialty Services

The committee thought it was important to increase local access to specialty services such as: urology, dermatology, oncology, geriatrics, pediatrics, and mental health.

### 5. Decrease Transfers

The committee would like to see an effort made to decrease transfers that the group feels are "unnecessary" due to the services being provided locally. The committee also felt that increasing specialty services would in-turn decrease transfers.

## **Uvalde Memorial Hospital Action Plan**

The Hospital board, administration, and staff will use the results of the CHNA in strategic planning on a long-term, continuing basis. Based on the committees priorities and available resources, the hospital has identified the following action plan. Other community healthcare players can also play a lead role in influencing needs identified by the committee that the hospital can not.

### **Action Plan for Committee Priorities Identified (page 17)**

#### 1. Education/Awareness

Extend current formalized communication methods beyond Uvalde County to include current e-mail blasts, calendar of events, press releases, flyers, and more. Incorporate other areas of our service region into formalized policy for communication. Increase communication to Community Health Development, Inc. by postal mailings in addition to current e-mail outreach efforts.

#### 2. Wellness

The hospital will ensure that the annual educational calendar includes at least one public offering for each of the identified areas. Uvalde Memorial Hospital will also work with local employers to incentivize their staff to attend such courses.

#### 3. Social Services

UMH will work with local Chamber of Commerce to promote 211 Education within the community. The hospital will assist in identifying other key resources and encouraging those entities to register.

#### 4. Specialty Services

Uvalde Memorial Hospital will complete an assessment of current providers' volumes and seek additional providers in deficit areas. The hospital will participate with Hill Country Memorial Hospital in their tele-psychology program.

#### 5. Decrease Transfers

The hospital will identify types of transfers taking place and policies regarding those transfers to affirm unnecessary transfers are not being made. UMH will work to continually educate members of the service area on such policies and answer related questions.

**Credits and other notes:**

Copies of this document may be obtained at Uvalde Memorial Hospital through the administration or public relations offices:

1025 Garner Field Road, Uvalde, TX 78801 | (830) 278- 6251 | [www.umhtx.org](http://www.umhtx.org).

# Appendix

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10. Who do you use for routine primary (family) care?

- a) South Texas Urgent Care Center
- b) Emergency Room/Hospital
- c) Our Health (Uvalde)
- d) Canyon Health Center (Campwood)
- e) Rolling Hills Health (Leakey)
- f) United Medical Center (Brackettville)
- g) Vida Y Salud Health (Crystal City)
- h) Physician: \_\_\_\_\_  
City Location: \_\_\_\_\_
- i) Other: \_\_\_\_\_  
City Location: \_\_\_\_\_
- j) I do not receive routine healthcare.

11. Are you able to get an appointment for your routine primary (family) care when needed?

- a) Yes (Skip to Q13)
- b) No
- c) Don't know(Skip to Q13)

12. If you are unable to get an appointment when needed, what is the reason?

- a) Cannot afford it
- b) No transportation
- c) Office does not accept my insurance
- d) Inconvenient office hours
- e) Cannot take time off of work
- f) Patient application denied
- g) No response to patient application
- h) Other: \_\_\_\_\_

13. Please rate how important each of the following is to you when choosing where you receive hospital care.

	<b>Not At All Important</b>				<b>Very Important</b>
a) Cleanliness	1	2	3	4	5
b) Quality of care	1	2	3	4	5
c) Quietness	1	2	3	4	5
d) Modern facilities	1	2	3	4	5
e) Finding your way around	1	2	3	4	5
f) Ease of parking	1	2	3	4	5
g) Price of services	1	2	3	4	5

14. In general, how would you rate your overall health?

- a) Poor
- b) Fair
- c) Good
- d) Very Good
- e) Excellent

15. In general, how would you rate your mental or emotional health?

- a) Poor
- b) Fair
- c) Good
- d) Very Good
- e) Excellent

16. Have you been told by a physician that you have any of the following condition(s)? Circle all that apply.

- a) Stroke
- b) Diabetes
- c) High blood pressure
- d) Heart disease
- e) Obesity/overweight
- f) High cholesterol
- g) Lung disease/COPD
- h) Cancer
- i) Asthma
- j) Arthritis
- k) None

17. Do you lack any of the following to manage your health condition(s)? Circle all that apply.

- a) Money
- b) Medical supplies
- c) Transportation
- d) Insurance
- e) Health education
- f) Other: \_\_\_\_\_

**Survey**

563 Total Responses, 502 Complete Responses; Open March 4, 2015 - April 1, 2015



1. Have you or someone in your household used the services of a hospital in the past 24 months?
  - a) Yes
  - b) No (Skip to Q5)
  - c) Don't know (Skip to Q5)
  
2. At which hospital(s) were services received?
  - a) Uvalde Memorial Hospital (Skip to Q4)
  - b) Val Verde Regional Medical Center
  - c) Methodist Healthcare System
  - d) Medina Regional Hospital
  - e) Peterson Regional Medical Center
  - f) Other hospital: \_\_\_\_\_
  
3. You responded that you or someone in your household received care at a hospital other than Uvalde Memorial Hospital; why did you choose that/those hospitals?
  - a) Physician referral
  - b) Prices of services
  - c) Insurance
  - d) Quality of care
  - e) Availability of specialty care
  - f) Other(list): \_\_\_\_\_
  
4. What hospital service(s) were used at Uvalde Memorial Hospital? Circle all that apply.
  - a) Radiology/Imaging
  - b) Laboratory
  - c) Cardiopulmonary
  - d) Emergency room (ER)
  - e) Women's and Newborns' Center (OB)
  - f) Inpatient services (Med/Surg, ICU)
  - g) Outpatient surgery/Day surgery (OR)
  - h) Outpatient services (Wound Care, Hospice, Crossroads, Sleep Center, Specialty Clinic)
  - i) Other(list): \_\_\_\_\_
  
5. Have you or someone in your household used oncology services at Kate Marmion Regional Cancer Medical Center?
  - a) Yes, chemotherapy
  - b) Yes, radiation
  - c) No (Skip to Q7)
  
6. If yes, how satisfied were you with the services you received?
  - a) Satisfied
  - b) Dissatisfied
  - c) Don't know

Why were you satisfied or dissatisfied? \_\_\_\_\_
  
7. What type of specialty service(s) have you or someone in your household been to and in which city did you receive that care? Complete the blank next to all that apply.
 

<b>Specialty</b>	<b>City Location</b>	<b>Specialty</b>	<b>City Location</b>
a) Internal Medicine	_____	g) Obstetrics-Gynecology	_____
b) Cardiology/Heart	_____	h) General Surgery	_____
c) Orthopaedics/Ortho. Surgery	_____	i) Ear, Nose, Throat (ENT)	_____
d) Urology	_____	j) Sleep Study/Center	_____
e) Dermatology	_____	k) Other(list)	_____
f) Oncology	_____	l) No specialty services received.	
  
8. Have you had testing, laboratory work, and/or x-rays performed in the last 24 months?
  - a) Yes
  - b) No (Skip to Q10)
  - c) Don't Know (Skip to Q10)
  
9. If yes, in which city and at which facility was the tests or laboratory work performed?
  - a) Facility Name: \_\_\_\_\_
  - b) City Location: \_\_\_\_\_

18. Have you or someone in your household experienced any of the following? If so, complete the blanks next to all that apply.

	Type of Services Received	City Location	Patient's Age
a) Teen Pregnancy	_____	_____	_____
b) Mental Health Issues	_____	_____	_____
c) Alcohol Overuse	_____	_____	_____
d) Drug Addiction	_____	_____	_____
e) Other	_____	_____	_____
f) None	_____	_____	_____

19. What type of primary healthcare coverage (insurance) do you have?

- a) Medicare with supplemental
- b) Medicare without supplemental
- c) Medicaid
- d) Obamacare/Health Insurance Exchange
- e) Through employer, self or spouse(list insurance): \_\_\_\_\_
- f) Private (list insurance): \_\_\_\_\_
- g) Other (list): \_\_\_\_\_

20. If you do not have healthcare coverage (insurance), have you (or someone on your behalf) searched healthcare.gov for a plan?

- a) Yes
- b) No
- c) Does not apply.

21. Would you utilize an after-hours care facility that has more affordable pricing than a hospital emergency room (ER) and a cash only policy?

- a) Yes
- b) No
- c) Don't know

Why or why not: \_\_\_\_\_

22. Uvalde Memorial Hospital provides services to the residents of Edwards, Kinney, Real, Uvalde, and Zavala counties. As a resident, would you support a Hospital District that has taxing authority to help ensure the enhancement and continuation of services provided by UMH?

- a) Yes
- b) No
- c) Don't know

Why or why not: \_\_\_\_\_

23. Would you be interested in participating in a focus group or serving on a committee for future hospital projects?

- a) No, I am not interested
- b) Yes, I am interested. Please list name and phone number: \_\_\_\_\_

**Please include any additional comments or information you would like to share with us on the back.**

<b>Survey Respondent Information</b>		
City of Residence: _____	Gender: Male or Female	Age: _____
Highest Level of Education Completed (Circle one):		
Some High School	High School Diploma/GED	Some College
Bachelor Degree	Master Degree	Advanced: _____

This survey is a part of Uvalde Memorial Hospital's Community Health Needs Assessment conducted every three years. For questions or additional information regarding this survey, please (830)278- 6251 extension 1038.

### **Focus Group Questions**

1. What do you believe impacts people's health in our region the most?
2. What concerns you most about healthcare in our area?
3. What healthcare, health education, or public health services would you like to see offered locally?
4. What type of speciality care is needed in our service area that is not currently available?



