Community Health Needs Assessment

Fiscal Year Ending September 30, 2022

INTRODUCTION

The 2010 passage of the *Patient Protection and Affordable Care Act* (PPACA) ushered in new reporting requirements for health care organizations. Per IRC Section 501(r), private, nonprofit hospitals must:

- Conduct a community health needs assessment (CHNA) at least once every three years on a facility-by-facility basis.
- Identify action plans and strategies to address community needs identified in the assessment and report needs not being addressed (with reasons why such needs are not being addressed).
- Report CHNA results to the public.

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

The CHNA process involved:

- An evaluation of the Implementation Strategy for needs assessment completed in 2019, which was adopted by Shannon Board of Directors.

- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, and health care resources.

- Interviews with key informants who represent a) broad interests of the community, b) population of need, or c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during the community health needs assessment conducted in fiscal year 2022. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as prioritizing the community's health needs and will aid in planning to meet those needs.

SUMMARY OF FINDINGS AND NEEDS IN CURRENT YEAR

Community health improvement efforts are most successful when they are grounded in collective impact, where structured collaborative efforts yield substantial impact on a large-scale social problem. Collective impact focuses on cooperation, collaboration, and partnership to help achieve common priorities and inform partners' investment strategies.

Hospital facilities must take into account input from people who represent the broad interests of its community, including those with special knowledge of or expertise in public health.

Shannon Medical Center engaged BKD, LLP to conduct a formal community health needs assessment (CHNA). BKD, LLP is a national CPA and advisory firm with more than 3,000 employees, with 40 offices in 18 states. BKD serves more than 1,000 hospitals and health care systems across the nation.

This CHNA was conducted during 2022.

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

- An evaluation of the impact of actions taken to address the significant health needs identified in the prior community health needs assessment was completed and an implementation strategy scorecard was prepared to understand the effectiveness of Shannon's current strategies and programs.
- The "community" served by Shannon was defined by utilizing inpatient and outpatient data. This process is further described in Community Served by Shannon.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. 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.
- Community input was provided through key informant interviews. Results and findings are described in the Key Informant section of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons, minority groups, and the community as a whole. Health needs were ranked utilizing a method that weighs: 1) the size of the problem, 2) the seriousness of the problem, 3) the prevalence of the problem, and 4) alignment of the problem with the Shannon's goals and resources (Shannon's ability to address the issues).
- An inventory of health care facilities and other community resources potentially available to significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

General Description of Shannon

Shannon Medical Center is proud to be the largest, locally-based health care provider for the Concho Valley and surrounding region in West Texas. For more than 87 years, the Shannon mission has focused on providing exceptional healthcare for its family, friends and neighbors.

Shannon serves a 25-county region and provides access to more than 350 providers in 40 medical specialties across 25 locations. Shannon's services include

- Nationally-recognized cardiac and stroke programs
- AirMed1 rotor and fixed wing air ambulance service
- Level III Trauma Facility which has been named top Trauma Facility in the state
- Blue Cross Blue Shield designated bariatric surgery program
- Designated Orthopedic Center of Excellence
- Dedicated Women's & Children's Hospital

As the largest private employer in San Angelo, Shannon employs almost 4,000 local residents. We are proud to partner with many community organizations to help support outreach within our reach and help advance education for future healthcare professions.

Mission
Founded on a legacy of caring, Shannon is a locally owned health care system dedicated to providing exceptional health care for our family, friends and neighbors.

Vision
The trusted healthcare leader in West Texas.
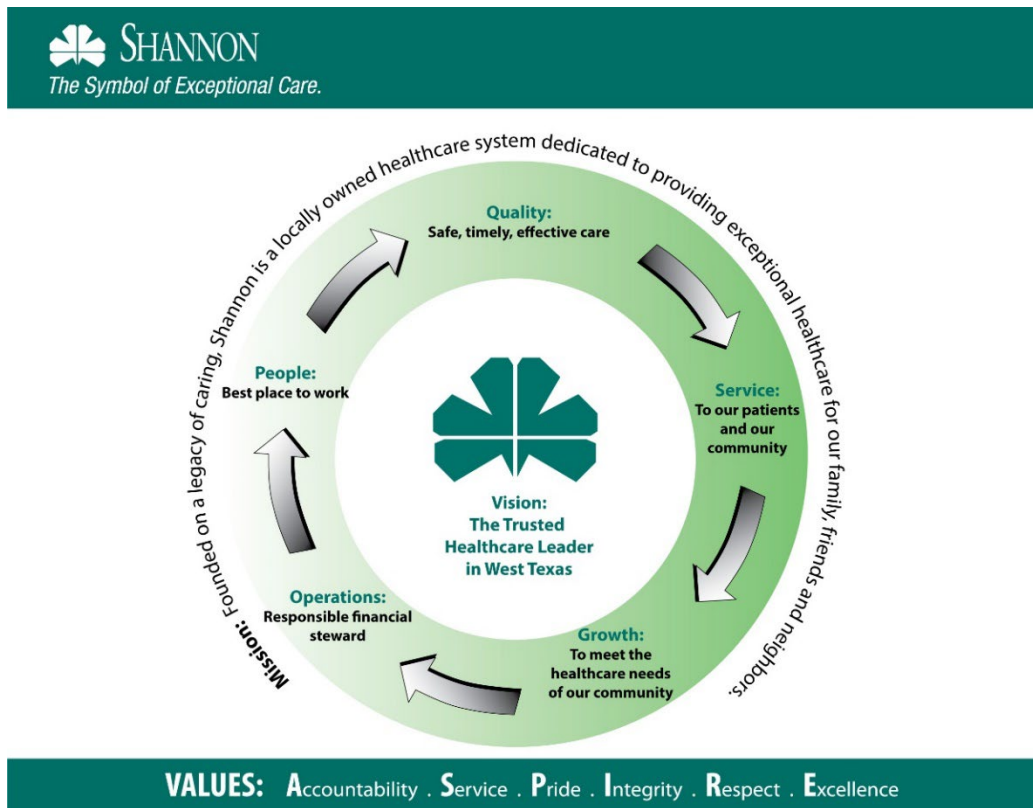
Evaluation of Prior Implementation Strategy

The implementation strategy for fiscal years ending September 30, 2020 and September 30, 2022, focused on four identified health needs. Action plans and activities for each of the strategies are summarized below. Based on Shannon's evaluation for the fiscal year (FY) ending September 30, 2021, Shannon has either met their goals or is still in the process of meeting their goals for each strategy listed. Shannon continues to track activities and evaluate progress to reach Implementation Strategy goals through the end of FY 2022.

