

# *Community Health Needs Assessment 2013*



SHANNON MEDICAL CENTER

**Shannon Medical Center**  
**Community Health Needs Assessment**  
**June 2013**

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## Consultant's Report

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On behalf of Shannon Medical Center (Shannon), we have assisted in conducting a Community Health Needs Assessment (CHNA) consistent with the scope of services outlined in our engagement letter dated March 1, 2013. The purpose of our engagement was to assist the Medical Center in meeting the requirements of Internal Revenue Code §501(r)(3). We relied on the guidance contained in IRS Notice 2011-52 when preparing your report. We also relied on certain information provided by Shannon, specifically certain utilization data and existing community health care resources.

Based upon the assessment procedures performed, it appears Shannon is in compliance with the provisions of §501(r)(3). Please note that, we were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on compliance with the specified requirements. Accordingly, we do not express such an opinion.

We used and relied upon information furnished by Shannon, its employees and representatives and on information available from generally recognized public sources. We are not responsible for the accuracy and completeness of the information and are not responsible to investigate or verify it.

These findings and recommendations are based on the facts as stated and existing laws and regulations as of the date of this report. Our assessment could change as a result of changes in the applicable laws and regulations. We are under no obligation to update this report if such changes occur. Regulatory authorities may interpret circumstances differently than we do. Our services do not include interpretation of legal matters.

*BKD, LLP*

August 6, 2013

## Introduction

IRC Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- Conduct a community health needs assessment every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital facility, including those with special knowledge of or expertise in public health. The hospital facility must make the community health needs assessment widely available to the public.

This community health needs assessment, which describes both a process and a document, is intended to document Shannon Medical Center's (Medical Center) compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that the Medical Center may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and patient use rates.
- Interviews with key informants who represent a) broad interests of the community, b) populations of need or c) persons with specialized knowledge in public health.
- Conducting a health survey which gathered a wide range of information which was widely distributed to members of the community.

This *document* is a summary of all the available evidence collected during the initial cycle of community health needs assessments required by the IRS. It will serve as a compliance document as well as a resource until the next assessment cycle.

Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

### **Summary of Community Health Needs Assessment**

The purpose of the community health needs assessment is to document compliance with new federal laws outlined above.

The Medical Center engaged **BKD, LLP** to conduct a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 29 offices. BKD serves more than 900 hospitals and health care systems across the country. The community health needs assessment was conducted from January 2013 through June 2013.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of Shannon Medical Center's community health needs assessment:

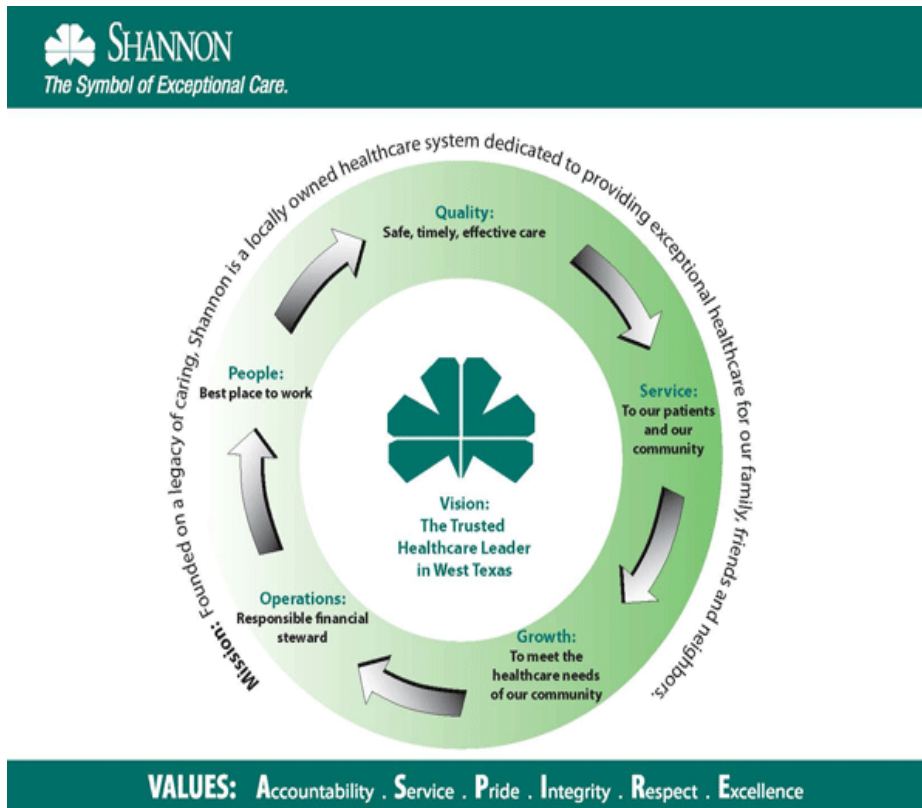
- The “community” served by the Medical Center was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in *Community Served by the Medical Center*.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see in *Appendices*). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- An inventory of health care facilities and resources was prepared.
- Community input was provided through key informant interviews of 18 stakeholders and a community health survey was widely distributed. The Community Health Survey was completed by 576 individuals. Results and findings are described in the Key Informant and *Community Health Survey* sections of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs: 1) the size of the problem, 2) the seriousness of the problem, 3) the prevalence of common themes, 4) the impact of the issue on vulnerable populations and 5) how important the issue is to the community.

Health needs were then prioritized taking into account the perceived degree of influence the Medical Center has to impact the need and the identified health needs impact on overall health. Information gaps were identified during the prioritization process and they have been reported.

- Recommendations based on this assessment have been communicated to the Medical Center.

**General Description of the Medical Center**

Shannon Medical Center is the region’s largest locally-based health care provider for the Concho Valley and surrounding region. Shannon Medical Center is locally-owned and operated by a Board of Trustees from the community it serves. For more than 80 years, Shannon has served this area, growing with the community and serving its health care needs. The facility is licensed for 400 beds and provides a variety of clinical services to meet each patient’s needs. Shannon Medical Center is the designated Lead Level 3 Trauma Center for the region, has nationally-recognized stroke and cardiac programs, provides critical care to newborns, performs state-of-the-art diagnostics and provides prevention and wellness programs, among many more services.



*“Founded on a legacy of caring, Shannon Medical Center is a locally owned healthcare system dedicated to providing exceptional healthcare for our family, friends and neighbors.”*

***Locations and Services***

Shannon Medical Center is comprised of several locations with various services/specialties, these locations are as follows:

- Shannon Medical Center
- Shannon Women’s and Children’s Hospital
- Shannon Medical Center – St. John’s Campus
- Shannon Ambulatory Surgery Center
- Shannon Clinic – Multi-Specialty Physician Group
- Shannon Clinic Southwest – Multi-Specialty Physician Group
- Shannon Medical Plaza
- Shannon Clinic - Obstetrics, Gynecology & Pediatrics
- Shannon Clinic North: Urgent Care, Pediatric Urgent Care, Family Practice
- Urgent Care-South
- Shannon Clinic Adult and Senior Health Care
- Shannon Clinic – Mall Office
- Shannon Women’s Imaging and MRI Center
- Shannon Clinic – General and Vascular Surgery
- Shannon Orthotics Clinic
- Family Health Center of Ozona
- Shannon Clinic – Brownwood
- Shannon Clinic – Big Lake
- Shannon Clinic Sweetwater

Shannon Medical Center provides the community with a wide array of medical services including the following:

- AirMed1 Air Ambulance
- Behavioral Health
- Cancer Care
- Cardiac Rehab
- Cardiology
- Cardiovascular and Thoracic Surgery
- Diabetes Education
- Dialysis
- Emergency and Trauma
- ENT
- Gastroenterology
- Health and Wellness
- Health Information Center
- Home Health
- Infusion Clinic
- Laser Eye Center
- Neurology and Neurosurgery
- Obstetrics and Gynecology
- Occupational Medicine
- Orthopedics
- Orthotics
- Pediatrics
- Pharmacy
- Primary Stroke Center
- Pulmonary Rehab
- Radiology and Diagnostic Imaging
- Rehabilitation
- Rheumatology
- Senior Health Center
- Sleep Center
- Skilled Nursing Facility
- Supportive Health Services
- Sports Medicine
- Women’s Fitness Center
- Women’s Health
- Wound Care and Hyperbaric Medicine



## **Community Served by the Medical Center**

The Medical Center is located in the city of San Angelo, Texas in Tom Green County. The City of San Angelo is located in West Central Texas. San Angelo is served by three U.S. Highways: 67, 87 and 277 and State Highway 208. Located between Interstate Highways 10 and 20, San Angelo is one hour and one and 1/2 hours, respectively, from each.

San Angelo is the county seat of Tom Green County and is home to Angelo State University, historic Fort Concho and Goodfellow Air Force Base. With the Concho River running through the city-center, as well as the city being home to Twin Buttes Reservoir, O.C. Fisher Reservoir and Lake Nasworthy, San Angelo is often referred to as the Oasis of West Texas.



*Source: [www.sanangelotexas.org](http://www.sanangelotexas.org)*

## **Defined Community**

A community is defined as the geographic area from which a significant number of the patients utilizing the Medical Center's services reside. While the community health needs assessment considers other types of health care providers, the Medical Center is the single largest provider of acute care services. For this reason, the utilization of Medical Center services provides the clearest definition of the community. Over 70 percent of Shannon Medical Center's discharges originate in Tom Green County.

Based on the patient origin of acute care discharges and outpatient discharges from October 1, 2011, to September 30, 2012, management has identified the community to include all of Tom Green, Runnels, McCulloch and Concho County zip codes listed in *Exhibit 1*. *Exhibit 1* presents the Medical Center's patient origin and charges for each of the zip code areas in its community. Page 8 presents a detailed map of the Medical Center's geographical location and the footprint of the community identified in *Exhibit 1*. The map displays the Medical Center's defined community and identifies the 12 zip code areas that comprise the Medical Center's community. These zip codes are listed with corresponding demographic information in *Exhibits 2* through *5*.



The geographic area of the defined community based on the identified zip codes for the community covers all of Tom Green, Runnels, McCulloch and Concho Counties. The community health needs assessment will utilize the information for these counties when specific information is not available for zip codes.

**Exhibit 1**  
**Shannon Medical Center CHNA Community**  
**Summary of Inpatient Discharges by Zip Code (Descending Order)**  
**October 1, 2011 to September 30, 2012**

Zip Code	City	Discharges	Percent of Total Discharges
Tom Green County:			
76903	San Angelo	3,320	26.1%
76901	San Angelo	2,299	18.0%
76904	San Angelo	1,911	15.0%
76905	San Angelo	838	6.6%
Other Tom Green		493	3.9%
	Total Tom Green	<u>8,861</u>	<u>69.6%</u>
Runnels County:			
76821	Ballinger	340	2.7%
76861	Miles	158	1.2%
76875	Rowena	48	0.4%
79567	Winters	59	0.5%
Other Runnels		4	0.0%
	Total Runnels	<u>609</u>	<u>4.8%</u>
McCulloch County:			
76825	Brady	363	2.8%
76872	Rochelle	30	0.2%
76836	Doole	5	0.0%
Other McCulloch		18	0.1%
	Total McCulloch	<u>416</u>	<u>3.3%</u>
Concho County:			
76937	Eola	109	0.9%
Other Concho		59	0.5%
	Total Concho	<u>168</u>	<u>1.3%</u>
All Other		2,683	21.1%
	Total	<u><u>12,737</u></u>	<u><u>100.0%</u></u>

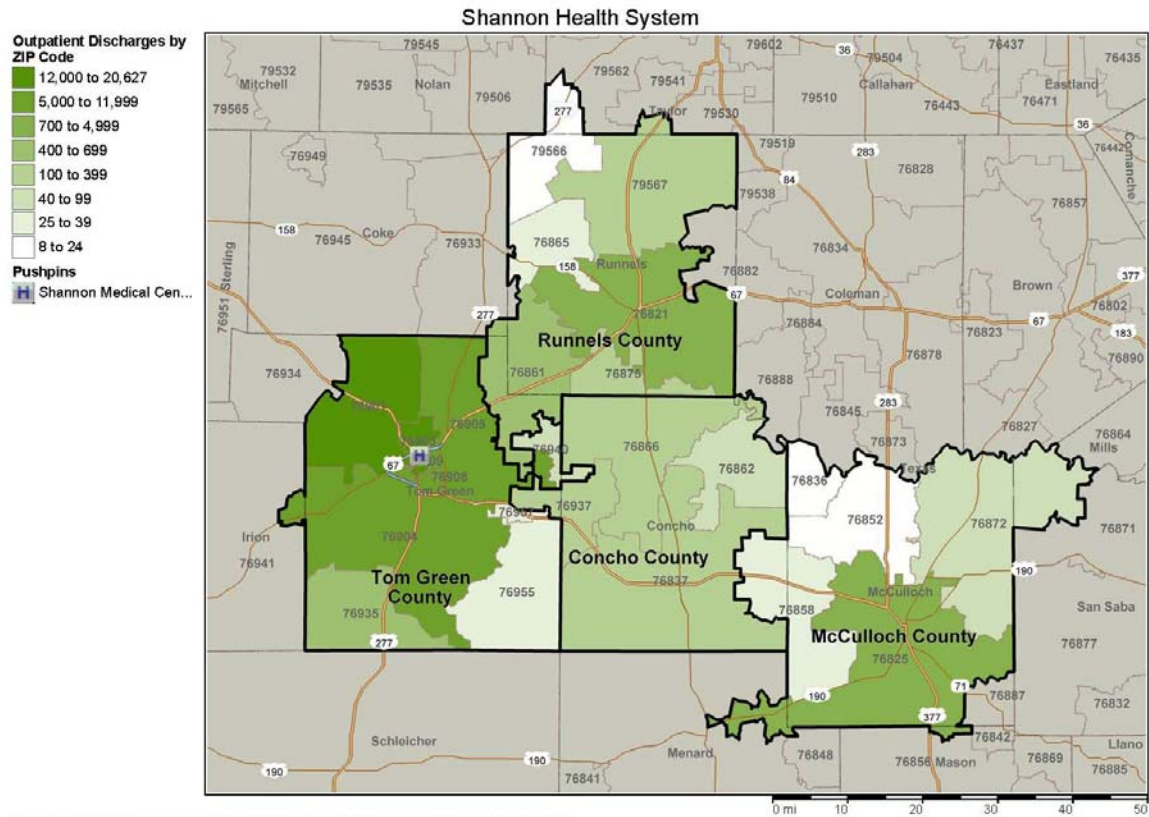
Source: Shannon Medical Center

**Exhibit 1.1**  
**Shannon Medical Center CHNA Community**  
**Summary of Outpatient Discharges by Zip Code**  
**October 1, 2011 to September 30, 2012**

Zip Code	City	Discharges	Percent of Total Discharges
Tom Green County:			
76903	San Angelo	20,627	31.5%
76901	San Angelo	13,261	20.2%
76904	San Angelo	10,867	16.6%
76905	San Angelo	5,205	7.9%
Other Tom Green		3,385	5.2%
	Total Tom Green	<u>53,345</u>	<u>81.4%</u>
Runnels County:			
76821	Ballinger	1,239	1.9%
76861	Miles	658	1.0%
76875	Rowena	211	0.3%
79567	Winters	176	0.3%
Other Runnels		37	0.1%
	Total Runnels	<u>2,321</u>	<u>3.5%</u>
McCulloch County:			
76825	Brady	710	1.1%
76872	Rochelle	49	0.1%
76836	Doole	17	0.0%
Other McCulloch		74	0.1%
	Total McCulloch	<u>850</u>	<u>1.3%</u>
Concho County:			
76837	Eden	319	0.5%
Other Concho		368	0.6%
	Total Concho	<u>687</u>	<u>1.1%</u>
All Other		8,332	12.7%
	Total	<u><u>65,535</u></u>	<u><u>100.0%</u></u>

Source: Shannon Medical Center





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**Community Population and Demographics**

The U.S. Bureau of Census has compiled population and demographic data based on the 2010 census. The Nielsen Company, a firm specializing in the analysis of demographic data, has extrapolated this data by zip code to estimate population trends from 2013 through 2018.

*Exhibit 2* illustrates that the overall population is projected to increase slightly over the five-year period from 137,011 to 144,462. In addition, the age category that utilizes health care services the most, 65 years and over, is projected to increase from 20,973 to 23,859. The projected change to the composition of the total community, between male and female, is projected to remain approximately the same over the five-year period.

**Exhibit 2**  
**Shannon Medical Center CHNA Community**  
**Estimated 2013 Population and Projected 2018 Population**

Zip Code	City	Under 15 years	15-44 years	45-64 years	65 years and over	Total	Male	Female
<b>Estimated 2013 Population</b>								
<b>Tom Green County:</b>								
76901	San Angelo	6,279	11,524	7,216	3,996	29,015	13,969	15,046
76903	San Angelo	7,236	13,072	7,782	4,829	32,919	16,136	16,783
76904	San Angelo	5,734	13,736	8,197	5,659	33,326	15,968	17,358
76905	San Angelo	2,884	4,636	2,745	1,357	11,622	5,791	5,831
	Other Tom Green	663	3,912	965	439	5,979	3,406	2,573
	<b>Total Tom Green</b>	<b>22,796</b>	<b>46,880</b>	<b>26,905</b>	<b>16,280</b>	<b>112,861</b>	<b>55,270</b>	<b>57,591</b>
<b>Runnels County:</b>								
79567	Winters	694	1,104	845	679	3,322	1,667	1,655
76821	Ballinger	1,004	1,572	1,332	984	4,892	2,369	2,523
76861	Miles	414	684	532	336	1,966	991	975
76875	Rowena	110	191	157	132	590	299	291
	Other Runnels	82	153	200	143	1,168	302	276
	<b>Total Runnels</b>	<b>2,304</b>	<b>3,704</b>	<b>3,066</b>	<b>2,274</b>	<b>11,348</b>	<b>5,628</b>	<b>5,720</b>
<b>McCulloch County:</b>								
76825	Brady	1,484	2,293	1,821	1,405	7,003	3,414	3,589
76836	Doole	5	12	18	14	49	23	26
76872	Rochelle	118	234	289	208	849	435	414
	Other McCulloch	91	199	240	193	723	381	342
	<b>Total McCulloch</b>	<b>1,698</b>	<b>2,738</b>	<b>2,368</b>	<b>1,820</b>	<b>8,624</b>	<b>4,253</b>	<b>4,371</b>
<b>Concho County:</b>								
76937	Eola	68	126	115	72	381	214	167
	Other Concho	459	1,770	1,041	527	3,797	2,603	1,194
	<b>Total Concho</b>	<b>527</b>	<b>1,896</b>	<b>1,156</b>	<b>599</b>	<b>4,178</b>	<b>2,817</b>	<b>1,361</b>
<b>PROVIDER SERVICE AREA</b>		<b>27,325</b>	<b>55,218</b>	<b>33,495</b>	<b>20,973</b>	<b>137,011</b>	<b>67,968</b>	<b>69,043</b>



**Exhibit 2 (continued)**  
**Shannon Medical Center CHNA Community**  
**Estimated 2013 Population and Projected 2018 Population**

Zip Code	City	Under 15 years	15-44 years	45-64 years	65 years and over	Total	Male	Female
<b>Projected 2018 Population</b>								
<b>Tom Green County:</b>								
76901	San Angelo	6,904	12,187	7,244	4,707	31,042	14,968	16,074
76903	San Angelo	8,017	13,737	7,739	5,307	34,800	17,095	17,705
76904	San Angelo	6,420	14,321	8,164	6,496	35,401	16,986	18,415
76905	San Angelo	3,044	4,898	2,819	1,582	12,343	6,146	6,197
	Other Tom Green	665	3,997	975	545	6,182	3,512	2,670
	<b>Total Tom Green</b>	<b>25,050</b>	<b>49,140</b>	<b>26,941</b>	<b>18,637</b>	<b>119,768</b>	<b>58,707</b>	<b>61,061</b>
<b>Runnels County:</b>								
79567	Winters	723	1,124	803	740	3,390	1,696	1,694
76821	Ballinger	1,007	1,683	1,257	1,112	5,059	2,455	2,604
76861	Miles	436	706	519	377	2,038	1,020	1,018
76875	Rowena	113	191	152	135	591	300	291
	Other Runnels	89	143	178	155	1,156	286	279
	<b>Total Runnels</b>	<b>2,368</b>	<b>3,847</b>	<b>2,909</b>	<b>2,519</b>	<b>11,643</b>	<b>5,757</b>	<b>5,886</b>
<b>McCulloch County:</b>								
76825	Brady	1,537	2,369	1,677	1,560	7,143	3,482	3,661
76836	Doole	7	9	18	16	50	29	21
76872	Rochelle	107	239	273	245	864	441	423
	Other McCulloch	88	228	216	212	744	393	351
	<b>Total McCulloch</b>	<b>1,739</b>	<b>2,845</b>	<b>2,184</b>	<b>2,033</b>	<b>8,801</b>	<b>4,345</b>	<b>4,456</b>
<b>Concho County:</b>								
76937	Eola	66	135	114	83	398	222	176
	Other Concho	475	1,798	992	587	3,852	2,637	1,215
	<b>Total Concho</b>	<b>541</b>	<b>1,933</b>	<b>1,106</b>	<b>670</b>	<b>4,250</b>	<b>2,859</b>	<b>1,391</b>
<b>PROVIDER SERVICE AREA</b>		<b>29,698</b>	<b>57,765</b>	<b>33,140</b>	<b>23,859</b>	<b>144,462</b>	<b>71,668</b>	<b>72,794</b>

Source: The Nielsen Company

*Exhibit 2.1* provides the percent difference for each zip code from estimated 2013 to projected 2018 as well as the ability to compare the percent difference to the state of Texas and the United States for comparison purposes. *Exhibit 2.1* illustrates that the overall population is projected to increase nearly 5.5 percent over the five-year period compared to projected overall increases for Texas at nearly eight percent and the United States at slightly over three percent. Note the age category that utilizes health care services the most, 65 years and over, is projected to increase by almost 14 percent. This increase in the 65 year and over category will have a dramatic impact on both the amount and type of services required by the community.

**Exhibit 2.1**  
**Shannon Medical Center CHNA Community**  
**Estimated 2013 Population Versus Projected 2018 Population Percent Difference**

Zip Code	City	Under 15 years	15-44 years	45-64 years	65 years and over	Total	Male	Female
<b>Percent Difference</b>								
<b>Tom Green County:</b>								
76901	San Angelo	9.95%	5.75%	0.39%	17.79%	6.99%	7.15%	6.83%
76903	San Angelo	10.79%	5.09%	-0.55%	9.90%	5.71%	5.94%	5.49%
76904	San Angelo	11.96%	4.26%	-0.40%	14.79%	6.23%	6.38%	6.09%
76905	San Angelo	5.55%	5.65%	2.70%	16.58%	6.20%	6.13%	6.28%
	Other Tom Green	0.30%	2.17%	1.04%	24.15%	3.40%	3.11%	3.77%
	<b>Total Tom Green</b>	<b>9.89%</b>	<b>4.82%</b>	<b>0.13%</b>	<b>14.48%</b>	<b>6.12%</b>	<b>6.22%</b>	<b>6.03%</b>
<b>Runnels County:</b>								
79567	Winters	4.18%	1.81%	-4.97%	8.98%	2.05%	1.74%	2.36%
76821	Ballinger	0.30%	7.06%	-5.63%	13.01%	3.41%	3.63%	3.21%
76861	Miles	5.31%	3.22%	-2.44%	12.20%	3.66%	2.93%	4.41%
76875	Rowena	2.73%	0.00%	-3.18%	2.27%	0.17%	0.33%	0.00%
	Other Runnels	8.54%	-6.54%	-11.00%	8.39%	-1.03%	-5.30%	1.09%
	<b>Total Runnels</b>	<b>2.78%</b>	<b>3.86%</b>	<b>-5.12%</b>	<b>10.77%</b>	<b>2.60%</b>	<b>2.29%</b>	<b>2.90%</b>
<b>McCulloch County:</b>								
76825	Brady	3.57%	3.31%	-7.91%	11.03%	2.00%	1.99%	2.01%
76836	Doole	40.00%	-25.00%	0.00%	14.29%	2.04%	26.09%	-19.23%
76872	Rochelle	-9.32%	2.14%	-5.54%	17.79%	1.77%	1.38%	2.17%
	Other McCulloch	-3.30%	14.57%	-10.00%	9.84%	2.90%	3.15%	2.63%
	<b>Total McCulloch</b>	<b>2.41%</b>	<b>3.91%</b>	<b>-7.77%</b>	<b>11.70%</b>	<b>2.05%</b>	<b>2.16%</b>	<b>1.94%</b>
<b>Concho County:</b>								
76937	Eola	-2.94%	7.14%	-0.87%	15.28%	4.46%	3.74%	5.39%
	Other Concho	3.49%	1.58%	-4.71%	11.39%	1.45%	1.31%	1.76%
	<b>Total Concho</b>	<b>2.66%</b>	<b>1.95%</b>	<b>-4.33%</b>	<b>11.85%</b>	<b>1.72%</b>	<b>1.49%</b>	<b>2.20%</b>
	<b>PROVIDER SERVICE AREA</b>	<b>8.68%</b>	<b>4.61%</b>	<b>-1.06%</b>	<b>13.76%</b>	<b>5.44%</b>	<b>5.44%</b>	<b>5.43%</b>
	<b>TX 2013 Estimated (1,000s)</b>	<b>5,949</b>	<b>11,068</b>	<b>6,358</b>	<b>2,922</b>	<b>26,297</b>	<b>13,041</b>	<b>13,257</b>
	<b>TX 2018 Projected (1,000s)</b>	<b>6,343</b>	<b>11,545</b>	<b>6,862</b>	<b>3,583</b>	<b>28,333</b>	<b>14,046</b>	<b>14,288</b>
	<b>PERCENT DIFFERENCE</b>	<b>6.62%</b>	<b>4.31%</b>	<b>7.93%</b>	<b>22.62%</b>	<b>7.74%</b>	<b>7.71%</b>	<b>7.78%</b>
	<b>U.S. 2013 Estimated (1,000s)</b>	<b>61,803</b>	<b>126,084</b>	<b>83,113</b>	<b>43,862</b>	<b>314,862</b>	<b>154,820</b>	<b>160,042</b>
	<b>U.S. 2018 Projected (1,000s)</b>	<b>63,380</b>	<b>126,608</b>	<b>84,336</b>	<b>50,998</b>	<b>325,322</b>	<b>160,000</b>	<b>165,322</b>
	<b>PERCENT DIFFERENCE</b>	<b>2.55%</b>	<b>0.42%</b>	<b>1.47%</b>	<b>16.27%</b>	<b>3.32%</b>	<b>3.35%</b>	<b>3.30%</b>

Source: The Nielsen Company



Certain characteristics of a population can be factors in determining the health care services required by a community. The following is an analysis of the age distribution of the population for the primary community. The analysis is provided by zip code and provides a comparison to Texas and the United States.

**Exhibit 2.2**  
**Shannon Medical Center CHNA Community**  
**Estimated 2013 Population Versus Projected 2018 Population with Percent Totals**

Zip Code	City	Under 15 years	15-44 years	45-64 years	65 years and over	Total	Male	Female
<b>Estimated 2013 Population</b>								
<b>Tom Green County:</b>								
76901	San Angelo	21.64%	39.72%	24.87%	13.77%	100.00%	48.14%	51.86%
76903	San Angelo	21.98%	39.71%	23.64%	14.67%	100.00%	49.02%	50.98%
76904	San Angelo	17.21%	41.22%	24.60%	16.98%	100.00%	47.91%	52.09%
76905	San Angelo	24.82%	39.89%	23.62%	11.68%	100.00%	49.83%	50.17%
Other Tom Green		11.09%	65.43%	16.14%	7.34%	100.00%	56.97%	43.03%
	Total Tom Green	20.20%	41.54%	23.84%	14.42%	100.00%	48.97%	51.03%
<b>Runnels County:</b>								
79567	Winters	20.89%	33.23%	25.44%	20.44%	100.00%	50.18%	49.82%
76821	Ballinger	20.52%	32.13%	27.23%	20.11%	100.00%	48.43%	51.57%
76861	Miles	21.06%	34.79%	27.06%	17.09%	100.00%	50.41%	49.59%
76875	Rowena	18.64%	32.37%	26.61%	22.37%	100.00%	50.68%	49.32%
Other Runnels		7.02%	13.10%	17.12%	12.24%	100.00%	25.86%	23.63%
	Total Runnels	20.30%	32.64%	27.02%	20.04%	100.00%	49.59%	50.41%
<b>McCulloch County:</b>								
76825	Brady	21.19%	32.74%	26.00%	20.06%	100.00%	48.75%	51.25%
76836	Doole	10.20%	24.49%	36.73%	28.57%	100.00%	46.94%	53.06%
76872	Rochelle	13.90%	27.56%	34.04%	24.50%	100.00%	51.24%	48.76%
Other McCulloch		12.59%	27.52%	33.20%	26.69%	100.00%	52.70%	47.30%
	Total McCulloch	19.69%	31.75%	27.46%	21.10%	100.00%	49.32%	50.68%
<b>Concho County:</b>								
76937	Eola	17.85%	33.07%	30.18%	18.90%	100.00%	56.17%	43.83%
Other Concho		12.09%	46.62%	27.42%	13.88%	100.00%	68.55%	31.45%
	Total Concho	12.61%	45.38%	27.67%	14.34%	100.00%	67.42%	32.58%
<b>TOTAL PROVIDER SERVICE AREA</b>		<b>19.94%</b>	<b>40.30%</b>	<b>24.45%</b>	<b>15.31%</b>	<b>100.00%</b>	<b>49.61%</b>	<b>50.39%</b>

**Exhibit 2.2 (continued)**  
**Shannon Medical Center CHNA Community**  
**Estimated 2013 Population Versus Projected 2018 Population with Percent Totals**

Zip Code	City	Under 15 years	15-44 years	45-64 years	65 years and over	Total	Male	Female
<b>Projected 2018 Population</b>								
<b>Tom Green County:</b>								
76901	San Angelo	22.24%	39.26%	23.34%	15.16%	100.00%	48.22%	51.78%
76903	San Angelo	23.04%	39.47%	22.24%	15.25%	100.00%	49.12%	50.88%
76904	San Angelo	18.14%	40.45%	23.06%	18.35%	100.00%	47.98%	52.02%
76905	San Angelo	24.66%	39.68%	22.84%	12.82%	100.00%	49.79%	50.21%
Other Tom Green		10.76%	64.66%	15.77%	8.82%	100.00%	56.81%	43.19%
	Total Tom Green	20.92%	41.03%	22.49%	15.56%	100.00%	49.02%	50.98%
<b>Runnels County:</b>								
79567	Winters	21.33%	33.16%	23.69%	21.83%	100.00%	50.03%	49.97%
76821	Ballinger	19.91%	33.27%	24.85%	21.98%	100.00%	48.53%	51.47%
76861	Miles	21.39%	34.64%	25.47%	18.50%	100.00%	50.05%	49.95%
76875	Rowena	19.12%	32.32%	25.72%	22.84%	100.00%	50.76%	49.24%
Other Runnels		7.70%	12.37%	15.40%	13.41%	100.00%	24.74%	24.13%
	Total Runnels	20.34%	33.04%	24.98%	21.64%	100.00%	49.45%	50.55%
<b>McCulloch County:</b>								
76825	Brady	21.52%	33.17%	23.48%	21.84%	100.00%	48.75%	51.25%
76836	Doole	14.00%	18.00%	36.00%	32.00%	100.00%	58.00%	42.00%
76872	Rochelle	12.38%	27.66%	31.60%	28.36%	100.00%	51.04%	48.96%
Other McCulloch		11.83%	30.65%	29.03%	28.49%	100.00%	52.82%	47.18%
	Total McCulloch	19.76%	32.33%	24.82%	23.10%	100.00%	49.37%	50.63%
<b>Concho County:</b>								
76937	Eola	16.58%	33.92%	28.64%	20.85%	100.00%	55.78%	44.22%
Other Concho		12.33%	46.68%	25.75%	15.24%	100.00%	68.46%	31.54%
	Total Concho	12.73%	45.48%	26.02%	15.76%	100.00%	67.27%	32.73%
<b>TOTAL PROVIDER SERVICE AREA</b>		<b>20.56%</b>	<b>39.99%</b>	<b>22.94%</b>	<b>16.52%</b>	<b>100.00%</b>	<b>49.61%</b>	<b>50.39%</b>
<b>ESTIMATED 2013 POPULATION</b>		19.94%	40.30%	24.45%	15.31%	100.00%	49.59%	50.41%
<b>PROJECTED 2018 POPULATION</b>		20.56%	39.99%	22.94%	16.52%	100.00%	49.57%	50.43%
<b>PERCENT DIFFERENCE</b>		8.7%	4.6%	-1.1%	13.8%	5.4%	5.4%	5.4%
<b>TEXAS POPULATION 2013</b>		22.6%	42.1%	24.2%	11.1%	100.0%	50%	50%
<b>UNITED STATES POPULATION 2013</b>		22.4%	40.7%	24.2%	12.6%	100.0%	50%	50%

Source: The Nielsen Company

Very similar to the nearly 14 percent growth seen in the overall number of people in the 65 year and over category in *Exhibit 2, Exhibit 2.1* indicates that as a percent of total population for the community, the 65 year and over category will make up over 16 percent of the total population in 2018 compared to the 15.31 percent in 2013.

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The following *Exhibit 3* shows the population of the community by ethnicity by illustrating the Hispanic versus Non-Hispanic residents. In total, the population breakdown for the community is fairly comparable to the state of Texas, although the state has a slightly higher percentage of Hispanic residents. Concho County has a higher concentration of Hispanic residents compared to the other counties included in Shannon Medical Center’s community.

**Exhibit 3**  
**Shannon Medical Center CHNA Community**  
**Estimated 2013 Population Versus Projected 2018 Population with Percent Difference**

Zip Code	City	Estimated 2013			Projected 2018			%Difference		%Total	
		Hispanic	Non-Hispanic	Total	Hispanic	Non-Hispanic	Total	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
<b>Tom Green County:</b>											
76901	San Angelo	10,612	18,403	29,015	11,947	19,095	31,042	12.6%	3.8%	38.5%	61.5%
76903	San Angelo	18,407	14,512	32,919	19,863	14,937	34,800	7.9%	2.9%	57.1%	42.9%
76904	San Angelo	6,744	26,582	33,326	7,587	27,814	35,401	12.5%	4.6%	21.4%	78.6%
76905	San Angelo	4,812	6,810	11,622	5,176	7,167	12,343	7.6%	5.2%	41.9%	58.1%
Other Tom Green		1,013	4,966	5,979	1,079	5,103	6,182	6.5%	2.8%	17.5%	82.5%
Total Tom Green		41,588	71,273	112,861	45,652	74,116	119,768	9.8%	4.0%	38.1%	61.9%
<b>Runnels County:</b>											
79567	Winters	1,258	2,064	3,322	1,319	2,071	3,390	4.8%	0.3%	38.9%	61.1%
76821	Ballinger	1,583	3,309	4,892	1,640	3,419	5,059	3.6%	3.3%	32.4%	67.6%
76861	Miles	574	1,392	1,966	594	1,444	2,038	3.5%	3.7%	29.1%	70.9%
76875	Rowena	129	461	590	131	460	591	1.6%	-0.2%	22.2%	77.8%
Other Runnels		64	514	578	61	504	565	-4.7%	-1.9%	10.8%	89.2%
Total Runnels		3,608	7,740	11,348	3,745	7,898	11,643	3.8%	2.0%	32.2%	67.8%
<b>McCulloch County:</b>											
76825	Brady	2,339	4,664	7,003	2,426	4,717	7,143	3.7%	1.1%	34.0%	66.0%
76836	Doole	10	39	49	10	40	50	0.0%	2.6%	20.0%	80.0%
76872	Rochelle	80	769	849	80	784	864	0.0%	2.0%	9.3%	90.7%
Other McCulloch		172	551	723	174	570	744	1.2%	3.4%	23.4%	76.6%
Total McCulloch		2,601	6,023	8,624	2,690	6,111	8,801	3.4%	1.5%	30.6%	69.4%
<b>Concho County:</b>											
76937	Eola	83	298	381	93	305	398	12.0%	2.3%	23.4%	76.6%
Other Concho		2,173	1,624	3,797	2,378	1,474	3,852	9.4%	-9.2%	61.7%	38.3%
Total Concho		2,256	1,922	4,178	2,471	1,779	4,250	9.5%	-7.4%	58.1%	41.9%
<b>PROVIDER SERVICE AREA</b>		<b>50,053</b>	<b>86,958</b>	<b>137,011</b>	<b>54,558</b>	<b>89,904</b>	<b>144,462</b>	<b>9.0%</b>	<b>3.4%</b>	<b>37.8%</b>	<b>62.2%</b>
Texas (1,000s)		10,268	16,029	26,297	11,631	16,702	28,333	13.3%	4.2%	41.1%	58.9%
U.S. (1,000s)		54,578	260,284	314,862	61,050	264,272	325,322	11.9%	1.5%	18.8%	81.2%

Source: The Nielsen Company

*Exhibit 4* shows the population of the community by race by illustrating three different categories: white, black and other residents. In total, the population breakdown for the community is fairly comparable to the state of Texas. A review of the specific zip code areas does show a relatively low percentage of black and other residents in the counties’ zip code areas compared to state averages.