## Committee Member Listing

	Agency Name	First Name	Last Name	County of Residence
<b>Steering Committee</b>				
1	Health Department	Terri	Black	Uvalde
2	Uvalde City Councilman	John	Flores	Uvalde
3	Our Health-CHDI	Rachel	Gonzales-Hanson	Uvalde
4	Uvalde Memorial Hospital-CEO	Thomas	Nordwick	Uvalde
5	Methodist Healthcare Ministries of South Texas	Lesa	Parry	
<b>Advisory Committee</b>				
1	Emergency Management	Forrest	Anderson	Uvalde
2	Mayor of Camp Wood	Jesse	Chevez	
3	Knippa ISD	Jeff	Cottrill	Uvalde
4	Uvalde Leader News	Kim	Eagle	Uvalde
5	Small business owner/Faglie Construction	Kelly	Faglie	Uvalde
6	Physician/Sage Family Medicine	Erika	Garcia	Uvalde
7	Uvalde HealthCare & Rehab Center	Judy	Gonzales	Uvalde
8	Mayor of Rocksprings	Pauline	Gonzales	Edwards
9	Psychologist	Maricela	Gonzales, PhD, LSSP	Uvalde
10	Texas Dept of Assistive and Rehab Svc	Monica	Gonzales, B.S., M.Ed.	Real
11	UMH Auxiliary	Edna	Hernandez	Uvalde
12	Adult Activity Center	John	Hogan	Uvalde
13	Sabinal resident/retired teacher	Ann	Keath	Uvalde
14	Uvalde Fire Equipment Co.	Bruce	Kingsbery	Uvalde
15	Uvalde Housing Authority	Virginia	Limon	Uvalde
16	Morningside ministries/Food Pantry	Cyndy	Marsh	Uvalde
17	First State Bank of Uvalde	Linda	Ramon	Uvalde
18	Uvalde CISD	Barbara	Reed	Uvalde
19	Utopia resident	Claudia	Rogers	Uvalde
20	Utopia resident	Richard	Rogers	Uvalde
21	Brackettville resident/Hondo National Bank	John Paul	Schuster	Kinney
22	Leakey resident/SWTJC board member	Anita	Shakelford	Real
23	Uvalde EMS	Stephen	Stephens	Uvalde
24	Uvalde CVB	Debra	Stifflemire	Uvalde
25	Sul Ross University	Gina	Stocks	Uvalde
26	First United Methodist	Bethany	Suarez	Uvalde
27	Crystal City Resident/Vida Y Salud Health Systems	Nora	Tellez	Zavala
28	La Pryor school board/Texas A&M Agrilife-Zavala ext	Marcel	Valdez	Zavala
29	Emergency Management	Charlie	Waller	Uvalde
<b>UMH Directive Team</b>				
	Public Relations Communications Specialist	Karla	Radicke	
	Public Relations Development Coordinator	Sheri	Rutledge	
	Physician Services Administrator	Linda	Walker	
	Business Development Specialist	Nelson	Riley	
	Public Relations Administrative Assistant	Annabel	Valdez	

## Meeting Agendas



**Uvalde Memorial Hospital**

### Agenda

#### Advisory Committee Meeting #1

Wednesday, March 4, 2015

Cactus Room, Ssgt. Willie De Leon Civic Center

12:00- 1:30 pm

1. Introduction and Overview of Community Health Needs Assessment Process - Tom Nordwick, CEO, UMH
2. Group Introductions
3. Hospital Services and Community Benefits - Karla Radicke, Communications Specialist, UMH
4. Economic Impact - Sheri Rutledge, Development Coordinator, UMH
5. Health Survey Questionnaire
  1. Survey Questionnaire completed at meeting
  2. Steering & Advisory Committee Members to have survey completed by 5 residents within the service region
6. Next Steps

**Meeting #2** - Wednesday, April 1, 2015, at 12:00-1:30pm  
Cactus Room, Ssgt. Willie De Leon Civic Center

**Meeting #3** - Tuesday, May 6, 2015 at 11:30am- 1:30pm  
Holmgreen Conference Room, Uvalde Memorial Hospital



**Uvalde Memorial Hospital**

**Agenda**  
**Advisory Committee Meeting #2**  
**Wednesday, April 1, 2015**  
**Cactus Room, Ssgt. Willie De Leon Civic Center**  
**12:00- 1:30 pm**

- I. Introduction
- II. Review of Meeting #1
- III. Economic and Demographic Data
- IV. Break Out Group Discussions
- V. Collect Completed Surveys
- VI. Next Steps

**Meeting #3** - Tuesday, May 6, 2015 at 11:30am- 1:30pm  
Holmgreen Conference Room, Uvalde Memorial Hospital



**Uvalde Memorial Hospital**

**Agenda  
Advisory Committee Meeting #3  
Wednesday, May 6, 2015  
Holmgreen Conference Room, Uvalde Memorial Hospital  
11:30- 1:30 pm**

11:30- 11:35am: Review Prior Two Meetings

11:35- 12:05pm: Review Results

- Health Survey (20 minutes)
- Focus Group Questions (5 minutes)
- Health Indicators (5 minutes)

12:05- 1:20pm: Develop Community Action Plan

- List community health issues (20 minutes)
- Prioritize community health issues (20 minutes)
- Discuss possible resolution for health issues (20 minutes)
- Summarize community recommendations (15 minutes)

1:20- 1:30pm: CEO Response & Next Steps

- CHNA Results to Hospital Board
- Long-term strategic planning
- Final Report Delivery

## Press Releases



**Press Release**

March 4, 2015  
For Immediate Release

**Media Contact**

Karla Radicke | [k.radicke@umhtx.org](mailto:k.radicke@umhtx.org)  
Communications Specialist  
830-278-6251 ext. 1037

UVALDE, TX - On Wednesday Uvalde Memorial Hospital kicked off a Community Health Needs Assessment with a 35 member steering and advisory committee. The meeting was the first in a series of three to complete an objective and comprehensive study of the overall health status of the hospital's service region. Participants will help determine the health care needs of the communities within the hospital's medical service region of Edwards, Kinney, Real, Uvalde and Zavala counties.

At the first meeting the group was presented with an overview of the Community Health Needs Assessment process, the expectations of committee members, a summary of the hospital and its services, and the first part of an economic impact study. The second part of the study will be reviewed at the group's next meeting.

In addition, the steering and advisory committee members completed a Community Health Needs Assessment survey followed by feedback and discussion on the tool. The survey is open to the public and can be obtained at the hospital or online at <http://surveymonkey.com/s/UMH2015>.

The hospital invites and encourages all residents within the five county service region to complete the survey before April 1, 2015. The survey will be a key indicator in determining the overall health status of the service area, identifying the most pressing health-related needs, and will help the committee develop recommendations based on the findings.

The hospital will look to committee participants for assistance in prioritizing the needs they identify and will adopt an implementation strategy to meet those needs. Results from the assessment will be made available to the public and will be reported in accordance with federal requirements.

The project's steering committee consists of Tom Nordwick, Uvalde Memorial Hospital Chief Executive Officer; Terri Black, Uvalde County Public Health Nurse; Lesa Perry, Methodist Healthcare Ministries Wesley Nurse; Rachel Gonzales-Hanson, Community Health Development, Inc. Chief Executive Officer; and John Flores, District 2 City Councilman. The project is being facilitated by hospital employees Karla Radicke, communications specialist, Nelson Riley, business development specialist, and Sheri Rutledge, development coordinator.

Under the ACA the Assessment is a requirement for not-for-profit hospitals every three years.

If you are interested in completing a survey please visit [www.umhtx.org](http://www.umhtx.org) or <http://surveymonkey.com/s/UMH2015>. You may also call (830) 278-6251 extension 1038 or email [k.radicke@umhtx.org](mailto:k.radicke@umhtx.org) to obtain a copy.

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### Uvalde Memorial Hospital

Founded in 1949, Uvalde Memorial Hospital is a 66-bed facility that provides healthcare services for residents of Uvalde, Zavala, Kinney, Real, and Edwards Counties. Uvalde Memorial offers a wealth of medical services including: 24-hour emergency care, advanced radiology services including CT scanning and MRIs, outpatient lab, physical therapy, surgical services, patient education, and more. For additional information, please visit [www.umhtx.org](http://www.umhtx.org).

**Community Health Needs Assessment Announcement, February 11, 2015**



**Press Release**  
February 11, 2015  
For Immediate Release

**Media Contact**  
Karla Radicke | k.radicke@umhtx.org  
Communications Specialist  
830-278-6251 ext. 1037

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UVALDE, TX - Uvalde Memorial Hospital is embarking on the start of a Community Health Needs Assessment conducted in accordance with the Affordable Care Act (ACA). The Assessment will be conducted over a three month period beginning in March and is an objective and comprehensive study of the overall health status of the hospital's service region.

Assessment participants will help the hospital determine the health care needs of the communities within the hospital's medical service region of Edwards, Kinney, Real, Uvalde and Zavala counties.

The project's steering committee consists of Tom Nordwick, Uvalde Memorial Hospital Chief Executive Officer; Terri Black, Uvalde County Public Health Nurse; Lesa Perry, Methodist Healthcare Ministries Wesley Nurse; Rachel Gonzales-Hanson, Community Health Development, Inc. Chief Executive Officer; and John Flores, District 2 City Councilman.

The hospital and steering committee would like to invite interested residents within the medical service region to participate in the Assessment an advisory committee member. This committee will represent the broad interests of the community and should include those with special knowledge, expertise, or an interest in public health.

The advisory committee will meet 3 times and will look at survey data, focus group results, information from the public health department, and an economic impact study to evaluate the overall health status of the service area, identify the most pressing health-related needs, and develop recommendations based on their findings. Committee meetings will be held over lunch the first Wednesday of each month in March, April, and May.

The hospital will look to participants for assistance in prioritizing the needs they identify and will adopt an implementation strategy to meet those needs. Results from the assessment will be made available to the public and will be reported in accordance with federal requirements.

Under the ACA the Assessment is a requirement for not-for-profit hospitals every three years.

Individuals interested in becoming a part of the Advisory Committee for the Community Health Needs Assessment should contact Karla Radicke, communications specialist, at (830) 278- 6251 extension 1037.

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**Uvalde Memorial Hospital**

Founded in 1949, Uvalde Memorial Hospital is a 66-bed facility that provides healthcare services for residents of Uvalde, Zavala, Kinney, Real, and Edwards Counties. Uvalde Memorial offers a wealth of medical services including: 24-hour emergency care, advanced radiology services including CT scanning and MRIs, outpatient lab, physical therapy, surgical services, patient education, and more. For additional information, please visit [www.umhtx.org](http://www.umhtx.org).

**Community Health Needs Assessment Survey Announcement, March 6, 2015**

# **UVALDE COUNTY HOSPITAL AUTHORITY 2015 ECONOMIC IMPACT:**

**The Economic Impact of Uvalde Memorial Hospital,  
Uvalde Medical and Surgical Associates,  
and Physician Practices in the Five County Medical Service Area in Texas**

**Prepared for:**

Uvalde County Hospital Authority

**Prepared by:**

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National Center for Rural Health Works  
Oklahoma Cooperative Extension Service  
Oklahoma State University

February 2015

**UVALDE COUNTY HOSPITAL AUTHORITY 2015 ECONOMIC IMPACT:**  
**The Economic Impact of Uvalde Memorial Hospital, Uvalde Medical and Surgical Associates, and Physician Practices in the Five County Medical Service Area in Texas**

Medical facilities have a tremendous medical and economic impact on the community or county in which they are located. This is especially true with health care facilities, such as hospitals and nursing homes. These facilities not only employ a number of people and have a large payroll, but they also draw into the community or area a large number of people from the surrounding rural areas that need medical services. The overall objective of this study is to measure the economic impact of the Uvalde County Hospital Authority (which includes Uvalde Memorial Hospital and Uvalde Medical and Surgical Associates) and physician practices. The specific objectives of this report are to:

1. Discuss the importance of health care services to rural development, including national health trend data;
2. Review demographic and economic data for the five county medical service area;
3. Summarize the direct economic activities of Uvalde Memorial Hospital from operations and construction activities and of Uvalde Medical and Surgical Associates from operations activities in the five county medical service area;
4. Present concepts of community economics and multipliers; and
5. Estimate the economic impact of Uvalde Memorial Hospital from operations and construction activities and of Uvalde Medical and Surgical Associates from operations activities in the five county medical service area;
6. Present retail sales impact and state and county retail sales collections from Uvalde Memorial Hospital and Uvalde Medical and Surgical Associates;
7. Summarize the direct economic activities of physician practices from operations activities on the five county medical service area;
8. Estimate the economic impact of physician practices from operations activities on the five county medical service area, and
9. Present retail sales impact and state and county retail sales collections from physician practices.