Priority 1: Improve Access to Care

- The Shannon Care Coordination program is designed to identify and assist in the healthcare of chronically ill patients with multiple disease processes that have high utilization of health care services. The purpose of this program is to offer patient navigation services to the sickest patients by providing the following services: medication reconciliation, addressing social issues, and helping the patient manage chronic illnesses in their home setting. This program provides an intensive and comprehensive team approach to managing high-risk patients by utilizing health coaches that report to an interdisciplinary team at Shannon. Since March 2020 and throughout FY 2022, the novel coronavirus disease disrupted the services provided by the Care Coordination program due to organization and State enforced restrictions to patient interactions and home visits. In addition, the department goals and focus quickly shifted with the increased community need to provide outpatient and discharge services to patients testing positive for COVID-19. However, the department continues to facilitate coordination of care and transition services to high-risk patients with chronic disease, including COVID-19.
- In FY 2020 and FY 2021, Shannon provided access and support services for 8,926 indigent patients, including transportation vouchers, outpatient oxygen, outpatient prescription assistance, durable medical equipment, BIPAP, and custodial care services.
- Shannon's commitment to treating patients without regard to ability to pay is a highly desirable and pivotal point of community health care. In FY 2020 and FY 2021, Shannon contributed more than $85,069,117 in charity care services, which would otherwise be a burden to the taxpayers of Tom Green County.

Priority 2: Healthy Behaviors/Lifestyle

- The novel coronavirus has impacted Shannon's ability to engage in many community outreach events since March 2020 and throughout FY 2022. However, Shannon has participated in community events during FY 2020 and FY 2021 to provide health education and resources to more than 64,000 community members each fiscal year. At these events, Shannon provided information on health and wellness, cancer and chemotherapy, cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy, diabetes, trauma, stroke, and also provided various specialized health demonstrations.
- Shannon actively participates in 12 community coalitions, boards and other collaborative efforts with the community to address health and safety issues. In FY 2020 and FY 2021, Shannon staff dedicated over 540 service hours to community-building efforts.
- Shannon partners with San Angelo Independent School District to host the Kids' Marathon event to promote physical activity for children and families to address the growing concern of childhood obesity. The Kids' Marathon event provides an opportunity for students, ranging in ages from Kindergarten through sixth grade, to participate in a program that encourages healthy habit formation early in life.
  Students accumulate laps/miles during a three-month period leading up to the event, and participate in the final lap celebration. In FY 2022, more than 750 community members participated at this event.

Priority 3: Adult Obesity

- Shannon facilitates a monthly Weight Loss Surgery Support Group meeting that is open to all community members. The Support Group provides participants a private place to share experiences and foster ongoing support and encouragement. In FY 2020 and FY2021, more than 84 community members attended these monthly meetings.
- Shannon has hosted and participated at community events to share education on nutrition, physical activity and weight management. In FY 2020 and FY 2021, Shannon provided health information materials at 18 community events.
- In FY 2021 and FY 2022, Shannon participated at multiple Diabetes Education Seminars to share information on nutrition and weight management.

Priority 4: Health Education/Knowledge

- In FY 2020, Shannon's Trauma Service and Air Ambulance Departments offer Stop the Bleed classes, Officer Down trainings, and other Emergency and Air Ambulance trainings to area Volunteer Fire Departments, local school districts, local colleges and universities, and law enforcement agencies.
- In FY 2020 and FY 2021, Shannon provided a host of community education events related to topics such as diabetes management and prevention, water safety for children, fitness and nutrition, childbirth and child care, weight management, stroke prevention and cardiovascular health. Representatives from different departments provided support and participated in local health fairs and health-related community events where they provided educational material. In addition to public outreach events, Shannon published the Healthbeat newsletter magazine which was delivered to 30,000 households annually and produced Healthbeat television spots that aired during the 6 and 10 p.m. news hours on two local stations which reaches approximately 32,300 viewers annually.
- Nursing, Physical Therapy, Speech Therapy, Occupational Therapy, Culinary, Medical Technician, Laboratory, Social Work, and Psychology students participate in clinical rotations at Shannon as part of their school requirements. More than 1,519 students from 13 different Colleges and Universities benefited from these educational opportunities in FY 2020 and FY 2021.

Summary of 2022 Needs Assessment Findings

The following health needs were identified based on the information gathered and analyzed through the Community Health Needs Assessment conducted by Shannon. These needs have been prioritized based on information gathered through the Community Health Needs Assessment.

Identified Community Health Needs

1. Lack of Mental Health Providers

2. Lack of Health Knowledge/Education

3. Adult Obesity

4. High Cost of Health Care

5. Shortage of Primary Care Physicians

These identified community health needs are discussed in greater detail later in this report.