**Exhibit 4**  
**Shannon Medical Center CHNA Community**  
**Estimated 2013 Population Versus Projected 2018 Population with Percent Difference**

Zip Code	City	Estimated 2013				Projected 2018				Percent Difference				Percent Total		
		White	Black	Other	Total	White	Black	Other	Total	White	Black	Other	Total	White	Black	Other
<b>Tom Green County:</b>																
76901	San Angelo	23,540	967	4,508	29,015	24,716	1,016	5,310	31,042	5.0%	5.1%	17.8%	7.0%	79.6%	3.3%	17.1%
76903	San Angelo	25,300	1,621	5,998	32,919	27,022	1,635	6,143	34,800	6.8%	0.9%	2.4%	5.7%	77.6%	4.7%	17.7%
76904	San Angelo	28,749	1,127	3,450	33,326	30,180	1,184	4,037	35,401	5.0%	5.1%	17.0%	6.2%	85.3%	3.3%	11.4%
76905	San Angelo	9,248	365	2,009	11,622	9,865	339	2,139	12,343	6.7%	-7.1%	6.5%	6.2%	79.9%	2.7%	17.3%
	Other Tom Green	4,909	404	666	5,979	5,047	400	735	6,182	2.8%	-1.0%	10.4%	3.4%	81.6%	6.5%	11.9%
	<b>Total Tom Green</b>	<b>91,746</b>	<b>4,484</b>	<b>16,631</b>	<b>112,861</b>	<b>96,830</b>	<b>4,574</b>	<b>18,364</b>	<b>119,768</b>	<b>5.5%</b>	<b>2.0%</b>	<b>10.4%</b>	<b>6.1%</b>	<b>80.8%</b>	<b>3.8%</b>	<b>15.3%</b>
<b>Runnels County:</b>																
79567	Winters	2,604	76	642	3,322	2,610	75	705	3,390	0.2%	-1.3%	9.8%	2.0%	77.0%	2.2%	20.8%
76821	Ballinger	4,132	109	651	4,892	4,295	120	644	5,059	3.9%	10.1%	-1.1%	3.4%	84.9%	2.4%	12.7%
76861	Miles	1,656	10	300	1,966	1,716	12	310	2,038	3.6%	20.0%	3.3%	3.7%	84.2%	0.6%	15.2%
76875	Rowena	531	-	59	590	527	-	64	591	-0.8%	0.0%	8.5%	0.2%	89.2%	0.0%	10.8%
	Other Runnels	529	7	42	1,168	518	7	40	1,156	-2.1%	0.0%	-4.8%	-1.0%	44.8%	0.6%	3.5%
	<b>Total Runnels</b>	<b>9,452</b>	<b>202</b>	<b>1,694</b>	<b>11,938</b>	<b>9,666</b>	<b>214</b>	<b>1,763</b>	<b>11,643</b>	<b>2.3%</b>	<b>5.9%</b>	<b>4.1%</b>	<b>-2.5%</b>	<b>83.0%</b>	<b>1.8%</b>	<b>15.1%</b>
<b>McCulloch County:</b>																
76825	Brady	5,772	157	1,074	7,003	5,859	166	1,118	7,143	1.5%	5.7%	4.1%	2.0%	82.0%	2.3%	15.7%
76836	Doole	43	-	6	49	44	-	6	50	2.3%	0.0%	0.0%	2.0%	88.0%	0.0%	12.0%
76872	Rochelle	775	4	70	849	782	5	77	864	0.9%	25.0%	10.0%	1.8%	90.5%	0.6%	8.9%
	Other McCulloch	637	4	82	723	652	4	88	744	2.4%	0.0%	7.3%	2.9%	87.6%	0.5%	11.8%
	<b>Total McCulloch</b>	<b>7,227</b>	<b>165</b>	<b>1,232</b>	<b>8,624</b>	<b>7,337</b>	<b>175</b>	<b>1,289</b>	<b>8,801</b>	<b>1.5%</b>	<b>6.1%</b>	<b>4.6%</b>	<b>2.1%</b>	<b>83.4%</b>	<b>2.0%</b>	<b>14.6%</b>
<b>Concho County:</b>																
76937	Eola	343	2	36	381	357	3	38	398	4.1%	50.0%	5.6%	4.5%	89.7%	0.8%	9.5%
	Other Concho	3,264	79	454	3,797	3,260	89	503	3,852	-0.1%	12.7%	10.8%	1.4%	84.6%	2.3%	13.1%
	<b>Total Concho</b>	<b>3,607</b>	<b>81</b>	<b>490</b>	<b>4,178</b>	<b>3,617</b>	<b>92</b>	<b>541</b>	<b>4,250</b>	<b>0.3%</b>	<b>13.6%</b>	<b>10.4%</b>	<b>1.7%</b>	<b>85.1%</b>	<b>2.2%</b>	<b>12.7%</b>
<b>PROVIDER SERVICE AREA</b>		<b>108,425</b>	<b>4,851</b>	<b>19,557</b>	<b>133,423</b>	<b>113,833</b>	<b>4,963</b>	<b>21,416</b>	<b>140,212</b>	<b>5.0%</b>	<b>2.3%</b>	<b>9.5%</b>	<b>5.1%</b>	<b>81.2%</b>	<b>3.5%</b>	<b>15.3%</b>
<b>Texas (1,000s)</b>		<b>18,255</b>	<b>3,138</b>	<b>4,904</b>	<b>26,297</b>	<b>19,238</b>	<b>3,438</b>	<b>5,657</b>	<b>28,333</b>	<b>5.4%</b>	<b>9.6%</b>	<b>15.4%</b>	<b>7.7%</b>	<b>67.9%</b>	<b>12.1%</b>	<b>20.0%</b>
<b>U.S. (1,000s)</b>		<b>225,086</b>	<b>40,007</b>	<b>49,770</b>	<b>314,863</b>	<b>228,212</b>	<b>41,797</b>	<b>55,313</b>	<b>325,322</b>	<b>1.4%</b>	<b>4.5%</b>	<b>11.1%</b>	<b>3.3%</b>	<b>70.1%</b>	<b>12.8%</b>	<b>17.0%</b>

Source: The Nielsen Company

## Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes household income, labor force, employees by types of industry, employment rates, educational attainment, and poverty for the community served by the Medical Center. These standard measures will be used to compare the socioeconomic status of the county internally as well as to the state.

### Income and Employment

Exhibit 5 presents the average, median and per capita income for households in each zip code. Average income is projected to increase by 3.8 percent and 4.7 percent in Tom Green and Concho Counties, respectively, and decrease between .3 and 3.6 percent in Runnels and McCulloch Counties, respectively, between 2013 and 2018. Median household income is projected to increase 2.7 percent and 4.6 percent in Tom Green and Concho Counties, respectively; and decrease between .2 and 5.5 percent in Runnels and McCulloch Counties, respectively.

**Exhibit 5**  
**Shannon Medical Center CHNA Community**  
**Estimated Family Income and Wealth for 2013 and 2018 With Percent Difference**

Zip Code	City	Estimated 2013		Projected 2018		Percent Difference	
		Avg. Household Income	Median Household Income	Avg. Household Income	Median Household Income	Avg. Household Income	Median Household Income
<b>Tom Green County:</b>							
76901	San Angelo	\$ 56,858	\$ 41,125	\$ 59,317	\$ 42,400	4.3%	3.1%
76903	San Angelo	\$ 40,937	\$ 30,792	\$ 42,174	\$ 31,538	3.0%	2.4%
76904	San Angelo	\$ 69,108	\$ 52,478	\$ 71,965	\$ 54,461	4.1%	3.8%
76905	San Angelo	\$ 52,965	\$ 43,011	\$ 54,652	\$ 44,132	3.2%	2.6%
	Other Tom Green	\$ 58,475	\$ 41,136	\$ 60,584	\$ 42,182	3.6%	2.5%
	<b>Total Tom Green</b>	<b>\$ 55,953</b>	<b>\$ 40,871</b>	<b>\$ 58,091</b>	<b>\$ 41,960</b>	<b>3.8%</b>	<b>2.7%</b>
<b>Runnels County:</b>							
79567	Winters	\$ 45,644	\$ 36,450	\$ 45,842	\$ 36,473	0.4%	0.1%
76821	Ballinger	\$ 50,358	\$ 32,636	\$ 50,206	\$ 32,565	-0.3%	-0.2%
76861	Miles	\$ 58,149	\$ 44,333	\$ 59,286	\$ 44,651	2.0%	0.7%
76875	Rowena	\$ 53,647	\$ 37,727	\$ 52,250	\$ 37,273	-2.6%	-1.2%
	Other Runnels	\$ 57,729	\$ 43,377	\$ 57,825	\$ 43,527	0.2%	0.3%
	<b>Total Runnels</b>	<b>\$ 51,002</b>	<b>\$ 36,670</b>	<b>\$ 51,169</b>	<b>\$ 36,586</b>	<b>0.3%</b>	<b>-0.2%</b>
<b>McCulloch County:</b>							
76825	Brady	\$ 46,372	\$ 28,741	\$ 44,505	\$ 27,179	-4.0%	-5.4%
76836	Doole	\$ 48,523	\$ 45,000	\$ 43,370	\$ 36,500	-10.6%	-18.9%
76872	Rochelle	\$ 61,649	\$ 50,702	\$ 60,301	\$ 49,211	-2.2%	-2.9%
	Other McCulloch	\$ 51,728	\$ 42,500	\$ 50,868	\$ 41,232	-1.7%	-3.0%
	<b>Total McCulloch</b>	<b>\$ 48,458</b>	<b>\$ 32,158</b>	<b>\$ 46,716</b>	<b>\$ 30,377</b>	<b>-3.6%</b>	<b>-5.5%</b>
<b>Concho County:</b>							
76937	Eola	\$ 61,418	\$ 47,115	\$ 63,699	\$ 50,000	3.7%	6.1%
	Other Concho	\$ 57,043	\$ 48,738	\$ 59,787	\$ 50,921	4.8%	4.5%
	<b>Total Concho</b>	<b>\$ 57,610</b>	<b>\$ 48,553</b>	<b>\$ 60,303</b>	<b>\$ 50,810</b>	<b>4.7%</b>	<b>4.6%</b>
<b>Texas</b>		\$ 68,955	\$ 48,646	\$ 71,829	\$ 49,975	4.2%	2.7%
<b>United States</b>		\$ 69,637	\$ 49,297	\$ 71,917	\$ 49,815	3.3%	1.1%

Source: The Nielsen Company

*Exhibit 6* presents the average annual resident unemployment rates for Tom Green, Runnels, McCulloch and Concho Counties, in comparison to Texas and the United States. As *Exhibit 6* illustrates, unemployment rates for counties ran favorably when compared to the national averages. All counties have more favorable rates than the state of Texas except for Concho County.

**Exhibit 6**  
**Shannon Medical Center CHNA Community**  
**Unemployment Rates (%)**  
**2008-2012**

County	2008	2009	2010	2011	2012
Tom Green County	4.2	6.3	6.5	6.3	5.3
Runnels County	4.9	7.4	9.0	8.3	6.3
McCulloch County	4.0	7.9	7.0	5.9	5.3
Concho County	5.3	7.1	8.7	7.9	7.2
Texas	4.9	7.5	8.2	7.9	6.8
United States	5.8	9.3	9.6	8.9	8.1

Source: FDIC

*Exhibit 7* summarizes employment by major industry for Tom Green, Runnels, McCulloch and Concho Counties in comparison to the United States as a whole.

**Exhibit 7**  
**Shannon Medical Center CHNA Community**  
**Employment by Major Industry**  
**2010**

Major Industries	Tom Green County	Tom Green %	Runnels County	Runnels %	McCulloch County	McCulloch %	Concho County	Concho %	US %
Goods-producing	6,696	15.2%	913	31.9%	535	18.4%	64	5.4%	14.7%
Natural resources and mining	1,148	2.6%	157	5.5%	75	2.6%	53	4.4%	1.4%
Construction	2,037	4.6%	115	4.0%	65	2.2%	-	0.0%	4.3%
Manufacturing	3,512	8.0%	641	22.4%	395	13.6%	-	0.0%	9.0%
Service-providing	28,375	64.3%	1,105	38.6%	1,676	57.5%	543	45.4%	68.4%
Trade, transportation and utilities	7,877	17.8%	476	16.6%	894	30.7%	92	7.7%	19.1%
Information	1,192	2.7%	-	-	28	1.0%	-	0.0%	2.1%
Financial activities	1,992	4.5%	108	3.8%	110	3.8%	26	2.2%	5.8%
Professional and business services	3,378	7.7%	64	2.2%	127	4.4%	-	0.0%	13.1%
Education and health services	7,791	17.7%	274	9.6%	255	8.7%	88	7.4%	14.6%
Leisure and hospitality	4,712	10.7%	130	4.5%	202	6.9%	73	6.1%	10.2%
Other services	1,424	3.2%	44	1.5%	56	1.9%	11	0.9%	3.4%
Unclassified	10	-	-	-	5	0.2%	-	0.0%	-
Federal Government	1,386	3.1%	41	1.4%	30	1.0%	30	2.5%	2.3%
State Government	2,328	5.3%	42	1.5%	43	1.5%	16	1.3%	3.6%
Local Government	5,344	12.1%	770	26.9%	630	21.6%	200	16.7%	11.0%
<b>Total Employment</b>	<b>44,131</b>	<b>100.0%</b>	<b>2,862</b>	<b>100.0%</b>	<b>2,915</b>	<b>100%</b>	<b>1,196</b>	<b>100.0%</b>	<b>100%</b>

Source: U.S. Department of Census

Major employers in the community with more than 50 employees include the following:

**Exhibit 8  
Shannon Medical Center CHNA Community  
Employment by Top Employers (> 50 Employees)**

<b>Top Employers</b>	<b>Industry Classification</b>	<b>Total # of Employees</b>
Good Fellow Air Force Base	Military Training Center	5,165
Shannon Health System	Hospitals and Clinics	2,627
San Angelo ISD	Public School System	2,041
Angelo State University	University	1,680
San Angelo State Supported Living Center	State School	920
San Angelo Community Medical Center	Hospital	860
City of San Angelo	Municipal Government	855
Tom Green County	County Government	727
Sitel, Inc.	Teleservicing	572
Ethicon (Johnson & Johnson)	Sutures/Needles	510
Lone Star Beef Processors	Beef Processing	480
Verizon, Inc.	Telephone Services	459
BlueCross BlueShield of Texas	Medical Claims Processing	400
Hirschfeld Industries	Structural Steel Materials	380
Performant DCS/HCS/VFI	Government Contractor	375
Reece Albert	Highway Construction	330
Baptist Retirement Center	Retirement Community	301
Stripes Convenience Stores	Convenience Stores	298
Brady ISD	Public School System	210
Loadcraft Industries	Manufacturing	200
Wal-Mart	Retail/Grocery	165
Carause Industrial Sands	Lime & Sandstone Product Production	150
City of Brady	Municipal Government	125
Cadre Proppants	Proppant Supplier	105
Heart of Texas Health Systems	Hospital	85
Proppant Specialists	Sand Mining	65
Frac Tech	Well Completion Services	58
McCulloch County	County Government	53

Source: *McCulloch Chamber of Commerce  
SanAngelo.org*

**Poverty**

Exhibit 9 presents the percentage of total population in poverty (including under age 18) and median household income for households in Tom Green, Runnels, McCulloch and Concho Counties versus the state of Texas and the United States.

**Exhibit 9**  
**Shannon Medical Center CHNA Community**  
**Poverty Estimate: Percentage of Total Population in Poverty and Median Household Income**  
**2010 and 2011**

County	2010		Median Household Income	2011		Median Household Income
	All Persons	Under Age 18		All Persons	Under Age 18	
Tom Green County	19.2%	27.0%	\$ 39,004	17.7%	25.4%	\$ 41,626
Runnels County	23.1%	34.5%	\$ 32,628	20.8%	31.6%	\$ 34,515
McCulloch County	22.2%	37.8%	\$ 32,469	22.7%	37.4%	\$ 35,775
Concho County	28.4%	32.2%	\$ 33,711	29.2%	31.3%	\$ 35,514
Texas	17.9%	25.7%	\$ 48,622	18.5%	26.6%	\$ 49,390
United States	15.3%	21.6%	\$ 50,046	15.9%	22.5%	\$ 50,502

Source: U.S. Census Bureau, Small Areas Estimates Branch

Exhibit 9 presents the percentage of total population in poverty and median household. In 2011, a family of two adults and two children was considered poor if their annual household income fell below \$22,350. The poverty rates for Tom Green County are fairly comparable to the state, while poverty rates for Runnels, McCulloch and Concho Counties are slightly higher.

**Uninsured**

Exhibit 10 presents health insurance coverage status by age (under 65 years) and income (at or below 400 percent) of poverty for Tom Green, Runnels, McCulloch and Concho Counties versus the state of Texas and the United States.

**Exhibit 10**  
**Shannon Medical Center CHNA Community**  
**Health Insurance Coverage Status by Age (Under 65 years) and Income (At or Below 400%) of Poverty**  
**2010**

County	All Income Levels				At or Below 400% of FPL			
	Uninsured	Percent Uninsured	Insured	Percent Insured	Uninsured	Percent Uninsured	Insured	Percent Insured
Tom Green	22,092	24.3%	68,688	75.7%	19,946	29.7%	47,238	70.3%
Runnels	2,253	26.9%	6,127	73.1%	2,043	31.3%	4,478	68.7%
McCulloch	1,888	28.8%	4,663	71.2%	1,732	32.6%	3,583	67.4%
Concho	537	27.5%	1,415	72.5%	493	31.3%	1,083	68.7%
Texas	5,820,793	26.3%	16,277,413	73.7%	5,215,659	34.2%	10,042,661	65.8%

Source: U.S. Census Bureau, Small Area Insurance Estimates



**Education**

*Exhibit 11* presents educational attainment for individuals in each county versus the state of Texas and the United States.

**Exhibit 11**  
**Shannon Medical Center CHNA Community**  
**Educational Attainment by Age - Total Population**  
**2010**

<b><u>Completing High School</u></b>	
Tom Green	81.9%
Runnels	77.8%
McCulloch	79.5%
Concho	78.7%
Texas	80.4%
United States	85.4%
<b><u>Bachelor's Degree or More</u></b>	
Tom Green	22.3%
Runnels	15.8%
McCulloch	18.4%
Concho	12.2%
Texas	26.1%
United States	28.2%

*Source: U.S. Census Bureau, Current Population Survey*

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. Persons aged 25 and older have similar educational attainment compared to the state as a whole. *Exhibit 11* indicates the percentage of the population who obtain a Bachelor's degree is less than state and national averages.

## Community Health Care Resources

The availability of health resources is a critical component to the health of a county’s residents and a measure of the soundness of the area’s health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community’s health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section will address the availability of health care resources to the residents of Tom Green, Runnels, McCulloch and Concho Counties.

### Hospitals

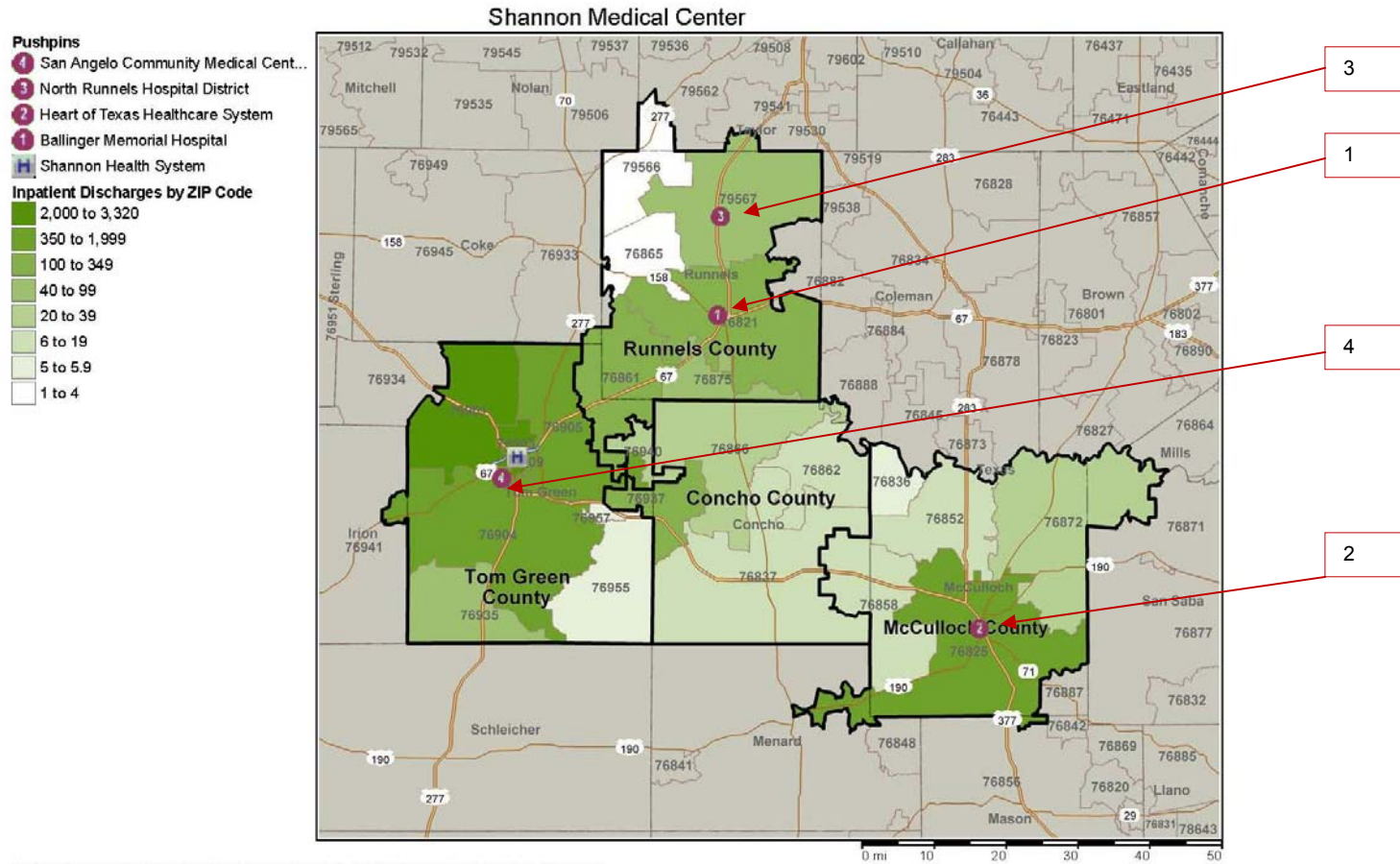
The Medical Center has 268 acute beds and is the main provider of medical services in the County. *Exhibit 12* summarizes hospital services available to the residents of Tom Green, Runnels, McCulloch and Concho Counties.

**Exhibit 12**  
**Shannon Medical Center CHNA Community**  
**Summary of Acute Care Hospitals**

	Facility Type*	Miles from Shannon*	Bed Size*	Annual Discharges*	Annual Patient Revenue (000's)*
1	Ballinger Memorial Hospital	Short-Term Acute Care	37.2	30	304 \$ 3,171,549
2	Heart of Texas Healthcare System	Short-Term Acute Care	79.4	25	342 \$ 17,697,180
3	North Runnels Hospital District	Short-Term Acute Care	51	25	192 \$ 1,317,411
4	San Angelo Community Medical Center	Short-Term Acute Care	4.5	113	6,426 \$ 423,753,762
+	Shannon Medical Center & Shannon Medical Center St. Johns	Short-Term Acute Care		268	10,898 \$ 622,029,221

\*Information based on latest available Medicare cost report

Source: *Costreportdata.com*



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**Other Licensed Facilities**

There are facilities other than licensed hospitals which provide health services to the community. Other facilities include ambulatory surgical centers, emergency medical facilities/urgent care clinics and rural health centers. *Exhibit 13* summarizes available facilities.

**Exhibit 13**  
**Shannon Medical Center CHNA Community**  
**Summary of Other Health Care Facilities**

Facility Name	Facility Type	County	Address	City	State	Zip
Concho County Hospital	Critical Access Hospital	Concho	314 Baker Street	Eden	TX	76837
Community Surgery Center	Ambulatory Surgical Center	Tom Green	3605 Executive Drive	San Angelo	TX	76904
Shannon Surgery Center	Ambulatory Surgical Center	Tom Green	4482 Sunset Drive	San Angelo	TX	76901
Brady Medical Clinic	Rural Health Clinic	McCulloch	2010 Nine Road	Brady	TX	76825
Ballinger Hospital Clinic	Rural Health Clinic	Runnels	608 Avenue B	Ballinger	TX	76821
NRH Clinic	Rural Health Clinic	Runnels	7771 E. Highway 153	Winters	TX	79567
Urgent Care South	Urgent Care Center	Tom Green	3502 Knickerbocker Road	San Angelo	TX	76904
Shannon Clinic North	Urgent Care Center	Tom Green	2626 N. Bryant	San Angelo	TX	76903
Medi Center -West Walk-in Clinic	Urgent Care Clinic	Tom Green	5760 Sherwood Way	San Angelo	TX	76904

Source: Texas Department of State Health Services Regulatory Services  
[http://www.dfps.state.tx.us/documents/Child\\_Protection/pdf/TexasRuralHealthClinics.pdf](http://www.dfps.state.tx.us/documents/Child_Protection/pdf/TexasRuralHealthClinics.pdf)

**Indigent Care Services**

The Indigent Health Care Office (ICHO) – a division of Tom Green County Treasurer Offices is located at 19 N. Irving, San Angelo, TX 76903-5887. The ICHO pre-screens candidates who, if approved, are matched with a case worker to coordinate services. More information can be found by calling 325.659.6504.

**Health Department**

The Texas Department of State Health Services (DSHS) is comprised of professionals across Texas whose mission is to improve health and well-being in Texas. Strategic and operational goals of DSHS are as follows:

1. Prevent and Prepare for Health Threats
2. Build Capacity for Improving Community Health
3. Promote Recovery for Persons with Infectious Disease and Mental Illness
4. Protect Consumers
5. Develop and Expand Integrated Services
6. Streamline Administrative Systems
7. Maintain and Enhance DSHS Assets
8. Nurture a Unified Workplace Culture
9. Expand the Effective Use of Health Information
10. Build and Sustain Effective Partnerships

## Estimated Demand for Physician Office Visits and Hospital Services

In order to define existing services and develop future plans that may affect the operations of the Medical Center this study includes an analysis of estimated demand for physician office visits, hospital emergency room visits and hospital discharges using national averages and population estimates. Current and future unmet need can be evaluated based on the changes in the size of the market for certain services as determined by applying these national average use rates to the population of the community. *Exhibit 14* summarizes estimated 2013 and projected 2018 physician office visits, emergency department visits and hospital discharges using 2010 national average use rates from the National Center for Health Statistics.

**Exhibit 14**  
**Shannon Medical Center CHNA Community**  
**Physician Office Visits, Emergency Department Visits, and Discharges**

Estimated 2013							
Age	2013 Community Population	Physician Office Visits per Person	Estimated Physician Office Visits	Emergency Department Visits per Person	Estimated Emergency Department Visits	Hospital Discharges per Person	Estimated Hospital Discharges
0-14	27,325	2.57	70,225	0.35	9,564	0.0392	1,071
15-44	55,218	2.17	119,823	0.37	20,431	0.0932	5,146
45-64	33,495	4.01	134,315	0.26	8,709	0.1241	4,157
65+	20,973	7.43	155,829	0.43	9,018	0.3416	7,164
Total	137,011		480,193		47,722		17,539
Primary Care Visits		71.5%	343,338				
Specialty Care Visits		28.5%	136,855				
Total			480,193				
Projected 2018							
Age	2018 Community Population	Physician Office Visits per Person	Projected Physician Office Visits	Emergency Department Visits per Person	Projected Emergency Department Visits	Hospital Discharges per Person	Projected Hospital Discharges
0-14	29,698	2.57	76,324	0.35	10,394	0.0392	1,164
15-44	57,765	2.17	125,350	0.37	21,373	0.0932	5,384
45-64	33,140	4.01	132,891	0.26	8,616	0.1241	4,113
65+	23,859	7.43	177,272	0.43	10,259	0.3416	8,150
Total	144,462		511,838		50,643		18,811
Primary Care Visits		71.5%	365,964				
Specialty Care Visits		28.5%	145,874				
Total			511,838				

Source: [www.cdc.gov](http://www.cdc.gov), community populations from The Neilsen Company

Based on management’s analysis of market share, the Medical Center can sustain its current utilization as it relates to physician office visits, emergency department visits and hospital discharges. Without any significant operational changes, and assuming consistent levels of competition, the Medical Center’s market share should remain approximately even through the next five years.

Examination of the population demographics suggests that the aging of the “baby boom” population will actually slightly increase the overall utilization of hospital and primary care services within the community. The prospect for significant volume increases from changes in the market demographics is unlikely.

*Exhibit 15* illustrates the percentage change in the calculated utilization from *Exhibit 14* as an estimated percentage increase in utilization from 2013 to 2018. To increase utilization, the Medical Center must increase its market share within the community through physician recruitment and operational changes. Simply relying on the increase of the market’s size and changing demographics for additional utilization would not result in meaningful results.

**Exhibit 15**  
**Shannon Medical Center CHNA Community**  
**Estimated Difference in Utilization: Physician Office Visits,**  
**Emergency Room Visits and Hospital Discharges**  
**Estimated 2013 and Projected 2018**

	Estimated 2013	Projected 2018	Percent Difference
Primary Care Physician Office Visits	343,338	365,964	6.6%
Specialty Care Physician Office Visits	136,855	145,874	6.6%
Total Estimated Physician Office Visits	480,193	511,838	6.6%
Emergency Department Visits	47,722	50,643	6.1%
Hospital Discharges	17,539	18,811	7.3%

*Source: The Nielsen Company*

*Exhibits 16 and 17* provide detailed analysis of estimated acute care discharges, ambulatory procedures, hospital outpatient department visits and physician office visits. These exhibits categorize the utilization for estimated 2013 and projected 2018 by different age categories to assess possible growth areas. A review of each of the charts indicates no significant percentage increases or decreases in any category. However, potential market growth does exist in a limited number of acute care areas.



**Exhibit 16**  
**Shannon Medical Center CHNA Community**  
**Estimated and Projected Number of Ambulatory Surgery Procedures by Procedure Category and Age: Provider Service Area**

Procedure Category	Estimated 2013					Projected 2018					Market Difference Percent
	Total	Under 15 years	15-44 years	45-64 years	65 years and over	Total	Under 15 years	15-44 years	45-64 years	65 years and over	
<b>Total Provider Service Area Population</b>	<b>137,011</b>	<b>27,325</b>	<b>55,218</b>	<b>33,495</b>	<b>20,973</b>	<b>144,462</b>	<b>29,698</b>	<b>57,765</b>	<b>33,140</b>	<b>23,859</b>	
All procedures	17,731	1,127	4,446	5,505	6,652	18,891	1,225	4,651	5,447	7,568	6.5%
Operations on the nervous system	697	5	216	288	187	730	6	226	285	213	4.8%
Operations on the eye	3,229	65	123	547	2,494	3,578	70	129	542	2,837	10.8%
Operations on the ear	412	301	47	37	26	444	327	50	37	30	7.7%
Operations on the nose, mouth and pharynx	1,069	321	389	256	102	1,126	349	407	254	116	5.4%
Operations on the respiratory system	249	19	36	96	97	264	21	38	95	111	6.3%
Operations on the cardiovascular system	528	0	65	226	238	561	0	68	223	270	6.3%
Operations on the digestive system	3,928	88	967	1,379	1,495	4,172	96	1,011	1,364	1,700	6.2%
Operations on the urinary system	830	35	145	267	384	890	38	151	264	437	7.2%
Operations on the male genital organs	287	67	77	62	80	306	73	81	62	91	6.9%
Operations on the female genital organs	992	6	671	238	77	1,032	6	702	235	88	4.0%
Operations on the musculoskeletal system	2,298	77	914	916	391	2,390	83	956	906	445	4.0%
Operations on the integumentary system	1,327	57	415	517	339	1,393	62	434	511	385	4.9%
Miscellaneous diagnostic and therapeutic procedures	1,762	73	345	632	712	1,875	79	360	625	810	6.4%
Operations on the endocrine system, operations on the hemic and lymphatic system and obstetrical procedures	116	7	36	44	29	30	30	0	0	0	

Source: The Nielsen Company and the National Center for Health Statistics

**Exhibit 17**  
**Shannon Medical Center CHNA Community**  
**Estimated and Projected Number of Acute Care Discharges by Medical Diagnostic Category and Age: Provider Service Area**

Procedure Category	Estimated 2013					Projected 2018					Market Difference Percent
	Total	Under 15 years	15-44 years	45-64 years	65 years and over	Total	Under 15 years	15-44 years	45-64 years	65 years and over	
<b>Total Provider Service Area Population</b>	<b>137,011</b>	<b>27,325</b>	<b>55,218</b>	<b>33,495</b>	<b>20,973</b>	<b>144,462</b>	<b>29,698</b>	<b>57,765</b>	<b>33,140</b>	<b>23,859</b>	
All Conditions	17,496	1,155	4,785	3,945	7,611	18,822	1,255	5,005	3,904	8,658	7.6%
Infectious and parasitic diseases	483	70	76	101	236	524	76	80	100	269	8.5%
Neoplasms	841	17	127	287	410	902	18	133	284	466	7.2%
Endocrine, nutritional & metabolic diseases and immunity disorders	886	85	171	229	400	954	92	179	227	455	7.7%
Diseases of the blood and blood-forming organs	227	26	48	47	106	246	29	50	46	121	8.2%
Mental Disorders	1,082	57	555	314	155	1,130	62	581	311	176	4.5%
Diseases of the nervous system and sense organs	278	36	59	63	120	300	39	62	62	137	7.8%
Diseases of the circulatory system	3,417	14	198	892	2,313	3,737	15	207	883	2,632	9.3%
Diseases of the respiratory system	1,840	309	153	349	1,029	2,011	336	160	345	1,171	9.3%
Diseases of the digestive system	1,810	111	380	507	811	1,944	121	398	502	923	7.4%
Diseases of the genitourinary system	981	38	257	235	452	1,056	41	269	233	514	7.6%
Complications of pregnancy, childbirth and puerperium	230	0	230	0	0	241	0	241	0	0	4.6%
Diseases of the skin and subcutaneous tissue	354	24	95	100	135	378	26	99	99	154	6.8%
Diseases of the musculoskeletal system and connective tissue	992	17	138	323	514	1,067	19	144	319	585	7.6%
Congenital anomalies	94	64	14	10	5	101	69	15	10	6	7.3%
Certain conditions originating in the perinatal period	91	91	0	0	0	99	99	0	0	0	8.7%
Symptoms, signs and ill defined conditions	118	27	35	30	27	126	29	36	30	31	6.2%
Injury and poisoning	1,428	108	367	336	617	1,536	117	384	332	702	7.5%
Supplementary classifications	2,319	37	1,880	123	279	2,446	40	1,967	121	318	5.5%

Source: The Nielsen Company and the National Center for Health Statistics



## Health Status of the Community

This section of the assessment reviews the health status of Tom Green, Runnels, McCulloch and Concho County residents. As in the previous section, comparisons are provided with the state of Texas and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the parish residents that make up the community will enable the Medical Center to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle	Primary Disease Factor
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression

Lifestyle	Primary Disease Factor
Driving at excessive speeds	Trauma Motor vehicle crashes
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes of death in Tom Green, Runnels, McCulloch and Concho Counties and the state of Texas. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

### **Leading Causes of Death**

*Exhibit 19* reflects the leading causes of death for residents of Tom Green, Runnels, McCulloch and Concho Counties and compares the rates, per thousand, to the state of Texas average rates, per thousand.

**Exhibit 19**  
**Shannon Medical Center CHNA Community**  
**Selected Causes of Resident Deaths: Number and Rate (2009)**

	Tom Green County		Runnels County		McCulloch County		Concho County		Texas		United States
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Rate*
Total Deaths, All Causes	930	813.6	123	736.2	114	916.5	38	830.9	162,792	781.2	741.1
Disease of the Heart	169	145.5	25	137.2	29	225.4	6	◆	38,008	186.7	179.8
Malignant Neoplasm	182	163.8	27	169.2	20	165.2	9	◆	35,531	167.6	173.6
Accidents	42	40.3	7	◆	5	◆	-	◆	9,310	40.0	37.0
Cerebrovascular Diseases	43	36.1	12	◆	8	◆	4	◆	9,118	45.8	38.9
Chronic Lower Respiratory Diseases	63	54.1	11	◆	11	◆	6	◆	8,624	43.4	42.2

\* Indicates rate is age adjusted

◆ Indicates numerator too small for rate calculation

Sources: <http://soupfin.tdh.state.tx.us/death10.htm>

## Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.* 1 or 2, are considered to be the "healthiest". Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors--rankings are based on weighted scores of four types of factors:
  - Health behaviors (six measures)
  - Clinical care (five measures)
  - Social and economic (seven measures)
  - Physical environment (four measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)).

As part of the analysis of the needs assessment for the community, the relative health status of Tom Green, Runnels, McCulloch and Concho Counties will be compared to the state of Texas as well as to a national benchmark. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.

The following tables, from County Health Rankings, summarize the 2012 health outcomes for Tom Green, Runnels, McCulloch and Concho Counties which comprise the majority of the community of Shannon Medical Center. Each measure is described and includes a confidence interval or error margin surrounding it – if a measure is above the state average and the state average is beyond the error margin for the county, then further investigation is recommended.

Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.

**Exhibit 20**  
**Shannon Medical Center CHNA Community**  
**County Health Rankings - Health Outcomes (2012)**

	Tom Green County	Runnels County	McCulloch County	Concho County	TX	National Benchmark <sup>□</sup>
<b>Mortality</b>						
Rank out of 221 Texas Counties	68	155	133	Not Ranked		
<b>Premature death</b> - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,653	9,447	8,805	X	7,186	5,466
<b>Morbidity</b>						
Rank out of 221 Texas Counties	32	169	140	Not Ranked		
<b>Poor or fair health</b> - Percent of adults reporting fair or poor health (age-adjusted)	14%	X	12%	X	19%	10%
<b>Poor physical health days</b> - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.5	X	6.4	X	3.6	2.6
<b>Poor mental health days</b> - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	2.3	X	2.8	X	3.3	2.3
<b>Low birth weight</b> - Percent of live births with low birth weight (<2500 grams)	7.9%	9.5%	8.6%	X	8.2%	6.0%

□ 90th percentile, i.e., only 10% are better

Note: X indicates unreliable or missing data

Source: Countyhealthrankings.org

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment.