No recommendations will be made in this report.

### **Health Services and Rural Development**

The nexus between health care services and rural development is often overlooked. At least three primary areas of commonality exist. A strong health care system can help attract and maintain business and industry growth, and attract and retain retirees. A strong health care system can also create jobs in the local area.

### **Services that Impact Rural Development**

Type of Growth	Services Important to Attract Growth
Industrial and Business	Health and Education
Retirees	Health and Safety

Studies have found that quality-of-life (QOL) factors are playing a dramatic role in business and industry location decisions. Among the most significant of the QOL variables are health care services, which are important for at least three reasons.

### **Health Services and Business and Industry Growth**

First, as noted by a member of the Board of Directors of a community economic development corporation, the presence of good health and education services is imperative to industrial and business leaders as they select a community for location. Employees and participating management may offer strong resistance if they are asked to move into a community with substandard or inconveniently located health services.

Secondly, when a business or industry makes a location decision, it wants to ensure that the local labor force will be productive, and a key factor in productivity is good health. Thus, investments in health care services can be expected to yield dividends in the form of increased

labor productivity.

The cost of health care services is the third factor that is considered by business and industry in development decisions. Research shows that corporations take a serious look at health care costs in determining site locations. Sites that provide health care services at a lower cost are given higher consideration for new industry than sites with much higher health care costs.

### **Health Services and Attracting Retirees**

A strong and convenient health care system is important to retirees, a special group of residents whose spending and purchasing can be a significant source of income for the local economy. Many rural areas have environments (e.g., moderate climate and outdoor activities) that enable them to be in a good position to attract and retain retirees. The amount of spending embodied in this population, including the purchasing power associated with Social Security, Medicare, and other transfer payments, is substantial. Additionally, middle and upper income retirees often have substantial net worth. Although the data are limited, several studies suggest health services may be a critical variable that influences the location decision of retirees. For example, one study found that four items were the best predictors of retirement locations: safety, recreational facilities, dwelling units, and health care. Another study found that nearly 60 percent of potential retirees said health services were in the “must have” category when considering a retirement community. Only protective services were mentioned more often than health services as a “must have” service.

## Health Services and Job Growth

A factor important to the success of rural economic development is job creation. ***The health care sector is an extremely fast growing sector, and based on the current demographics, there is every reason to expect this trend to continue.*** Data in **Table 1** provide selected expenditure and employment data for the United States. Several highlights from the national data are:

- In 1970, health care services as a share of the national gross domestic product (GDP) were 7.0 percent and increased to 17.4 percent in 2013;
- Per capita health expenditures increased from \$356 in 1970 to \$9,255 in 2013;
- Employment in the health sector increased from 3,052 1970 to 14,511 in 2013 (over four times larger); and
- Average annual increase in employment was 2.6 percent from 2000 to 2013. Average annual increase in employment has slowed to 1.8 percent from 2010 to 2013.

**Table 1**  
**United States Health Expenditures and Employment Data**  
**1970-2013; Projected for 2015-2023**

Year	Total Health Expenditures (\$Billions)	Per Capita Health Expenditures (\$)	Health as % of GDP (%)	Health Sector Employment (000)	Avg Annual Increase in Employment (%)
<b>Historical</b>					
1970	\$74.9	\$356	7.0%	3,052 <sup>a</sup>	
1980	255.8	1,110	8.9%	5,278 <sup>a</sup>	7.3%
1990	724.3	2,855	12.1%	8,211 <sup>a</sup>	5.6%
2000	1,378.0	4,881	13.4%	10,858 <sup>a</sup>	3.2%
2010	2,604.1	8,428	17.4%	13,777 <sup>b</sup>	2.7%
<hr/>					
2011	2,705.3	8,698	17.4%	14,026 <sup>b</sup>	1.8%
2012	2,817.3	8,996	17.4%	14,282 <sup>b</sup>	1.8%
2013	2,919.1	9,255	17.4%	14,511 <sup>b</sup>	1.8
				Avg Yrly Increase 2000 to 2013	2.6%
<hr/>					
<b>Projections</b>					
2015	3,207.3	9,983	17.6%		
2019	4,042.5	12,131	18.1%		
2023	5,158.8	14,944	19.3%		

SOURCES: U.S. Department of Labor, Bureau of Labor Statistics ([www.bls.gov](http://www.bls.gov) [January 2015]); U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, National Health Expenditures 1960-2013 and National Health Expenditure Projections 2013-2023 (<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/index.html> [January 2015]).

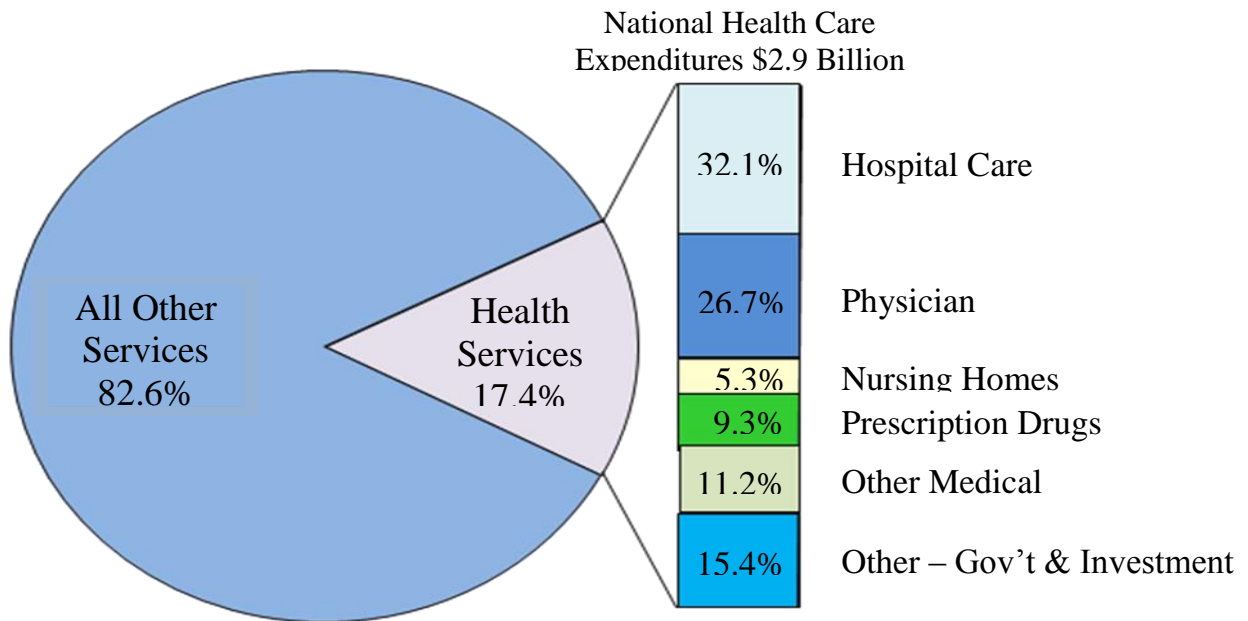
<sup>a</sup> Based on Standard Industrial Classification (SIC) codes for health sector employment.

<sup>b</sup> Based on North American Industrial Classification System (NAICS) for health sector employment.

The USDHHS, Centers for Medicare and Medicaid Services, projects that health care expenditures will account for 18.1 percent of GDP by 2019 and increase to 19.3 percent of GDP in 2023. Per capita health care expenditures are projected to increase to \$12,131 in 2019 and to \$14,944 in 2023. Total health expenditures are projected to increase to over \$5.2 trillion in 2023.

**Figure 1** illustrates 2013 health expenditures by percent of GDP and by type of health service. Health services represented 17.4 percent of national GDP in 2013. The largest category of health services was hospital care, representing 32.1 percent of the total and the second largest category was physician services with 26.7 percent of the total.

**Figure 1 National Health Expenditures as a Percent of Gross Domestic Product and by Health Service Type, 2013**



SOURCE: U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, National Health Expenditures 2013 (<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/index.html> [January 2015]).

## Demographic and Economic Data for the Five County Medical Service Area

Uvalde Memorial Hospital is located in the Uvalde County, Texas. The medical service area (MSA) of the Uvalde Memorial Hospital includes Uvalde County, as well as Edwards, Kinney, Real, and Zavala Counties. **Table 2** illustrates U.S. Census Bureau data with the last two Census populations and the most current population estimates for the five counties, the five county totals, and the state of Texas.

**Table 2**  
**Population and Projections for Edwards, Kinney, Real, Uvalde, and Zavala Counties**  
**Counties, Five County Medical Service Area, and State of Texas, 2000-2030**

	Edwards	Kinney	Real	Uvalde	Zavala	5- County Area	State of Texas
2000 Census	2,162	3,379	3,047	25,926	11,600	46,114	20,851,820
2010 Census	2,002	3,598	3,309	26,405	11,677	46,991	25,145,565
2013 Estimate	1,884	3,586	3,350	26,926	12,156	47,902	26,448,193
2015 Projected	2,094	3,665	3,310	27,499	12,446	49,014	26,947,116
2020 Projected	2,108	3,672	3,306	27,729	12,598	49,413	27,315,362
2025 Projected	2,122	3,686	3,312	27,960	12,753	49,833	27,686,234
2030 Projected	2,136	3,697	3,311	28,205	12,922	50,271	28,059,417
<b>Percent Change</b>							
% change 2010-2010	-7.4%	6.5%	8.6%	1.8%	0.7%	1.9%	20.6%
% change 2010-2013	-5.9%	-0.3%	1.2%	2.0%	4.1%	1.9%	5.2%
% change 2010-2015	4.6%	1.9%	0.0%	4.1%	6.6%	4.3%	7.2%
% change 2010-2020	5.3%	2.1%	-0.1%	5.0%	7.9%	5.2%	8.6%
% change 2010-2025	6.0%	2.4%	0.1%	5.9%	9.2%	6.0%	10.1%
% change 2010-2030	6.7%	2.8%	0.1%	6.8%	10.7%	7.0%	11.6%

SOURCE: Census populations, U.S. Census Bureau ([www.census.gov](http://www.census.gov) [February 2015]); Texas State Data Center: 2014 Population Projections (<http://txsdc.utsa.edu/> [February 2015]).