Community Served by Shannon

Shannon is located in San Angelo, Texas, in Tom Green County, 2 hours away from Midland, Texas. Shannon is located near US Highways 67, 87, and 277. As a regional facility, Shannon serves residents in and around San Angelo. In addition to the San Angelo Clinics, Shannon has three clinics in rural West Texas to better serve the residents of that area. These include:

Shannon Clinic Brownwood, Family Health Center of Ozona, Shannon Clinic Big Spring
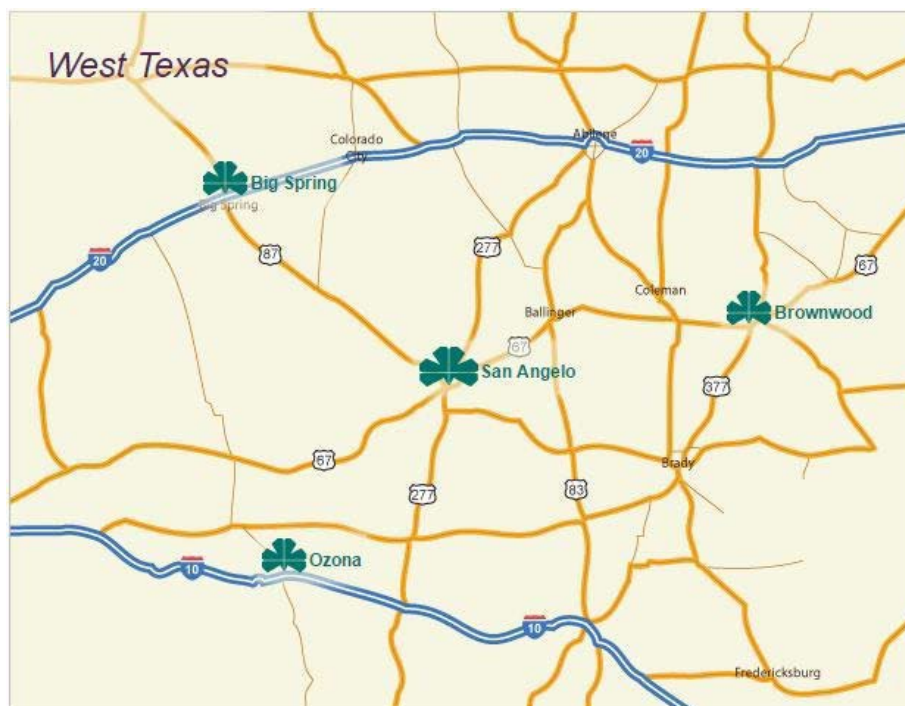
Definition of Community

For the purpose of this CHNA, a community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, Shannon is the single largest provider of acute care services. The utilization of hospital services provides the clearest definition of the community.

Based on the patient origin of inpatient discharges from October 1, 2020 to September 30, 2021, management has identified the community of Tom Green County as the defined CHNA community.

Summary of Inpatient Discharges by County 10/1/2020 to 9/30/21

Tom Green County represents 71.1% of the inpatient discharges and 78.5% of the outpatient visits as reflected in the tables below.

The CHNA will utilize data and input from the county to analyze the health needs of the community. Data for the top four zip codes within Tom Green County will be assessed as well. As indicated by the asterisk (*) below, zip code 76902 is included within the discharge information for the community but represents a PO Box location. Therefore, no demographic or additional secondary data is available for this zip code and will not be included in the remainder for the report.

Inpatient Discharges by Zip Code 10/1/20 to 9/30/21		
Zip Code	Total Discharges	Percent of Total
76903	4,537	24.39%
76901	3,396	18.26%
76904	3,306	17.77%
76905	1,315	7.07%
76902*	202	1.09%
Other Tom Green County	479	2.57%
Total Tom Green County	13,235	71.15%
All Others	5,367	28.85%
Total	18,602	100.00%

Source: Shannon Medical Center FY2021

Outpatient Discharges by Zip Code 10/1/20 to 9/30/21		
Zip Code	Total Discharges	Percent of Total
76903	52,785	22.94%
76901	46,802	20.34%
76904	51,676	22.46%
76905	17,198	7.47%
76902*	2,783	1.21%
Other Tom Green County	9,541	4.15%
Total Tom Green County	180,785	78.57%
All Others	49,297	21.43%
Total	230,082	100.00%

Source: Shannon Medical Center FY2021

Community Population and Demographics

The U.S. Census Bureau has compiled population and demographic data based on the American Community Survey. The following tables and chart show the total population within the community, including a breakout between male and female population, age, race/ethnicity and Hispanic population.

Demographic Characteristics				
Total Population		Population by Gender		
Area	Population	Area	Male	Female
Tom Green County	118,645	Tom Green County	49.94%	50.06%
Texas	28,635,442	Texas	49.66%	50.34%
United States	326,569,308	United States	49.24%	50.76%

Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract

Age Distribution						
Age Group	Tom Green County	% of Total	Texas	% of Total	United States	% of Total
0 - 4	8,147	6.87	1,997,007	6.97	19,650,192	6.02
5 - 17	20,045	16.89	5,384,475	18.80	53,646,546	16.43
18 - 24	14,224	11.99	2,804,109	9.79	30,435,736	9.32
25 - 34	18,112	15.27	4,210,488	14.70	45,485,165	13.93
35 - 44	13,899	11.71	3,888,044	13.58	41,346,677	12.66
45 - 54	12,303	10.37	3,542,967	12.37	41,540,736	12.72
55 - 64	13,521	11.40	3,214,983	11.23	42,101,439	12.89
65+	18,394	15.50	3,593,369	12.55	52,362,817	16.03

Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract

Tom Green County Age Distribution
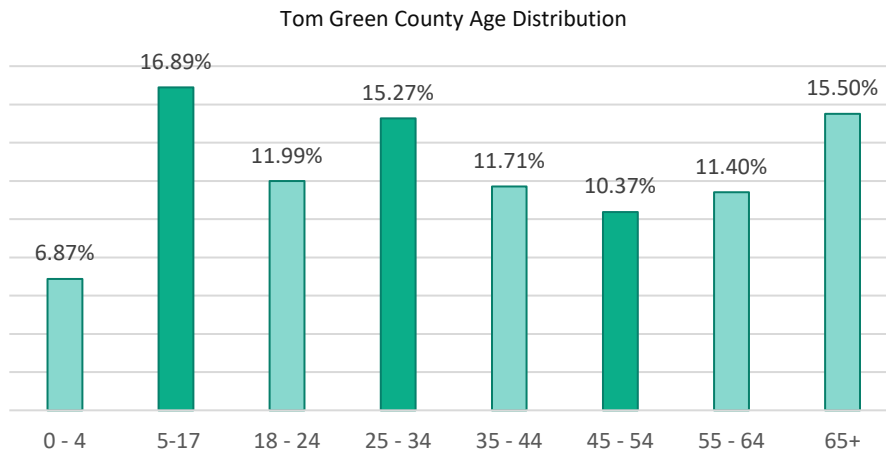
While the relative age of the community population can influence community health needs, so can the ethnicity and race of a population. The tables below provide details into total populations by various races and ethnicities.

Population by Race (percent)							
	White	Black, African American	Asian	Native American or Alaska Native	Asian, Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Tom Green County	81.06	4.20	1.33	0.38	0.02	5.64	7.36
Texas	69.16	12.10	4.94	0.48	0.09	6.25	6.98
United States	70.42	12.62	5.64	0.82	0.19	5.14	5.17

Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract

Population by Ethnicity				
	Hispanic or Latino Total	Hispanic or Latino Percent	Non-Hispanic Total	Non-Hispanic Percent
Tom Green County	48,092	40.53	70,553	59.47
Texas	11,294,257	39.44	17,341,185	60.56
United States	59,361,020	18.18	267,208,288	81.82

The following table shows the percentage of individuals that live in rural and urban areas. Urban is defined as densely developed territories that encompass residential, commercial, and other non-residential land uses. Rural areas are all areas that are not classified as urban. This information helps explain how access to care can sometimes be limited for those living in rural areas.

Urban vs. Rural Population				
	Total Urban	Percent Urban	Total Rural	Percent Rural
Tom Green County	92,984	84.36	17,240	15.64
Texas	21,298,039	84.70	3,847,522	15.30
United States	252,746,527	80.89	59,724,800	19.11

Source: US Census Bureau, Decennial Census. 2010. Source geography: Tract

SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

Social Vulnerability Index

The CDC has developed the Social Vulnerability Index (SVI). This helps public health officials identify and meet the needs of socially vulnerable populations.

Possible SCI scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Tom Green County has a moderate to high level of vulnerability, higher than all other surrounding counties.

The following table displays the SVI scores for Tom Green County and nearby counties.

County	SVI Score	Level of Vulnerability
Coke	0.6204	Moderate to high level of vulnerability
Concho	0.4283	Low to Moderate level of vulnerability
Irion	0.2013	Low level of vulnerability
Menard	0.5854	Moderate to high level of vulnerability
Runnels	0.5449	Moderate to high level of vulnerability
Schleicher	0.5857	Moderate to high level of vulnerability
Sterling	0.4127	Low to Moderate level of vulnerability
Tom Green	0.6643	Moderate to high level of vulnerability

Source: CDC Agency for Toxic Substances and Disease Registry,https://svi. svi.cdc.gov/map.html,2018

Language

Language barriers contribute to the quality of patient and provider communication and can result in poor health outcomes. A national study in the *Journal of General Internal Medicine* showed that individuals with Limited-English Proficiency (LEP) who do not receive additional services (such as an interpreter) were less likely to be aware of medical implications and were less satisfied overall about their medical care.

The following table reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well". This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education. Of the 110,498 total population aged 5 and older in Tom Green County, 5.94% have limited English proficiency.

Limited English Proficiency (LEP)			
Area	Population age 5 and older	Population age 5 and older with LEP	Population age 5 and older with LEP Percent
Tom Green County	110,498	6,565	5.94
Texas	26,638,435	3,531,850	13.26
United States	306,919,116	25,312,024	8.25

Source: US Census Bureau, American Community Survey. 2016-2020. Source geography: Tract

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. Vulnerable populations often experience high rates of chronic illness and poor health outcomes, leading to health disparities between various demographic groups.

The Symbol of Exceptional Care.

Income and Employment

Median household income is defined as the income level earned by a household within a specific geographic area. It is the exact middle income earned, with half earning more and half earning less. This is considered an accurate measure for summarizing income of a region as compared to household income since it is not swayed by a small percentage of very high or very low outliers.

Average household income is defined as the total gross income before taxes, received within a 12-month period by all members of a household that are 15 years and older. It includes–but is not limited to –wage, salary, and self-employment earnings; Social Security, pension, and other retirement income; invest income; welfare payments; and income from other sources.
Source: U.S. Census Bureau. American Community Survey Briefs, Household Income: 2019.

The table below displays the average and median household income for Tom Green County, the state, and the nation.

There are 42,953 households in Tom Green County, with an average income of $76,094 and median income of $57,670.

Per Capita Income		
	Average Household Income	Median Household Income
Tom Green County	$76,094	$57,670
Texas	$89,506	$63,826
United States	$91,547	$64,994

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract

Tom Green County is supported by major industries including health care, retail trade and education. The table below reports labor data as of May 2022.