A review of the health factors for Tom Green, Runnels, McCulloch and Concho Counties in the above tables, which are highlighted in yellow, indicate the county has significant room for improvement in that particular health factor-area in comparison to state averages.

**Exhibit 20.1**  
**Shannon Medical Center CHNA Community**  
**County Health Rankings - Health Factors (2012)**

	Tom Green County	Runnels County	McCulloch County	Concho County	TX	National Benchmark <sup>a</sup>
<b>Health Behaviors</b>						
Rank out of 221 Texas Counties	148	196	81	Not Ranked		
<b>Adult smoking</b> - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	22.0%	X	X	X	19.0%	14.0%
<b>Adult obesity</b> - Percent of adults that report a BMI >= 30	29.0%	34.0%	28.0%	30.0%	29.0%	25.0%
<b>Physical inactivity</b> - percent of adults aged 20 and over reporting no leisure time physical activity	26.0%	28.0%	31.0%	25.0%	25.0%	21.0%
<b>Excessive drinking</b> - Percent of adults that report excessive drinking in the past 30 days	17.0%	X	X	X	16.0%	8.0%
<b>Motor vehicle crash death rate</b> - Motor vehicle deaths per 100K population	13.0	31.0	18.0	X	17.0	12.0
<b>Sexually transmitted infections</b> - Chlamydia rate per 100K population	521.0	273.0	327.0	166.0	435.0	84.0
<b>Teen birth rate</b> - Per 1,000 female population, ages 15-19	63.0	64.0	78.0	67.0	63.0	22.0
<b>Clinical Care</b>						
Rank out of 221 Texas Counties	33	83	172	Not Ranked		
<b>Uninsured adults</b> - Percent of population under age 65 without health insurance	26%	29%	30%	43%	26%	11%
<b>Primary care physicians</b> - Ratio of population to primary care physicians	1,452:1	2,563:1	1,968:1	X	1,378:1	631:1
<b>Preventable hospital stays</b> - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	68.0	89.0	119.0	X	73.0	49.0
<b>Diabetic screening</b> - Percent of diabetic Medicare enrollees that receive HbA1c screening	86%	86%	81%	77%	81%	89%
<b>Mammography screening</b> - Percent of female Medicare enrollees that receive mammography screening	65%	57%	52%	59%	62%	74%
<b>Social &amp; Economic Factors</b>						
Rank out of 221 Texas Counties	97	140	135	Not Ranked		
<b>High school graduation</b> - Percent of ninth grade cohort that graduates in 4 years	83.0%	96.0%	95.0%	91.0%	84.0%	X
<b>Some college</b> - Percent of adults aged 25-44 years with some post-secondary education	54.0%	42.0%	39.0%	27.0%	56.0%	68.0%
<b>Unemployment</b> - percent of population 16+ unemployed but seeking work	6.4%	9.0%	7.1%	8.3%	8.2%	5.4%
<b>Children in poverty</b> - Percent of children under age 18 in poverty	27.0%	35.0%	38.0%	32.0%	26.0%	13.0%
<b>Inadequate social support</b> - Percent of adults without social/emotional support	19.0%	X	X	X	23.0%	14.0%
<b>Children in single-parent households</b> - Percent of children that live in household headed by single parent	33.0%	38.0%	27.0%	36.0%	32.0%	20.0%
<b>Violent crime rate</b> - violent crime rate per 100,000 population (age-adjusted)	370.0	132.0	329.0	158.0	503.0	73.0
<b>Physical Environment</b>						
Rank out of 221 Texas Counties	105	76	8	Not Ranked		
<b>Air pollution-particulate matter days</b> - Annual number of unhealthy air quality days due to fine particulate matter	-	-	-	-	1.0	-
<b>Air pollution-ozone days</b> - Annual number of unhealthy air quality days due to ozone	-	-	-	-	18.0	-
<b>Limited access to healthy foods</b> - percent of population who are low-income and do not live close to a grocery store	17.0%	6.0%	6.0%	15.0%	12.0%	-
<b>Fast food restaurants</b> - percent of all restaurants that are fast food establishments	49.0%	43.0%	36.0%	50.0%	53.0%	25.0%
<b>Access to recreational facilities</b> - Rate of recreational facilities per 100,000 population	6.0	-	13.0	-	7.0	16.0

<sup>a</sup> 90th percentile, i.e., only 10% are better  
Note: X indicates unreliable or missing data

Source: Countyhealthrankings.org

## **Summary of Hospital Services**

### ***Inpatient and Outpatient Discharges by Diagnoses Related Group Code***

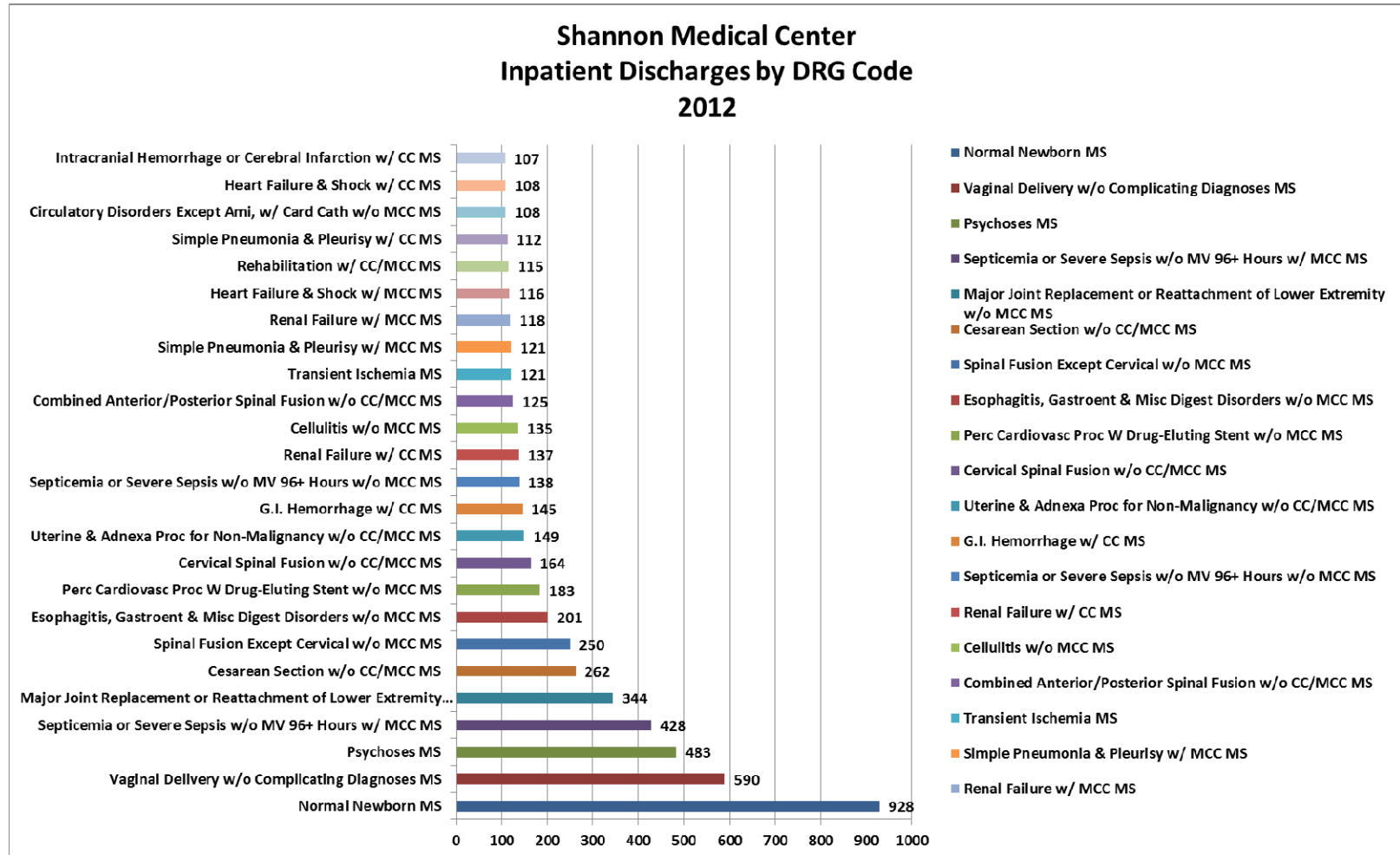
The following tables show the top 25 causes for inpatient and outpatient hospitalization by diagnoses related group (DRG) code.

The most common diagnoses for inpatient hospitalization are related to the following:

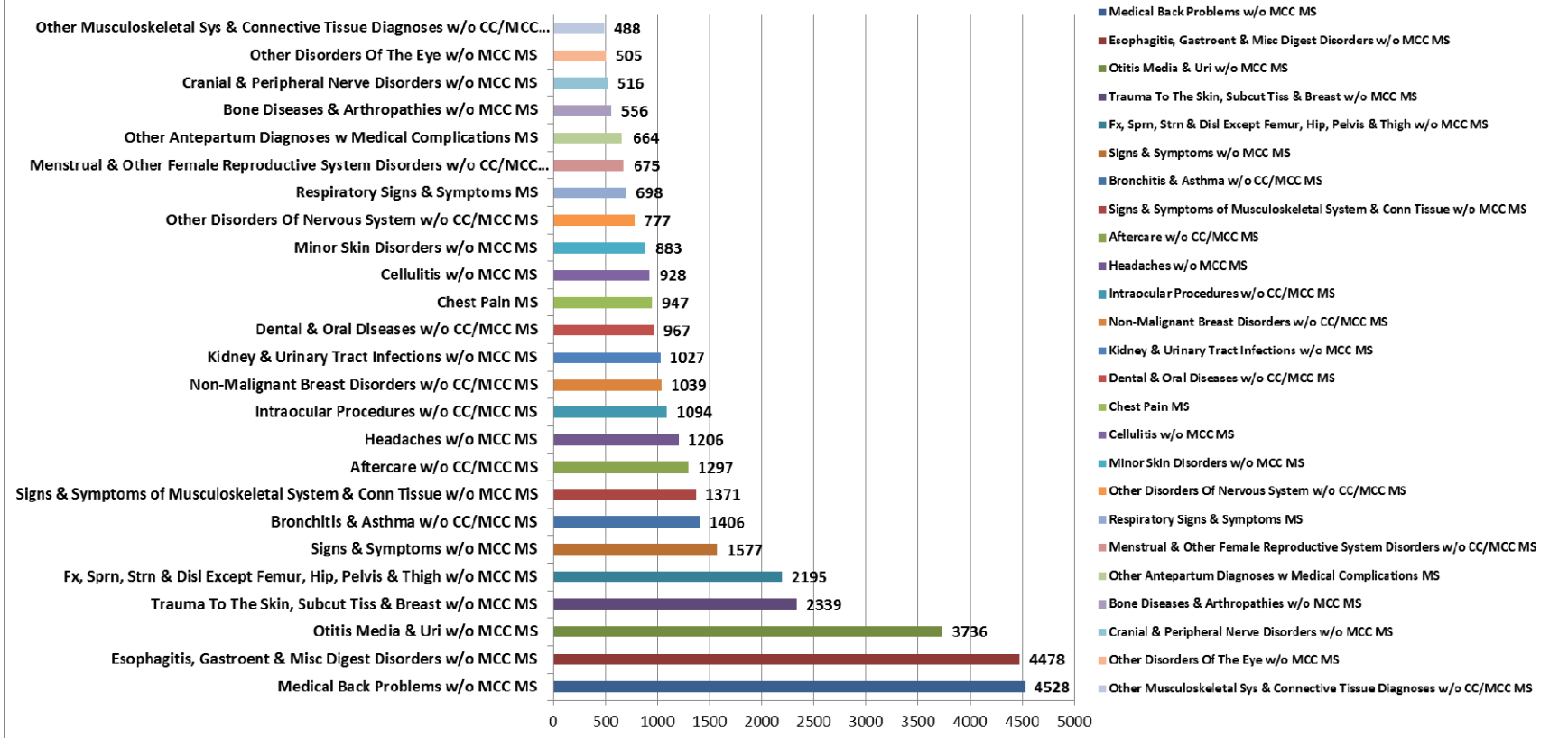
- Women's and Children's Services
- Psychoses treatment
- Septicemia/sepsis
- Joint replacements/spinal surgeries

The most common diagnoses for outpatient treatment include the following:

- Back problems
- Esophagitis
- Otitis media (ear infection)



### Shannon Medical Center Outpatient Discharges by DRG Code 2012



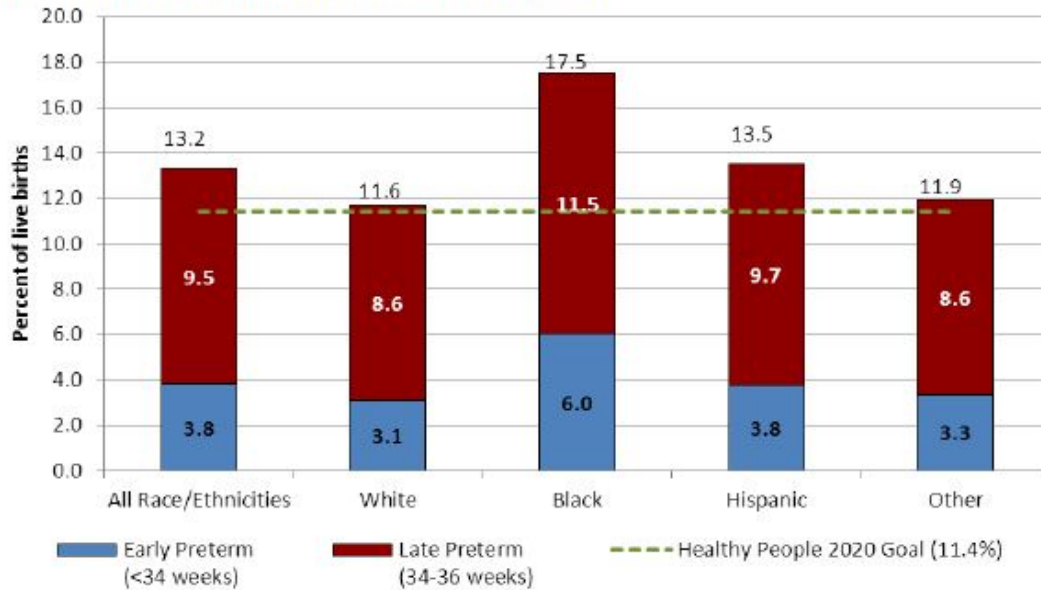


## Maternal and Child Health

### *Premature Birth/Low Birth Weight*

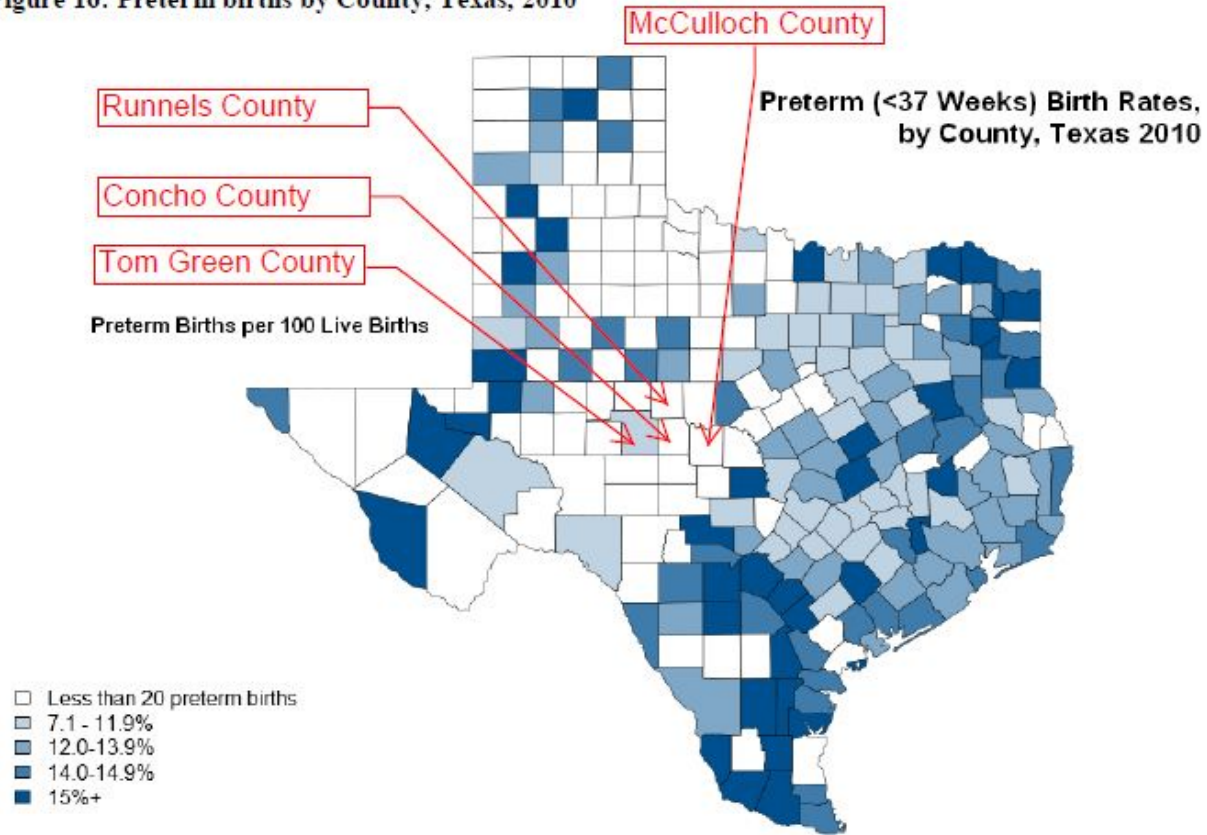
Birth weight and gestational age predict the health and mortality of an infant. Babies born too small are often born too soon. Pre-term birth (births at less than 37 completed weeks of pregnancy) is a key risk factor for infant death. The below graph shows the percent of infants who are born preterm, by race. Black infants are more likely to be born preterm than any other race in Texas in 2010.

**Figure 14: Preterm births by Race/Ethnicity, Texas, 2010**



The map below shows the percentage of preterm births per the Medical Center’s defined community of Tom Green, Runnels, McCulloch and Concho Counties. Tom Green County is in the highest percentage bracket of births that are preterm at 12.0 to 13.9 percent.

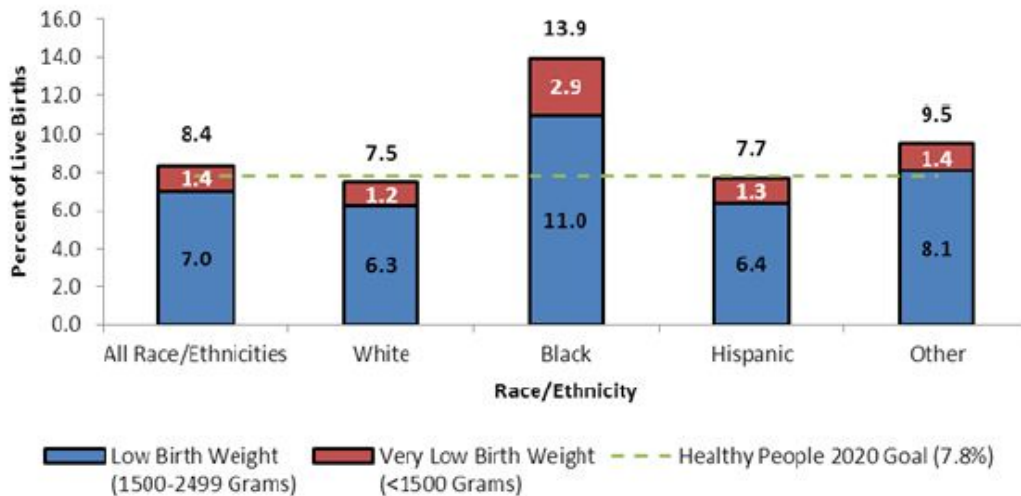
**Figure 16: Preterm births by County, Texas, 2010**



Source: Texas Center for Health Statistics Natality File, 2010  
 Prepared by Texas Dept. of State Health Services,  
 Family and Community Health - Office of Program Decision Support  
 July 2012

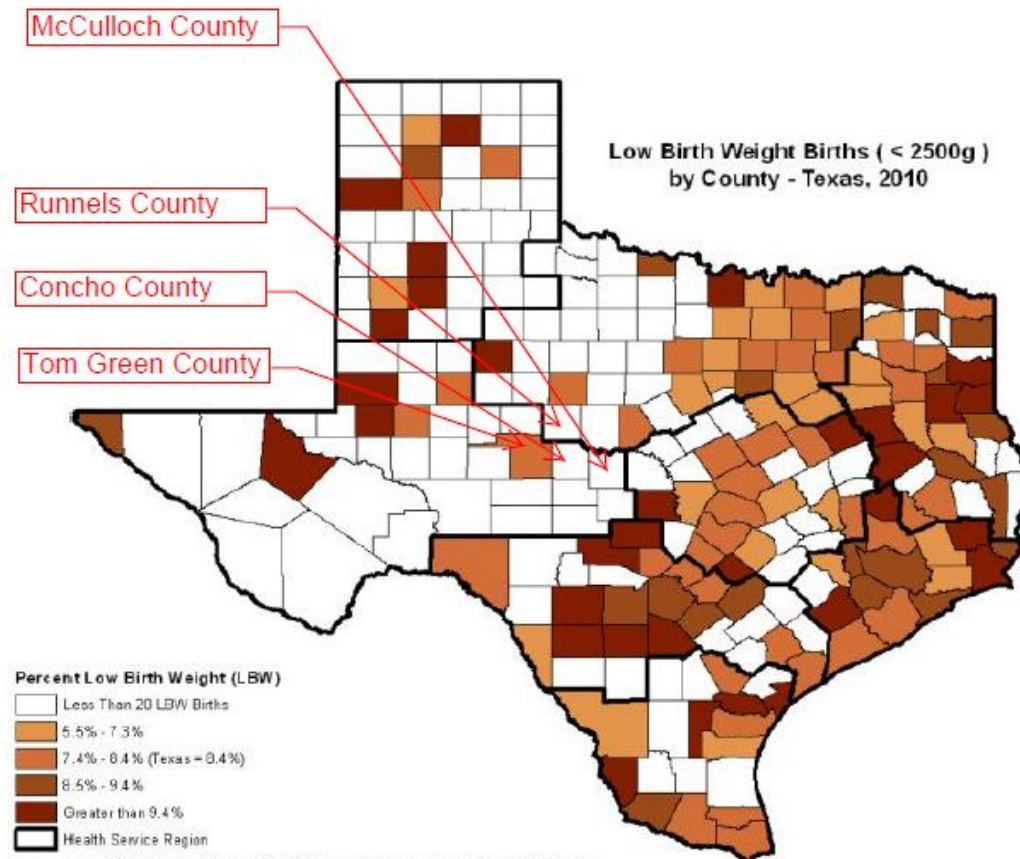
Low birth weight is defined as a weight of less than 2,500 grams at birth while very low birth rate is defined as less than 1,500 grams at birth. Infants born with at either a low and very low birth weight are more susceptible to serious birth conditions and potential death. The graph below shows that black women are more likely than any other race in Texas to have an infant with a low birth rate as well as a very low birth rate.

**Figure 19. Low Birth Weight Births by Race/Ethnicity, Texas, 2010**



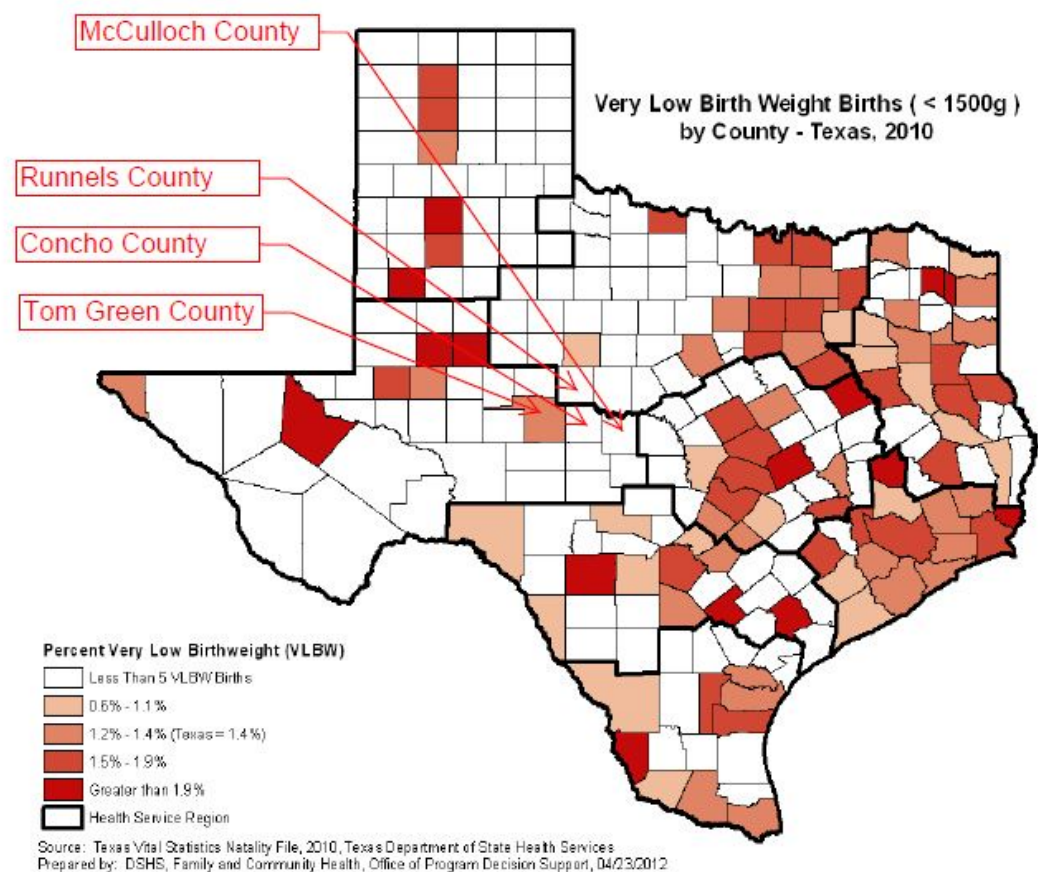
The maps below show the percentage of low birth weight and very low birth weight per the Medical Center’s defined community of Tom Green, Runnels, McCulloch and Concho Counties. Tom Green County is in the 7.4 to 8.4 percentage bracket of infants born at a low birth rate and 1.2 to 1.4 percent at a very low birth rate. The state of Texas as a whole has an 8.4 percent low birth weight and a 1.4 percent very low birth weight.

**Figure 22. Low Birth Weight Births by County, Texas, 2010**



Source: Texas Vital Statistics Natality File, 2010, Texas Department of State Health Services  
Prepared by: DSHS, Family and Community Health, Office of Program Decision Support, 04/23/2012

**Figure 21. Very Low Birth Weight Births by County, Texas, 2010**



## **Key Informant Interviews**

Interviewing key informants (community stakeholders) is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

### ***Methodology***

Interviews with 18 key informants were conducted throughout February and March 2013. Interviewees were determined based on their a) specialized knowledge or expertise in public health, b) their affiliation with local government, schools and industry or c) their involvement with underserved and minority populations.

Three representatives from Shannon Medical Center contacted all individuals nominated for interviewing. Their knowledge of the community, and the personal relationships they each held with the potential interviewee's added validity to the data collection process. Shannon's service area includes: Sterling, Coke, Runnels, Coleman, Brown, Reagan, Irion, Tom Green, McCulloch, Concho, Crockett, Schleicher, Sutton, Menard, and Kimble counties. Many of the interviewee's organizations represent similar populations. If the respective key informant agreed to an interview, an interview time and place was scheduled. Most of the interviews were conducted at the interviewees' workplace.

All interviews were conducted using a standard questionnaire. A copy of the interview instrument is included in the *Appendix*. A summary of the key informants opinions is reported without judging the truthfulness or accuracy of their remarks. Community leaders provided comments on the following issues:

- Health and quality of life for residents of the primary community
- Barriers to improving health and quality of life for residents of the primary community
- Opinions regarding the important health issues that affect the Medical Center's service area and the types of services that are important for addressing these issues
- Delineation of the most important health care issues or services discussed and actions necessary for addressing those issues

Interview data was initially recorded in narrative form in Microsoft Word. Themes in the data were identified and representative quotes have been drawn from the data to illustrate the themes. Interviewees were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report. Therefore, quotes included in the report may have been altered slightly to preserve confidentiality.

This technique does not provide a quantitative analysis of the leaders' opinions, but reveals some of the factors affecting the views and sentiments about overall health and quality of life within the community.



### **Key Informant Profiles**

Key informants from the community (see *Appendix A* for a list of key informants) worked for the following types of organizations and agencies:

- Faith community
- Industry
- Local city and county government
- Local school system, university and community college
- Medical providers
- Public health agencies
- Social service agencies

These health care and nonhealth care professionals provided insight into the health status of Shannon's service area through a 13-question interview (refer to the *Appendices*).

### **Key Informant Interview Results**

As stated earlier, the interview questions for each key informant were identical. The questions on the interview instrument are grouped into four major categories for discussion:

1. General opinions regarding health and quality of life in the community
2. Underserved populations and communities of need
3. Barriers
4. Most important health and quality of life issues

A summary of the leaders' responses by each of these categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key informants said without assessing the credibility of their comments.

#### **1. General opinions regarding health and quality of life in the community**

The key informants were asked to rate the health and quality of life in their respective county/population served. They were also asked to provide their opinion whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key informants were asked to provide support for their answers.

Seventy-eight percent of the key informants rated the health and quality of life in their county as "good" or "6-8 on a scale of 1 to 10". While most of the key informants consistently reported that the health and quality of life in their respective communities was good, other key informants rated the health and quality of life lower based on how the economy affects their targeted populations.

When asked whether the health and quality of life had improved, declined or stayed the same, eight key informants noted that health and quality of life had improved, three key informants noted that health and quality of life had stayed the same and seven key informants noted that health and quality of life had declined over the last few years. The main contributors to the improvements include: the focus on being healthy, Shannon's partnership with Healthier Choice Restaurants, the ability to collaborate between organizations, networking throughout community, organizations are beginning to put wellness initiatives in place for employees and our community is people-oriented with the willingness to help others. The main contributors to the decline consisted of: the economic conditions, the stress caused by not keeping up with the growth in the community, some individuals have less opportunity than others and individuals who are noncompliant will most likely remain noncompliant when it comes to their health.

The lack of access was seen as a common issue for certain populations. Also, lack of education/awareness and unhealthy behaviors were generally seen as the contributors to poor health and quality of life. Many interviewees alluded to the potential growth of the community dependent on the impact of the Cline Shale oil boom. The impact to our area is expected to significantly hit hospitals, though no one has been able to project the actual magnitude of the growth we will experience.

*“Some areas are excellent, but other areas have significant weaknesses that contribute to the overall health and quality of life of the community as a whole.”*

*“The health of the community is pretty good relative to Texas.”*

*“To increase compliance, there must be a more meaningful way to provide education and awareness, and there must be some ‘skin in the game’ for the individual.”*

## **2. Underserved populations and communities of need**

Key informants were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. We also asked the key informants to provide their opinions as to why they thought these populations were underserved or in need. We asked each key informant to consider the specific populations they serve or those with which they usually work. Responses to this question varied.

Some frequently mentioned populations include: homeless, elderly, low socioeconomic status and mental health.

Respondents felt the health and quality of life was impacted based on socioeconomic status. Populations with fewer financial resources are considered to have limited access to care and resources in the community.

*“When they seek episodic health care they are less knowledgeable about what health care resources are available.”*

*“There is an impact based on culture and social groups. Some cultures cook less healthy which could lead to diabetes or other health conditions.”*



*“Lower income and poverty populations of all ages are considered to be at-risk populations.”*

*“Shut-ins and people that do not have a support group are more isolated and do not have forms of communication to understand health and quality of life.”*

### **3. Barriers**

The key informants were asked what barriers or problems keep community residents from obtaining necessary health services in their community. Responses from key informants include undereducated and underserved, lack of education and communication, access and availability of providers, preventative services, mental health services, financial resources, fear and general decline in economic conditions.

Several key informants discussed the deficiencies in education and awareness. These populations only seek episodic care rather than routine health care. Also, this leads to decreased knowledge of resources and treatments.

Fear is considered to be a significant barrier. For example, OB/GYN, dental and mental health were areas mentioned that populations fear because they may find something they do not want to hear. In addition, there could be a fear that undereducated individuals will not be able to complete difficult paperwork, or understand the information given by a health care provider.

*“Need education addressing: What’s going on? How to prevent it? What can I do?”*

*“The value of health is made last priority because of time and money.”*

*“Fear of uncertainties has to be eliminated for persons to seek appropriate care and treatment.”*

*“More rural counties surrounding Tom Green County lack providers. The providers are treating sniffles and coughs, and they have limited time to provide preventative services and specialized care.”*

### **4. Most important health and quality of life issues**

Key informants were asked to provide their opinion as to the most critical health and quality of life issues facing the county. The issues identified most frequently were:

1. Preventative care and disease management
2. Access to care
3. Lack of mental health services
4. Obesity
5. Lack of health knowledge

In more rural communities, the most critical health and quality of life issue was lack of access to primary care. Other concerns, such as mental health, oral health and substance abuse were also listed, but took a backseat to the need for primary care.

*“Health care providers need to be positioned as partners rather than adversaries.”*

*“People need to be responsible for their own lifestyle choices and actions.”*

*“Mental health and substance abuse is under resourced.”*

*“Unhealthy eating and lack of exercise leads to diseases such as, cardiovascular disease and obesity.”*

*“Education is a key aspect of preventative care, which improves quality of life.”*

### **Key Findings**

A summary of themes and key findings provided by the key informants follows:

- The lack of water is an environmental issue that was addressed by all of the key informants.
- Specific populations lack health knowledge regarding resources and services provided, as well as how to access those resources and services provided.
- The cost and/or expense associated with health care can be a barrier for individuals.
- The biggest asset in the community is the people that make up the community. Within the community there are many opportunities for organizations to collaborate efforts to maximize resources.
- The community needs increased mental health services to better meet the needs of the community.
- There is a lack of access to primary and specialty care.
- There is particularly a lack of access to care in rural areas which hinders these rural communities from focusing on specialty areas, prevention and education.
- The travel to San Angelo for outer county residents can be costly and time-consuming.
- Shannon Medical Center is considered to be an asset to the community by initiating and providing health services to the communities it serves.
- Shannon should take a lead role in bringing agencies and organization together in addressing community health needs.
- Residents are not engaged in health and wellness due to their socioeconomic status and culture.

## Community Health Survey

A community survey was conducted by the Medical Center in order to gather broad community input regarding health issues. The survey was launched on January 23, 2013, and was closed on April 15, 2013.

The broad survey was intended to gather information regarding the overall health of the community. The results of this survey yield information on different health and community factors. Areas surveyed include demographics and socioeconomic characteristics, behavioral risk factors, health conditions and access to health resources

### **Methodology**

A web-based survey tool, Question Pro, was utilized to conduct an electronic survey. Paper surveys, which were identical to the electronic survey, were also distributed to populations who may not have access to the internet or generationally are more likely to complete a paper survey. Electronic and paper surveys were circulated to the residents of the primary community. Scheduled below is the survey distribution report.

**Exhibit 21**  
**Shannon Medical Center CHNA Community**  
**Summary of Survey Distribution**

Organization	Type of Organization	Type of Survey
Shannon Clinic	Health/Healthcare	Paper surveys distributed
Tom Green County Library	Public Library	Paper surveys distributed
City Health Department	Health/Healthcare	Paper surveys distributed

There were a total of 576 total completed surveys. Socio-demographic characteristics such as age, education, income and employment status were fairly comparable to the most recent census data. Over 84 percent of the survey respondents were female, which is more than the 50 percent of the population that is female in the community.

### **Survey Instrument**

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions. The final survey instrument was developed by Shannon Medical Center representatives in conjunction with BKD.

## **Community Health Survey Results**

The actual survey was quite detailed in nature, including many specific questions regarding general health, satisfaction with specific and general providers and demographic information. A compilation of the actual survey results has also been included in the *Appendices* for each question to allow for a more detailed analysis. Health needs indicated by the survey results are:

- ***Assessment of Personal Health***

When asked to assess their personal health status, 24 percent of the respondents described their health as being “excellent”, while 63 percent stated their overall health was “good.” Only two percent of the respondents described their health as being “poor”.

When asked to rate their community as a “healthy community”, less than nine percent of the respondents indicated their community was healthy or very healthy. Nearly 64 percent of respondents rated their community as “somewhat healthy”, while more than 25 percent of the respondents indicated their community was “unhealthy” or “very unhealthy”.

*(See Questions 14 and 35 of Community Health Survey)*

- ***Health Care Access Issues***

Over 94 percent of the respondents reported having health insurance. Health care access issues are primarily related to costs. Respondents noted the following reasons for not receiving medical care:

1. Deductible or co-pay was too high
2. Could not get an appointment
3. The health care provider’s hours did not fit my schedule

Only five percent of respondents noted they did not receive medical care because they were unable to schedule an appointment when needed.

*(See Questions 12, 19, and 20 of Community Health Survey)*

- ***Lifestyle Behavioral Risk Factors***

Proper diet and nutrition seem to be a challenge as only 11 percent of the respondents report eating the daily recommended servings of fruits and vegetables and nearly 28 percent of the respondents report they never exercise the recommended amount each week. Of the respondents slightly more than 17 percent report exercising the recommended amount each week. Use of seatbelts is high (nearly 95 percent) and when applicable, respondents’ children use seat belts and/or child safety seats.