The data in **Table 2** show the five county MSA has increased population from 2000 to 2010 and was estimated to increase from 2010 to 2013 and to continue population growth through the projected years. The state shows the same population growth trend.

**Table 3** shows the populations by age group for the five county MSA and Texas for the 2000 and 2010 Census years and the 2013 Census estimate year. For all years for both the MSA and the state, the <19 year age group and for the 45-64 age group are the largest age groups. It is extremely important to note that the absolute number and the percentage of the 65+ age group continue to increase. This age group is the largest users of the health care system.

**Table 4** provides the populations by race groups and Hispanic origin for the five county MSA and Texas. In 2000, the five county area has 74.4 percent of the population from the “White” race group and another 21.2 percent from “Some Other Race,” while the state has 71.0 percent from the “White” race group and 11.7 percent from the “Some Other Race” and 11.5 percent from “Black.” In 2010, the five county area increased the percent of “White” to 82.7 percent and decreased the “Some Other Race” to 13.2 percent of the total 2010 population. In 2010, the state “White” population stayed relatively the same, as well as the “Some Other Race” and “Black.” From 2000 to 2010, the five county medical service area increased in Hispanic origin by 6.7 percent while the state increased 41.8 percent.

Data from the U.S. Census Bureau, County Business Patterns and from the U.S. Department of Commerce, Bureau of Economic Analysis, were reviewed. Due to the size of some industries and concern with privacy issues, there was insufficient data to report for the five county medical service area. There was missing data for every one of the five counties and two counties had almost no data reported; thus, the data could not be estimated.

**Table 3**  
**Population by Age Groups for the Five County Medical Service Area**  
**and the State of Texas, 2000, 2010 and 2013**

	Five-County Area Totals		State of Texas	
	No.	% of Total	No.	% of Total
<b>2000 Census</b>				
<19 years	15,760	34.2%	6,546,236	31.4%
20-24 years	2,734	5.9%	1,539,404	7.4%
25-34 years	5,539	12.0%	3,162,083	15.2%
35-44 years	5,872	12.7%	3,322,238	15.9%
45-64 years	9,562	20.7%	4,209,327	20.2%
65+ years	<u>6,647</u>	<u>14.4%</u>	<u>2,072,532</u>	<u>9.9%</u>
Totals	<b><u>46,114</u></b>	<b><u>100.0%</u></b>	<b><u>20,851,820</u></b>	<b><u>100.0%</u></b>
<b>2010 Census</b>				
<19 years	14,648	31.2%	7,621,714	30.3%
20-24 years	2,945	6.3%	1,817,079	7.2%
25-34 years	5,065	10.8%	3,613,473	14.4%
35-44 years	5,356	11.4%	3,458,382	13.8%
45-64 years	11,509	24.5%	6,033,027	24.0%
65+ years	<u>7,468</u>	<u>15.9%</u>	<u>2,601,886</u>	<u>10.3%</u>
Totals	<b><u>46,991</u></b>	<b><u>100.0%</u></b>	<b><u>25,145,561</u></b>	<b><u>100.0%</u></b>
<b>2013 Estimate</b>				
<19 years	14,438	30.1%	7,787,520	29.4%
20-24 years	3,627	7.6%	1,968,229	7.4%
25-34 years	5,504	11.5%	3,831,647	14.5%
35-44 years	5,328	11.1%	3,574,508	13.5%
45-64 years	10,963	22.9%	6,320,122	23.9%
65+ years	<u>8,042</u>	<u>16.8%</u>	<u>2,966,167</u>	<u>11.2%</u>
Totals	<b><u>47,902</u></b>	<b><u>100.0%</u></b>	<b><u>26,448,193</u></b>	<b><u>100.0%</u></b>

Source: U.S. Census Bureau (www.census.gov [February 2015]).



**Table 4**  
**Population by Race and Hispanic Origin for the Five County Medical Service Area**  
**and the State of Texas, 2000 and 2010**

	White	Black	American Indian	Asian	Native HI/Other Pacific Islander	Some Other Race	Two or More Races	Totals	Hispanic Origin
<b>2000 Census Data</b>									
Five County Area Total	34,315	230	292	124	27	9,787	1,339	46,114	31,040
2000 % of Five Co Area	<b>74.4%</b>	<b>0.5%</b>	<b>0.6%</b>	<b>0.3%</b>	<b>0.1%</b>	<b>21.2%</b>	<b>2.9%</b>	<b>100.0%</b>	<b>67.3%</b>
<b>Texas Total</b>	14,799,505	2,404,566	118,362	562,319	14,434	2,438,001	514,633	20,851,820	6,669,666
2000 % of State Total	<b>71.0%</b>	<b>11.5%</b>	<b>0.6%</b>	<b>2.7%</b>	<b>0.1%</b>	<b>11.7%</b>	<b>2.5%</b>	<b>100.0%</b>	<b>32.0%</b>
<b>2010 Census Data</b>									
Five County Area Total	38,854	345	276	157	34	6,216	1,109	46,991	33,105
2010 % of Five Co Area	<b>82.7%</b>	<b>0.7%</b>	<b>0.6%</b>	<b>0.3%</b>	<b>0.1%</b>	<b>13.2%</b>	<b>2.4%</b>	<b>100.0%</b>	<b>70.4%</b>
<b>Texas Total</b>	17,701,552	2,979,598	170,972	964,596	21,656	2,628,186	679,001	25,145,561	9,460,921
2010 % of State Total	<b>70.4%</b>	<b>11.8%</b>	<b>0.7%</b>	<b>3.8%</b>	<b>0.1%</b>	<b>10.5%</b>	<b>2.7%</b>	<b>100.0%</b>	<b>37.6%</b>
<b>Percent Changes 2000 to 2010</b>									
Five County Area	<b>13.2%</b>	<b>50.0%</b>	<b>-5.5%</b>	<b>26.6%</b>	<b>25.9%</b>	<b>-36.5%</b>	<b>-17.2%</b>	<b>1.9%</b>	<b>6.7%</b>
State of Texas	<b>19.6%</b>	<b>23.9%</b>	<b>44.4%</b>	<b>71.5%</b>	<b>50.0%</b>	<b>7.8%</b>	<b>31.9%</b>	<b>20.6%</b>	<b>41.8%</b>

Source: U.S. Census Bureau (www.census.gov [February 2015]).

## **Direct Economic Activities of the Uvalde County Hospital Authority**

The Uvalde County Hospital Authority provides the following services:

- 24-Hour Emergency Care, Level IV Trauma Center
- Air Transport Capability
- Respiratory Care
- Laboratory
- Radiology & Diagnostic Imaging
- Inpatient Pharmacy
- Inpatient & Outpatient Surgery
- Medical and Surgical Services including Uvalde Medical and Surgical Associates
- Intensive Care Unit
- Women's & Newborns' Center
- Women's Imaging Center
- Wound Care Center with Hyperbaric Therapy
- Outpatient Specialty Clinic
- Rehabilitation Center with Physical & Speech Therapy, WorkSTEPS
- Crossroads Behavioral Health Program
- Sleep Center
- Hospice and Palliative Care
- Community Health Worker Program
- Social Services, Financial Counselor, Chaplain
- Community Education

Uvalde Medical and Surgical Associates (UMSA) is a part of the Uvalde County Hospital Authority. UMSA includes the following physicians and their staff for the impact study:

- Two full-time Orthopaedic Surgeons
- One full-time General Surgeon
- Six part-time Cardiologists

The economic impact of Uvalde County Hospital Authority will be measured by employment (jobs) and labor income (wages and salaries plus benefits and proprietor income). The direct economic activities will include employment and labor income from 2014 operations activities. Total construction for 2014 was also provided for Uvalde Memorial Hospital. These direct economic activities were provided by Uvalde County Hospital Authority and are divided into two components: Uvalde Memorial Hospital and Uvalde Medical and Surgical Associates.

Uvalde Memorial Hospital had 523 full- and part-time employees with a wages, salaries, and benefits (labor income) of \$26.6 million (**Table 5**). This included contractual employment and compensation. The Uvalde Medical and Surgical Associates had 28 employees with labor income of \$3.2 million. This also included contractual employment and compensation. The total combined for the Uvalde County Hospital Authority was 551 direct employees with \$29.8 million in direct labor income.

Construction of approximately \$3.0 million was spent on plant renovations for Uvalde Memorial Hospital in 2014. IMPLAN data were utilized to estimate the number of construction employees directly working on the construction activities and their resulting labor income. Utilizing IMPLAN ratios, the construction resulted in 43 full- and part-time employees with labor income of \$1.1 million. These are the direct impacts from operations and construction activities

of the Uvalde County Hospital Authority (**Table 5**). Operations activities occur each and every year that the Uvalde County Hospital Authority continues to operate. However, construction activities only occur during the year of construction.

**Table 5**  
**Direct Economic Activities of the Uvalde County Hospital Authority, 2014**

<b>OPERATIONS ACTIVITIES</b>			
<b>Health Category</b>		<b>Number of Full &amp; Part-Time Employees<sup>1</sup></b>	<b>Annual Labor Income<sup>2</sup></b>
Uvalde Memorial Hospital		523	\$26,581,487
Uvalde Medical and Surgical Associates		28	\$3,195,061
<b>TOTAL</b>		<b>551</b>	<b>\$29,776,548</b>
<b>CONSTRUCTION ACTIVITIES</b>			
<b>Construction Years</b>	<b>Construction Totals</b>	<b>Number of Full and Part-Time Employees</b>	<b>Annual Labor Income</b>
Year 2014	\$3,000,000	43	\$1,068,272

SOURCE: Data for operations activities provided by the Uvalde County Hospital Authority for 2014; Construction total provided by the Uvalde County Hospital Authority; Construction employment and labor income were estimated based on ratios from IMPLAN [www.implan.com (February 2015)].