Labor Force in Tom Green County	
Nonfarm	49.4%
Mining, Logging and Construction	3.4%
Manufacturing	3.5%
Trade, Transportation, and Utilities	9.0%
Information	0.6%
Financial Activities	2.6%
Professional and Business Services	4.5%
Education and Health Services	7.8%
Leisure and Hospitality	6.4%
Other Services	2.3%
Government	9.3%

Source: US Bureau of Labor Statistics, extracted July 2022

Unemployment Rate

The tables below display the most recent reporting month and the average annual unemployment rates for Tom Green County and compares the county rates to Texas and the United States. This includes all noninstitutionalized individuals ages 16 and older. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

May 2022 Unemployment Rate			
	Labor Force	Number Employed	Number Unemployed	Unemployment Rate May 2022
Tom Green County	54,751	52,984	1,767	3.2%
Texas	14,516,071	13,907,823	608,248	4.2%
United States	164,376,000	158,426,000	5,950,000	3.6%

Source: U.S. Department of Labor, Bureau of Labor Statistics. Texas Labor Market, texaslmi.com. May 2022

Average Annual Unemployment Rate											
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Tom Green County	6.5%	5.3%	5.2%	4.1%	4.1%	4.5%	3.7%	3.2%	3.0%	6.3%	4.9%
Texas	8.0%	6.7%	6.3%	5.2%	4.5%	4.6%	4.3%	3.9%	3.5%	7.7%	5.7%
United States	9.0%	8.1%	7.4%	6.2%	5.3%	4.9%	4.4%	3.9%	3.7%	8.1%	5.4%

Source: U.S. Department of Labor, Bureau of Labor Statistics. March 2022

Poverty

The table and graph on the following page display the percentage of total population and children under age 18 below 100 percent Federal Poverty Level (FPL) for Tom Green County, Texas, and the nation. The FPL is a measurement of the minimum amount of income that is needed for individuals and families to pay for essentials. The guidelines are used to establish eligibility for Medicaid and other federal programs.

Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

People living in chronic poverty have elevated health risks that can lead to unsafe conditions and diseases. Conditions might include drinking contaminated water or living in unsanitary housing with poor ventilation.

Low-income residents may delay or avoid pursuing medical attention until issues reach a critical stage, creating a greater demand on the community's medical resources. This may include dependence on emergency rooms for what should be routine primary care. In addition, uninsured or low-income individuals' inability to pay for services places a strain on the community's medical system. These individuals tend to have limited transportation options and lack the ability to travel outside their local community for medical services.

The table below shows the total and percent of individuals living below 100% of the Federal Poverty Level.

Population Below 100% FPL			
	Total Population	Population in Poverty	Population in Poverty Percent
Tom Green County	112,438	13,688	12.16
Texas	28,013,446	3,984,260	14.22
United States	318,564,128	40,910,326	12.84

Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract

Total Population FPL Rates
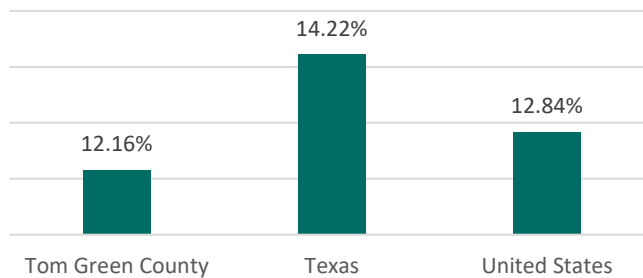
Insurance

The following table reports the percentage of the total civilian non-institutionalized population without health insurance coverage for Tom Green County, Texas, and the United States. This indicator is relevant because lack of insurance is a primary barrier to health care access including regular primary care, specialty care and other health services that contributes to poor health status. The lack of health insurance is considered a key driver of health status. Uninsured adults have limited access to preventive services and specialty care, and often experience worse health outcomes than those with insurance.

In Tom Green County, 13.33% of the total civilian non-institutionalized population is without health insurance coverage. The rate of uninsured persons in the report area is less than the state average of 17.31%, but higher than the national average of 8.73%

| Uninsured Population			
	Population for whom Insurance Status is Determined	Uninsured Population Total	Uninsured Population Percent
Tom Green County	113,650	15,148	13.33
Texas	28,169,961	4,877,069	17.31
United States	321,525,041	28,058,903	8.73

Source: US Census Bureau, American Community Survey. 2016-2020

Education

The following data shows the estimated educational attainment with a High School diploma or higher. This is relevant because educational attainment has been linked to positive health outcomes. Attainment shows the distribution of the highest level of education achieved and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Education levels obtained by community residents may impact the local economy. Higher levels of education, including Associate's Degree and higher, generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. Information for the table below is calculated for persons over 25, and is an estimated average from the period 2014-2020.

Educational Attainment – Population Age 25 and Older					
	Percent with High School Diploma	Percent with Some College	Percent with Associate's Degree	Percent with Bachelor's Degree	Percent with Graduate or Professional Degree
Tom Green County	29.1	25.0	7.0	16.7	8.3
Texas	24.7	21.5	7.4	19.9	10.8
United States	26.7	20.3	8.6	20.2	12.7

Source: US Census Bureau, American Community Survey. 2016-2020. Source geography: County

Educational Attainment
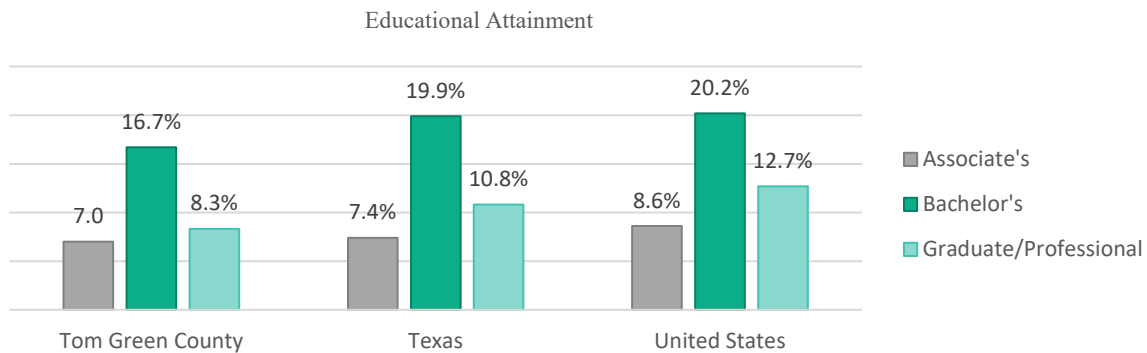
Transportation

Transportation is a critical social determinant of health. The American Hospital Association says that each year, more than 3.5 million people do not receive adequate medical care due to transportation issues. These issues may include access to vehicles, long distances to needed services, and costs associated with travel. Transportation issues can be worse in rural communities where individuals may live long distances from providers. This information highlights not only how vital the transportation network is to people's daily routines and conveys information about the efficiency of the public transportation network.