*(See Question 36 of Community Health Survey)*

- ***Barriers to Health Care***

The top three barriers to health care in the community as reported by survey respondents were:

1. Cost or expense
2. Doctors office hours
3. Insurance issues

*(See Question 24 of Community Health Survey)*

- ***Social and Mental Health***

Almost 16 percent of the respondents responded “always” feeling stressed out, while nearly 78 percent reported feeling stressed out “sometimes”.

*(See Question 58 of Community Health Survey)*

- ***What do citizens say about the health of their community?***

The five most important “health problems”:

1. Diabetes
2. Obesity (adult)
3. Heart disease and stroke
4. High blood pressure
5. Aging problems (*e.g.* arthritis, hearing/vision loss, etc.)

*(See Question 33 of Community Health Survey)*

The five most “risky behaviors”:

1. Drug abuse
2. Alcohol abuse
3. Poor eating habits
4. Lack of exercise
5. Tobacco use/second hand smoke

*(See Question 34 of Community Health Survey)*

The five most important factors for a “healthy community”:

1. Affordable and available health care
2. Health behaviors and lifestyles
3. Clean and safe environment
4. Job security
5. Affordable and accessible healthy food sources

*(See Question 32 of Community Health Survey)*

***Additional Items to Consider in Planning***

Respondents were asked to provide input as to what items Shannon Medical Center should consider in planning for the next three years. The following items were recurring suggestions provided:

1. Additional mental health services including more counseling and psychiatric care.
2. Consider adding physical fitness classes and exercise facilities.
3. The need to recruit qualified specialists for rheumatology and neurology.

## **Health Issues of Vulnerable Populations**

Based on information obtained through key informant interviews and the community health survey, the following populations are considered to be vulnerable or underserved in the community:

- Low Income/Homeless Populations
  - Limited Access due to cost and lack of health insurance
  - Lack of Medical Home (episodic care only and lack of preventive care)
  - Limited health knowledge
- Elderly
  - Limited health knowledge
  - Isolation
- Persons Living in Rural Areas
  - Lack of medical providers

## **Information Gaps**

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by Shannon Medical Center. However, there may be a number of medical conditions that are not specifically addressed in this report due to various factors including but not limited to publicly available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents, and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through Key Informant Interviews. However, each of these populations may not be represented in survey data.

## **Prioritization of Identified Health Needs**

Using findings obtained through collection of primary and secondary data, Shannon Medical Center completed an analysis (see *Appendices*) to identify community health needs. The following data was analyzed to identify health needs for the community:

### ***Leading Causes of Death***

Leading causes of death for the community were reviewed and the death rates for the leading causes of death for each county within the Shannon Medical Center CHNA community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. Adjusted death rate resulted in a health need for the Shannon Medical Center CHNA Community.

### ***Primary Causes for Inpatient Hospitalization***

The primary causes for inpatient hospitalization resulted in an identified health need for the community.

### ***Health Outcomes and Factors***

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within the Shannon Medical Center CHNA Community. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to national benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30 percent of the national benchmark) resulted in an identified health need.

### ***Primary Data***

Health needs identified through community surveys and key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.



As a result, the following summary list of needs was identified:

- Lack of Mental Health Services
- Physical Inactivity
- Aging Problems
- Adult Obesity
- Preventative Care & Disease Management
- Access to Care/Uninsured/Insurance Issues/Cost or Expense
- Lack of Primary Care Physicians
- Limited Access to Healthy Foods
- Heart Disease
- Poor Nutrition
- Lack of Health Education/Knowledge
- Cancer
- Adult Smoking
- Stroke/Cerebrovascular disease
- Chronic Lower Respiratory Disease
- Excessive Drinking
- Sexually Transmitted Infections
- Children in Poverty
- Episodic Care Treatment Versus Preventative Care/Doctor's Office Hours
- Diabetes
- High Blood Pressure
- Tobacco Use/Second Hand Smoke
- Children in Single-Parent Homes
- Drug Abuse
- Alcohol Abuse
- Violent Crime Rate
- Teen Birth Rate
- Motor Vehicle Crash Rate

To facilitate prioritization of identified health needs, a ranking and prioritization process was used. Health needs were ranked based on the following five factors. Each factor received a score between 0 and 5.

- 1) **How many people are affected by the issue or size of the issue?** For this factor ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized: >25% of the community= 5; >15% and <25%=4; >10% and <15%=3; >5% and <10%=2 and <5%=1.
- 2) **What are the consequences of not addressing this problem?** Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating for this factor.
- 3) **The impact of the problem on vulnerable populations.** Needs identified which pertained to vulnerable populations were rated for this factor.
- 4) **How important the problem is to the community.** Needs identified through community surveys were rated for this factor.
- 5) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (Leading Causes of Death, Primary Causes for Inpatient Hospitalization, Health Outcomes and Factors and Primary Data) identified the need.

Each need was ranked based on the five prioritization metrics:

Exhibit 22 Shannon Medical Center Prioritization of Health Needs						
	How many people are affected by the issue?	What are the consequences of not addressing this problem?	What is the impact on vulnerable populations?	How Important is it to the community?	How many sources identified the need?	Total Score *
Physical Inactivity	5	4	5	5	3	22
Adult Obesity	5	4	5	3	3	20
Limited Access to Healthy foods/poor nutrition	4	2	5	5	3	19
Preventative care and disease management	5	3	5	5	1	19
Lack of mental health services	4	3	5	4	2	18
Access to Care/Uninsured/Insurance Issues/Cost or Expense	5	2	3	4	3	17
Lack of Primary Care Physicians	5	2	4	4	2	17
Heart Disease	3	4	5	3	2	17
Lack of health education/knowledge	5	2	5	4	1	17
Cancer	3	4	5	3	1	16
Aging problems	3	4	5	2	1	15
Adult Smoking	4	4	4	1	2	15
Stroke/Cerebrovascular Disease	2	3	5	1	2	13
Episodic care versus preventative measures/doctor's office hours	3	1	5	2	2	13
Sexually Transmitted infections	4	1	4	1	2	12
Chronic Lower Respiratory Disease	2	3	5	1	1	12
Diabetes	2	3	5	1	1	12
Excessive Drinking	2	3	4	1	1	11
High blood pressure	2	3	3	1	1	10
Alcohol and Drug Abuse	2	2	4	1	1	10
Children in Poverty	3	2	0	1	1	7
Children in Single-Parent Homes	3	1	0	1	1	6
Alcohol abuse	2	2	0	1	1	6
Violent Crime Rate	2	1	0	1	1	5
Accidents	1	1	0	1	1	4
Teen Birth Rate	1	1	0	1	1	4
Motor Vehicle Crash Rate	1	1	0	1	1	4

\*Highest potential score = 25

Exhibit 22 was discussed with the medical center’s management team. The Medical Center’s directors and managers participated in a survey to where they provided input on the ability for Shannon Medical Center to *impact* change. Exhibit 23 reports the results of this survey.

**Exhibit 23**  
**Shannon Medical Center**  
**Ability for Shannon Medical Center to Impact Prioritized Health Needs**  
**As Determined by Hospital Managers and Directors**

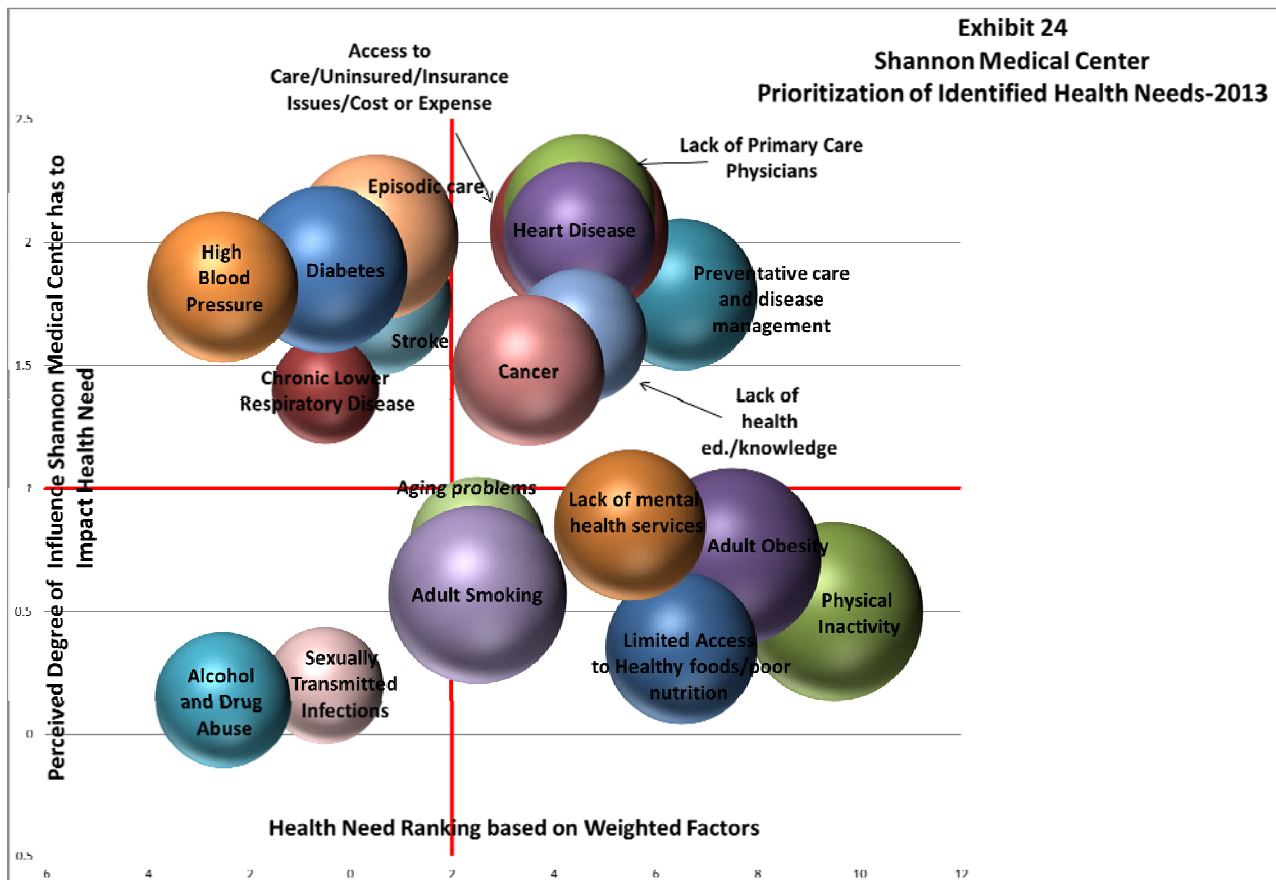
Health Needs	Ability of Shannon Medical Center to Impact Need	Total
Physical Inactivity	2.63	24.63
Preventative care and disease management	3.92	22.92
Obesity	2.85	22.85
Limited Access to Healthy foods/poor nutrition	2.48	21.48
Lack of Primary Care Physicians	4.26	21.26
Access to Care/Uninsured/Insurance Issues/Cost or Expense	4.18	21.18
Heart Disease	4.15	21.15
Lack of mental health services	2.98	20.98
Lack of health education/knowledge	3.75	20.75
Cancer	3.61	19.61
Aging problems	2.9	17.9
Adult Smoking	2.7	17.7
Episodic care versus preventative measures/doctor's office hours	4.15	17.15
Stroke/Cerebrovascular Disease	3.9	16.9
Diabetes	4.02	16.02
Chronic Lower Respiratory Disease	3.53	15.53
Sexually Transmitted infections	2.33	14.33
High blood pressure	3.95	13.95
Excessive Drinking	2.03	13.03
Alcohol and Drug abuse	2.27	12.27

Health needs rate with a total score of 12 or above were then prioritized and charted on *Exhibit 24* taking into account their overall ranking, the degree to which the Medical Center can influence long-term change and the identified health needs impact on overall health.

Utilizing the statistical median (12.5) as the horizontal axis, the weighted-average ranking was plotted on *Exhibit 24*. Next, each identified health was assigned the value reported in *Exhibit 23* representing the perceived degree of influence the Medical Center has on impacting health outcomes related to the identified health need. Utilizing the statistical median (2.5) as the vertical axis, this value was charted.

Lastly, each health need was evaluated and assigned a rating between 1 and 14 regarding the health needs' impact on overall health. Those health needs receiving the highest rating are represented by the largest spheres.

The graphical representation included on *Exhibit 24* is intended to aid in identifying health priorities for the organization. By addressing those needs in the upper right quadrant, overall community health will likely improve as these needs have the greatest impact on overall health and the Medical Center is more likely to influence a positive impact on these needs.





The Medical Center’s management reviewed the identified needs reported in *Exhibit 24*. Through discussion and debate, management agreed on priorities Shannon Medical Center should focus on for fiscal years 2014–2016. As a result of this analysis above, the following areas were identified as priority areas:

Shannon Medical Center Priorities	Correlated Community Health Need
<p style="text-align: center;"><b>Healthy Living</b></p>	<ul style="list-style-type: none"> <li>• Access to Care</li> <li>• Obesity</li> <li>• Physical Inactivity</li> <li>• Poor Nutrition</li> </ul>
<p style="text-align: center;"><b>Prevention and Disease Management</b></p>	<ul style="list-style-type: none"> <li>• Access to Care</li> <li>• Adult Smoking</li> <li>• Cancer</li> <li>• COPD/Respiratory Disease</li> <li>• Diabetes</li> <li>• Episodic Care vs. Preventative Measures</li> <li>• Heart Disease</li> <li>• High Blood Pressure</li> <li>• Lack of Mental Health Services</li> <li>• Lack of Primary Care Physicians</li> </ul>
<p style="text-align: center;"><b>Education</b></p>	<ul style="list-style-type: none"> <li>• Access to Care</li> <li>• Doctor’s Office Hours</li> <li>• Lack of Health Education/Knowledge</li> <li>• Language/ Cultural Barriers</li> </ul>

Shannon Medical Center has determined priority areas to be 1) Healthy Living, 2) Prevention and Disease Management and 3) Education. The Medical Center’s next steps include developing an implementation strategy to address these priority areas.



## APPENDICES

## **Acknowledgements**

The project Steering Committee was the convening body for this project. Many other individuals including community residents, key informants and community-based organizations contributed to this community health needs assessment.

### **Project Steering Committee**

Special thanks to all of the following committee members for their time and commitment to this project:

*Crystal Conner*, Regional Health Coordinator, Shannon Medical Center  
*Gloria Robledo*, Accountant, Shannon Medical Center  
*Holly Foreman*, Regional Health Assistant, Shannon Medical Center  
*Lyndy Stone*, Marketing Director, Shannon Medical Center  
*Shane Plymell*, Chief Financial Officer, Shannon Medical Center  
*Staci Wetz*, Controller, Shannon Medical Center  
*Theresa Daniels*, Assistant Controller, Shannon Medical Center

### **Key Informants**

Thank you to the following individuals who participated in our key informant interview process:

*Carol Harrison*, Senior Vice President, United Way of the Concho Valley  
*Daniel Valenzuela*, City Manager, City of San Angelo  
*Dianna Spieker*, County Treasurer, Tom Green County  
*Grady Hooper*, Chief Executive Officer, Ballinger Memorial Hospital District  
*Josilyn Peterson*, Chief Financial Officer, Ballinger Memorial Hospital District  
*Joyce Rowoldt*, Senior Occupational Health Nurse, Ethicon  
*LeAnne Byrd*, Provost, Howard College, San Angelo Campus  
*Leslie Maynard*, Director of Nursing, Angelo State University  
*Lynn Rutland*, Executive Director, MHMR Services of the Concho Valley  
*Melissa Schupert*, Health Coordinator, San Angelo Independent School District  
*Mike Campbell*, Chief Executive Officer, La Esperanza Health and Dental Centers  
*Patti Breitreiter*, President & Chief Executive Officer, United Way of the Concho Valley  
*Robert Patryak*, MD, Pediatrician, San Angelo Health Foundation  
*Robyn Tucker*, Health Coordinator, Region 15  
*Sandra Villarreal*, Health Services Director, City of San Angelo  
*Tim Jones*, Chief Executive Officer, Heart of Texas Memorial Hospital  
*Tim Vasquez*, Chief of Police, City of San Angelo  
*Tom Early*, President, San Angelo Health Foundation





***Community Health Needs Survey***

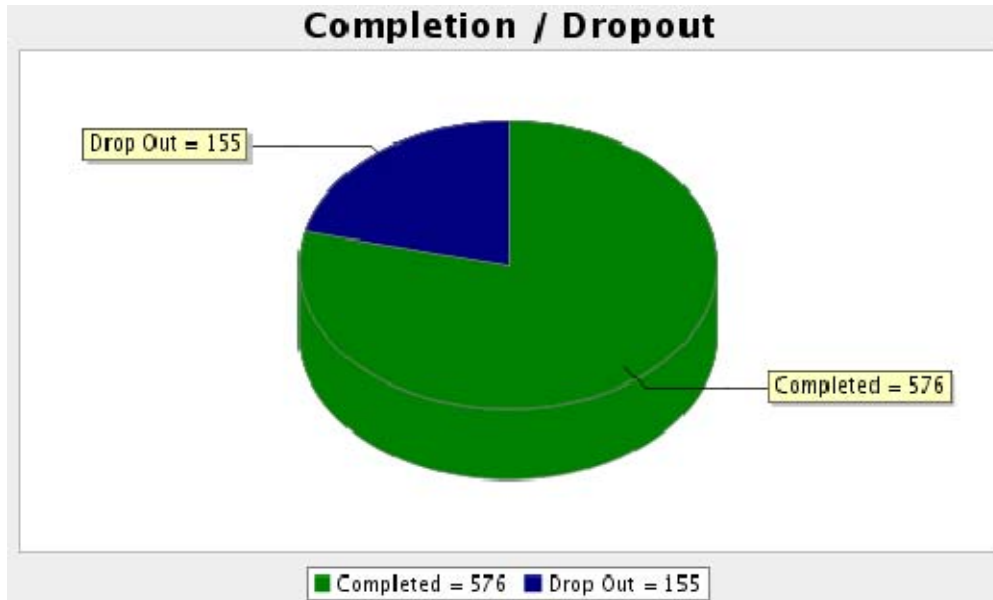
Thank you to the following individuals who assisted with distributing the community health needs survey:

Shannon Clinic  
Tom Green County Library  
City Health Department

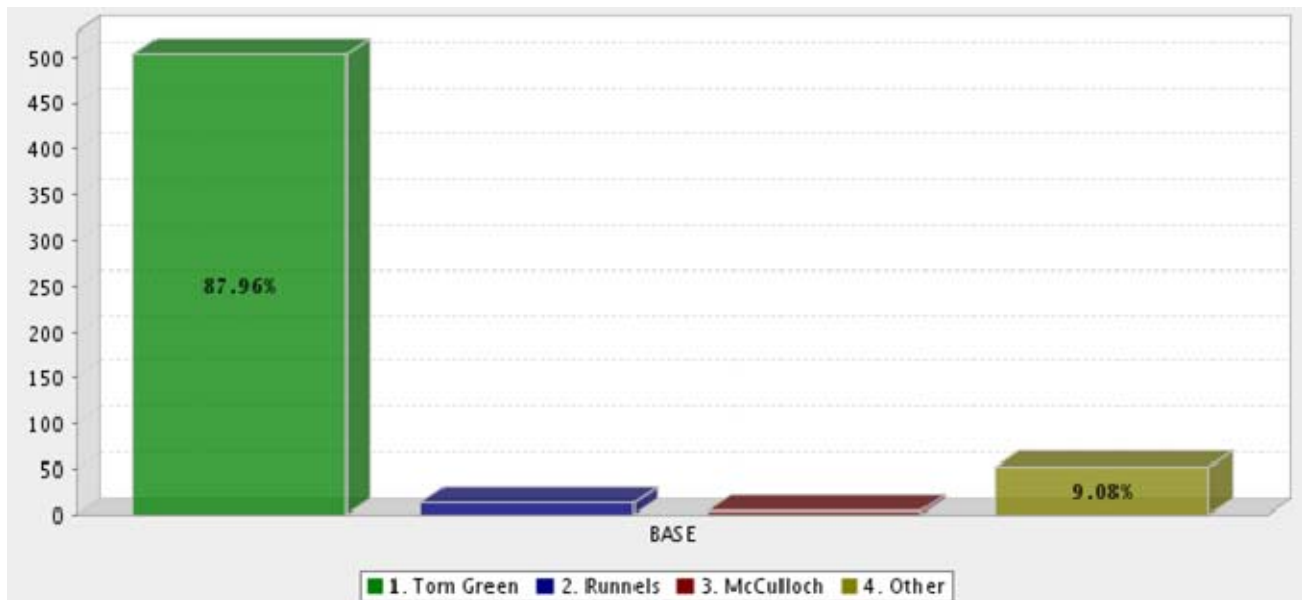
The committee wishes to additionally thank those who assisted in distributing the electronic survey.

## COMMUNITY HEALTH SURVEY DETAIL RESULTS

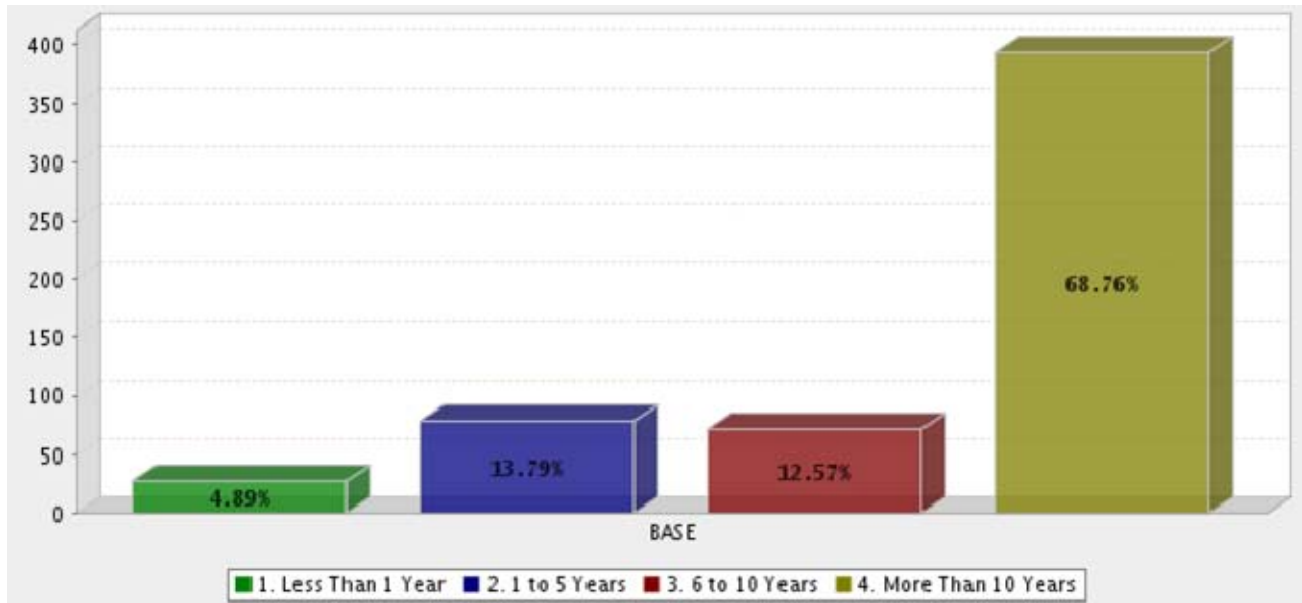
## Community Health Input Questionnaire Detail Results



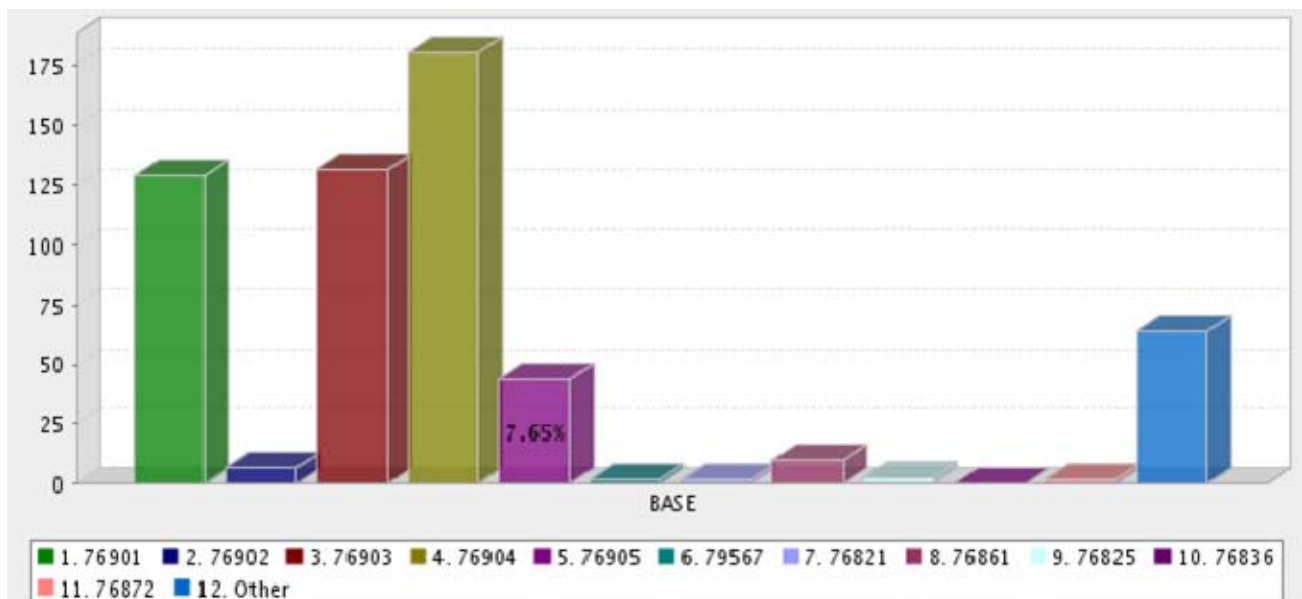
### 1. Select the county municipality in which you live:



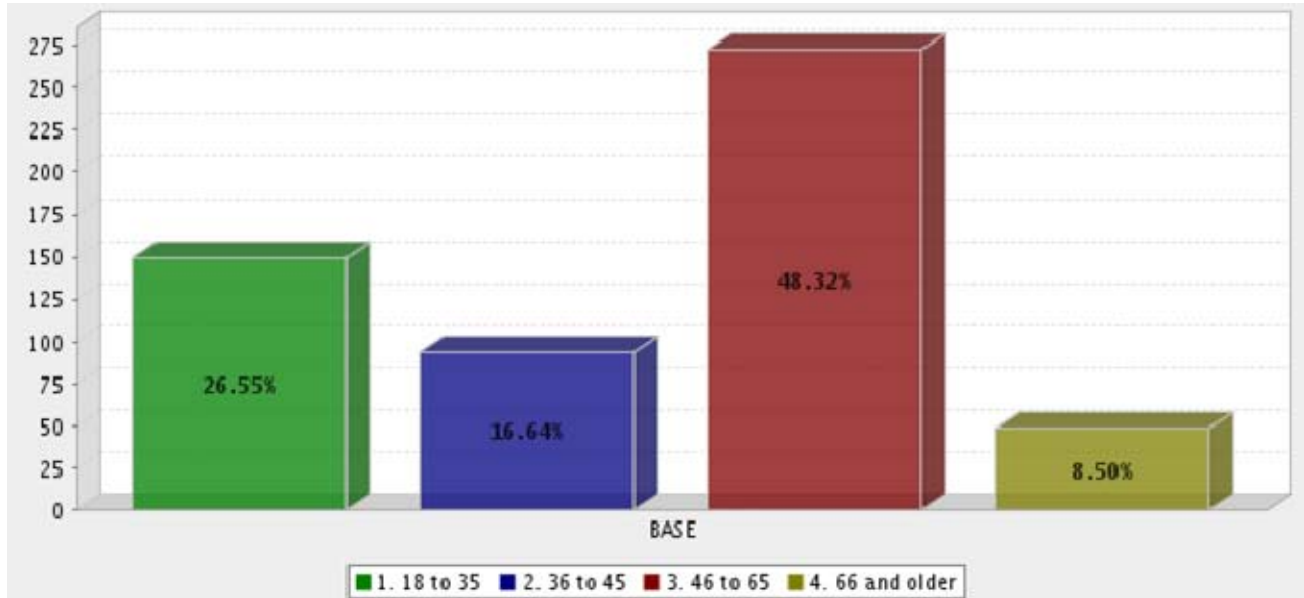
## 2. Length of time you have been a resident in your current municipality:



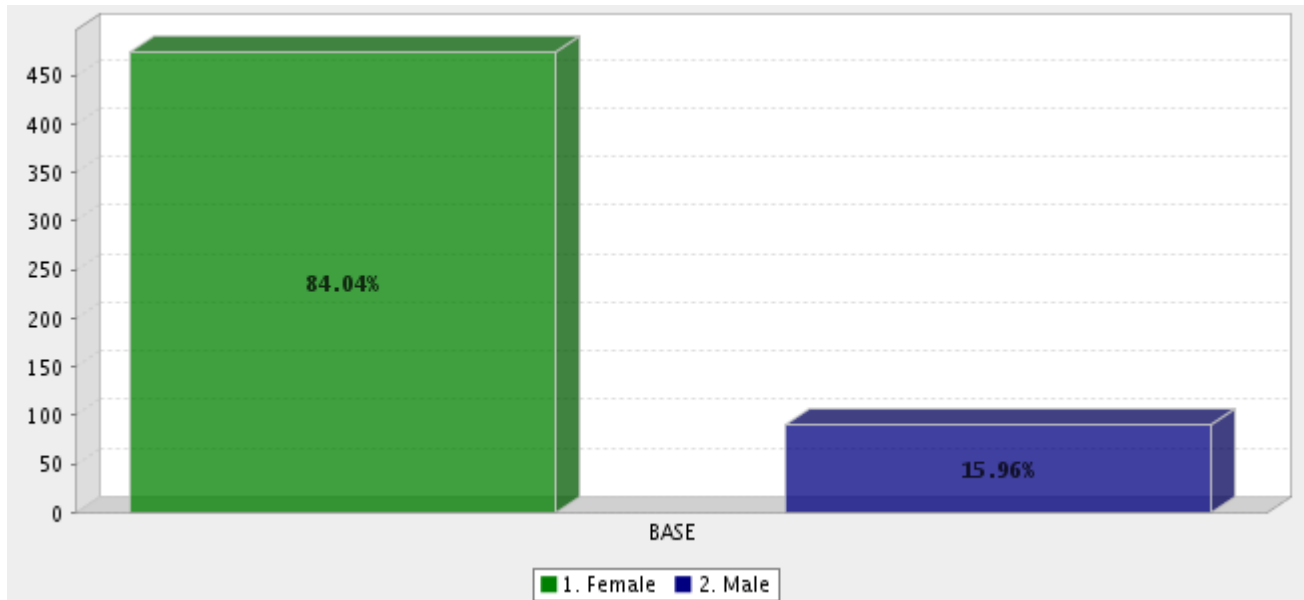
## 3. Your 5 digit zip code:



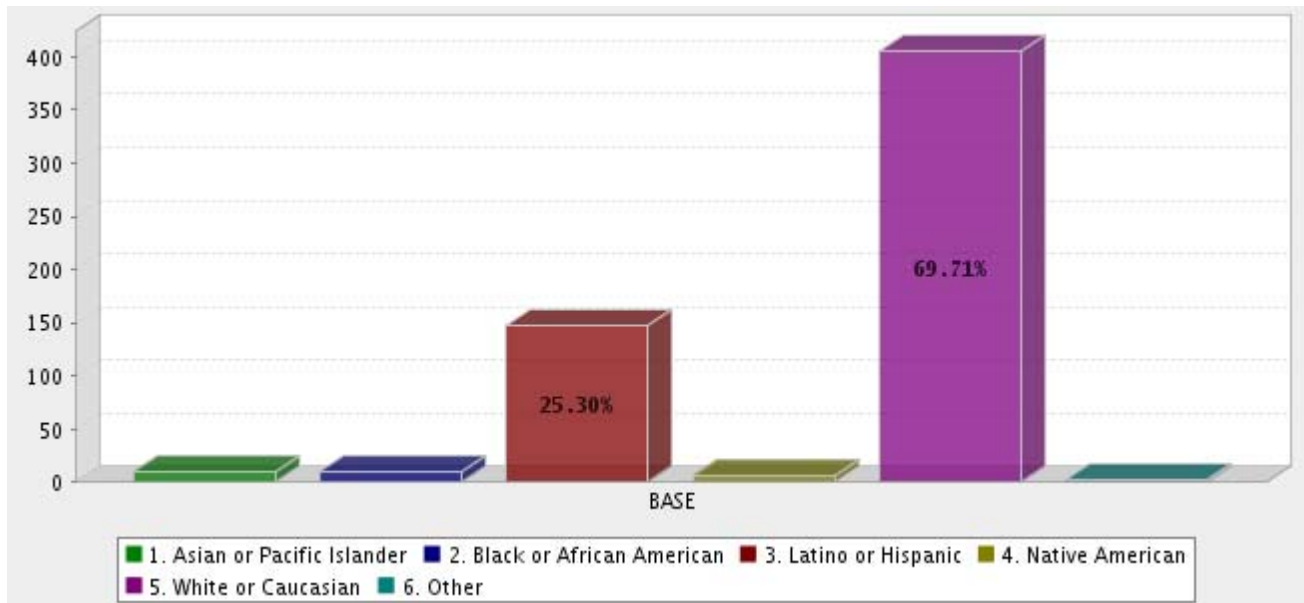
#### 4. Your current age:



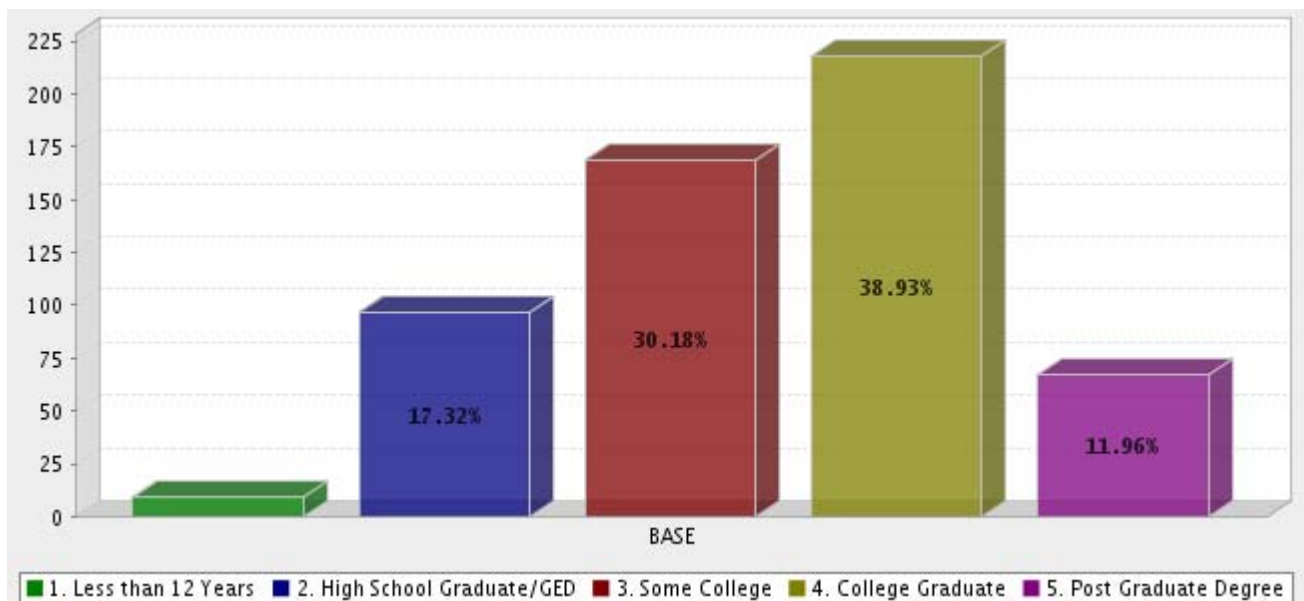
#### 5. Your sex:



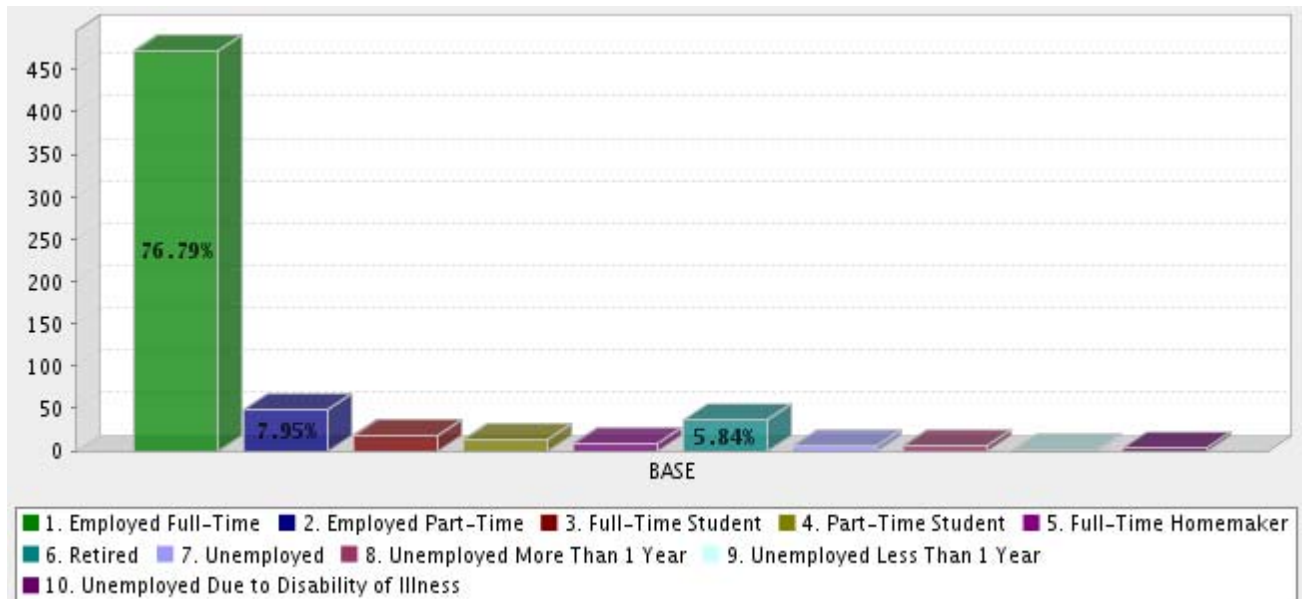
## 6. Your racial/ethnic identification (check all that apply):