<sup>1</sup> Employment includes the total of all full- and part-time employment

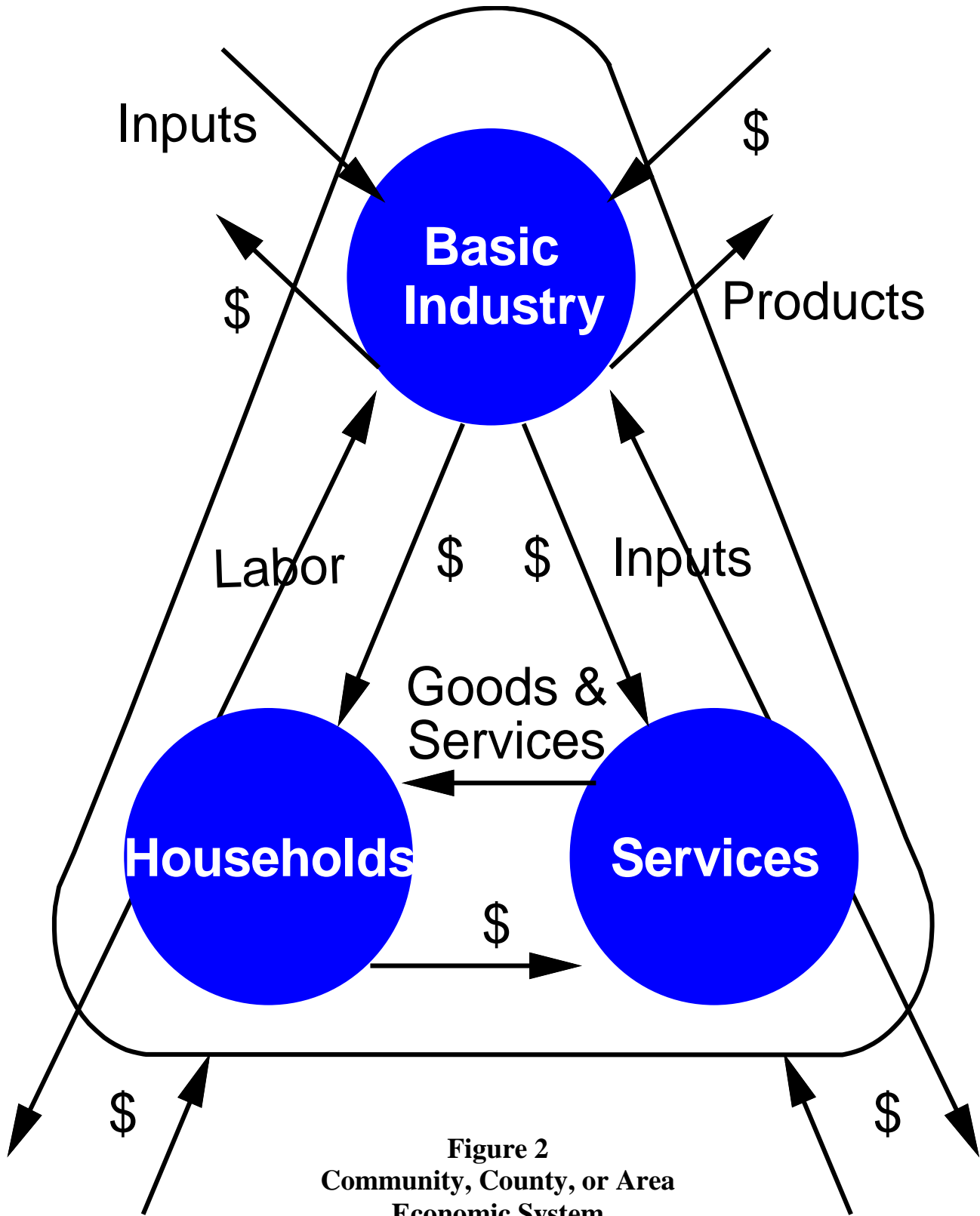
<sup>2</sup> Annual labor income includes wages, salaries, and benefits and proprietor income.

## The Model for Measuring Economic Impact

**The direct impacts of the Uvalde County Hospital Authority and the physician practices, measured by employment and labor income, are only a portion of the total impact.**

There are additional economic impacts created as the Uvalde County Hospital Authority and its employees and physician practices and their employees spend money. These are known as secondary impacts and are measured by multipliers using an input-output model and data from IMPLAN (the model and data are further discussed in **Appendix A**). This model is widely used by economists and other academics across the U. S.

A brief description of the input-output model and the multiplier effect is included and illustrated in **Figure 2**. **Figure 2** illustrates the major flows of goods, services, and dollars of any economy. The businesses which sell some or all of their goods and services to buyers outside of the community are the foundation of a community's economy. Such a business is a basic industry. The flow of products out of, and dollars into, a community are represented by the two arrows in the upper right portion of **Figure 2**. To produce these goods and services for "export" outside of the community, the basic industry purchases inputs from outside of the community (upper left portion of **Figure 2**), labor from the residents or "households" of the community (left side of **Figure 2**), and inputs from service industries located within the community (right side of **Figure 2**). The flow of labor, goods, and services in the community is completed by households using their earnings to purchase goods and services from the community's service industries (bottom of **Figure 2**). It is evident from the interrelationships shown in **Figure 2** that a change in any one segment of a community's economy will have reverberations throughout the entire economic system of the community.



Consider, for instance, the closing of a hospital. The services sector will no longer pay employees and the dollars going to households will stop. Likewise, the hospital will not purchase goods from other businesses and the dollar flow to other businesses will stop. This decreases income in the "households" segment of the economy. Since earnings would decrease, households decrease their purchases of goods and services from businesses within the "services" segment of the economy. This, in turn, decreases these businesses' purchases of labor and inputs. Thus, the change in the economic base works its way throughout the entire local economy.

The total impact of a change in the economy consists of direct, indirect, and induced impacts. Direct impacts are the changes in the activities of the impacting industry, such as the closing of a hospital. The impacting business, such as the hospital, changes its purchases of inputs as a result of the direct impact. This also produces an indirect impact in the business sectors. Both the direct and indirect impacts change the flow of dollars to the community's households. The households alter their consumption accordingly. The effect of this change in household consumption upon businesses in a community is referred to as an induced impact.

A measure is needed that yields the effects created by an increase or decrease in economic activity. In economics, this measure is called the multiplier effect. Multipliers are used in this report. An employment multiplier is defined as:

***"...the ratio between direct employment, or that employment used by the industry initially experiencing a change in final demand and the direct, indirect, and induced employment."***

An employment multiplier of 3.0 indicates that if one job is created by a new industry, 2.0 jobs are created in other sectors due to business (indirect) and household (induced) spending. The same concept applies to total revenue, employment, and labor income.

## Economic Impact of Uvalde County Hospital Authority

The impacts of the Uvalde County Hospital Authority are based on Uvalde County multipliers. The majority of the patients are from Uvalde County, as well as the majority of the employees live in Uvalde County. However, Uvalde County Hospital Authority also provides health services to the secondary medical service area including Edwards, Kinney, Real, and Zavala Counties.

### Revenue Impact of Uvalde County Hospital Authority from Total Operating Revenues

The revenue impact from total operating revenues of \$59.1 million is illustrated in Table 6. With a revenue (or output) multiplier of 1.40 for the combined hospital and physician sector, the secondary revenue impact is \$23.6 million for a total revenue impact of \$82.7 million. Revenues include both Uvalde Memorial Hospital and UMSA. *In Uvalde County, Uvalde County Hospital Authority has a total direct revenue impact of \$59.1 million; secondary revenue impact is \$23.6 million for a total revenues impact of \$82.7 million.*

**Table 6**  
**Revenue\* Impact of Uvalde County Hospital Authority, 2014**

	Direct Revenue Impact	Revenue Multiplier	Secondary Revenue Impact	Total Revenue Impact
<b>TOTAL REVENUES</b>				
TOTAL UVALDE COUNTY HOSPITAL AUTHORITY	\$59,106,895	1.40	\$23,642,758	\$82,749,653

SOURCE: Total operating revenues provided by Uvalde County Hospital Authority; revenue (output) multipliers from IMPLAN Group, LLC [www.implan.com (February 2015)].

\* Total operating revenues are the net patient service revenues or net of provision of uncollectible accounts of \$9,427,366 for 2014.

### Employment Impact of Uvalde County Hospital Authority from Operations Activities

The employment impact from operations activities for Uvalde County Hospital Authority is presented in **Table 7**. The employment multiplier for the hospital sector is 1.41. For every employee in the hospital, another 0.41 of an employee is generated in other businesses and industries in the MSA. After applying the hospital employment multiplier to the hospital employment of 523, the total employment impact from hospital operations is 737 with secondary employment impact of 214. The employment multiplier for UMSA is 1.39, resulting in total employment impact of 39. *The total direct employment impact of Uvalde County Hospital Authority 2014 operations activities is 551 with 225 secondary employment impact, resulting in 776 total employment impact.*



**Employment Impact of Uvalde County Hospital Authority from Construction Activities**

Construction employment for 2014 for the plant renovation at Uvalde Memorial Hospital was estimated from IMPLAN data at 42 employees. The hospital construction employment multiplier is 1.26. Secondary employment impact for 2014 construction was eleven employees with total construction employment impact of 53 employees (**Table 7**). *Uvalde County Hospital Authority 2014 construction activities included 42 direct employment impact, eleven secondary employment impact, resulting in total employment impact of 53 employees.*

**Employment Impact for Uvalde County Hospital Authority from Combined Operations and Construction Activities for 2014**

*Combining the 2014 operations and construction impacts for the Uvalde County Hospital Authority resulted in 593 in direct employment impact, 236 in secondary employment impact, and 829 in total employment impact (Table 7).*

**Table 7**  
**Employment<sup>1</sup> Impact of Uvalde County Hospital Authority, 2014**

	Direct Employment Impact	Employment Multiplier	Secondary Employment Impact	Total Employment Impact
<b>OPERATIONS ACTIVITIES</b>				
Uvalde Memorial Hospital	523	1.41	214	737
Uvalde Medical and Surgical Associates	28	1.39	11	39
<b>TOTAL UVALDE COUNTY HOSPITAL AUTHORITY</b>	<b>551</b>		<b>225</b>	<b>776</b>
<b>CONSTRUCTION ACTIVITIES</b>				
Year 2014 Hospital Plant Renovations	42	1.26	11	53
<b>COMBINED OPERATIONS AND CONSTRUCTION ACTIVITIES EMPLOYMENT IMPACT</b>				
<b>2014 Combined - TOTAL UVALDE COUNTY HOSPITAL AUTHORITY</b>	<b>593</b>		<b>236</b>	<b>829</b>

SOURCE: Total employment for operations activities provided by Uvalde County Hospital Authority; construction employment estimated utilizing IMPLAN ratios [www.implan.com (February 2015)]; employment multipliers from IMPLAN Group, LLC [www.implan.com (February 2015)].