Public Transportation	
	Percent using Public Transportation
Tom Green County	0.2%
Texas	1.3%
United States	3.1%

Source: US Census Bureau, American Community Survey. 2016-202. Source geography: Tract

PHYSICAL ENVIRONMENT OF THE COMMUNITY

A community's health is affected greatly by its physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will examine some of the elements that relate to various needs mentioned throughout the report.

Grocery Store Access

Healthy dietary behaviors are supported by access to healthy foods, and grocery stores are a major provider of these foods. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

Grocery Store Access		
	Number of Establishments	Establishments Rate per 100,000
Tom Green County	12	10.89
Texas	3,513	13.97
United States	64,132	20.77

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2019. Source geography: County

Food Access/Food Deserts, SNAP

The table below reports the number of neighborhoods in the report area that are within food deserts. The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access.

Population with Low Food Access			
	2010 Population	Population with Low Food Access	Percent with Low Food Access
Tom Green County	110,224	20	20,208
Texas	25,145,561	4,216	4,926,344
United States	308,745,538	63,238	39,074,974

Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.

Certain food stores including grocery stores as well as supercenters, specialty food stores, and convenience stores are authorized to accept Supplemental Nutrition Assistance Program (SNAP) benefits. Tom Green County has 7.42% retailers per 100,000 population, which is slightly higher than the state rate and slightly lower than the national rate.

SNAP Authorized Food Stores		
	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers Rate per 100,000 population
Tom Green County	89	7.42
Texas	21,093	7.18
United States	248,526	7.47

Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.

Recreation and Fitness Access

Access to recreation and fitness facilities encourages physical activity and other healthy behaviors. Tom Green County includes 12 establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports. This is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

The data below report the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940.

Recreation and Fitness Facility Access		
	Number of Establishments	Establishments per 100,000 population
Tom Green County	12	10.89
Texas	2,663	10.59
United States	37,758	12.23

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2019. Source geography: County

CLINICAL CARE OF THE COMMUNITY

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Preventable Hospital Events

The data below reports the preventable hospital rate of Medicare beneficiaries. Preventable hospital stays include admission for these conditions: diabetes with short-term and long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. These represent conditions where hospitalization could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of preventable discharges demonstrates a possible "return on investment" from interventions that reduce admissions (for example, uninsured or Medicaid patients) through better access to primary care resources.

The data on the following page reports the preventable hospital rate of Medicare beneficiaries.

Preventable Hospital Events			
	Total Medicare Beneficiaries	Preventable Hospitalizations, per 100,000	Preventable Hospitalizations Rate
Tom Green County	21,277	4,036	4.03%
Texas	3,902,567	3,300	3.30%
United States	57,235,207	2,865	2.86%

Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2020. Source geography: County

HEALTH STATUS OF THE COMMUNITY

This section of the assessment reviews the health status of the Community with comparisons to the State of Texas. This assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of Tom Green County residents will enable Shannon 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 includes both the physical and social environment in which individuals live, work and play. Community health 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. 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 Factors
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
Driving at excessive speeds	→	Trauma Motor vehicle crashes
Lack of exercise	→	Cardiovascular disease Depression
Overstressed	→	Mental illness Alcohol/drug abuse Cardiovascular disease

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.

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, federal law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered. More than 50 infectious diseases in Texas must be reported to county health departments. Except for Acquired Immune Deficiency Syndrome (AIDS), most of these reportable diseases currently result in comparatively few deaths.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes in death in the community, along with 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

The following table reflects the leading causes of death for the community as compared to the rates of Texas and the United States, per hundred thousand. Figures represent a 2016-2020 five-year average. Figures are reported as rates age-adjusted to year 2000 standard. Data was last updated in 2020.

Selected Causes of Resident Deaths: Number and Crude Rate						
	Tom Green County		Texas		United States	
	5-Year Total Deaths	Adjusted Rate	5-Year Total Deaths	Adjusted Rate	5-Year Total Deaths	Adjusted Rate
Cancer	1,082	155.5	205,360	143.7	2,998,371	149.4
Coronary Heart Disease	451	63.4	130,511	94.1	1,838,830	91.5
Lung Disease	356	50.0	52,722	38.9	783,919	39.1
Motor Vehicle Crash	68	12.0	18,975	13.2	193,691	11.5
Poisoning	68	11.7	17,710	12.3	389,651	24.0
Stroke	297	42.4	54,747	40.7	746,604	37.6
Suicide	100	17.3	19,011	13.3	233,972	13.8
Unintentional Injury	232	37.7	56,248	39.9	872,432	50.4

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.

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.

Healthcare has been overwhelmingly impacted by COVID. Hospitals on the front line of caring for patients were strained as they swiftly responded to infection rates. Canceled and delayed routine procedures created substantial financial loss for many hospitals and providers.

Hospitals are seeing more high acuity, inpatient cases, requiring longer lengths of stay than prior to the pandemic. Doctors, nurses, and other providers have experienced intense pressure. Detrimental effects include high rates of infection, anxiety, and depression.

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). As part of the analysis of the needs assessment for the community, data from Tom Green County will be used to compare the relative health status of the county to the state of Texas.

The current year information is compared to the health outcomes reported on the prior community health needs assessment and the change in measures is indicated.

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 tables below show how changes in the county included in the community's health outcomes have increased, decreased, or stayed the same from the prior community health needs assessment. Data is based on calendar years 2018-2022.