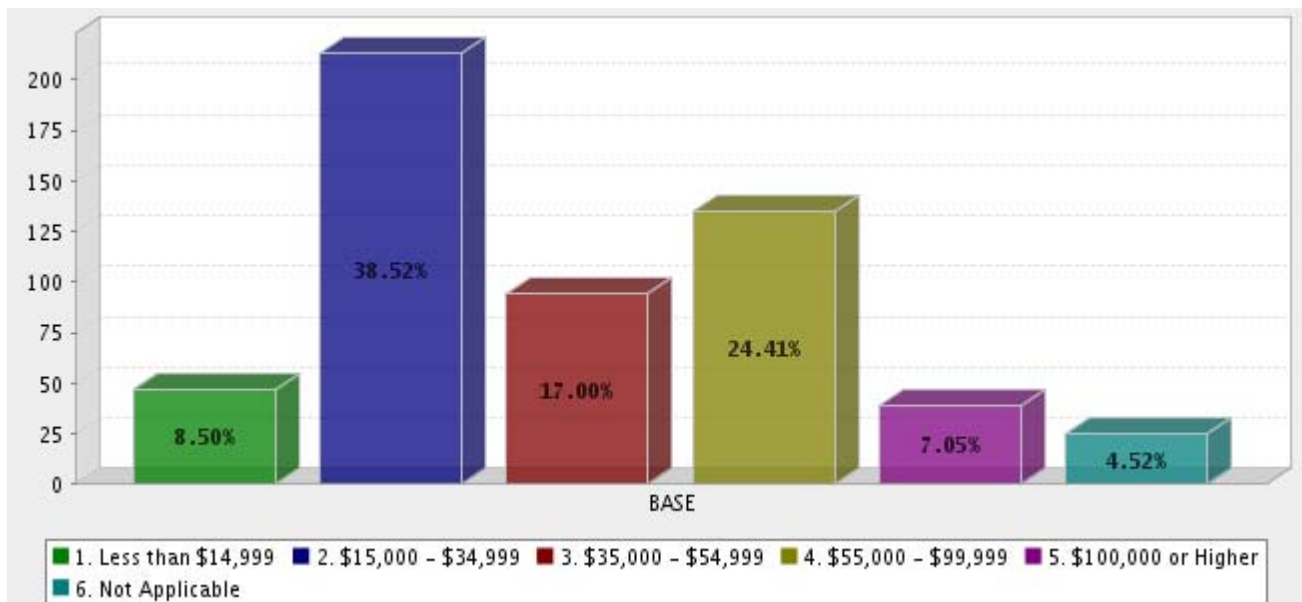
## 7. Your highest level of education completed (check one):



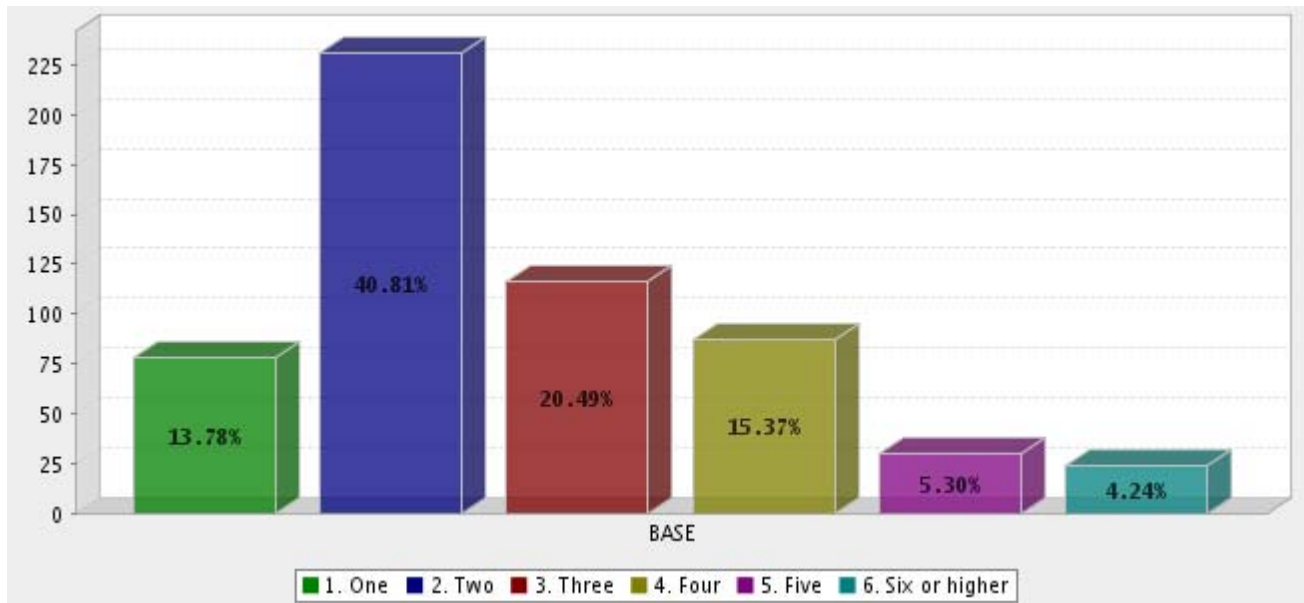
## 8. Your employment status (check all that apply):



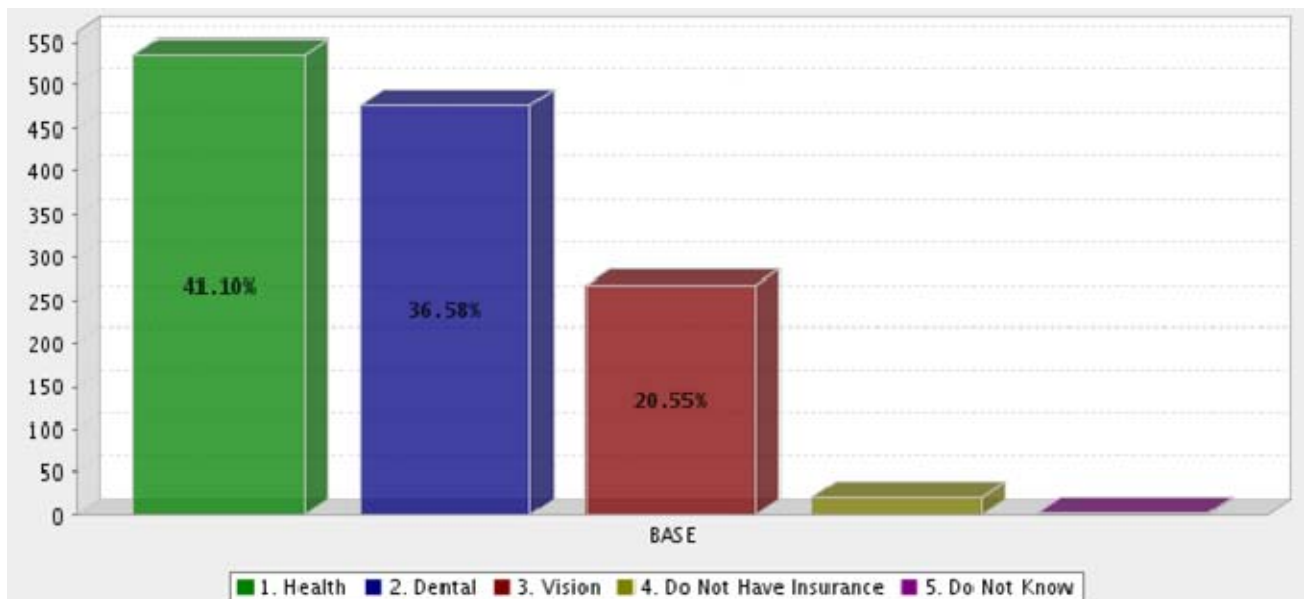
## 9. Your yearly income:



## 10. Number of people (including yourself) living in your household:

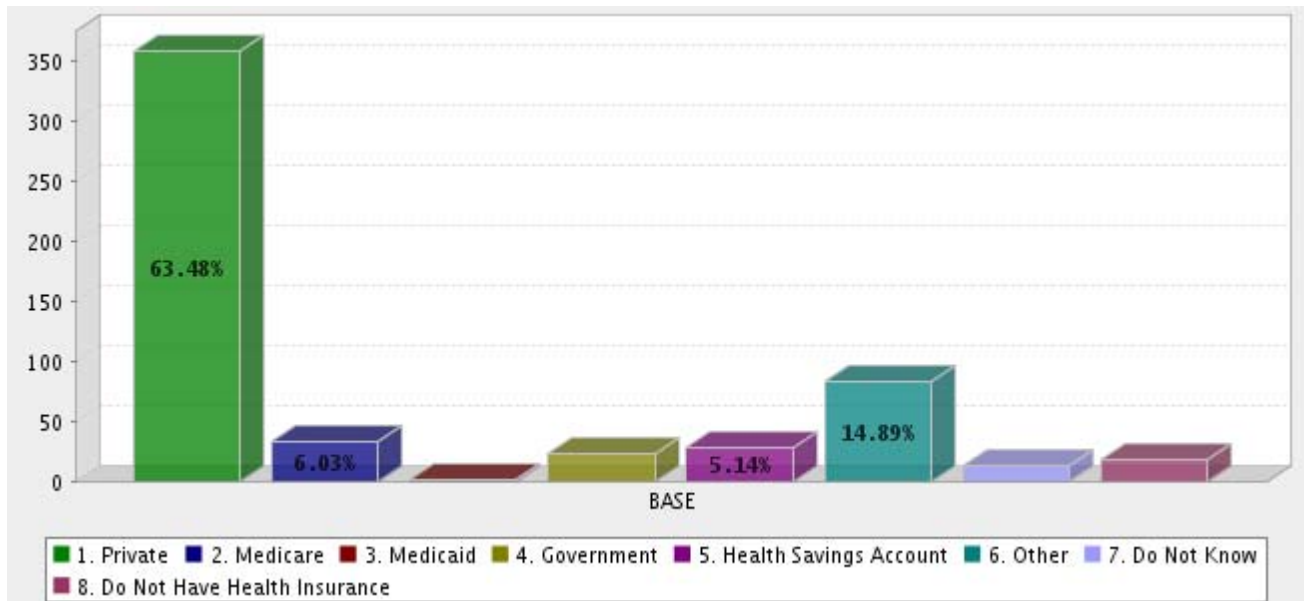


## 11. Select the type(s) of insurance you currently have (check all that apply):

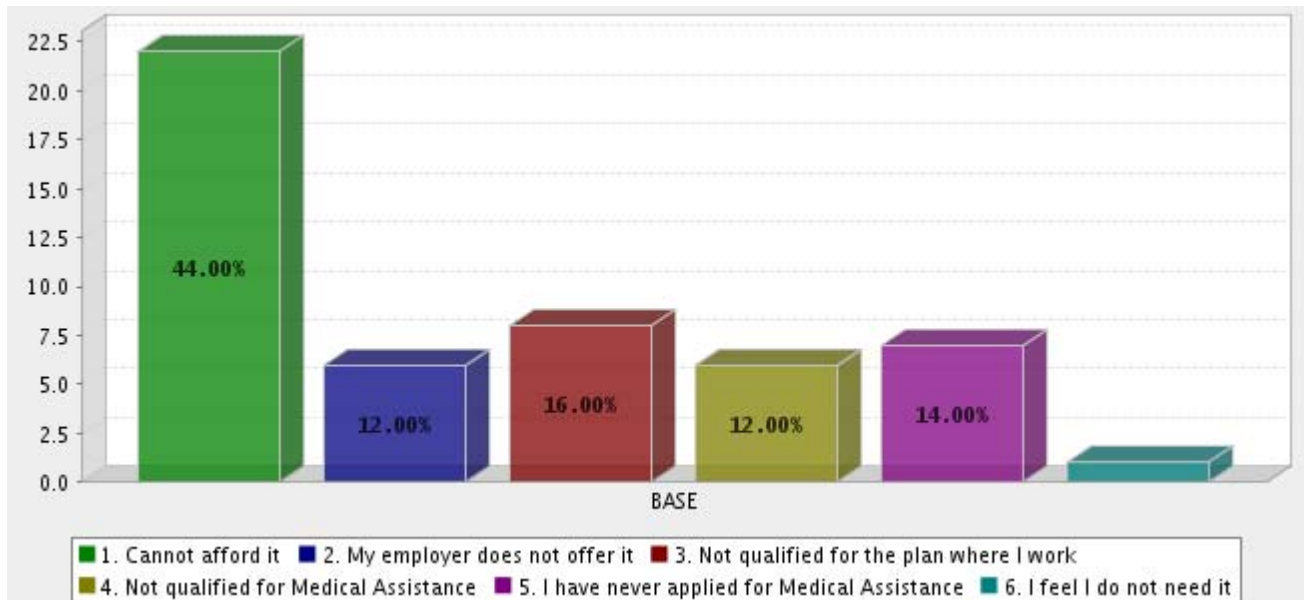




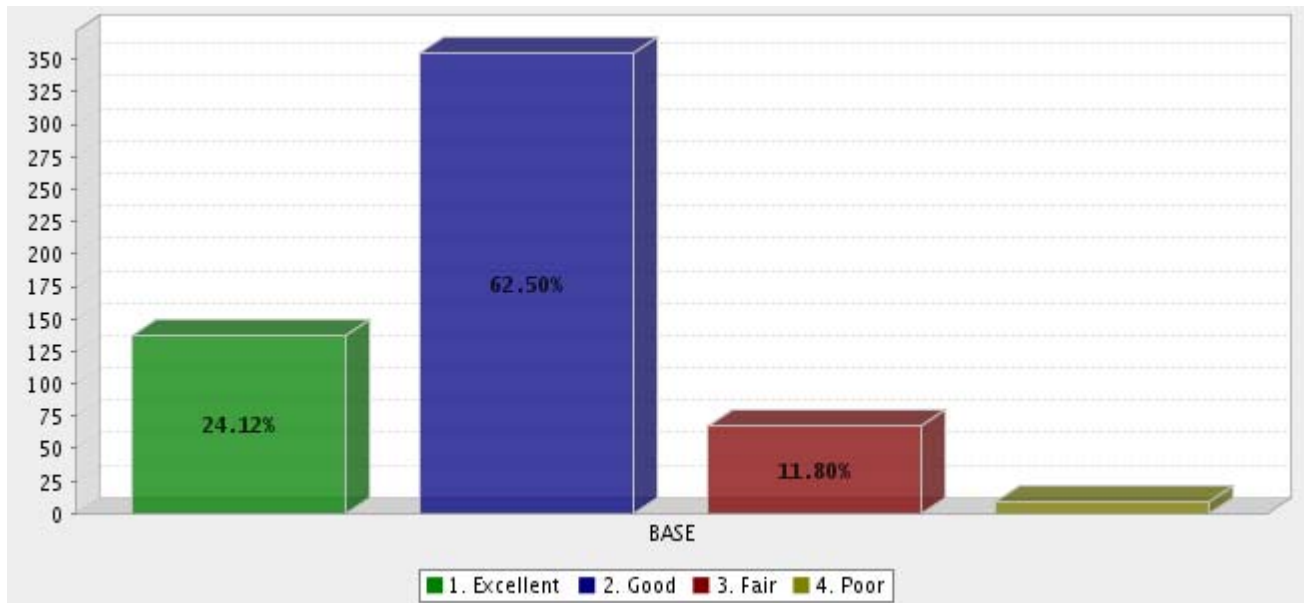
## 12. Select your current source of health insurance:



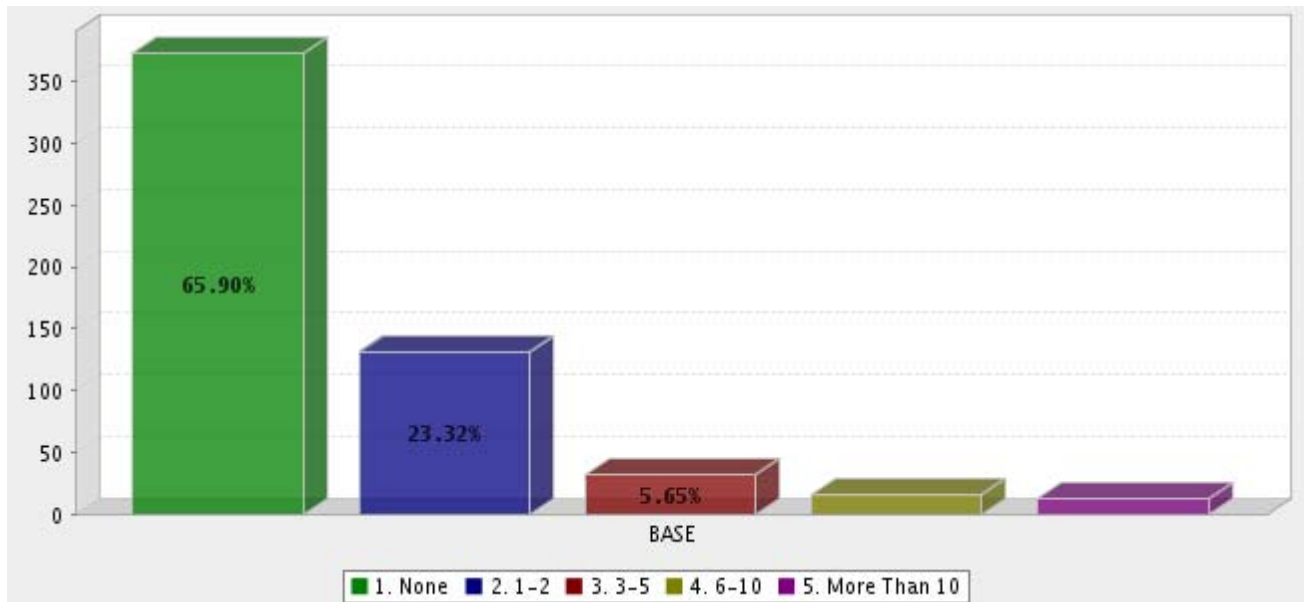
## 13. If you do not have health insurance, why not?



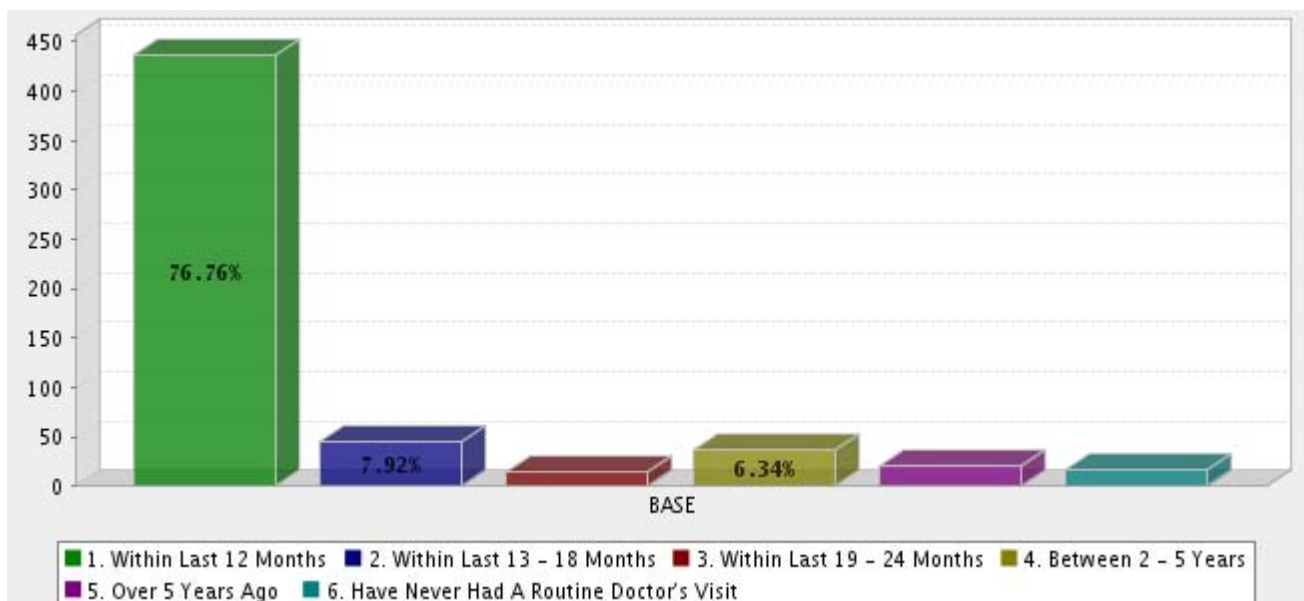
## 14. In general, how would you rate your current health status?



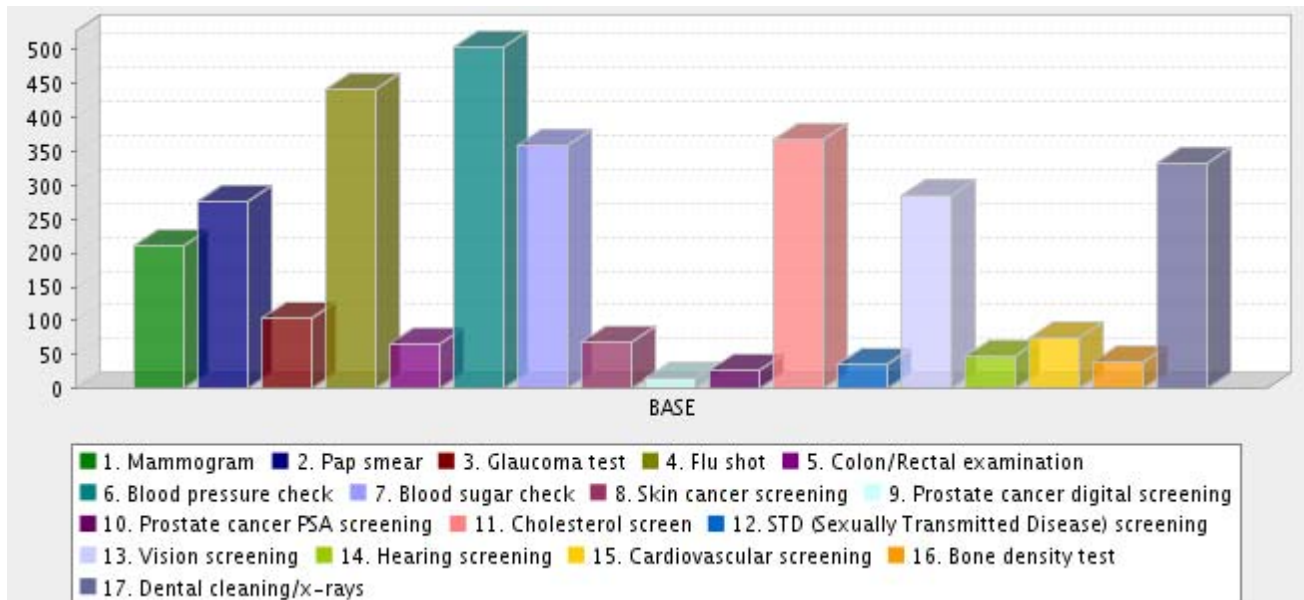
**15. Number of days you have been too sick to work or carry out your usual activities during the past 30 days:**



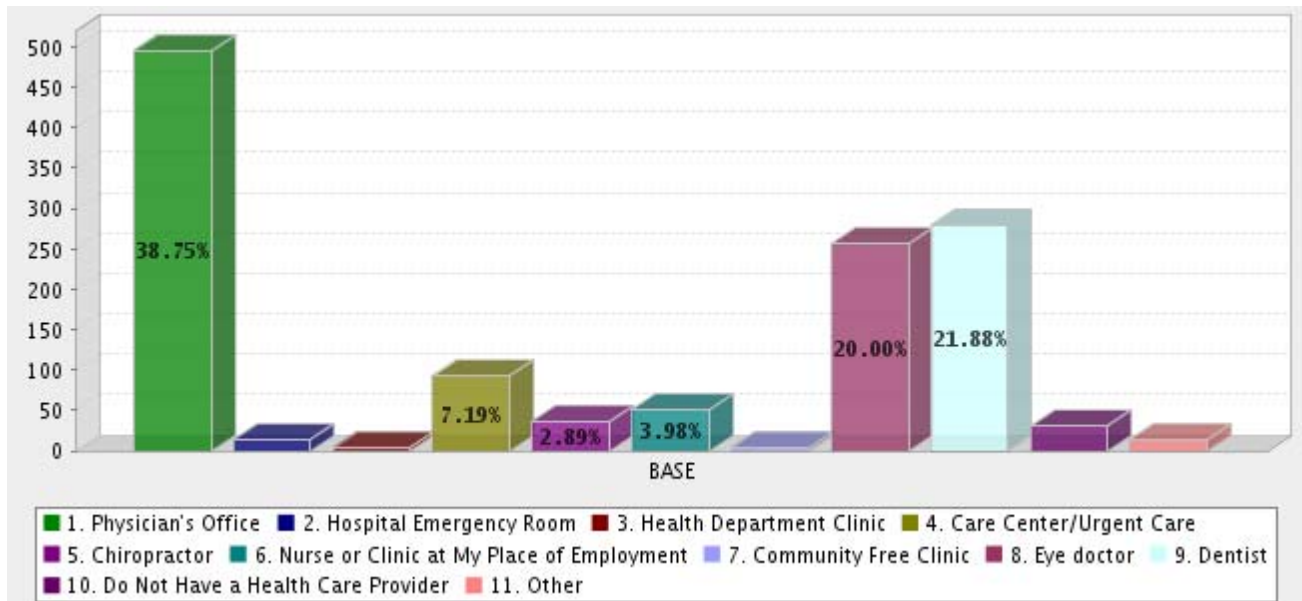
**16. Your last routine doctor's visit was:**



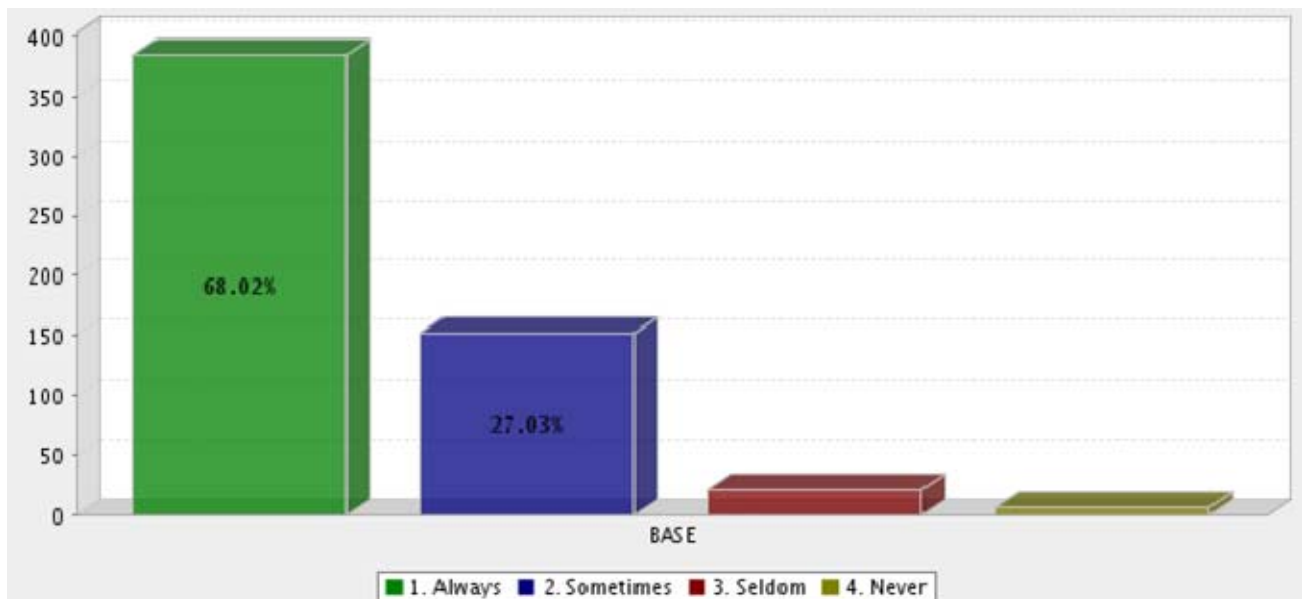
**17. Select any of the following preventive procedures you have had in the last year (check all that apply):**



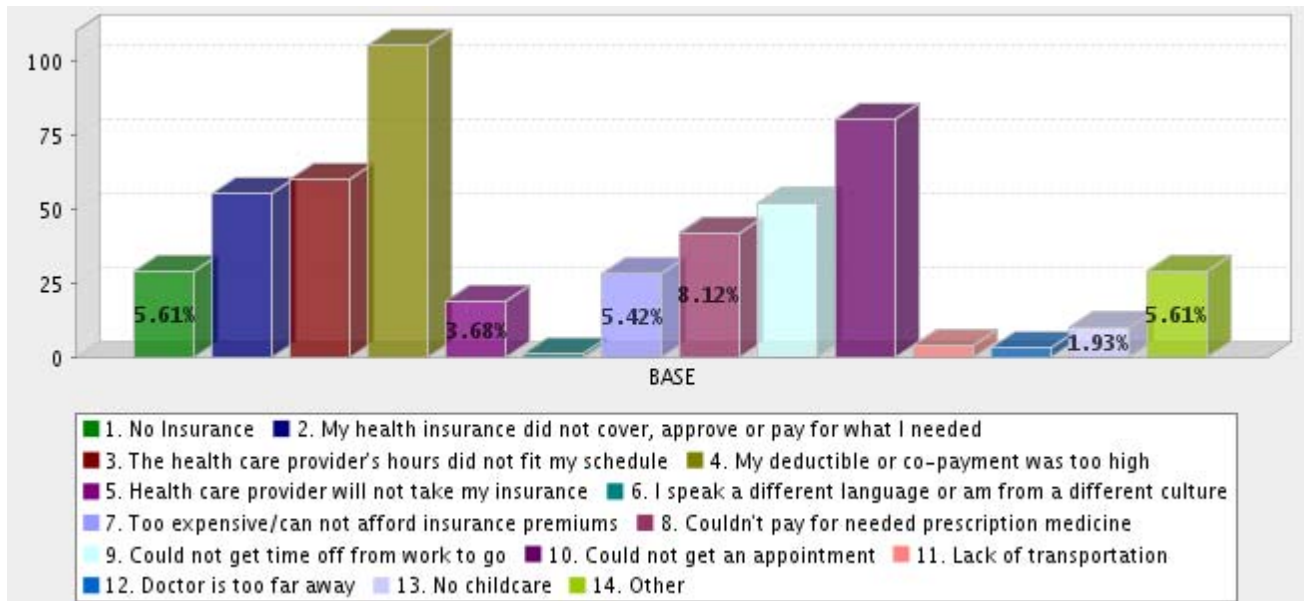
### 18. Where you go for routine health care (check all that apply):



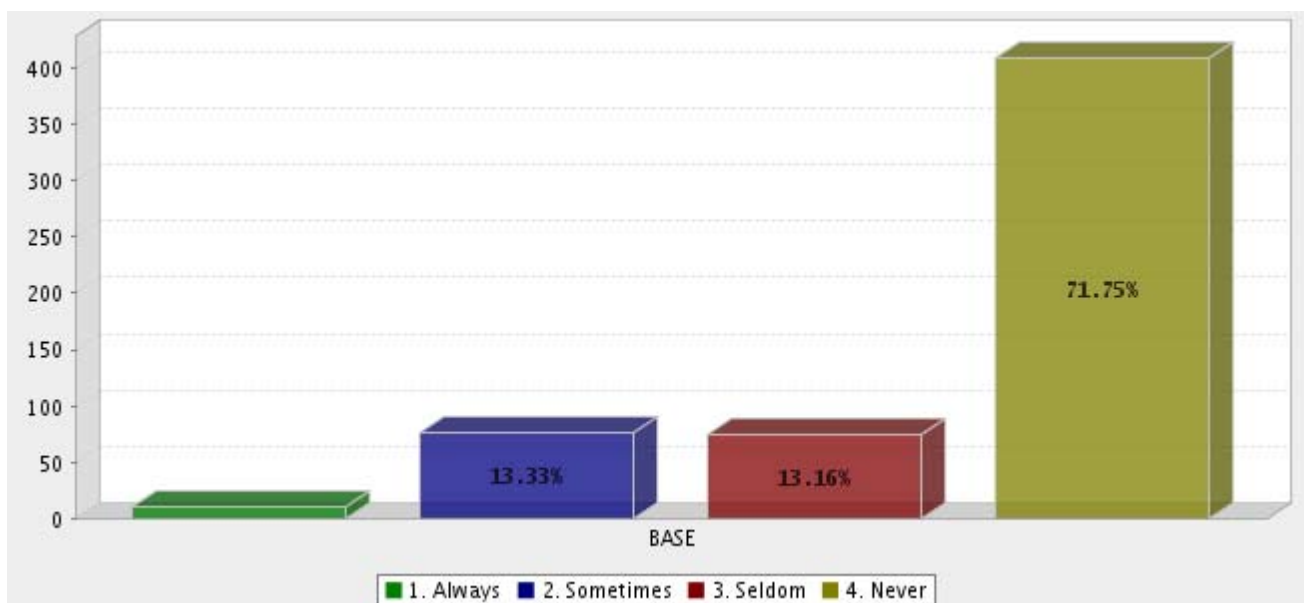
### 19. Are you able to visit a doctor/health care provider when needed?