<sup>1</sup> Employment includes the total of all full- and part-time employment

**Labor Income Impact of Uvalde County Hospital Authority from Operations Activities**

The labor income impact is presented in **Table 8**. Uvalde Memorial Hospital had total labor income of \$26.6 million for 2014. The labor income multiplier for the hospital sector is 1.21. For \$1 of labor income generated by the hospital, another \$0.21 of labor income is generated in other businesses and industries in Uvalde County. After applying the hospital labor income multiplier, the total labor income impact from hospital operations is \$32.2 million with secondary labor income impact of \$5.6 million. The physician sector labor income multiplier for UMSA is 1.23, resulting in total labor income impact of \$3.9 million. *The total direct labor income impact of Uvalde County Hospital Authority 2014 operations activities is \$29.8 million with \$6.3 million secondary labor income impact, resulting in \$36.1 total labor income impact from operations activities.*

**Table 8**  
**Labor Income<sup>1</sup> Impact of Uvalde County Hospital Authority, 2014**

	Direct Labor Income Impact	Labor Income Multiplier	Secondary Labor Income Impact	Total Labor Income Impact
<b>OPERATIONS ACTIVITIES</b>				
Uvalde Memorial Hospital	\$26,581,487	1.21	\$5,582,112	\$32,163,599
Uvalde Medical and Surgical Associates	<u>\$3,195,061</u>	1.23	<u>\$734,864</u>	<u>\$3,929,925</u>
UVALDE COUNTY HOSPITAL AUTHORITY	<u>\$29,776,548</u>		<u>\$6,316,976</u>	<u>\$36,093,524</u>
<b>CONSTRUCTION ACTIVITIES</b>				
Year 2014 Hospital Plant Renovations	<u>\$1,092,398</u>	1.30	<u>\$327,719</u>	<u>\$1,420,117</u>
<b>2014 COMBINED OPERATIONS AND CONSTRUCTION ACTIVITIES LABOR INCOME IMPACT</b>				
2014 Combined - UVALDE COUNTY HOSPITAL AUTHORITY	<u>\$30,868,946</u>		<u>\$6,644,695</u>	<u>\$37,513,641</u>

SOURCE: Total labor income for operations activities provided by Uvalde County Hospital Authority; construction labor income estimated utilizing IMPLAN ratios [www.implan.com (February 2015)]; labor income multipliers from IMPLAN Group, LLC [www.implan.com (February 2015)].

<sup>1</sup> Annual labor income includes wages, salaries, and benefits and proprietor income.

### **Labor Income Impact of Uvalde County Hospital Authority from Construction Activities**

Construction labor income for 2014 of \$1.1 million was estimated from IMPLAN data. The construction labor income multiplier is 1.30. Secondary labor income impact for 2014 was \$327,719 with total construction labor income impact of \$1.4 million (**Table 8**). *Uvalde County Hospital Authority 2014 construction activities included \$1.1 million in direct labor income impact, \$327,719 in secondary labor income impact, resulting in total labor income impact of \$1.4 million.*

### **Labor Income Impact of Uvalde County Hospital Authority from Combined Operations and Construction Activities for 2014**

*Combining the 2014 operations and construction impacts for Uvalde County Hospital Authority resulted in \$30.9 million in direct labor income impact, \$6.6 million in secondary labor income impact, and \$37.5 million in total labor income impact.*

### **Retail Sales Impact and Sales Tax Impact of Uvalde County Hospital Authority**

Although Uvalde County Hospital Authority is a not-for-profit facility; the employees of the facility pay sales taxes to the city of Uvalde (1.5%), Uvalde County (1.0%) and the state of Texas (6.25%). The retail sales impact and state and county retail sales tax impact resulting from the labor income impact of Uvalde County Hospital Authority can be calculated. Utilizing a ratio of retail sales tax collections to total personal income for Uvalde County, the local retail sales tax capture ratio is 24.4 percent. The retail sales tax collections for Uvalde County are from the Texas Comptroller of Public Accounts, Window on State Government, Sales and Use Tax, Quarterly Sales Tax Historical Data by County and total personal income is from the U.S. Department of Commerce, Bureau of Economic Analysis, Local Area Personal Income and Employment, interactive data.

The Uvalde County retail sales tax capture ratio is applied to the total labor income impact for each category (**Table 9**). The total labor income impact for all operations activities is \$36.1 million. The resulting retail sales are estimated at approximately \$8.8 million. The retail sales tax impact for the city 1.5 percent retail sales tax totaled \$132,103, the county 1.0 percent retail sales tax impact was \$88,068, and the state retail sales tax impact was \$550,426 from the 6.25 percent state sales tax. The same procedure was applied to the construction labor income impact.

*The 2014 combined operations and construction labor income impact was \$37.5 million for Uvalde County Hospital Authority. Uvalde County Hospital Authority labor income impact spending generated retail sales of \$9.2 million, resulting in \$137,301 retail sales tax collection impact from the city taxes, \$91,533 from the county tax rates, and \$572,083 state retail sales tax collection impact from the 6.25 percent state retail sales tax.*

**Table 9**  
**Estimated Retail Sales Impact and Local and State Sales Tax Impacts**  
**of Uvalde County Hospital Authority**

	Total Labor Income Impact	Retail Sales <sup>1</sup>	City 1.5% Retail Sales Tax <sup>4</sup>	Uvalde County 1.0% Retail Sales Tax <sup>2</sup>	State 6.25% Retail Sales Tax <sup>3</sup>
<b>OPERATIONS ACTIVITIES (2014)</b>					
Uvalde Memorial Hospital	\$32,163,599	\$7,847,918	\$117,719	\$78,479	\$490,495
Uvalde Medical and Surgical Associates	\$3,929,925	\$958,902	\$14,384	\$9,589	\$59,931
<b>TOTAL</b>	<b>\$36,093,524</b>	<b>\$8,806,820</b>	<b>\$132,103</b>	<b>\$88,068</b>	<b>\$550,426</b>
<b>CONSTRUCTION ACTIVITIES</b>					
Year 2014 Hospital Plant Renovations	\$1,420,117	\$346,509	\$5,198	\$3,465	\$21,657
<b>2014 COMBINED OPERATIONS AND CONSTRUCTION ACTIVITIES LABOR INCOME IMPACT</b>					
2014 Combined	\$37,513,641	\$9,153,329	\$137,301	\$91,533	\$572,083

SOURCE: 2013 retail sales tax collections and retail sales tax rates from the Texas Comptroller of Public Accounts, Window on State Government, Sales and Use Tax, Quarterly Sales Tax Historical Data by County, [www.window.state.tx.us/taxinfo/sales/ (February 2015)]; 2013 total personal income from the U.S. Department of Commerce, Bureau of Economic Analysis [www.bea.gov (February 2015)].

<sup>1</sup> Local retail sales tax capture rate is the ratio of retail sales tax collections to total personal income for Uvalde County; the 2013 local retail sales tax capture rate of 24.4 percent is the latest data available.

<sup>2</sup> Estimated local retail sales tax collections based on 0.5 percent for Uvalde County and 0.5 percent for the Uvalde County Health Services.

<sup>3</sup> State retail sales tax rate for Texas is 6.25 percent

<sup>4</sup> The two cities located in Uvalde County both have a 1.5 percent sales tax.

## **Selected Tax Impacts of Uvalde County Hospital Authority**

Uvalde County Hospital Authority is a not-for-profit hospital and is a tax-exempt entity. Although Uvalde County Hospital Authority does not generate tax dollars, the spending of its employees generates many dollars of taxes in other businesses from secondary operations and construction activities, as well as from the spending of the direct and secondary employees. Data in **Table 10** summarize select federal, state, county, and city taxes generated by the direct and secondary employment. These estimated, selected taxes total \$5.6 million annually. Tax data are not directly available, thus estimates are made using the best available estimation procedures. The estimation assumptions are discussed below.

### **Federal Tax Impacts of Uvalde County Hospital Authority**

Uvalde County Hospital Authority provided the amount of taxes withheld from their payroll for federal income taxes. The assumption is made that the withholding is indicative of federal income taxes owed. It is also assumed that the secondary and construction employees and contractual employees will pay a proportional amount of federal income taxes. The federal income tax impacts of Uvalde County Hospital Authority are estimated to be \$3.3 million in 2014 (**Table 10**). The federal tax impacts are illustrated for the direct Uvalde Memorial Hospital employees (\$2.4 million), for the direct UMSA employees (\$283,996), and for all the construction and secondary employees (\$687,718).

### **State Tax Impacts**

The state sales tax impacts for Uvalde County Hospital Authority are provided in **Table 9**. The total state sales tax impact is estimated to be \$572,084 (**Table 10**). The state tax impacts are illustrated for the direct Uvalde Memorial Hospital employees (\$405,368), for the direct UMSA employees (\$48,725), and for the construction and secondary employees (\$117,991).

Other selected state taxes are also illustrated. The same methodology was utilized for all three. The total of the indicated state tax for the state was obtained from the Texas Comptroller of Public Accounts; the total was then divided by the employment in the state of Texas. This resulted in the average amount paid per employee in the state. These average amounts were multiplied times the total employment impact of 829 to derive at the estimated state tax impacts. For the motor vehicle sales and rental taxes, the estimated impact is \$262,976; for the motor fuel taxes, \$207,132, and for other consumption taxes (cigarette and tobacco and alcoholic beverage taxes), \$149,647. The total of the state sales tax impact and the selected categories' state tax impact are estimated at \$1.2 million.

### **County and City Tax Impacts**

The county sales tax impacts and the city sales tax impacts are provided in **Table 9**. The total county sales tax impact is estimated at \$91,534 and the total city sales tax impact is estimated at \$137,300 (**Table 10**). The county sales tax impacts are illustrated for the direct Uvalde

Memorial Hospital employees (\$64,859), for the direct UMSA employees (\$7,796), and for the construction and secondary employees (\$18,879). The city sales tax impacts are illustrated for the direct Uvalde Memorial Hospital (\$97,288), for the direct UMSA employees (\$11,694), and for the construction and secondary employees (\$28,318).

### **Local Property Taxes**

The local property taxes were then estimated. Based on the total property taxes levied in Uvalde County, the average amount paid per employee in the county was derived and applied to the employment impacts. The local property taxes are estimated to be \$1.0 million. The total of all categories of tax impacts is estimated to be \$5.6 million.