County Health Rankings - Health Outcomes						
*Mortality**	Tom Green County 2018	Tom Green County 2022	Tom Green Increase/ Decrease	Texas 2018	Texas 2022	Texas Increase/ Decrease
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,700	8,200	⬆	6,700	7,000	⬆
*Morbidity**						
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	18.0%	22.0%	⬆	18.0%	21.0%	⬆
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.7	4.0	⬆	3.5	3.6	⬆
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (Age Adjusted)	3.4	4.3	⬆	3.4	3.9	⬆
Low birth weight - Percent of live births with low birth weight (<2500 grams)	8.0%	8.0%	——	8.0%	8.0%	——

Data should not be compared with prior years. Source: Countyhealthrankings.org

Health Behaviors	Tom Green County 2018	Tom Green County 2022	Tom Green Increase/ Decrease	Texas 2018	Texas 2022	Texas Increase/ Decrease
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	15.0%	16.0%	⬆	14.0%	15.0%	⬆
Adult obesity – Percent of adults that report a BMI >= 30	27.0%	37.0%	⬆	28.0%	34.0%	⬆
Food environment index^ – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.7	7.1	⬆	6.0	6.1	⬆
Physical inactivity – Percent of adults aged 20 and over reporting no leisure time physical activity	25.0%	31.0%	⬆	24.0%	27.0%	⬆
Access to exercise opportunities^ – Percentage of population with adequate access to locations for physical activity	76.0%	71.0%	⬇	81.0%	80.0%	⬇
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	19.0%	19.0%	——	19.0%	20.0%	⬆
Alcohol-impaired driving deaths – Percent of motor vehicle crash deaths with alcohol involvement	28.0%	43.0%	⬆	28.0%	25.0%	⬇
Sexually transmitted infections – Chlamydia rate per 100K Population	639.8	632.6	⬇	523.6	445.1	⬇
Teen births – Female population, ages 15-19	42	31	⬇	41	29	⬇

^ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.
Note: N/A indicates unreliable or missing data. *Source: Countyhealthrankings.org 2022*

Clinical Care	Tom Green County 2018	Tom Green County 2022	Tom Green Increase/ Decrease	Texas 2018	Texas 2022	Texas Increase/ Decrease
Uninsured adults – Percent of population under age 65 without health Insurance	18.0%	18.0%	——	19.0%	21.0%	⬆
Primary care physicians – Number of population for every one primary care physician	1,480	1,350	⬇	1,670	1,630	⬇
Dentists – Number of population for every one dentist	1,940	1,670	⬇	1,790	1,660	⬇
Mental health providers – Number of population for every one mental health provider	780	630	⬇	1,010	760	⬇
Mammography screening^ – Percent of female Medicare enrollees that receive mammography screening	61.0%	47.0%	⬇	58.0%	39.0%	⬇
Social and Economic Factors	Tom Green County 2018	Tom Green County 2022	Tom Green Increase/ Decrease	Texas 2018	Texas 2022	Texas Increase/ Decrease
High school graduation^ – Percent of ninth grade cohort that graduates in 4 years	90.0%	86.0%	⬇	89.0%	84.0%	⬇
Some college^ – Percent of adults aged 25-44 years with some postsecondary Education	57.0%	60.0%	⬆	60.0%	63.0%	⬆
Unemployment – Percent of population age 16+ unemployed but seeking work	4.5%	6.3%	⬆	4.6%	7.6%	⬆
Children in poverty – Percent of children under age 18 in poverty	20.0%	17.0%	⬇	22.0%	19.0%	⬇
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.3	4.3	——	4.9	4.8	⬇
Children in single-parent households – Percent of children that live in household headed by single parent	35.0%	25.0%	⬇	33.0%	26.0%	⬇
Social associations^ – Number of membership associations per 10,000 population	11.7	10.9	⬇	7.6	7.5	⬇
Violent Crime Rate – Violent crime rate per 100,000 population (age adjusted)	281	318	⬆	408	420	⬆
Injury deaths – Number of deaths due to injury per 100,000 population	60	61	⬆	55	60	⬆
Physical Environment	Tom Green County 2018	Tom Green County 2022	Tom Green Increase/ Decrease	Texas 2018	Texas 2022	Texas Increase/ Decrease
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	7.2	8.0	⬆	8.0	9.0	⬆
Severe housing problems – Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	15.0%	14.0%	⬇	18.0%	17.0%	⬇

^ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.
Note: N/A indicates unreliable or missing data
Source: Countyhealthrankings.org 2022

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. (See County Health Rankings section of Appendix.)

The following exhibits show a more detailed view of certain health outcomes and factors for Tom Green County, Texas, and the United States.

Diabetes

The following table displays the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This is relevant because diabetes is a significant health issue in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Population with Diagnosed Diabetes			
	Population Age 20 and older	Population with Diagnosed Diabetes	Percent with Diagnosed Diabetes
Tom Green County	86,800	7,378	8.0
Texas	20,785,525	2,042,156	9.4
United States	239,919,249	24,189,620	9.0

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County

Heart Disease (Adult)

The following table has data on Medicare beneficiaries with ischemic heart disease based on administrative claims. This is relevant because heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks. Within Tom Green County, nearly one third of beneficiaries had heart disease. This is slightly higher than the state and national percent.

Population with Heart Disease (Medicare)		
	Beneficiaries with Heart Disease Total	Beneficiaries with Heart Disease Percent
Tom Green County	4,668	31.7
Texas	624,028	29.0
United States	8,979,902	26.8

Source: Centers for Medicare & Medicaid Services, CMS - Chronic Conditions Warehouse. 2018. Source geography: County

Obesity

The following table displays the percentage of adults aged 20 and older self-reporting having a Body Mass Index (BMI) greater than 30.0 (obese). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Within Tom Green County, there are a total of 31,947 adults age 20 and older who self-reported having a BMI greater than 30.0. This represents 37.0% of the survey population, higher than state and national percentages.