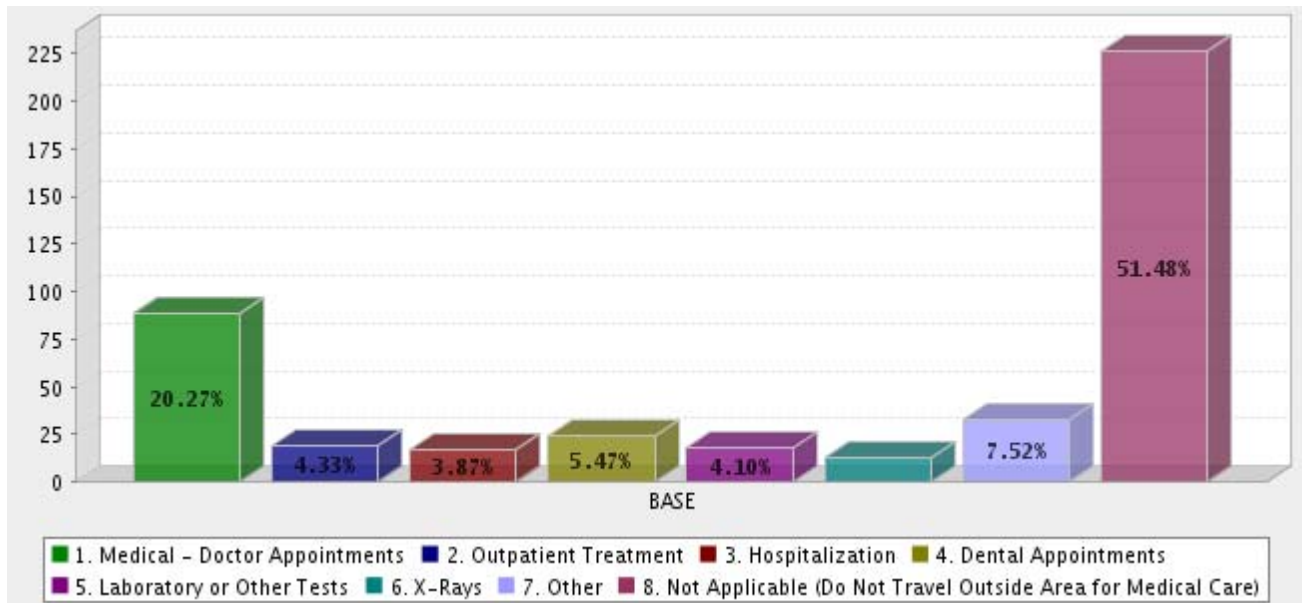
## 20. The following have stopped you from getting the health care you need (check all that apply):



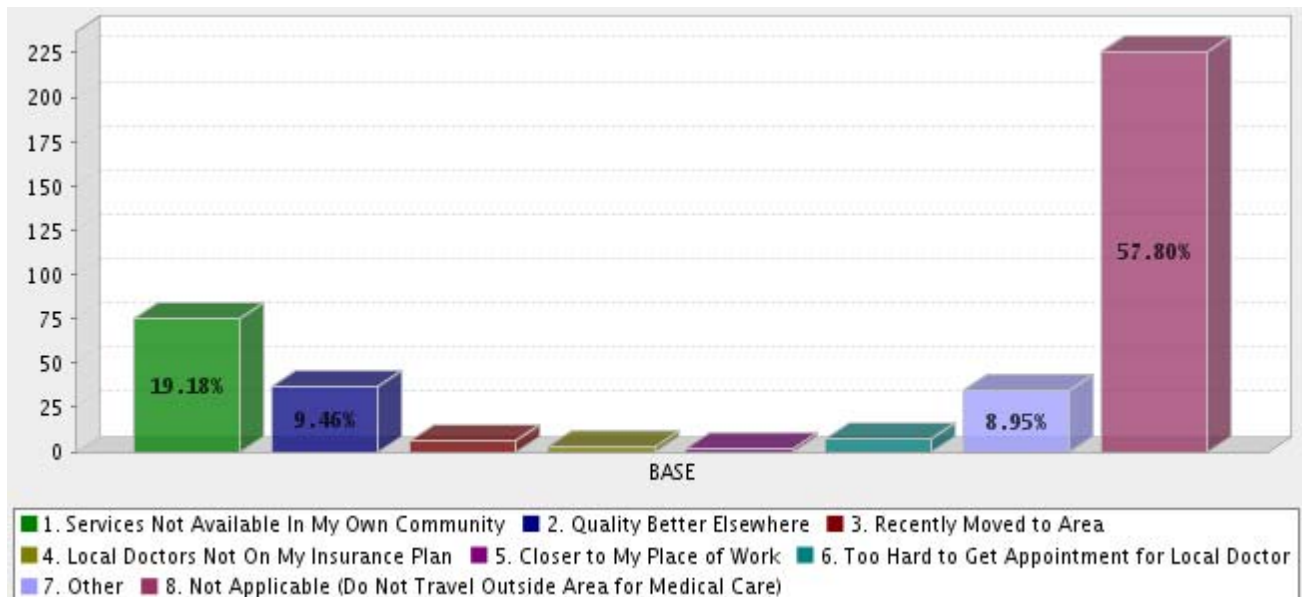
## 21. You travel outside of area for medical care:



**22. If you travel outside of area for medical care, select the service you seek (check all that apply):**

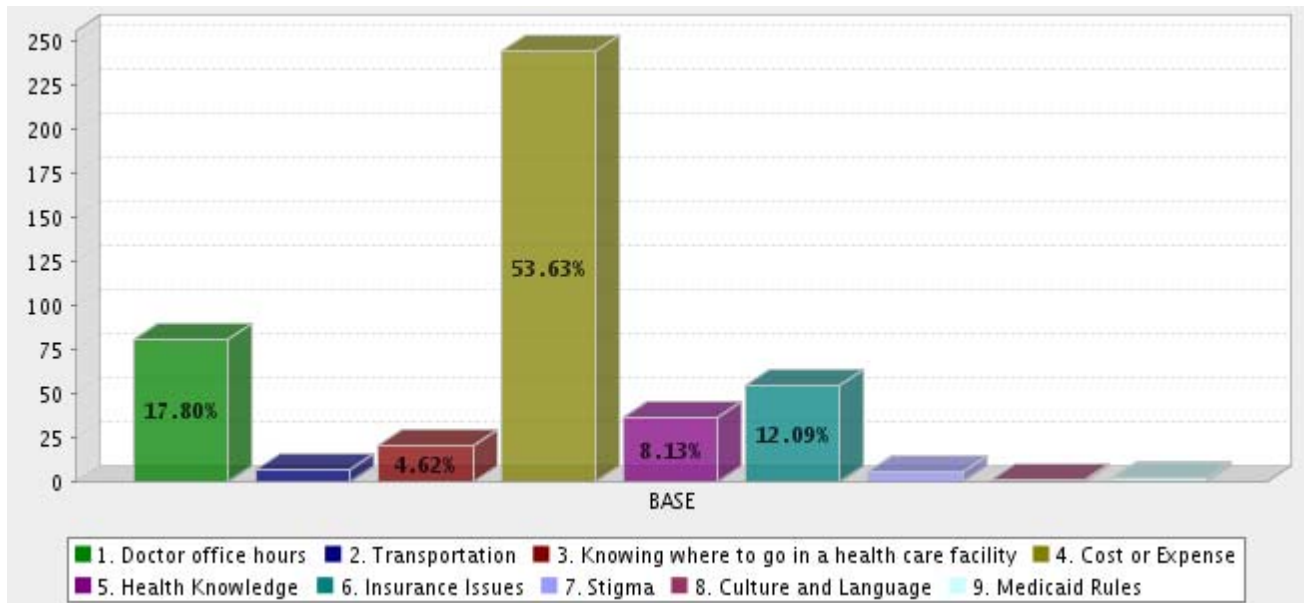


**23. If you travel outside of the area for medical care, why?**

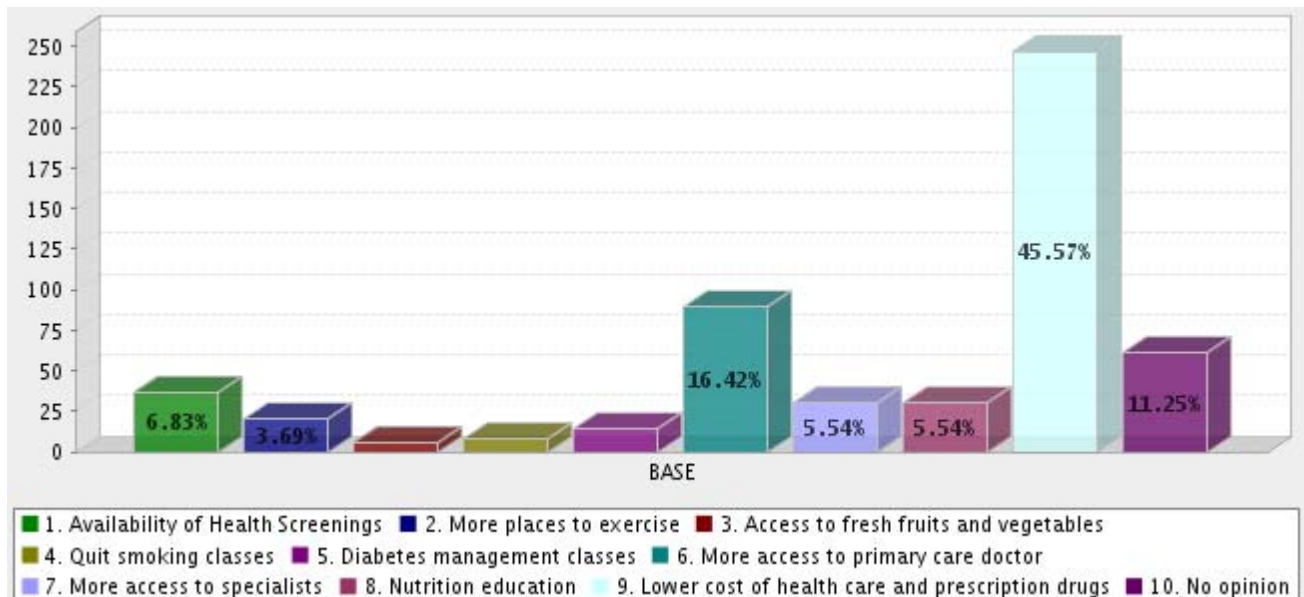




## 24. What is the biggest barrier to receiving health care in our community (check one)?

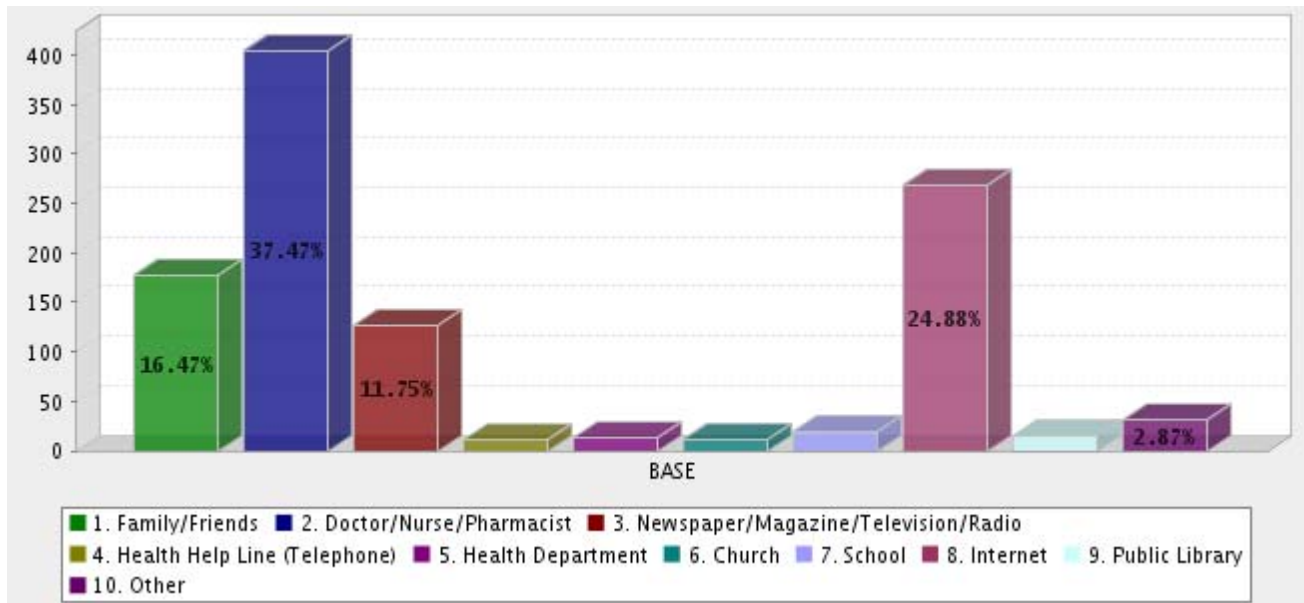


## 25. What is the best way to address the Health Needs of our Community (check one)?

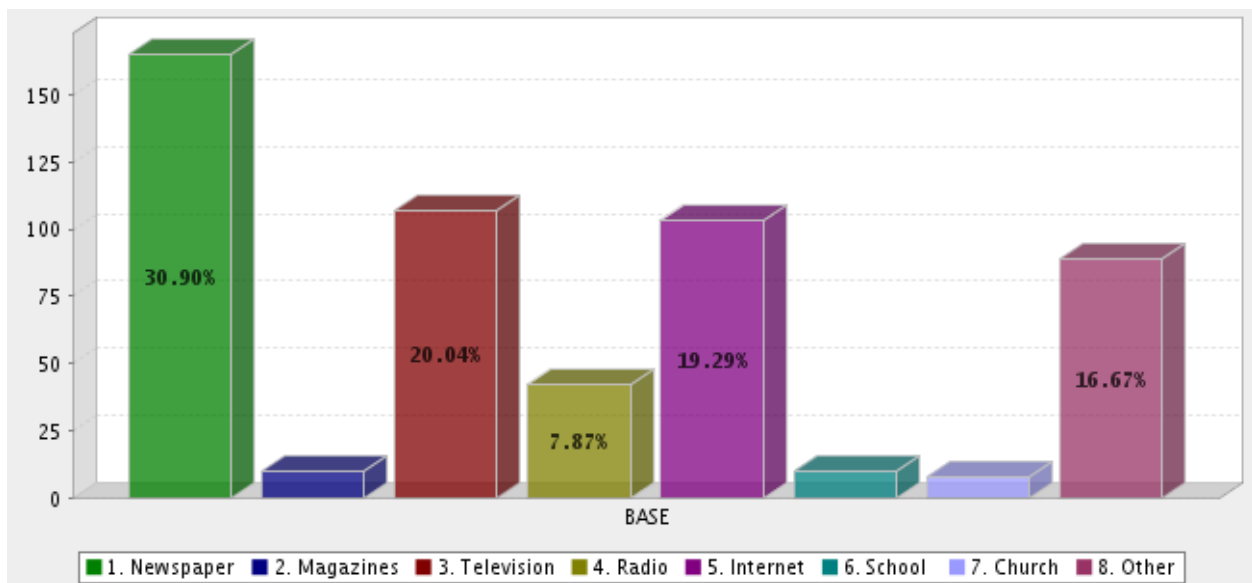




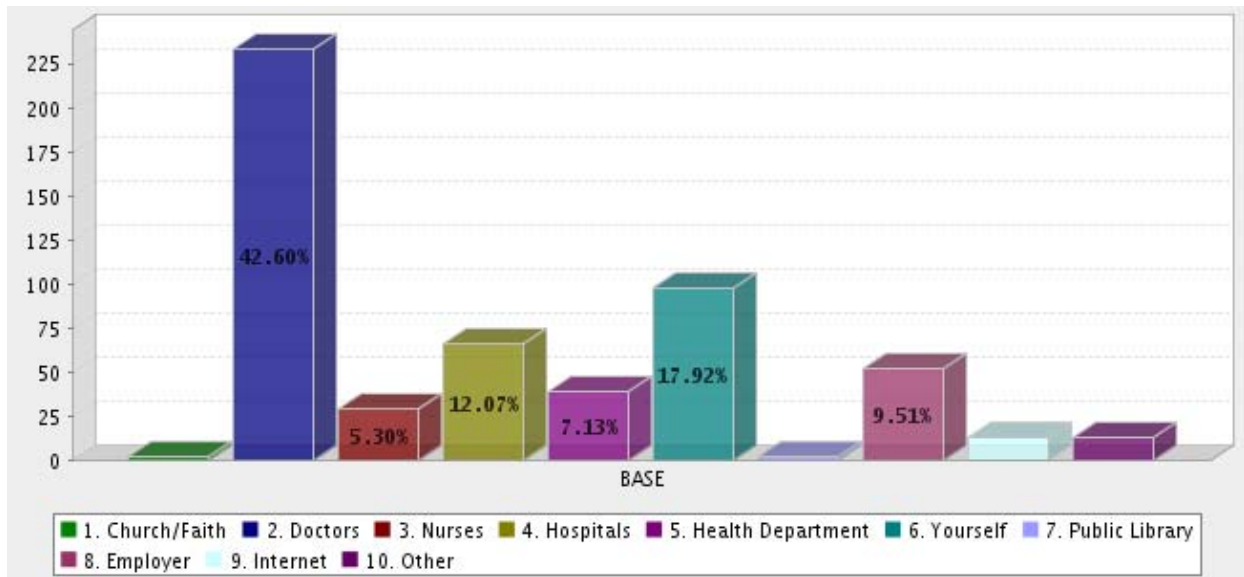
## 26. Sources where you obtain most health-related information (check all that apply):



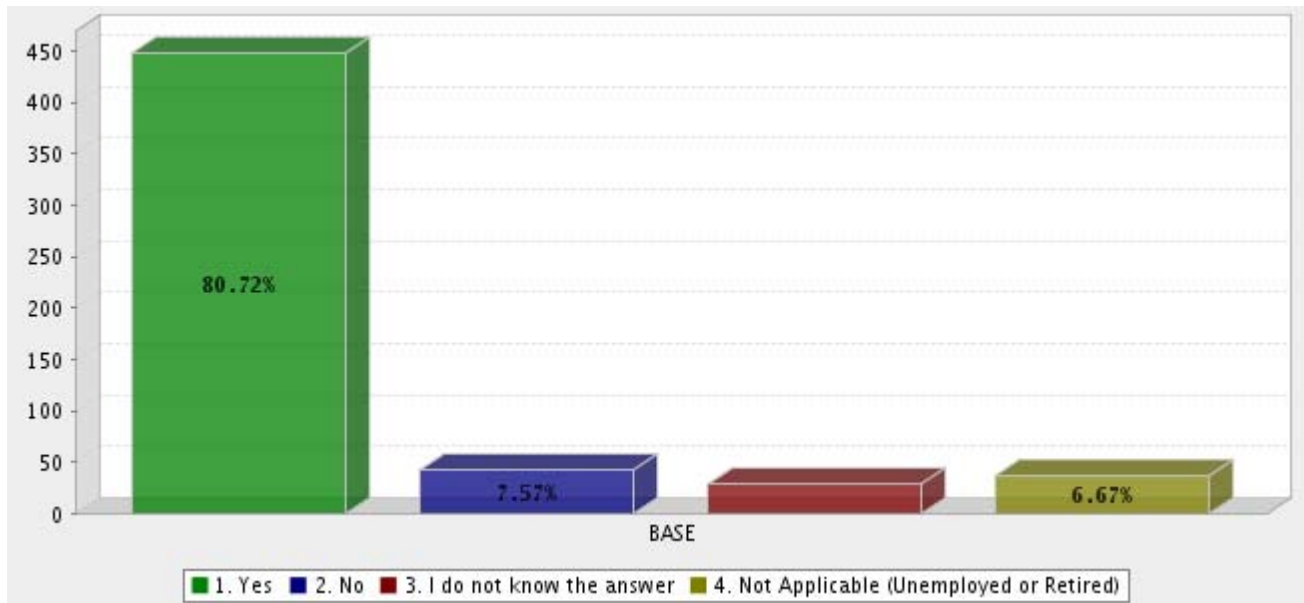
**27. What is the source where you obtain information concerning LOCAL health events such as health and wellness, education events, screenings, health and dental services, and support groups?**



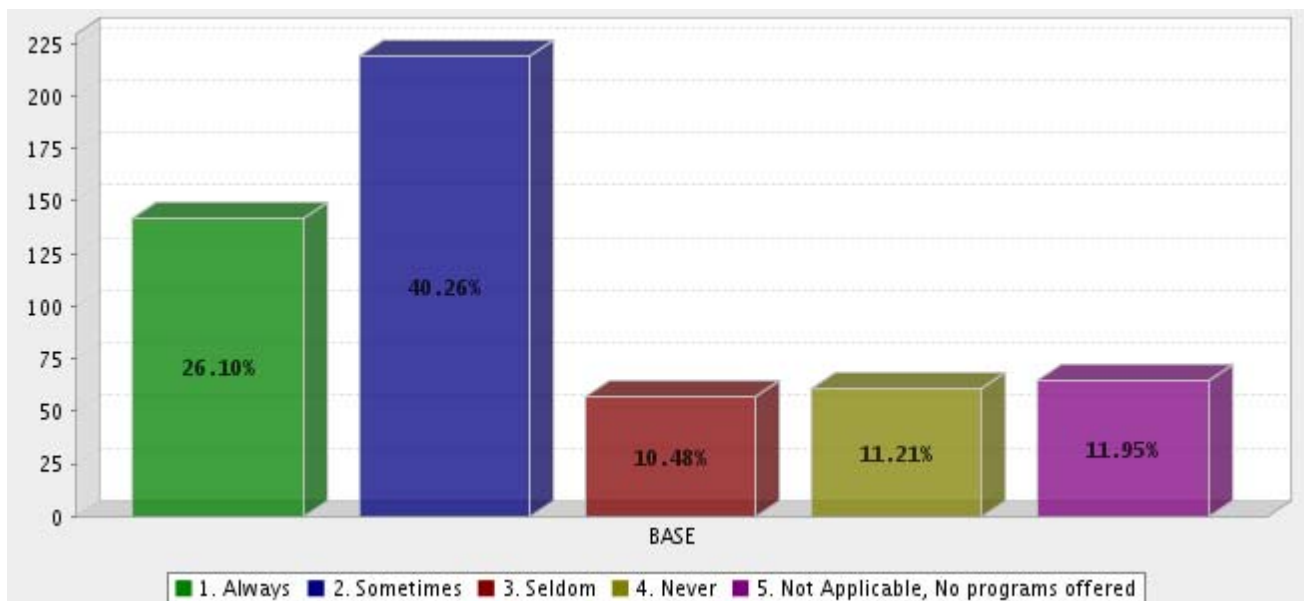
**28. Person or entity you feel is most responsible for providing health information (check one):**



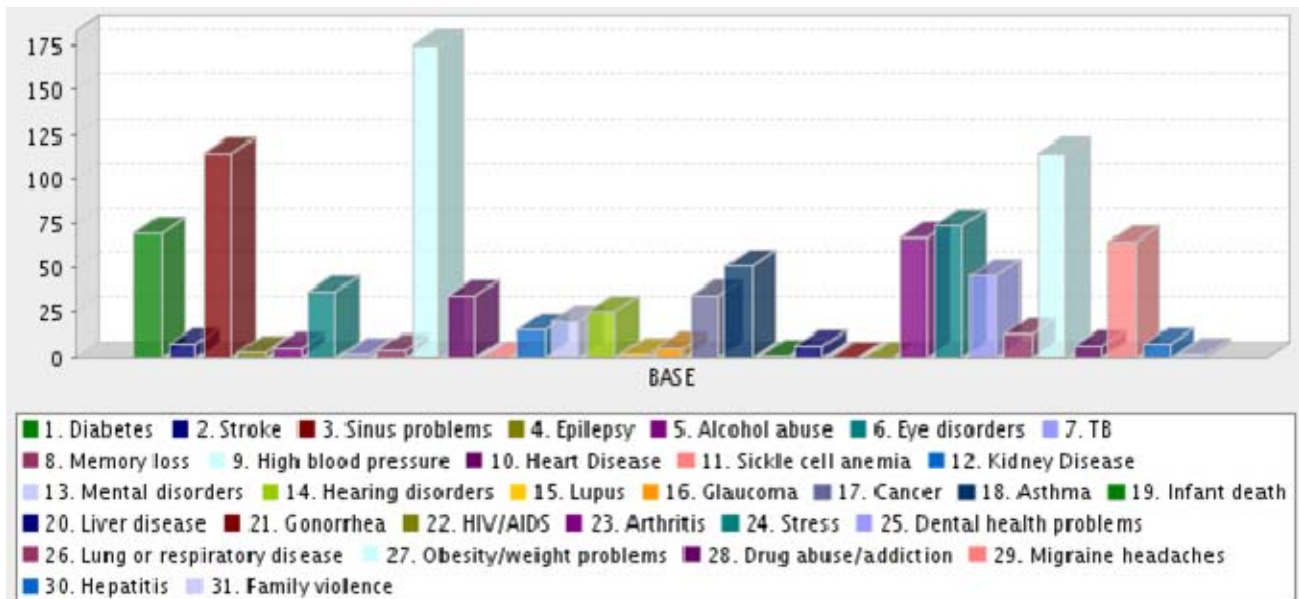
## 29. Your employer offers health promotion/wellness programs:



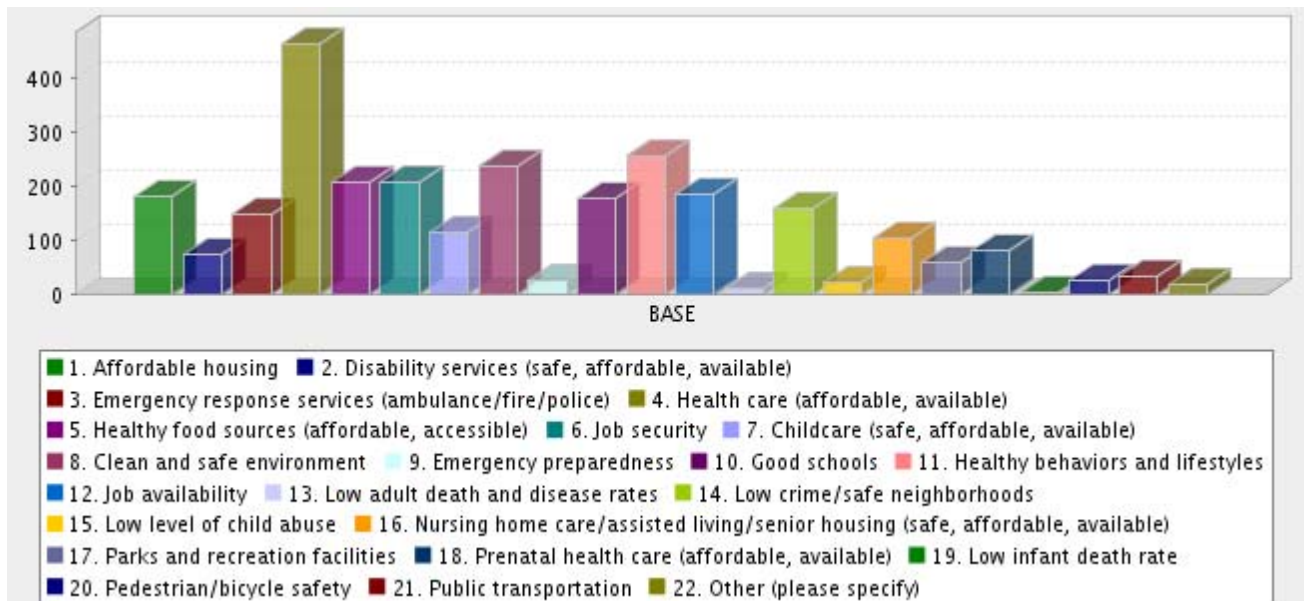
## 30. If your employer offers health promotion/wellness programs, you participate:



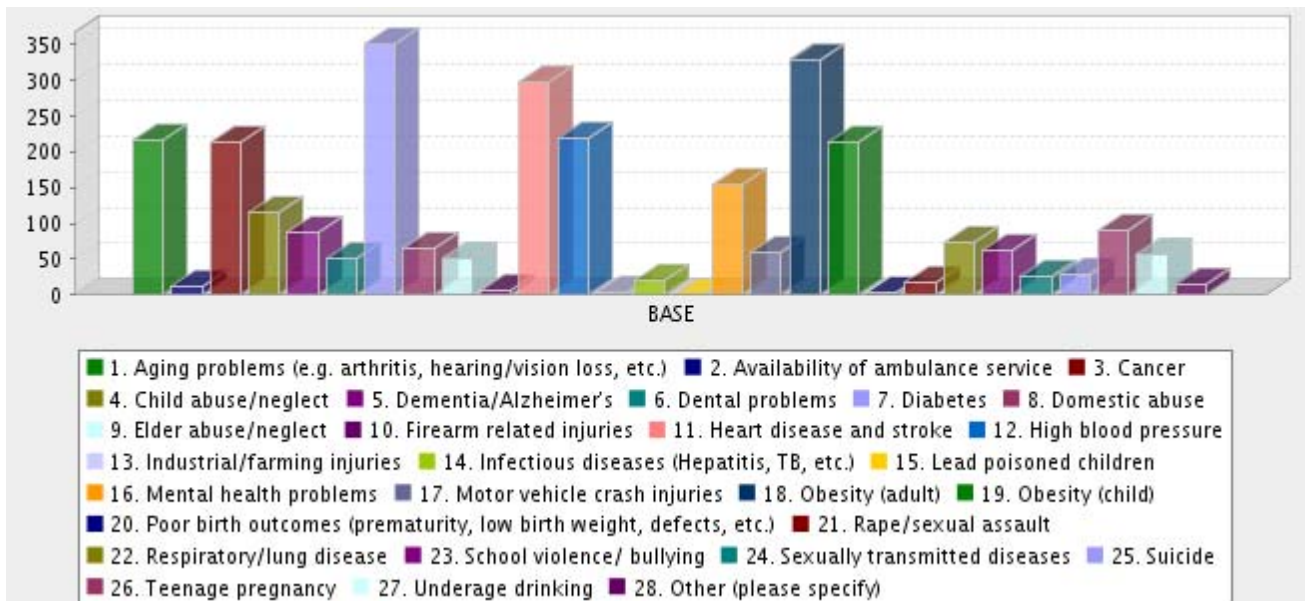
**31. Please check if you have been diagnosed by a doctor with any of the following (check all that apply):**



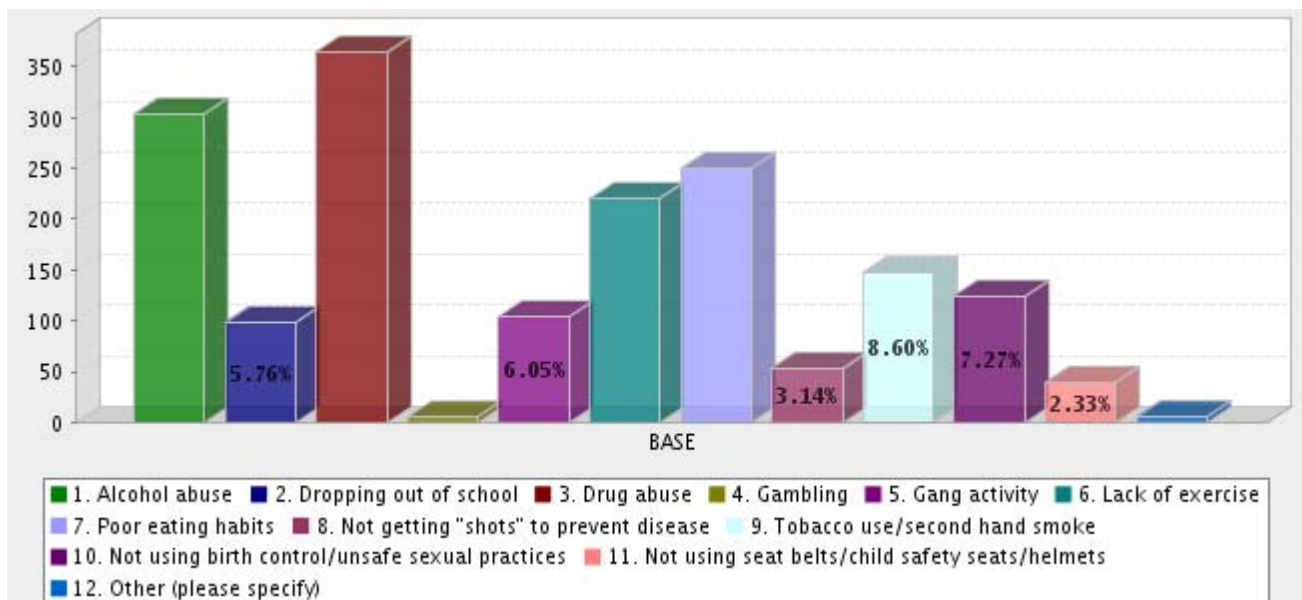
**32. In the following list, please mark what you think are the FIVE MOST IMPORTANT FACTORS FOR A "HEALTHY COMMUNITY". (Those factors that most improve the quality of life in a community). CHECK ONLY FIVE:**



**33. In the following list, please mark what you think are the FIVE MOST IMPORTANT "HEALTH PROBLEMS" in our community. (Those problems which have the greatest impact on overall community health). CHECK ONLY FIVE:**

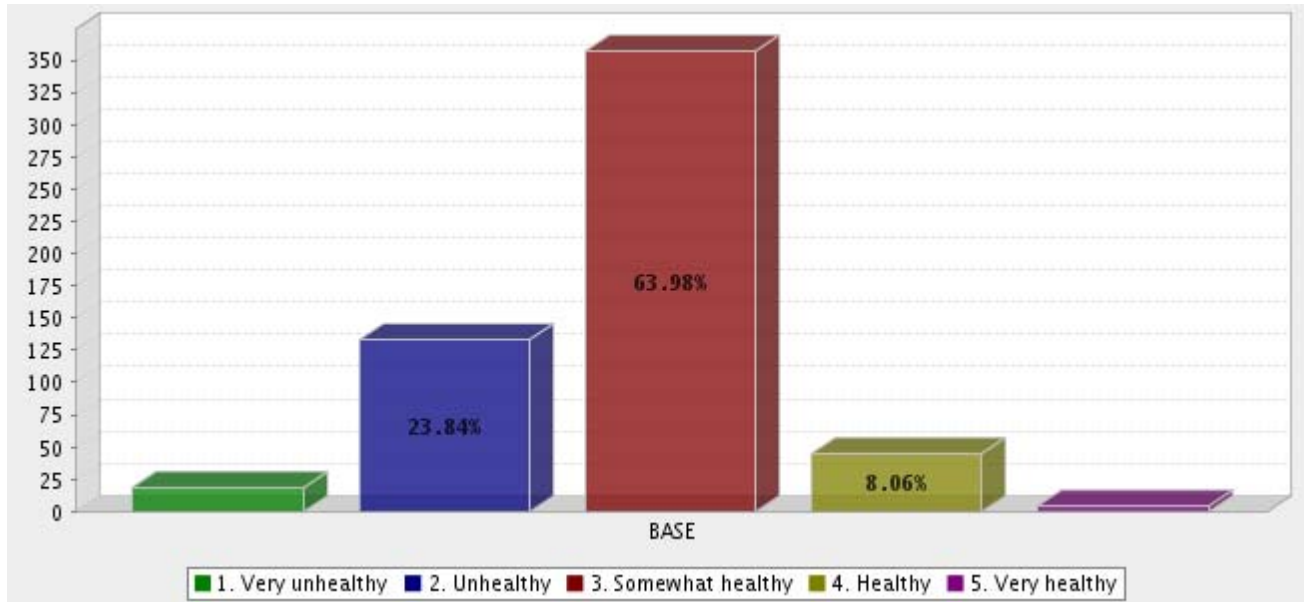


**34. In the following list, please mark what you think are the THREE MOST IMPORTANT "RISKY BEHAVIORS" in our community. (Those behaviors which have the greatest impact on overall community health). CHECK ONLY THREE (3):**

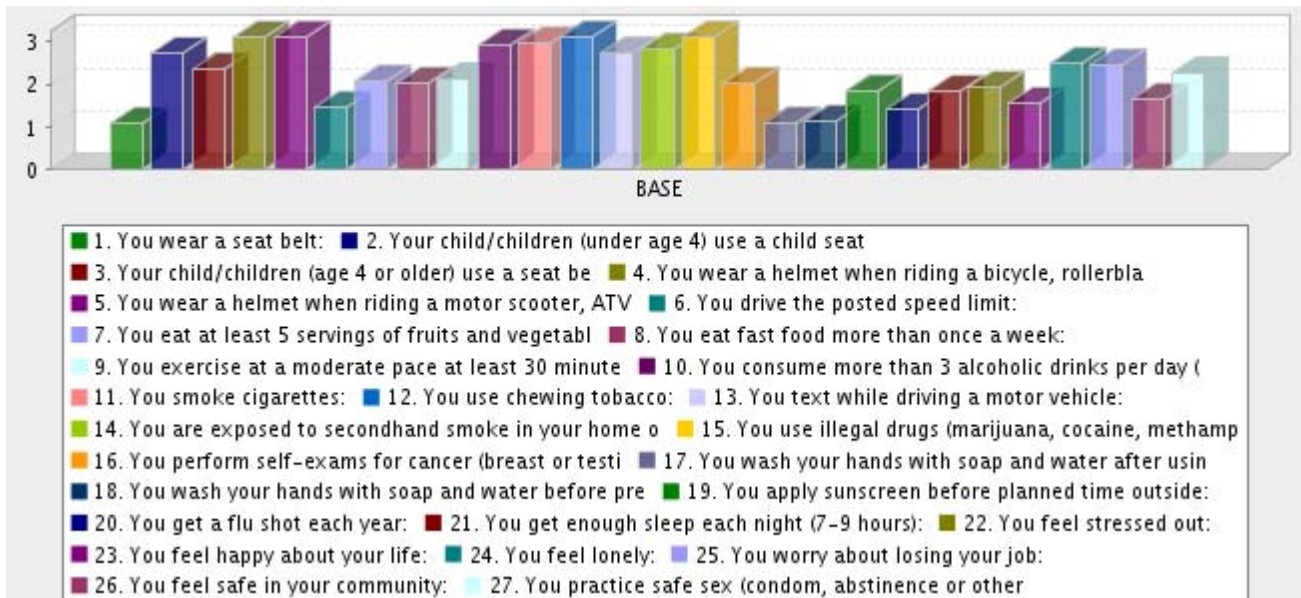




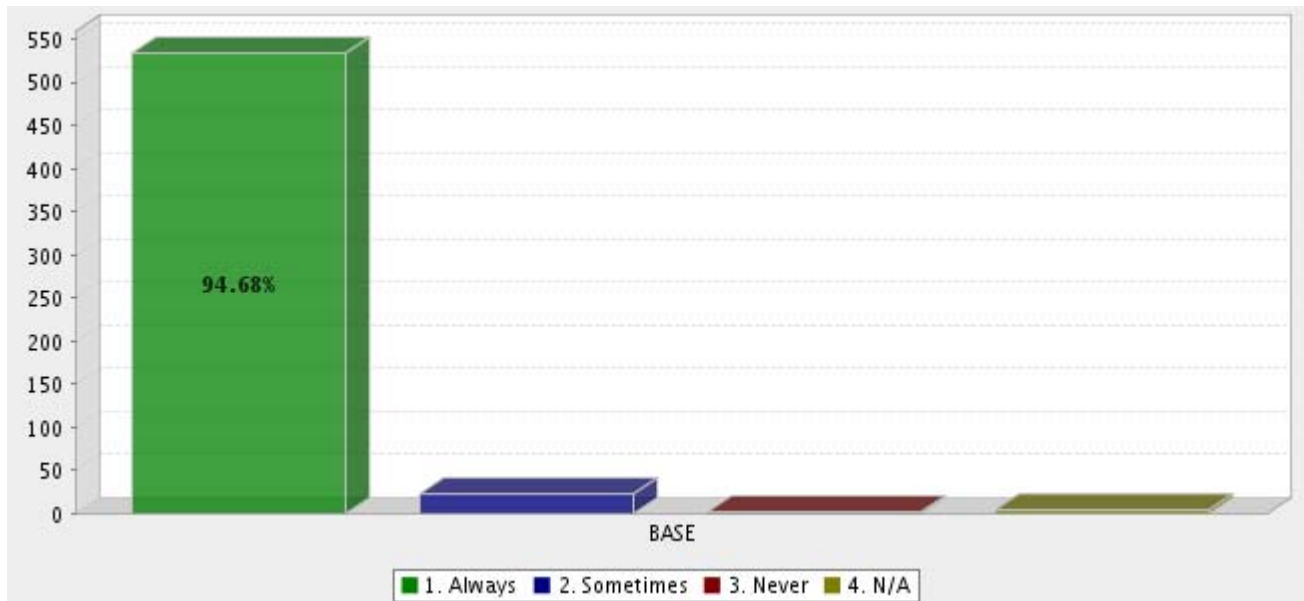
### 35. Please mark how you would rate your community as a "Healthy Community":