**Table 10**  
**Selected Tax Impacts of Uvalde County Hospital Authority**

Categories	Subtotals	Sub-Level	Grand Totals
<b>Federal Tax Impacts</b>			
Federal Income Tax Impacts			
From direct Uvalde Memorial Hospital Employees	\$2,362,719		
From direct UMSA Employees	\$283,996		
From Construction & Secondary Employees	<u>\$687,718</u>		
TOTAL FEDERAL TAX IMPACTS		\$3,334,433	\$3,334,433
<b>State Tax Impacts</b>			
State Sales Tax Impacts (6.25 percent)			
From direct Uvalde Memorial Hospital Employees	\$405,368		
From direct UMSA Employees	\$48,725		
From Construction & Secondary Employees	<u>\$117,991</u>		
Total State Sales Tax Impacts		\$572,084	
Other Selected State Taxes			
Motor Vehicle Sales and Rental Taxes		\$262,976	
Motor Fuel Taxes		\$207,132	
Other Consumption Taxes <sup>1</sup>		<u>\$149,647</u>	
TOTAL STATE TAX IMPACTS			\$1,191,839
<b>County and City Tax Impacts</b>			
County Sales Tax Impacts (1.0 percent ) <sup>2</sup>			
From direct Uvalde Memorial Hospital Employees	\$64,859		
From direct UMSA Employees	\$7,796		
From Construction & Secondary Employees	<u>\$18,879</u>		
Total County Tax Impacts		\$91,534	
City Sales Tax Impacts (1.5 percent)			
From direct Uvalde Memorial Hospital Employees	\$97,288		
From direct UMSA Employees	\$11,694		
From Construction & Secondary Employees	<u>\$28,318</u>		
Total City Tax Impacts		\$137,300	
Total Local Property Taxes		<u>\$812,763</u>	
TOTAL COUNTY AND CITY TAX IMPACTS			<u>\$1,041,597</u>
GRAND TOTAL - TAX IMPACTS			<u>\$5,567,869</u>

SOURCE: Federal income tax estimates based on federal withholding provided by Uvalde County Hospital Authority, 2014); State sales tax based on labor income impact and the Uvalde County retail sales tax capture ratio; Other selected state taxes based on average amount per employee based on statewide totals from "A Field Guide to the Taxes of Texas, Texas Comptroller of Public Accounts, March 2015;" County and city sales taxes based on tax rates from the Texas Comptroller of Public Accounts <[www.window.state.tx.us/taxinfo/sales/](http://www.window.state.tx.us/taxinfo/sales/)> and from the Uvalde County retail sales tax capture ratio applied to the total labor income.

<sup>1</sup> Includes cigarette and tobacco taxes and alcoholic beverage taxes.

<sup>2</sup> Estimated county retail sales tax collections based on 0.5 percent for Uvalde County and 0.5 percent tax for the Uvalde County Health Services.

## Economic Impact of Physician Practices in Uvalde County

The economic impact of the physician practices in Uvalde County will be presented. The economic impact will include the physicians and their staff for thirteen physician practices; this does include the UMSA that are part of Uvalde County Hospital Authority. The physicians in these thirteen physician practices include the following:

- Two Family Medicine Physicians
- Six Family Medicine Physicians Providing Pediatric and Pregnancy Care
- One Internal Medicine Physician
- One Pediatrician
- Two General Surgeons
- One Cardiologist
- One Gynecologist
- One full-time and one part-time Radiologist
- One Radiation Oncologist
- One full-time and two part-time Oncologist

### Direct Economic Activities of the Physician Practices

The direct economic activities of the physician practices in Uvalde County are included in **Table 11**. The estimated full- and part-time employment was 91 and the estimated labor income was \$9.2 million. Uvalde County Hospital Authority surveyed the physician practices and provided the number, percent time, and type of employee for the physician practices. Utilizing the employment data provided, the May 2013 Texas annual mean salaries from the U.S. Department of Labor, Bureau of Labor Statistics, were utilized to estimate the labor income for the physicians and their staff. A benefit ratio of 33 percent was then applied. No construction data for the physician practices were provided.

**Table 11**  
**Direct Economic Activities of Physician Practices**  
**in Uvalde County, 2014**

Health Category	Number of Full & Part-Time Employees <sup>1</sup>	Annual Labor Income <sup>2</sup>
<b>Operations Activities</b>		
Physician Practices	91	\$9,240,506

SOURCE: Number and type of employees provided by Uvalde County Hospital Authority; Labor income estimated from U. S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, May 2013, Texas [www.bls.gov (February 2015)]; benefits estimated utilizing 33 percent rate.

<sup>1</sup> Employment includes the total of all full- and part-time employment.



## Employment Impact of the Physician Practices from Operations Activities

The employment impact from operations activities for physician practices in the MSA is presented in **Table 12**. The physician practices had total full and part-time employment of 91. The employment multiplier for the physician sector is 1.39. For every employee in the physician clinic/office, another 0.39 of an employee is generated in other businesses and industries in the MSA. After applying the physician sector employment multiplier, the total employment impact from the physician practices operations activities is 126 with secondary employment impact of 35. *The total direct employment impact of physician practices 2014 operations activities in Uvalde County is 91 employees and the secondary employment impact is 35 employees, resulting in total employment impact of 126 employees.*

**Table 12**  
**Employment<sup>1</sup> Impact of Physician Practices**  
**in Uvalde County, 2014**

	Direct Employment Impact	Employment Multiplier	Secondary Employment Impact	Total Employment Impact
<b>Operations Activities</b>				
Physician Practices	91	1.39	35	126

SOURCE: Number and type of employees provided by the Uvalde County Hospital Authority; employment multiplier from IMPLAN Group, LLC [www.implan.com (February 2015)].

<sup>1</sup> Employment includes the total of all full- and part-time employment

## Labor Income Impact of the Physician Practices from Operations Activities

The labor income impact for physician practices from operations activities is presented in **Table 13**. The labor income multiplier for the physician sector is 1.23. After applying the multiplier to the direct labor income for the physician practices of \$9.2 million, the secondary labor income impact was \$2.1 million, with total labor income impact of \$11.4 million. *The total direct labor income impact of the physician practices 2014 operations activities in Uvalde County is \$9.2 million and the secondary labor income impact is \$2.1 million, resulting in total labor income impact of \$11.4 million.*

**Table 13**  
**Labor Income<sup>1</sup> Impact of Physician Practices**  
**in Uvalde County, 2014**

	Direct Labor Income Impact	Labor Income Multiplier	Secondary Labor Income Impact	Total Labor Income Impact
<b>Operations Activities</b>				
Physician Practices	\$9,240,506	1.23	\$2,125,316	\$11,365,822

SOURCE: Labor income estimated from U. S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, May 2013, Texas [www.bls.gov (February 2015)]; labor income multiplier from IMPLAN Group, LLC [www.implan.com (February 2015)].

<sup>1</sup> Annual labor income includes wages, salaries, and benefits and proprietor income.

## Tax Impact of the Physician Practices in Uvalde County

### Retail Sales Impact and Sales Tax Impact of the Physician Practices

The retail sales impact and retail sales tax impact resulting from the labor income impact can be calculated. Utilizing a ratio of retail sales tax collections to total personal income for Uvalde County, the local retail sales tax capture ratio is 24.4 percent. Uvalde County retail sales tax capture ratio is applied to the total labor income impact for the physician practices from **Table 14**. The total labor income impact for all operations activities for the physicians is \$11.4 million. The resulting retail sales are estimated at approximately \$2.8 million. The retail sales tax impact for the city is \$41,599, for the county \$27,733, and the state retail sales tax impact is \$173,329 from the 6.25 percent state sales tax.

*The physician practices 2014 labor income impact was \$11.4 million, generating retail sales of \$2.8 million, resulting in \$41,599 city sales tax impact, \$27,733 county sales tax impact, and \$173,329 state retail sales tax impact.*

**Table 14**  
**Estimated Retail Sales Impact and Uvalde County and**  
**State Sales Tax Impacts from Physician Practices**  
**for Uvalde County, 2014**

Total Labor Income Impact	Retail Sales <sup>1</sup>	City 1.5% Retail Sales Tax	County 1.0% Retail Sales Tax <sup>2</sup>	State 6.25% Retail Sales Tax <sup>3</sup>
<b>Operations Activities (2014)</b>				
Physician Practices     \$11,365,822	\$2,773,261	\$41,599	\$27,733	\$173,329

SOURCE: 2013 retail sales tax collections and retail sales tax rates from the Texas Comptroller of Public Accounts, Window on State Government, Sales and Use Tax, Quarterly Sales Tax Historical Data by County, [www.window.state.tx.us/taxinfo/sales/ (February 2015)]; 2013 total personal income from the U.S. Department of Commerce, Bureau of Economic Analysis [www.bea.gov (February 2015)].

<sup>1</sup> Local retail sales tax capture rate is the ratio of retail sales tax collections to total personal income for Uvalde County; the 2013 local retail sales tax capture rate of 24.4 percent is the latest data available.

<sup>2</sup> Estimated local retail sales tax collections based on 0.5% for Uvalde County and 0.5% for the Uvalde County Health Services.

<sup>3</sup> State retail sales tax rate for Texas is 6.25 percent

### **Selected Tax Impacts of the Physician Practices**

Physicians' practices and their employees will generate tax dollars through organizational spending and the spending of its employees in other businesses from secondary operations, as well as from the spending of the direct and secondary employees. Data in **Table 10** summarizes select federal, state, county, and city taxes generated by the direct and secondary employment. These estimated, selected taxes total \$1.5 million annually. Tax data are not directly available, thus estimates are made using the best available estimation procedures. The estimation assumptions are the same as for **Table 10, Tax Impact of Uvalde County Hospital Authority**.

The federal income tax impacts of the physician practices are estimated to be \$1.0 million in 2014. The state sales tax impacts are estimated at \$173,329. For the motor vehicle sales and rental taxes, the estimated impact is \$39,970; for the motor fuel taxes, \$31,482, and for other consumption taxes (cigarette and tobacco and alcoholic beverage taxes), \$22,745. The total of the state sales tax impact and the selected categories' state tax impact are estimated at \$267,526. The total county sales tax impact is estimated at \$27,733 and the total city sales tax impact is estimated at \$41,599. The local property taxes are estimated to be \$123,960. The total of all categories of tax impacts is estimated to be \$1.5 million for the physician practices.

**Table 15**  
**Selected Tax Impacts of the Physician Practices**

Categories	Subtotals	Sub-Level	Grand Totals
<b>Federal Tax Impacts</b>			
Federal Income Tax Impacts			
From Physician Practice Employees	\$821,351		
From Secondary Employees	<u>\$188,911</u>		
TOTAL FEDERAL TAX IMPACTS		\$1,010,262	\$1,010,262
<b>State Tax Impacts</b>			
State Sales Tax Impacts (6.25 percent)			
From Physician Practice Employees	\$140,918		
From Secondary Employees	<u>\$32,411</u>		
Total State Sales Tax Impacts		\$173,329	
Other Selected State Taxes			
Motor Vehicle Sales and Rental Taxes		\$39,970	
Motor Fuel Taxes		\$31,482	
Other Consumption Taxes <sup>1</sup>		<u>\$22,745</u>	
TOTAL STATE TAX IMPACTS			\$267,526
<b>County and City Tax Impacts</b>			
County Sales Tax Impacts (1.0 percent ) <sup>2</sup>			
From Physician Practice Employees	\$22,547		
From Secondary Employees	<u>\$5,186</u>		
Total County Tax Impacts		\$27,733	
City Sales Tax Impacts (1.5 percent)			
From Physician Practice Employees	\$33,820		
From Secondary Employees	<u>\$7,779</u>		
Total City Tax Impacts		\$41,599	
Local Property Taxes		<u>\$123,960</u>	
TOTAL COUNTY AND CITY TAX IMPACTS			<u>\$193,292</u>
<b>GRAND TOTAL - TAX IMPACTS</b>			<u><b>\$1,471,080</b></u>

SOURCE: Federal income tax estimates based on federal withholding provided by Uvalde County Hospital Authority, 2014); State sales tax based on labor income impact and the Uvalde County retail sales tax capture ratio; Other selected state taxes based on average amount per employee based on statewide totals from "A Field Guide to the Taxes of Texas, Texas Comptroller of Public Accounts, March 2015;" County and city sales taxes based on tax rates from the Texas Comptroller of Public Accounts <www.window.state.tx.us/taxinfo/sales/> and from the Uvalde County retail sales tax capture ratio applied to the total labor income.