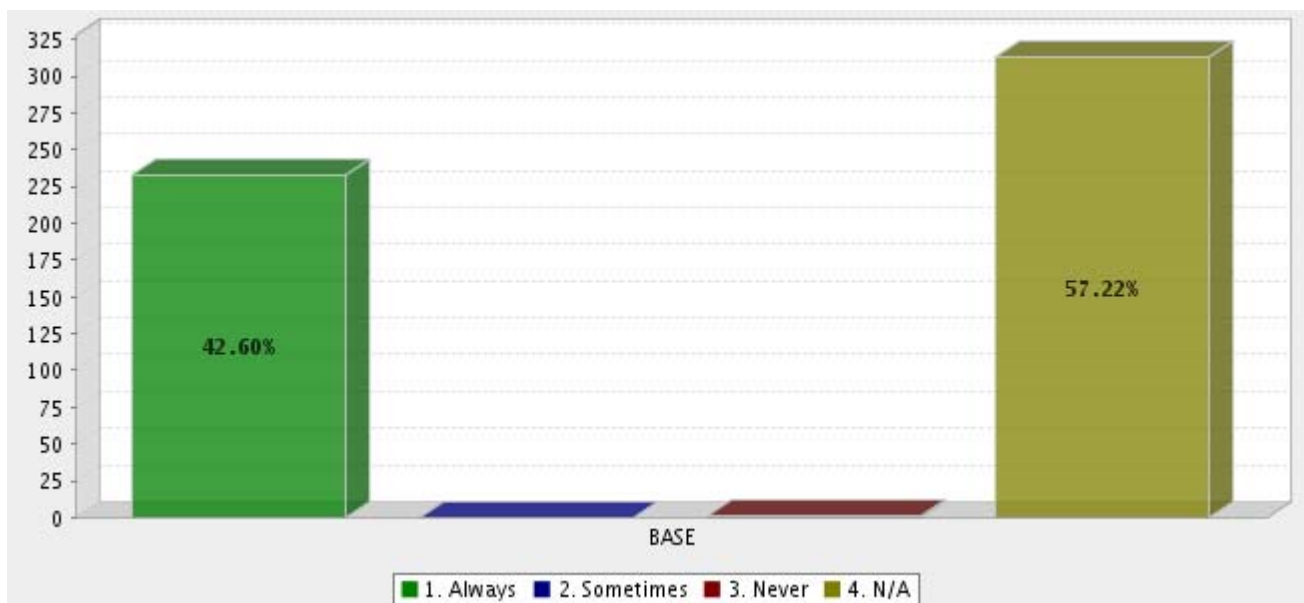
**36. In the following section, select which answer describes you.**



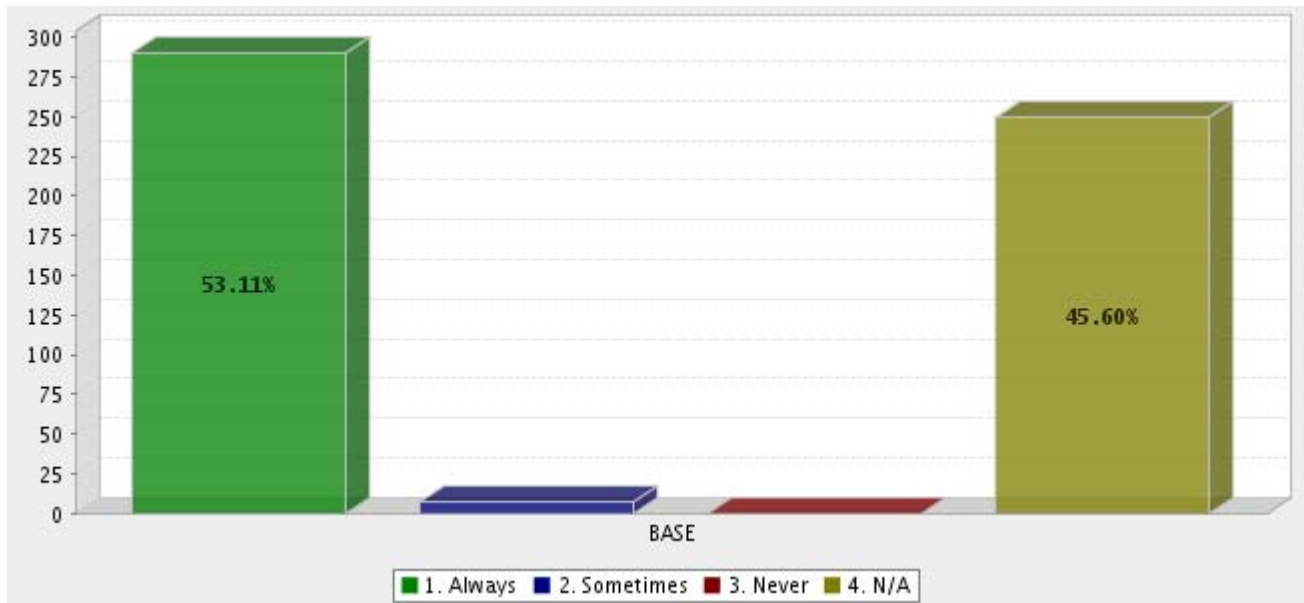
### 37. You wear a seat belt:



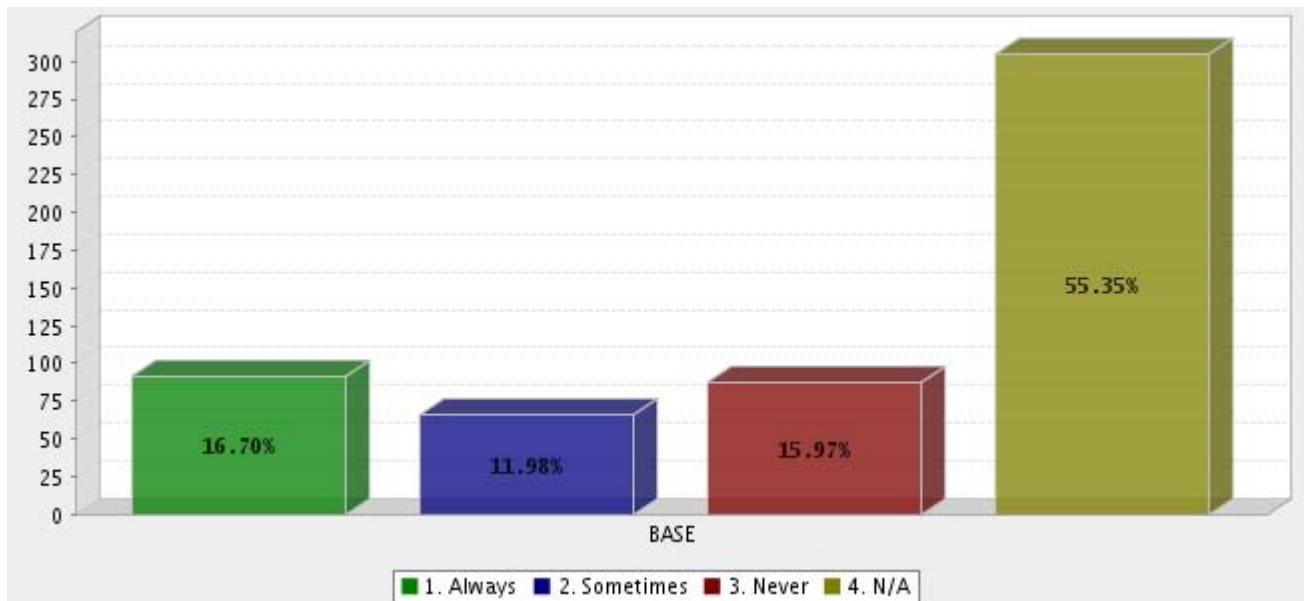
### 38. Your child/children (under age 4) use a child seat:



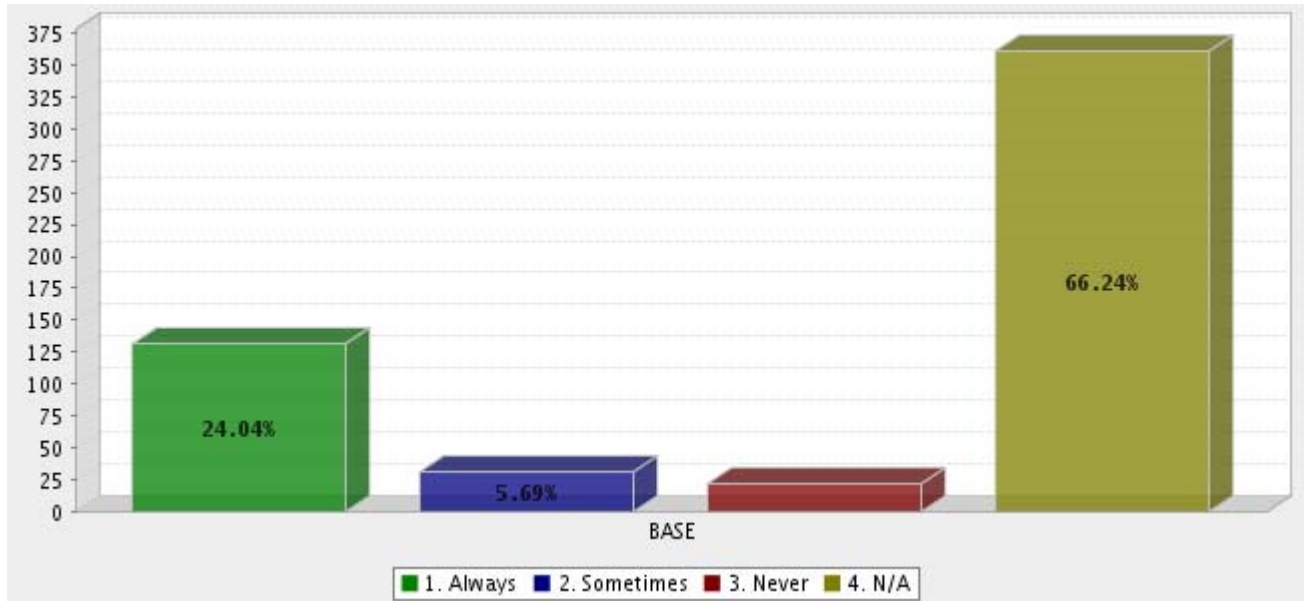
**39. Your child/children (age 4 or older) use a seat belt:**



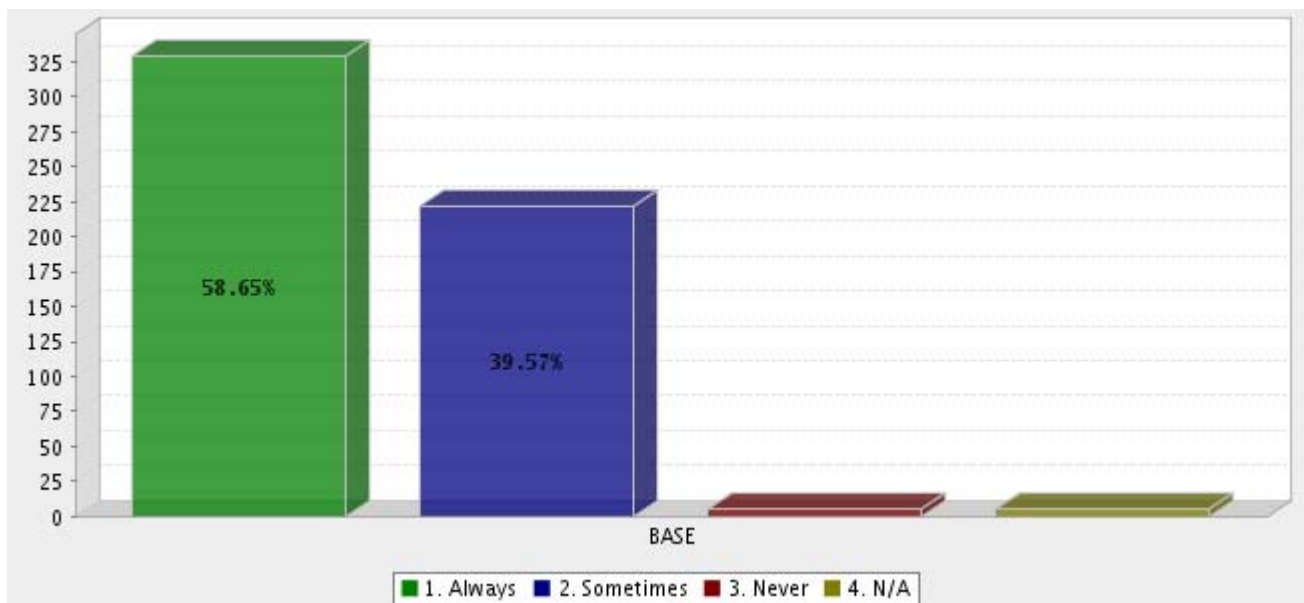
**40. You wear a helmet when riding a bicycle, rollerblading or skateboarding:**



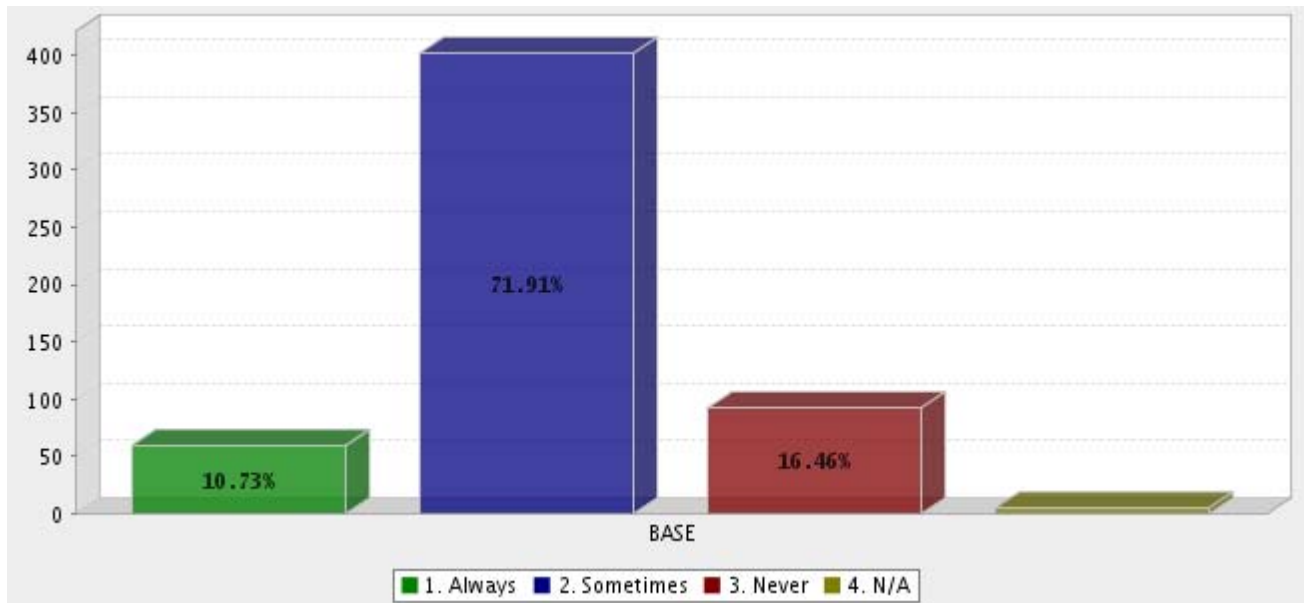
**41. You wear a helmet when riding a motor scooter, ATV or motorcycle:**



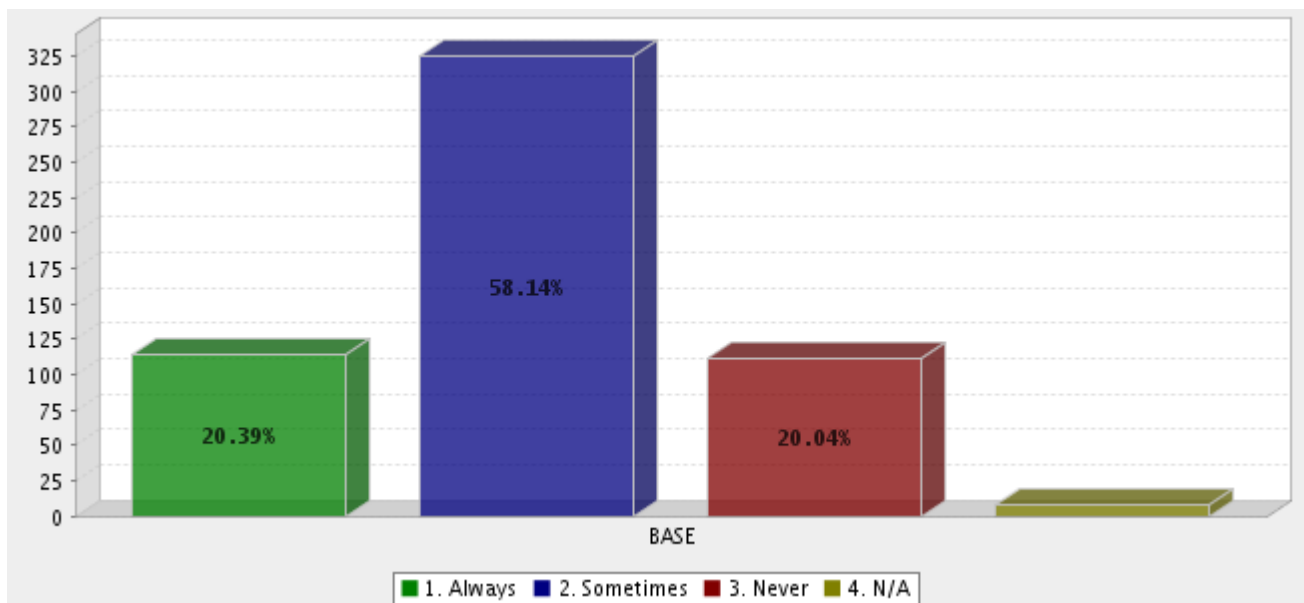
**42. You drive the posted speed limit:**



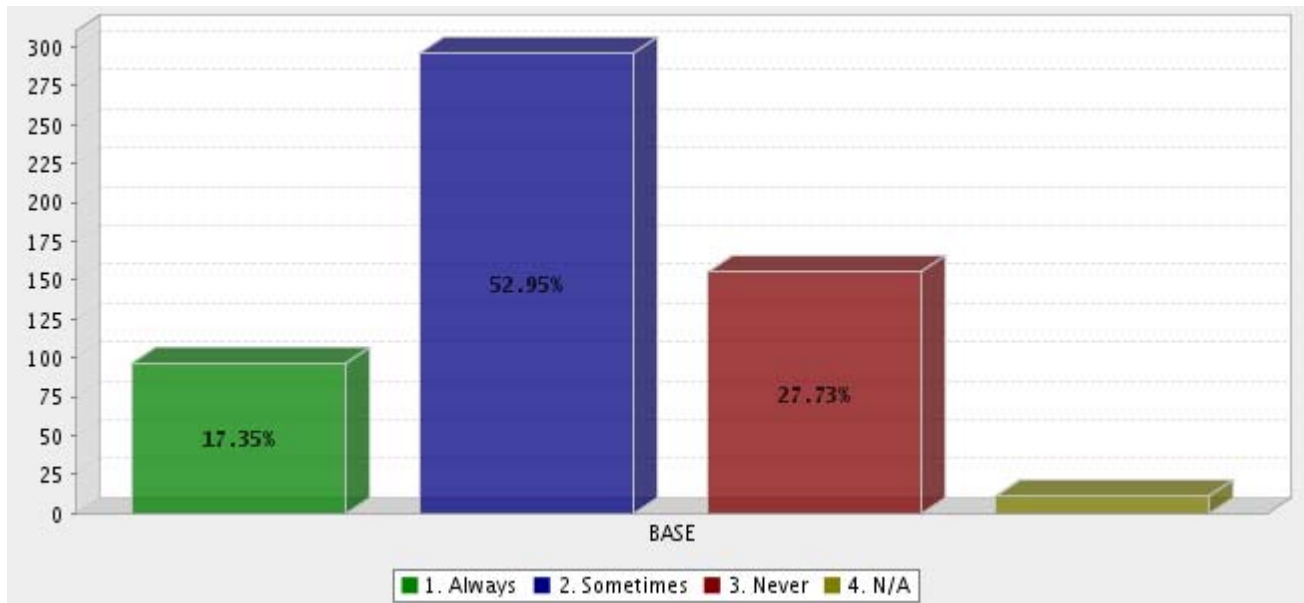
**43. You eat at least 5 servings of fruits and vegetables each day:**



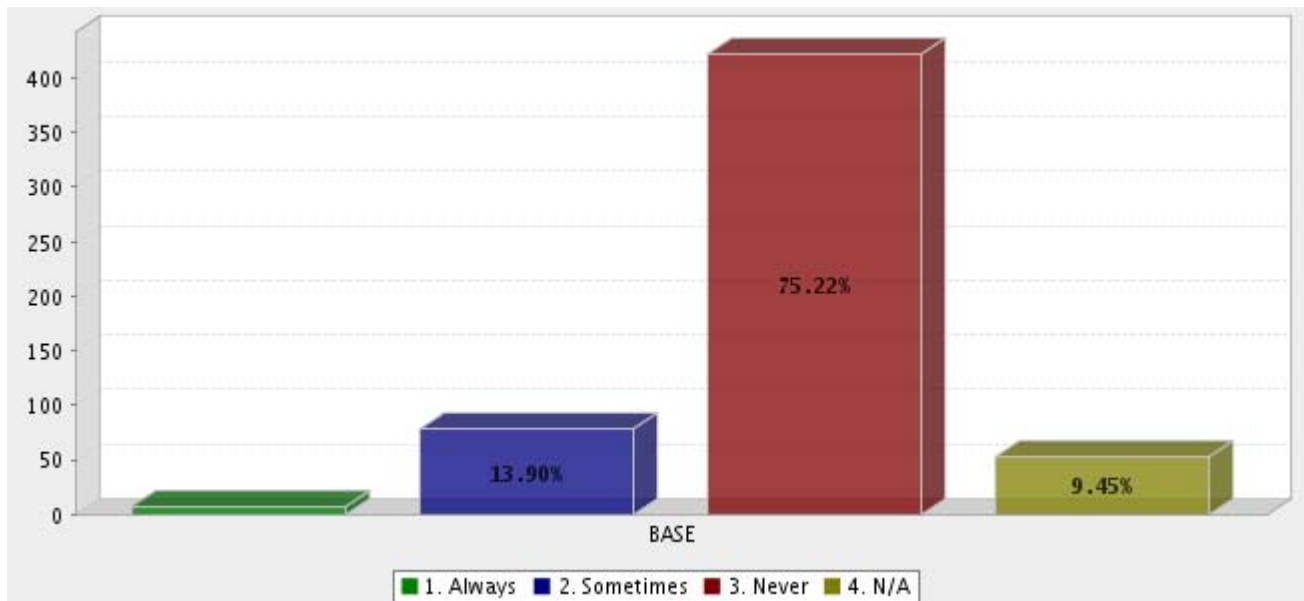
**44. You eat fast food more than once a week:**



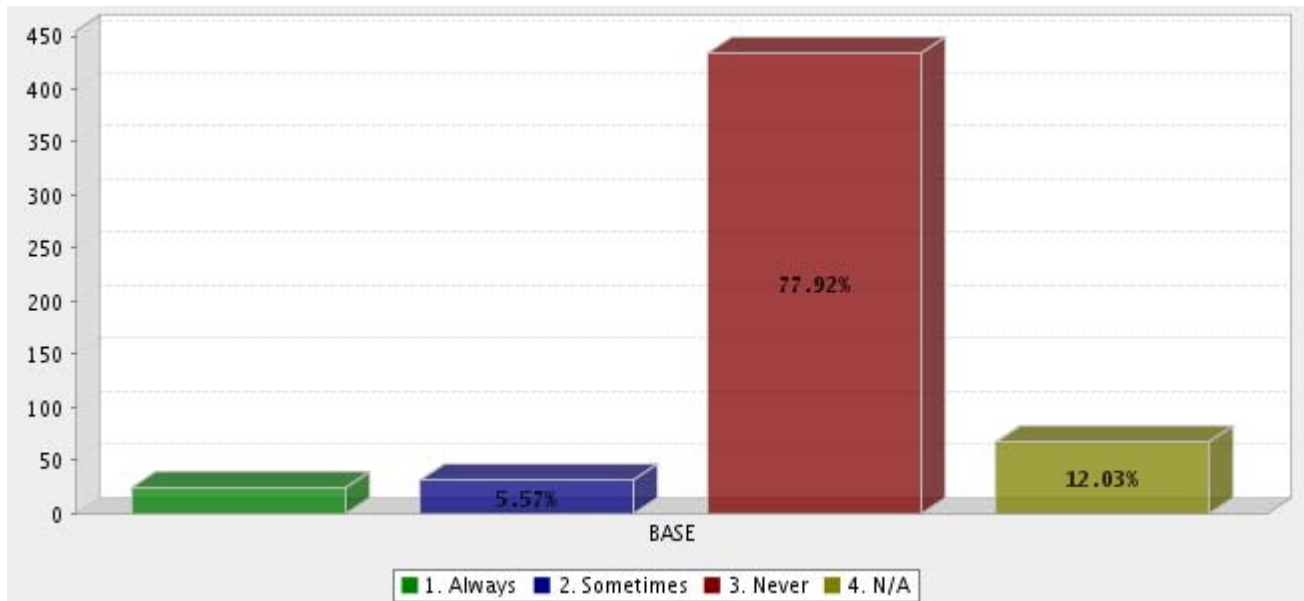
**45. You exercise at a moderate pace at least 30 minutes per day, 5 days per week:**



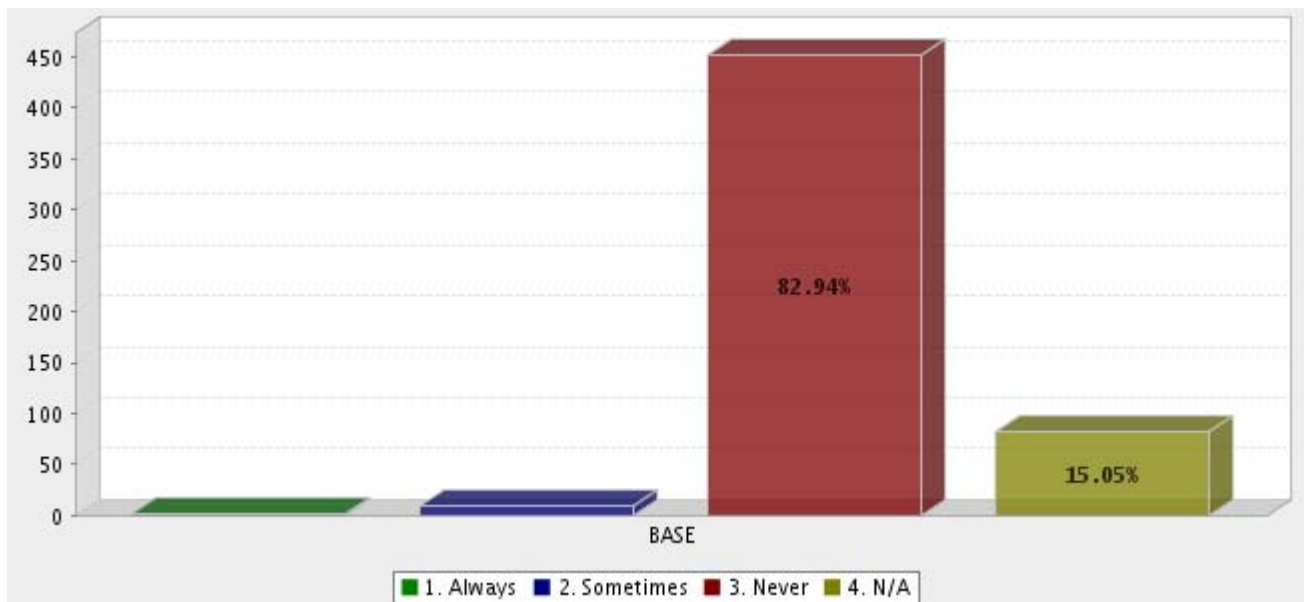
**46. You consume more than 3 alcoholic drinks per day (female) or more than 5 per day (male):**



### 47. You smoke cigarettes:

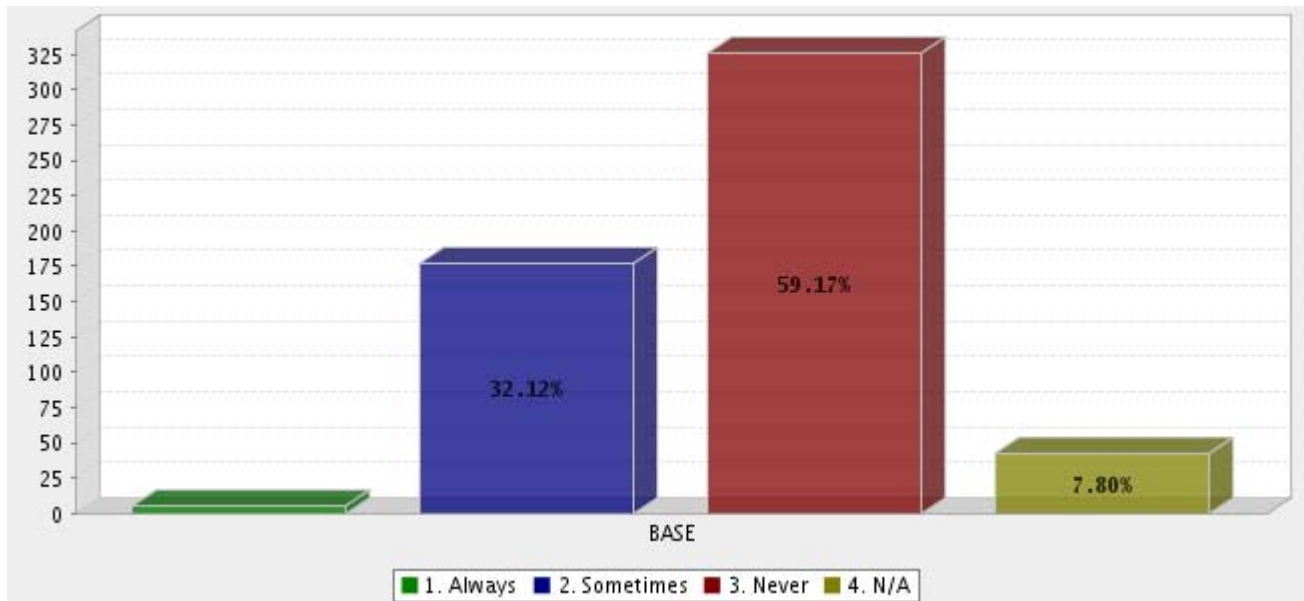


### 48. You use chewing tobacco:

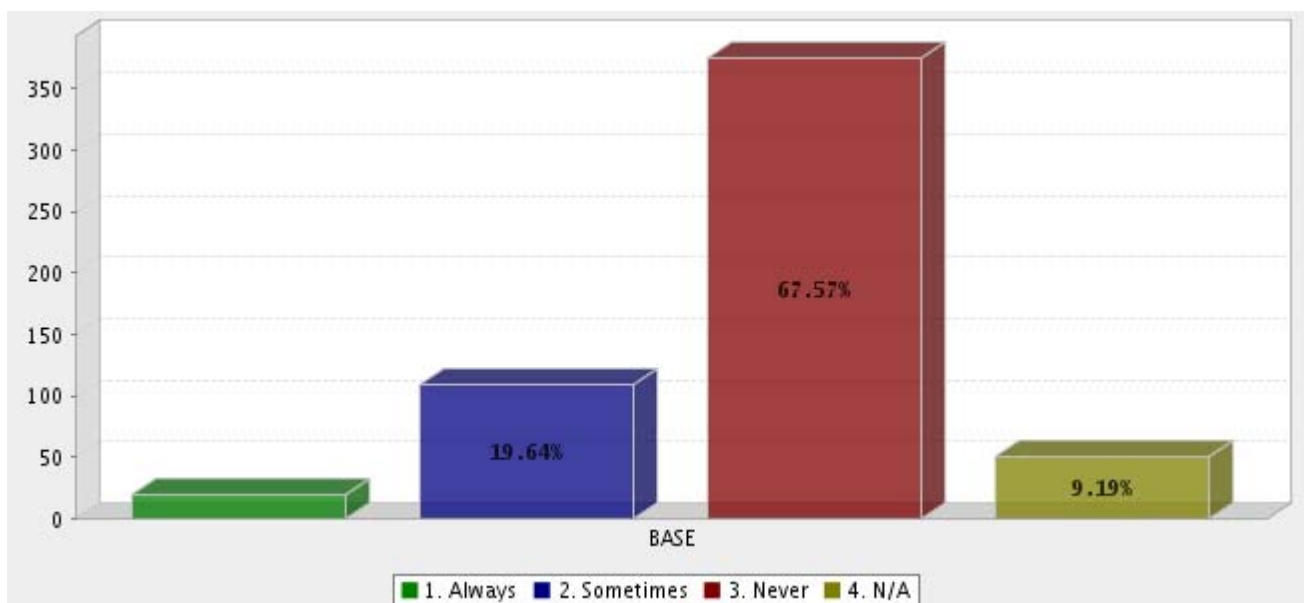




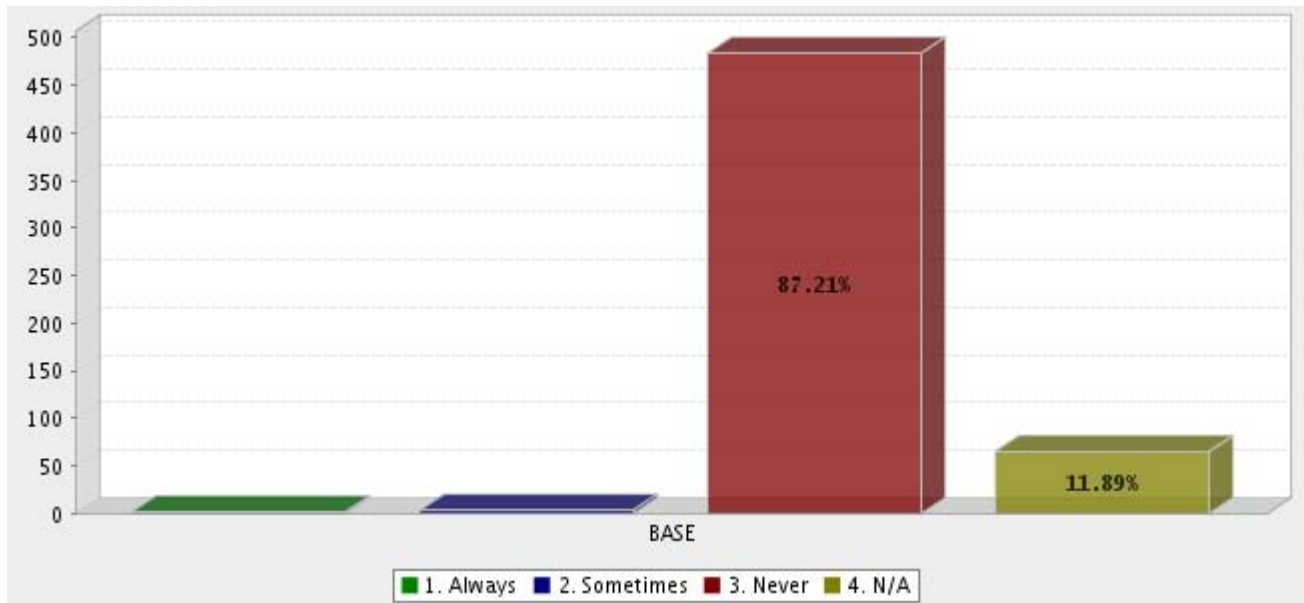
**49. You text while driving a motor vehicle:**



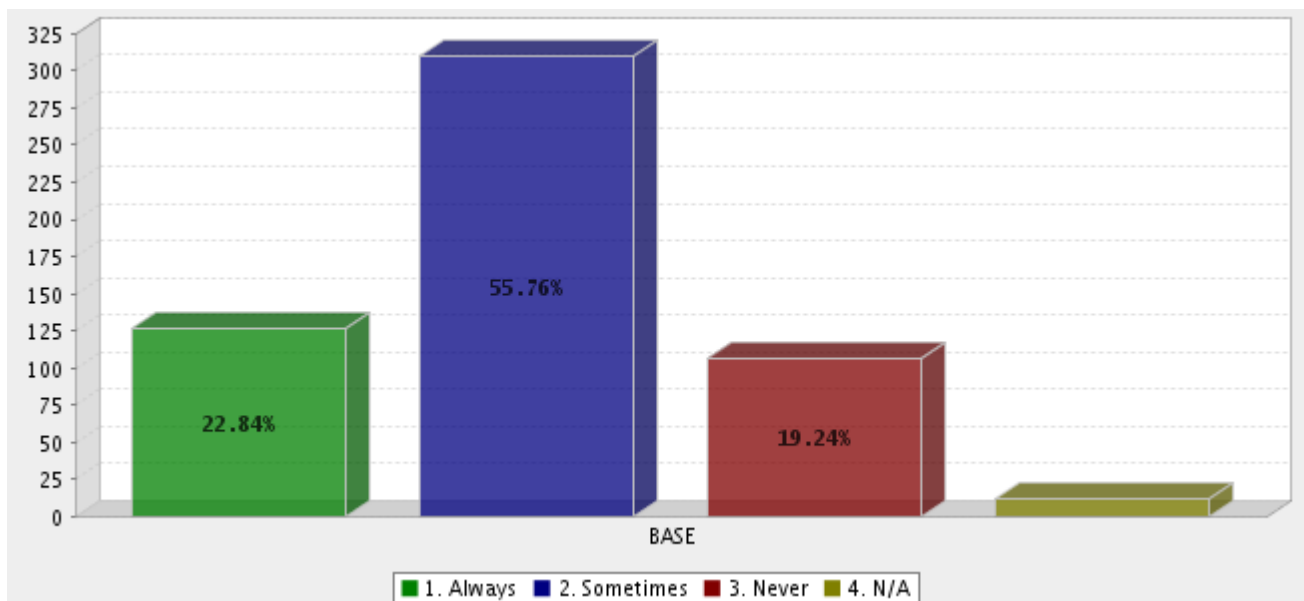
**50. You are exposed to secondhand smoke in your home or at work:**