<sup>1</sup> Includes cigarette and tobacco taxes and alcoholic beverage taxes.

<sup>2</sup> Estimated county retail sales tax collections based on 0.5 percent for Uvalde County and 0.5 percent tax for the Uvalde County Health Services.

## Summary

Both the operating activities and construction activities of Uvalde County Hospital Authority and the physician practices impact the economy of Uvalde County. Often overlooked can be the economic impact created from construction activities. This report measures the impact that Uvalde County Hospital Authority had on the economy of Uvalde County from operating activities and from construction activities. The operating impact occurs every year; whereas, the construction impact occurs only during the construction year.

In Uvalde County, Uvalde County Hospital Authority had a total direct revenue impact of \$59.1 million; secondary revenue impact is \$23.6 million for a total revenues impact of \$82.7 million. The total direct employment impact of Uvalde County Hospital Authority 2014 operations activities is 551 employees and the secondary employment impact is 225 employees, resulting in total employment impact of 776 employees. The total direct labor income impact of Uvalde County Hospital Authority 2014 operations activities is \$29.8 million and the secondary labor income impact is \$6.3 million, resulting in total labor income impact of \$36.1 million from operations. The employment and labor income impacts from operating activities are annual and will continue each and every year that Uvalde County Hospital Authority operates in the future. These are long term economic benefits of Uvalde County Hospital Authority.

The impact from construction activities on the economy was estimated for construction activities for plant renovations for 2014. Construction activities only occur during the year of construction. Uvalde County Hospital Authority 2014 construction activities included 42 direct employment impact, eleven secondary employment impact, resulting in total employment impact of 53 employees. Combining the 2014 operations and construction impacts for Uvalde County Hospital Authority resulted in 593 in direct employment impact, 236 in secondary employment impact, and 829 in total employment impact.

Uvalde County Hospital Authority 2014 construction activities included \$1.1 million in direct labor income impact, \$327,719 in secondary labor income impact, resulting in total labor income impact of \$1.4 million. Combining the 2014 operations and construction impacts for Uvalde County Hospital Authority resulted in \$30.8 million in direct labor income impact, \$6.6 million in secondary labor income impact, and \$37.5 million in total labor income impact.

The 2014 combined operations and construction labor income impact was \$37.5 million for Uvalde County Hospital Authority in Uvalde County. Uvalde County Hospital Authority labor income impact generated retail sales of \$9.2 million, resulting in \$137,301 in city sales tax impact, \$91,533 in county sales tax impact, and \$572,083 in state sales tax impact.

Uvalde County Hospital Authority is a not-for-profit hospital and is a tax-exempt entity. Although Uvalde County Hospital Authority does not generate tax dollars, the spending of its employees generates many dollars of taxes in other businesses from secondary operations and construction activities, as well as from the spending of the direct and secondary employees. Data on taxes include total federal income tax impact of \$3.3 million, total state sales tax

impact and other selected state tax impact of \$1.2 million, total county and city sales tax impacts, and local property tax impacts of \$1.0 million, for a grand total of tax impacts of \$5.6 million.

The total direct employment impact of physician practices 2014 operations activities is 91 employees and the secondary employment impact is 35 employees, resulting in total employment impact of 126 employees. The total direct labor income impact of physician practices 2014 operations activities is \$9.2 million and the secondary labor income impact is \$2.1 million, resulting in total labor income impact of \$11.4 million.

For Uvalde County, the physician practices 2014 labor income impact was \$11.4 million, generating retail sales of \$2.8 million, resulting in \$41,599 in city sales tax impact, \$27,733 in county sales tax impact, and \$173,329 in state retail sales impact.

The physician practices and their employees will generate tax dollars through organizational spending and the spending of its employees in other businesses from secondary operations, as well as from the spending of the direct and secondary employees. These estimated, selected taxes total \$1.5 million annually. The federal income tax impacts of the physician practices are estimated to be \$1.0 million in 2014. The state sales tax impacts are estimated at \$173,329. For the motor vehicle sales and rental taxes, the estimated impact is \$39,970; for the motor fuel taxes, \$31,482, and for other consumption taxes (cigarette and tobacco and alcoholic beverage taxes), \$22,745. The total of the state sales tax impact and the selected categories' state tax impact are estimated at \$267,526. The total county sales tax impact is estimated at \$27,733 and the total city sales tax impact is estimated at \$41,599. The local property taxes are estimated to be \$123,960. The total of all categories of tax impacts is estimated to be \$1.5 million for the physician practices.

The impacts generated by Uvalde County Hospital Authority and physician practices contribute to the economy of Uvalde County. Uvalde County Hospital Authority and the physician practices employ local residents. Uvalde County Hospital Authority and its employees and the physician practices and their employees spend money in Uvalde County and generate a secondary impact.

If Uvalde County Hospital Authority or physician practices increase or decrease in size, the medical health of Uvalde County as well as the economic health of Uvalde County can be affected. For the attraction of industrial firms, businesses, and retirees, Uvalde County should have quality hospital and health services. A quality hospital and health sector can contribute to the overall economic health of Uvalde County, as well as the overall medical health of the residents. Given this, not only does Uvalde County Hospital Authority and the physician practices contribute to the health and wellness of the local residents but Uvalde County Hospital Authority and the physician practices also contribute to the overall economic strength of Uvalde County.

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# **Appendix A**

**IMPLAN Software and Data  
from IMPLAN Group, LLC:**

**Model and Data Used  
to Derive Multipliers**



**APPENDIX A**  
**IMPLAN Software and Data from IMPLAN Group, LLC:**  
**Model and Data Used to Derive Multipliers**

**A Review of Input-Output Analysis**

Input-output (I/O) (Miernyk, 1965) was designed to analyze the transactions among the industries in an economy. These models are largely based on the work of Wassily Leontief (1936). Detailed I/O analysis captures the indirect and induced interrelated circular behavior of the economy. For example, an increase in the demand for health services requires more equipment, more labor, and more supplies, which, in turn, requires more labor to produce the supplies, etc. By simultaneously accounting for structural interaction between sectors and industries, I/O analysis gives expression to the general economic equilibrium system. The analysis utilizes assumptions based on linear and fixed coefficients and limited substitutions among inputs and outputs. The analysis also assumes that average and marginal I/O coefficients are equal.

Nonetheless, the framework has been widely accepted and used. I/O analysis is useful when carefully executed and interpreted in defining the structure of an area, the interdependencies among industries, and forecasting economic outcomes.

The I/O model coefficients describe the structural interdependence of an economy. From the coefficients, various predictive devices can be computed, which can be useful in analyzing economic changes in a state, an area or a county. Multipliers indicate the relationship between some observed change in the economy and the total change in economic activity created throughout the economy.

The basis of IMPLAN was developed by the U. S. Forest Service to construct input/output accounts and models. The complexity of this type of modeling had hindered practitioners from constructing models specific to a community requesting an analysis. The University of Minnesota utilized the U.S. Forest Service model to further develop the methodology and expand the data sources to form the model known as IMPLAN. The founders of IMPLAN, Scott Lindall and Doug Olson, joined the University of Minnesota in 1984 and, as an outgrowth of their work with the University of Minnesota, entered into a technology transfer agreement with the University of Minnesota that allowed them to form Minnesota IMPLAN Group, Inc. (MIG).

In 2013 Minnesota IMPLAN Group, Inc. was purchased by IMPLAN Group, LLC and relocated to:  
IMPLAN Group, LLC  
16740 Birkdale Commons Parkway Suite 206  
Huntersville, NC 28078

Support hours are 8 am – 7 pm Eastern time and can be reached by email at [info@implan.com](mailto:info@implan.com)  
or by phone at 651-439-4421 or 704-727-4141

## **IMPLAN Software and Data**

At first, IMPLAN focused on database development and provided data that could be used in the Forest Service version of the software. In 1995, IMPLAN took on the task of writing a new version of the IMPLAN software from scratch that extended the previous Forest Service version by creating an entirely new modeling system – an extension of input-output accounts and resulting Social Accounting Matrices (SAM) multipliers. Version 2 of the new IMPLAN software became available in May of 1999. The latest development of the software is now available, IMPLAN Version 3 Software System, the new economic impact assessment software system.

With IMPLAN Version 3 software, the packaging of products has changed. Version 3 utilizes 2007 or later data. When data are ordered, the data cost plus shipping are the only costs. Version 3.0 software and the new IMPLAN appliance are included in the cost of the data. There are no additional fees to upgrade to IMPLAN Version 3.0. Data files are licensed to an individual user. Version 2 is no longer compatible with 2008 and later data sets.

Version 3 allows the user to do much more detailed analyses. Users can continue to create detailed economic impact estimates. Version 3.0 takes the analysis further, providing a new method for estimating regional imports and exports is being implemented - a trade model. IMPLAN can construct a model for any state, region, area, county, or zip code area in the United States by using available national, state, county, and zip code level data. Impact analysis can be performed once a regional input/output model is constructed.

## **IMPLAN Multipliers**

Five different sets of multipliers are estimated by IMPLAN, corresponding to five measures of regional economic activity. These are: total industry output, personal income, total income, value added, and employment. Two types of multipliers are generated. Type I multipliers measure the impact in terms of direct and indirect effects. Direct impacts are the changes in the activities of the focus industry or firm, such as the closing of a hospital. The focus business changes its purchases of inputs as a result of the direct impacts. This produces indirect impacts in other business sectors. However, the total impact of a change in the economy consists of direct, indirect, and induced changes. Both the direct and indirect impacts change the flow of dollars to the households. Subsequently, the households alter their consumption accordingly. The effect of the changes in household consumption on businesses in a community is referred to as an induced effect. To measure the total impact, a Type II (or Type SAM) multiplier is used. The Type II multiplier compares direct, indirect, and induced effects with the direct effects generated by a change in final demand (the sum of direct, indirect, and induced divided by direct).

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