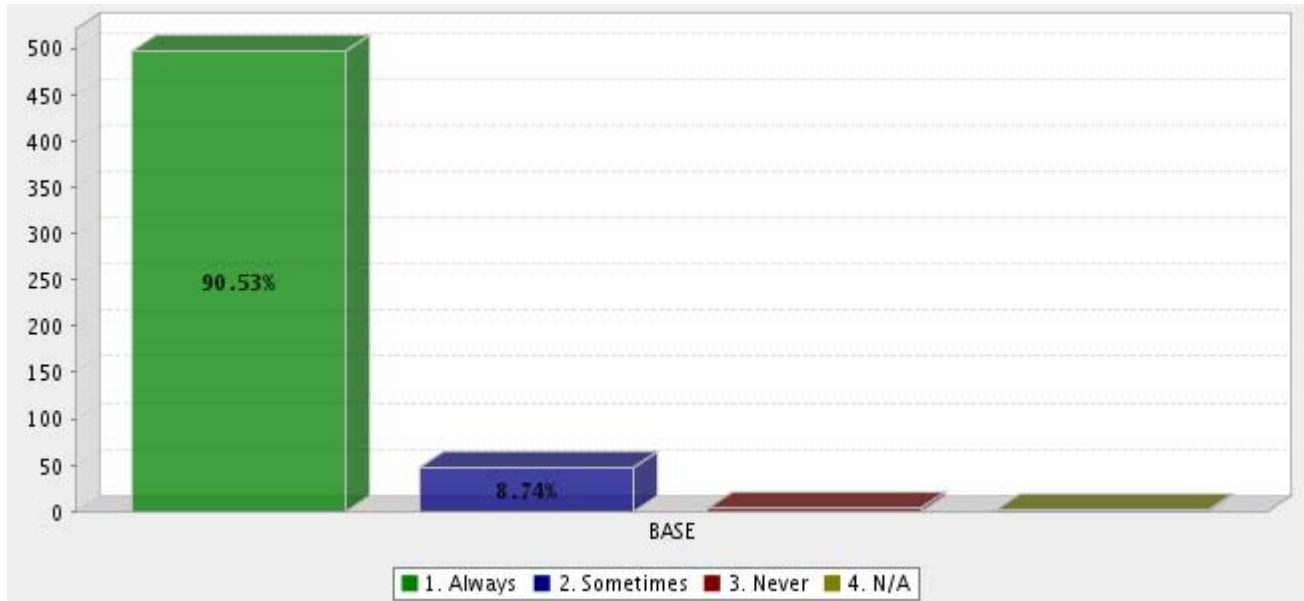
**51. You use illegal drugs (marijuana, cocaine, methamphetamine, etc.):**



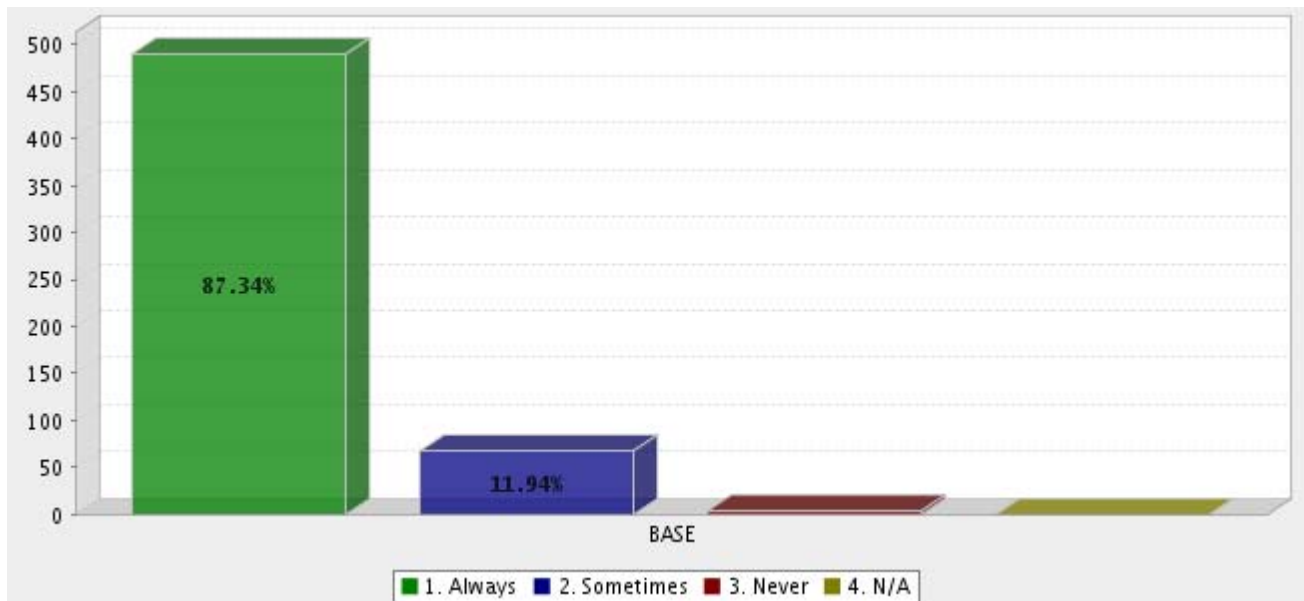
**52. You perform self-exams for cancer (breast or testicular):**



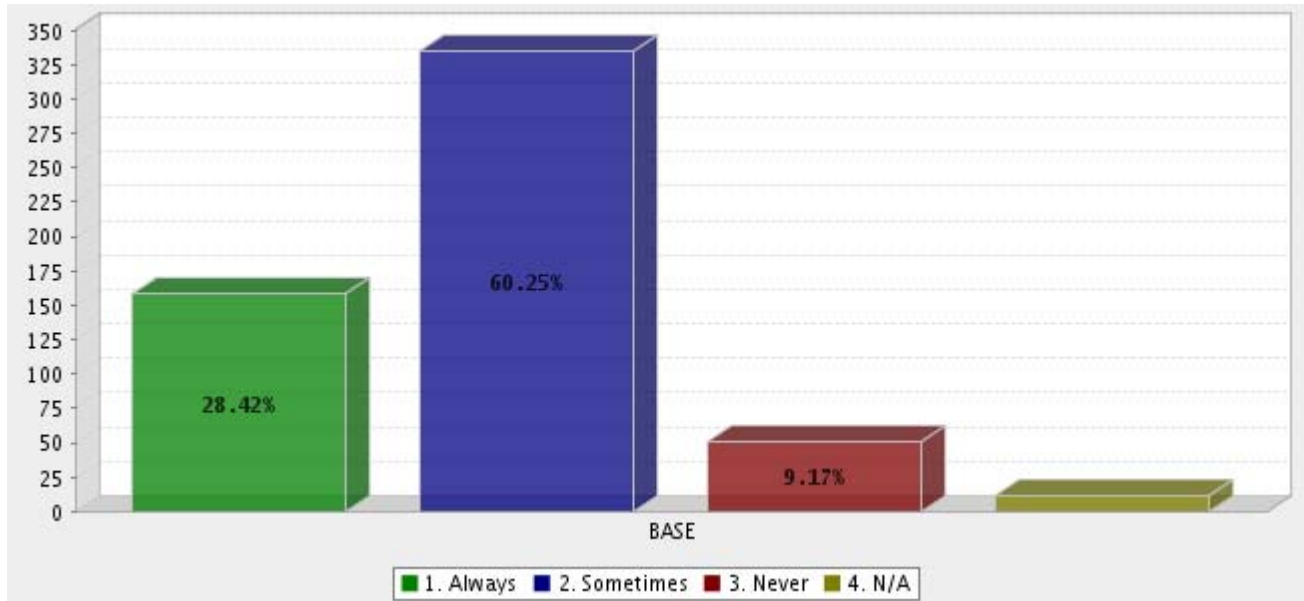
**53. You wash your hands with soap and water after using the restroom:**



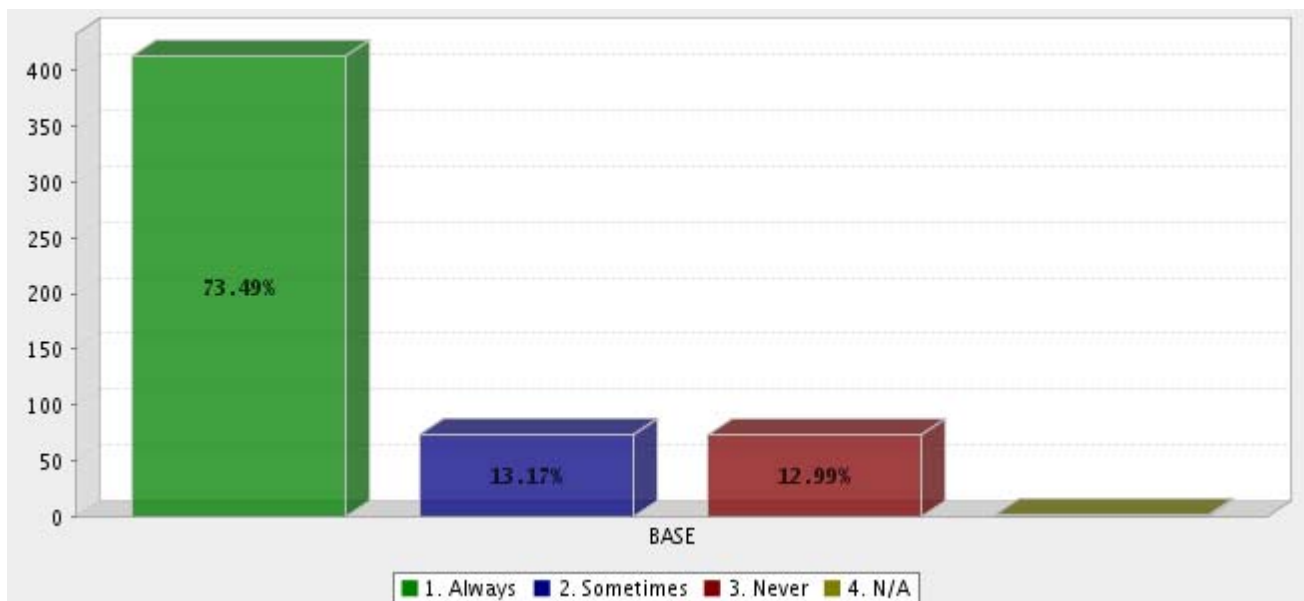
**54. You wash your hands with soap and water before preparing and eating meals:**



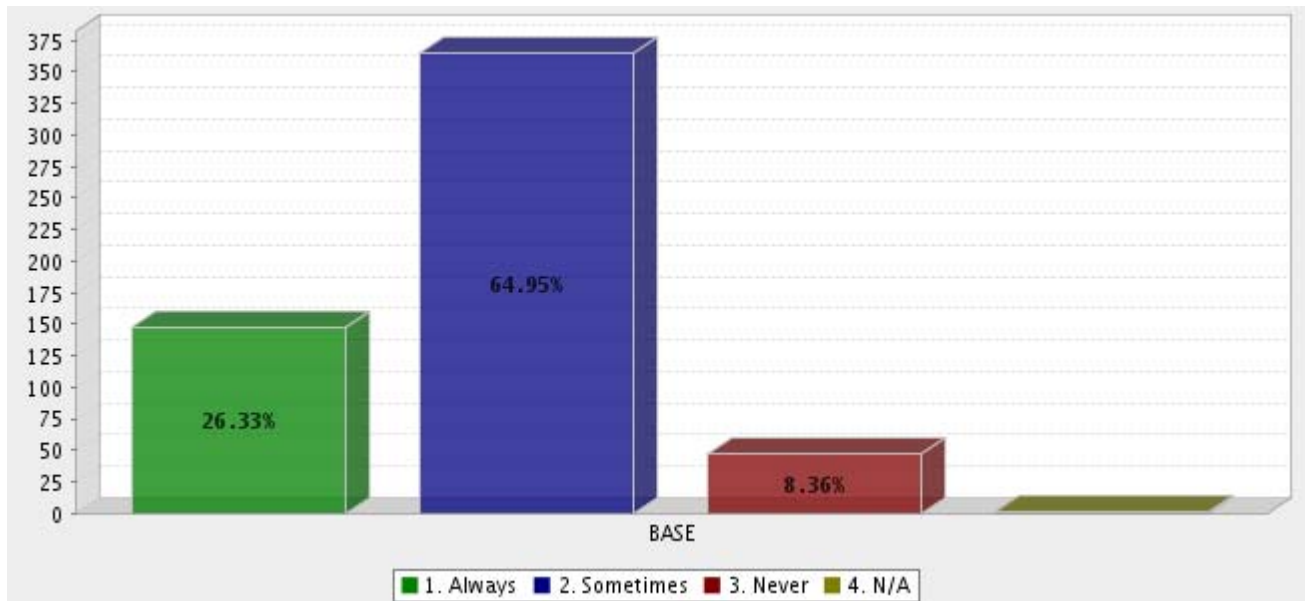
### 55. You apply sunscreen before planned time outside:



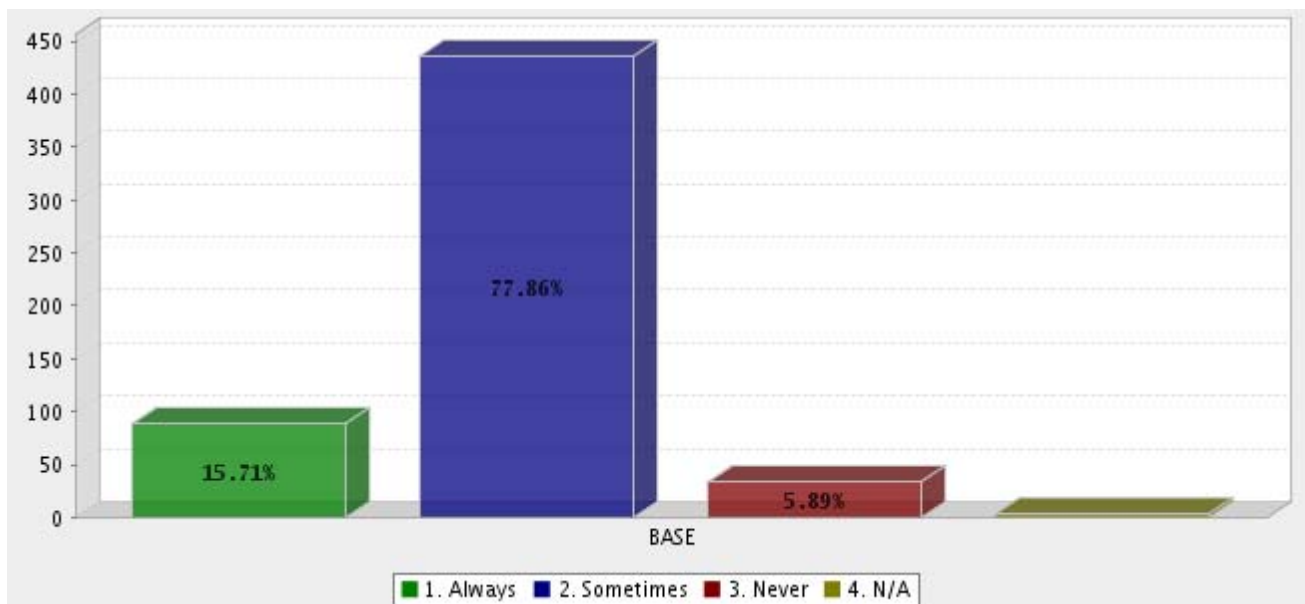
### 56. You get a flu shot each year:



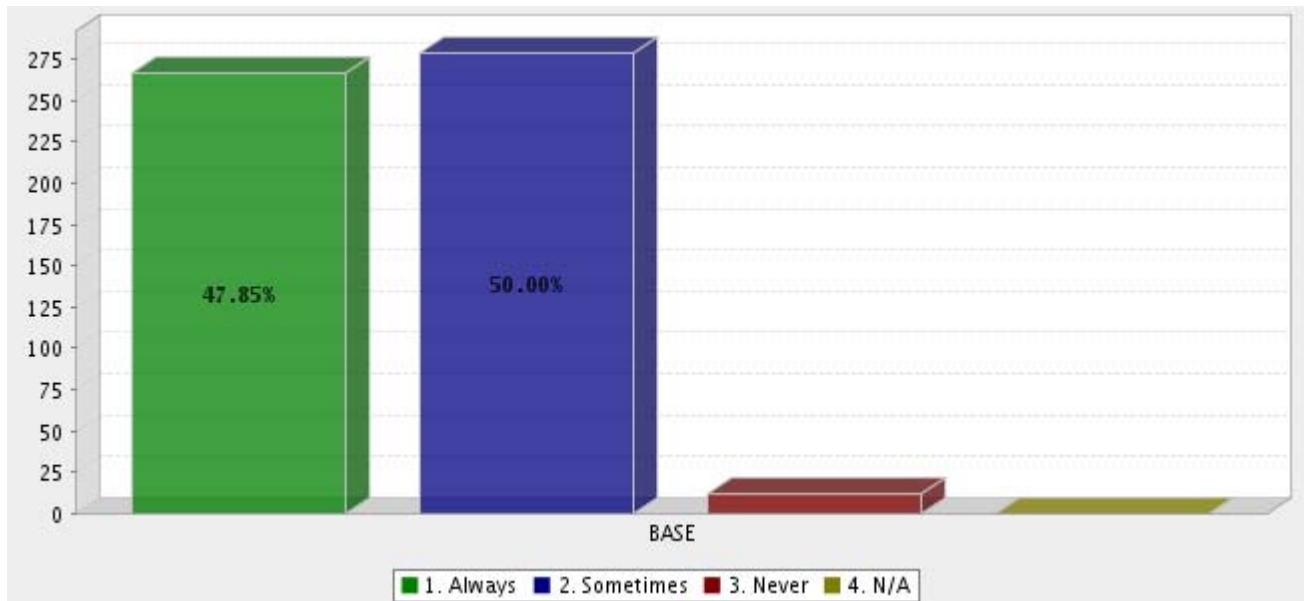
**57. You get enough sleep each night (7-9 hours):**



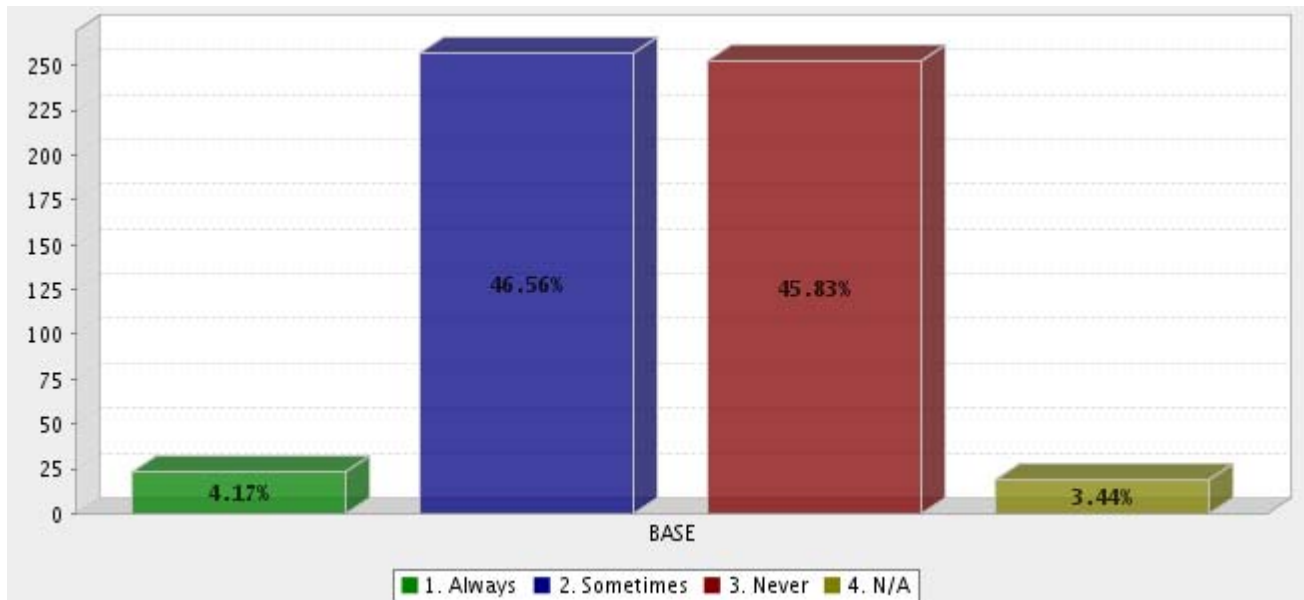
**58. You feel stressed out:**



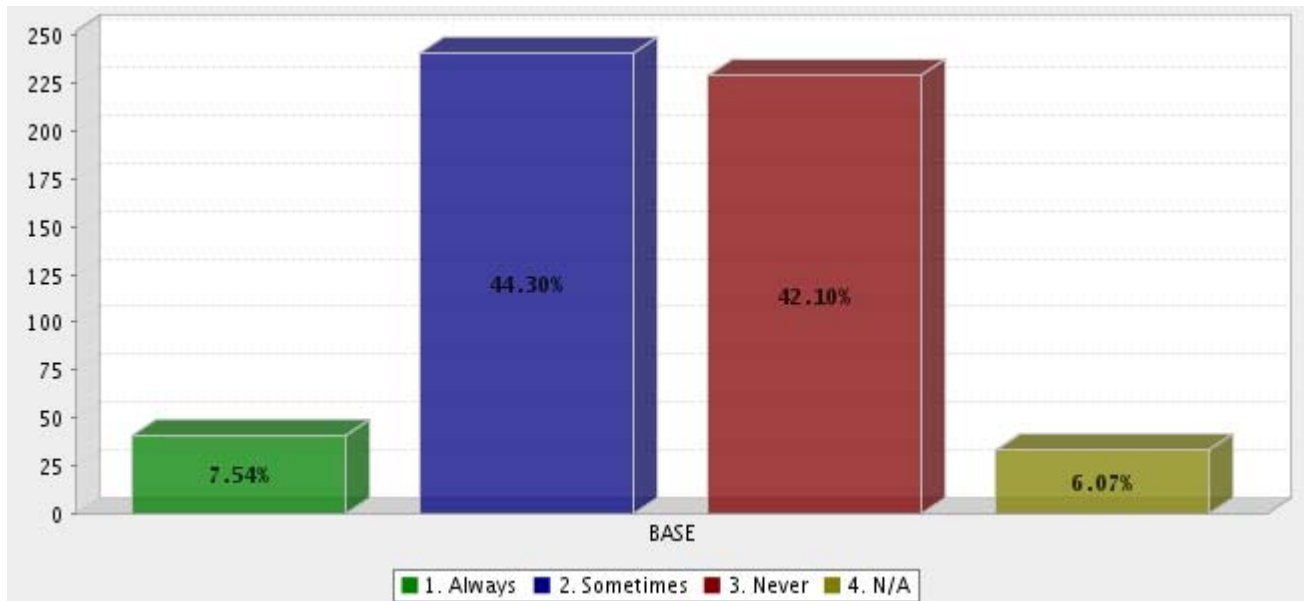
### 59. You feel happy about your life:



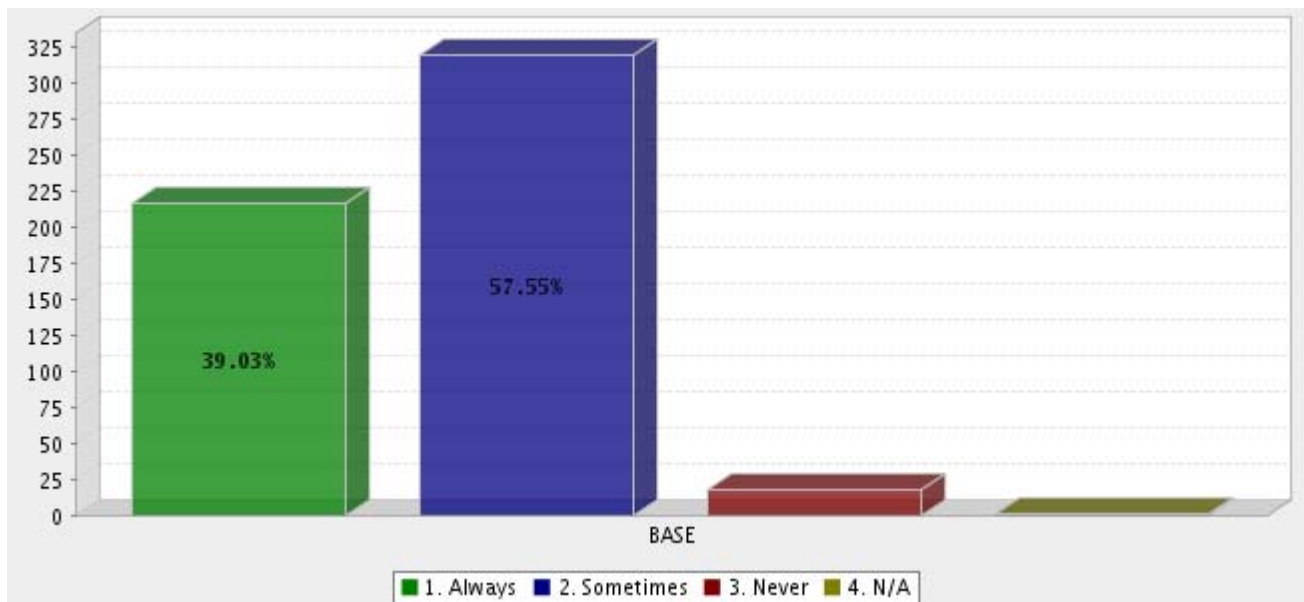
### 60. You feel lonely:



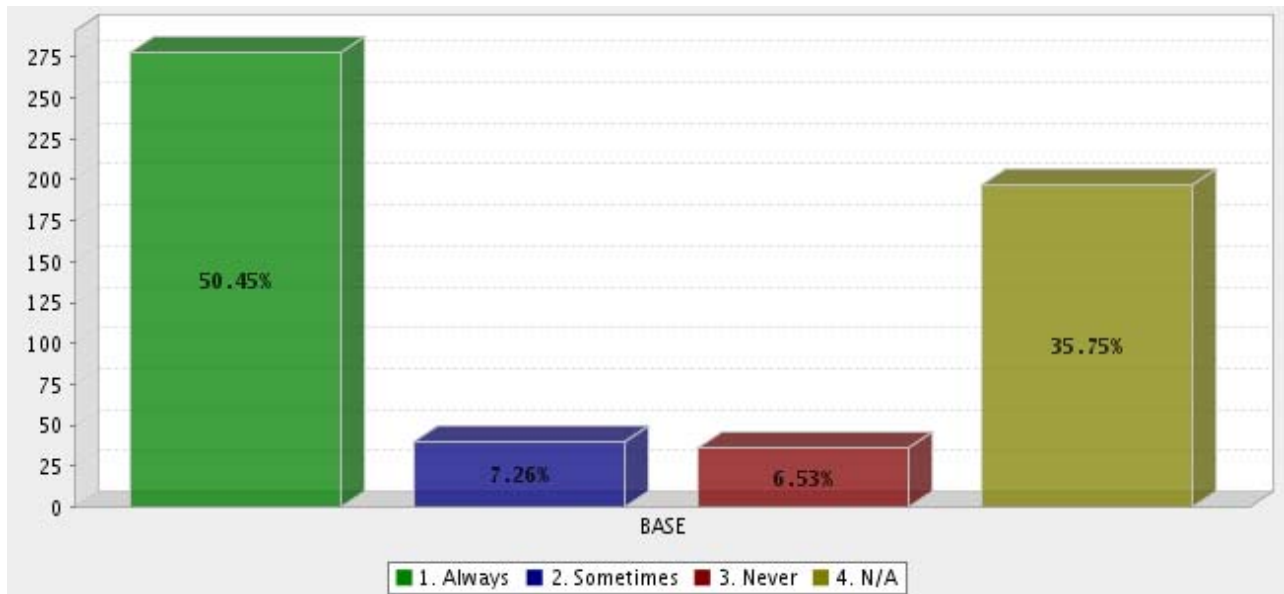
### 61. You worry about losing your job:



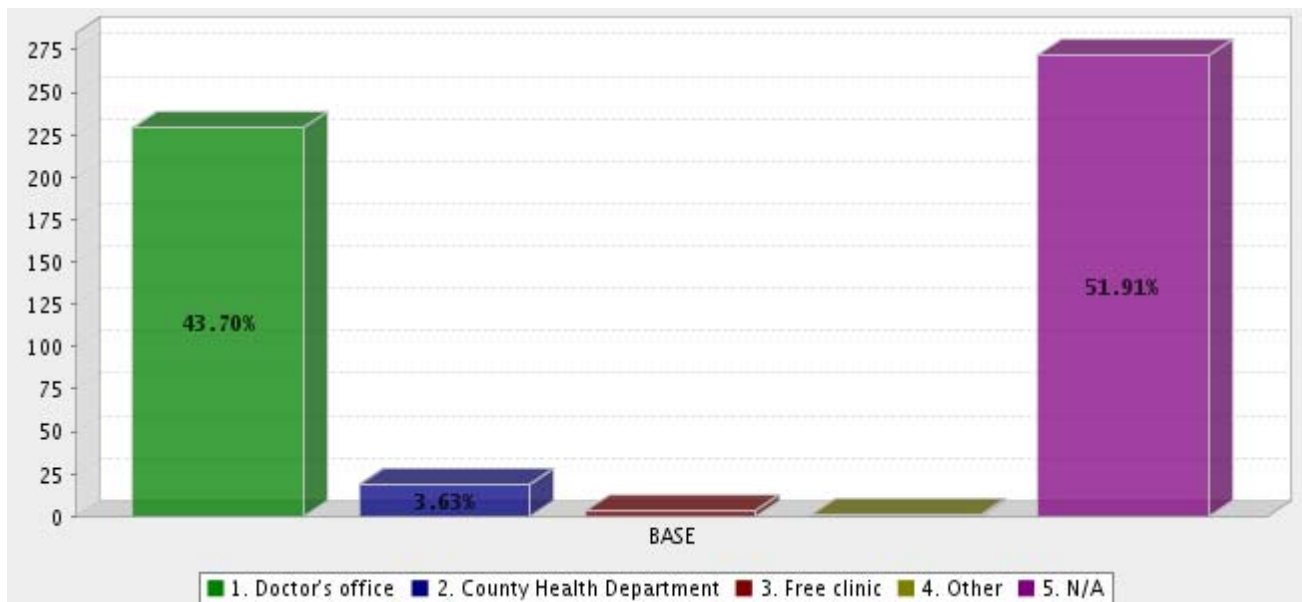
### 62. You feel safe in your community:



**63. You practice safe sex (condom, abstinence or other barrier method, etc.):**



**64. If you have children, what is your primary resource for obtaining childhood immunizations?**







## **ANALYSIS OF DATA**

**Shannon Health System  
Analysis of CHNA Data**

**Analysis of Health Status-Leading Causes of Death**

	(A)		(B)	
	U.S. Age Adjusted Death Rates	10% of U.S. Adjusted Death Rate	County Rate	County Rate Less U.S. Adjusted Death Rate
<b>Tom Green County</b>				
Heart Disease	179.8	18.0	145.5	-34.3
Cancer	173.6	17.4	163.8	-9.8
Accidents	37.0	3.7	40.3	3.3
Cerebrovascular Diseases	38.9	3.9	36.1	-2.8
Chronic Lower Respiratory Disease	42.2	4.2	54.1	11.9 Health Need
<b>Runnels County</b>				
Cancer	173.6	17.4	169.2	-4.4
Heart Disease	179.8	18.0	137.2	-42.6
<b>McCulloch County</b>				
Cancer	173.6	17.4	165.2	-8.4
Heart Disease	179.8	18.0	225.4	45.6 Health Need
<b>Concho County</b>				

**Analysis of Health Status-Primary Health Conditions Responsible for Inpatient Hospitalization**

- Newborn MS/Vaginal Delivery
- Psychoses
- Septicemia
- Major Joint Replacement



**Analysis of Health Outcomes and Factors**

	(A)		(B)		
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark	If (B)>(A), then "Health Need"
<b>Tom Green County</b>					
Adult Smoking	14.0%	4.2%	22.00%	8.00%	Health Need
Adult Obesity	25.0%	7.5%	29%	4.00%	
Physical Inactivity	21.0%	6.3%	26%	5.00%	
Excessive Drinking	8.0%	2.4%	17.00%	9.00%	Health Need
Motor Vehicle Crash Rate	12	4	13	1	
Sexually transmitted infections	84	25	521	437	Health Need
Teen Birth Rate	22	7	63	41	Health Need
Uninsured	11.0%	3.3%	26.00%	15.00%	Health Need
Primary Care Physicians	631	189	1452	821	Health Need
Diabetic Screen Rate	89.0%	26.7%	86.00%	3.00%	
Mammography screening	74.0%	22.2%	65.00%	9.00%	
Violent Crime Rate	73	22	370	297	Health Need
Children in Poverty	13.0%	3.9%	27.00%	14.00%	Health Need
Children in single-parent households	20.0%	6.0%	33.00%	13.00%	Health Need
Limited access to Healthy Foods	0.0%	0.0%	17.00%	17.00%	Health Need
<b>Runnels County</b>					
Adult Smoking	14.0%	4.2%	0.00%	-14.00%	
Adult Obesity	25.0%	7.5%	34.00%	9.00%	Health Need
Physical Inactivity	21.0%	6.3%	28.00%	7.00%	Health Need
Excessive Drinking	8.0%	2.4%	0.00%	-8.00%	
Motor Vehicle Crash Rate	12	4	31	19	Health Need
Sexually transmitted infections	84	25	273	189	Health Need
Teen Birth Rate	22	7	64	42	Health Need
Uninsured	11.0%	3.3%	29.00%	18.00%	Health Need
Primary Care Physicians	631	189	2563	1932	Health Need
Diabetic Screen Rate	89.0%	26.7%	86.00%	3.00%	
Mammography screening	74.0%	22.2%	57.00%	17.00%	
Violent Crime Rate	73	22	132	59	Health Need
Children in Poverty	13.0%	3.9%	35.00%	22.00%	Health Need
Children in single-parent households	20.0%	6.0%	38.00%	18.00%	Health Need
Limited access to Healthy Foods	0.0%	0.0%	6.00%	6.00%	Health Need

**Analysis of Health Outcomes and Factors (Continued)**

<u>McCulloch County</u>	14.0%	4.2%	0.00%	-14.00%
Adult Smoking	25.0%	7.5%	28%	3.00%
Adult Obesity	21.0%	6.3%	31%	10.00% Health Need
Physical Inactivity	8.0%	2.4%	0.0%	-8.00%
Excessive Drinking	12	4	18	6 Health Need
Motor Vehicle Crash Rate	84	25	327	243 Health Need
Sexually transmitted infections	22	7	78	56 Health Need
Teen Birth Rate	11.0%	3.3%	30.00%	19.00% Health Need
Uninsured	631	189	1968	1337 Health Need
Primary Care Physicians	89.0%	26.7%	81.00%	8.00%
Diabetic Screen Rate	74.0%	22.2%	52.00%	22.00%
Mammography screening	73	22	329	256 Health Need
Violent Crime Rate	13.0%	3.9%	38.00%	25.00% Health Need
Children in Poverty	20.0%	6.0%	27.00%	7.00% Health Need
Children in single-parent households	0.0%	0.0%	6.00%	6.00% Health Need
Limited access to Healthy Foods				
<u>Concho County</u>	14.0%	4.2%	0.00%	-14.00%
Adult Smoking	25.0%	7.5%	30%	5.00%
Adult Obesity	21.0%	6.3%	25%	4.00%
Physical Inactivity	8.0%	2.4%	0.0%	-8.00%
Excessive Drinking	12	4	0	-12
Motor Vehicle Crash Rate	84	25	166	82 Health Need
Sexually transmitted infections	22	7	67	45 Health Need
Teen Birth Rate	11.0%	3.3%	43.00%	32.00% Health Need
Uninsured	631	189	0	-631
Primary Care Physicians	89.0%	26.7%	77.00%	12.00%
Diabetic Screen Rate	74.0%	22.2%	59.00%	15.00%
Mammography screening	73	22	158	85 Health Need
Violent Crime Rate	13.0%	3.9%	32.00%	19.00% Health Need
Children in Poverty	20.0%	6.0%	36.00%	16.00% Health Need
Children in single-parent households	0.0%	0.0%	15.00%	15.00% Health Need
Limited access to Healthy Foods				

***Analysis of Primary Data***

**Key Informant Interviews**

Obesity  
 Access to care/uninsured/insurance issues/ cost or expenses  
 Preventative care and disease management  
 Poor Nutrition  
 Physical Inactivity  
 Lack of Mental Health Services  
 Lack of primary care providers  
 Episodic care treatment versus preventative care  
 Lack of Health Education

**Community Survey**

Access to care/uninsured/insurance issues/ cost or expense  
 Doctors Office Hours  
 Insurance Issues  
 Diabetes  
 Obesity  
 Heart disease and stroke  
 High blood pressure  
 Aging problems  
 Drug abuse  
 Alcohol abuse  
 Poor eating habits  
 Physical Inactivity  
 Tobacco use/second hand smoke

***Issues of Uninsured Persons, Low-Income Persons and Minority/Vulnerable Populations***

Lack of Health Knowledge  
 Access to Care  
 Poor Nutrition



## **SOURCES**

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