Adults 20 and older with Obesity			
	Survey Population Age 20 and older	Adults with BMI> 30.0 (Obese)	Percent with BMI> 30.0 (Obese)
Tom Green County	86,341	31,947	37.0
Texas	20,778,040	6,223,158	34.0
United States	243,082,729	67,624,774	27.7

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019.

HEALTH CARE RESOURCES

The availability of health resources is a critical component to the health of a community'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 addresses the availability of health care resources to the residents in the community.

Hospitals and Health Centers

Short-term acute care hospital services are not the only health services available to members of Shannon's community. The table below provides a listing of community health centers and health clinics within Shannon's community.

Summary of Other Health Care Facilities				
Facility	Address	City	State	Zip
La Esperanza Clinic	1610 S. Chadbourne Street	San Angelo	TX	76903
La Esperanza Clinic	2033 W. Beauregard Ave	San Angelo	TX	76901
La Esperanza Health and Dental Clinic	35 E 31st Street	San Angelo	TX	76901
Goodfellow AFB Clinic	271 Ft. Richardson Ave	Goodfellow AFB	TX	76908
River Crest Hospital	1636 Hunters Glen Rd	San Angelo	TX	76901

Facility	Address	City	State	Zip
Shannon Medical Center	120 E. Harris Ave	San Angelo	TX	76903
Shannon South	3501 Knickerbocker Rd	San Angelo	TX	76904
Shannon Women's & Children's Hospital	201 E. Harris Ave	San Angelo	TX	76903
Shannon Clinic – Beauregard	120 E. Beauregard Ave	San Angelo	TX	76903
Shannon Clinic – Harris	220 E. Harris Ave	San Angelo	TX	76903
Shannon Clinic – Magdalen	102 N. Magdalen	San Angelo	TX	76903
Shannon Clinic –Pediatrics	225 E. Beauregard Ave	San Angelo	TX	76903
Shannon Clinic – Red Arroyo	3016 Vista Del Arroyo Drive	San Angelo	TX	76904
Shannon Clinic – Bluffs	3150 Appaloosa Circle	San Angelo	TX	76901
Shannon Clinic – Sunset	4235 Southwest Blvd	San Angelo	TX	76904
Shannon Clinic – North	2626 N. Bryant	San Angelo	TX	76903
Shannon Clinic – West	4450 Sunset Drive	San Angelo	TX	76901
Shannon Clinic - Jackson	2237 S. Jackson	San Angelo	TX	76904
Shannon St. John's Campus	2018 Pulliam Street	San Angelo	TX	76905
Shannon Clinic Orthotics	110 E. Twohig	San Angelo	TX	76903
Shannon Urgent Care South	3502 Knickerbocker Road	San Angelo	TX	76904
Shannon Urgent Care West	4251 Sunset Drive	San Angelo	TX	76904
Angelo State Student Clinic	2237 S. Jackson	San Angelo	TX	76904
Shannon Clinic South 1	2142 Sunset Drive	San Angelo	TX	76904
Shannon Clinic South 2	2141 Hamilton Way	San Angelo	TX	76904
Shannon Clinic South 3	3350 Executive Drive	San Angelo	TX	76904
Shannon Clinic South OBGYN – Williams Family Center	3501 Knickerbocker Road	San Angelo	TX	76904
Concho Valley ER	5709 Sherwood Way	San Angelo	TX	76901
San Angelo VA Clinic	4240 Southwest Blvd	San Angelo	TX	76904
Cook Children's Pediatric Specialties	1002 S. Abe Street #B	San Angelo	TX	76903

Source: Shannon Medical Center 2022

HEALTH DEPARTMENT

The community in which Shannon serves has one county health department: City of San Angelo – Tom Green County Health Department.

The Health Services Department is responsible for public health issues ranging from restaurant inspections to immunizations to the public smoking ban. Additionally, the department is responsible for project management and grants administration. The department is comprised of the following two divisions: Environmental Health and Nursing.

Environmental health deals with food service, pools and public health nuisances. The nursing division provides a range of services designed to promote healthy living through prevention, protection and intervention. Courtesy environment inspections for Texas Department of State Health Services are also offered for foster homes, day cares, 24-hour residential care and adoptions. They provide immunizations for children and adults such as influenza, polio, measles, mumps, chickenpox and Hepatitis A and B, among others. Tuberculosis testing and sexually transmitted disease testing are also available to residents.

KEY STAKEHOLDER INTERVIEWS

In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, nonprofit hospitals were mandated to conduct a community-based needs assessment every three years. As a part of the process, each hospital is required to solicit input from those who represent the broad interests of the community served by Shannon as well as those who have special knowledge or expertise around public health and underserved populations.

Interviews were held with various professionals representing a cross-section of industries and organizations within the community's population. Individuals that participated represented the following organizations and agencies:

- City of San Angelo Municipal Government
- Keepers of Hope
- La Esperanza Clinic
- MHMR Concho Valley
- Region 15 Education Service Center
- San Angelo Diabetes Coalition
- Shannon Medical Center
- Tom Green County Indigent Health
- West Texas Counseling and Guidance

Certain key informants were selected due to their position working with low-income and uninsured populations. Several key informants were selected due to their work with minority populations.

Key Informant general observations and comments

1. Which background (interest, industry, occupation) best represents you?

55.5% – Healthcare

22.2% – Education and Instruction

11.1% – Construction and Development

11.1% – Business & Finance Operations

2. On a scale of 1-10 (1 being the worst and 10 being the best), how would you rate the overall health of individuals living in Tom Green county?

Respondents rated the community's overall health at 6.1, slightly above average, but not high.

3. Has the overall health of Tom Green County declined, improved, or stayed about the same over the past 3-5 years?
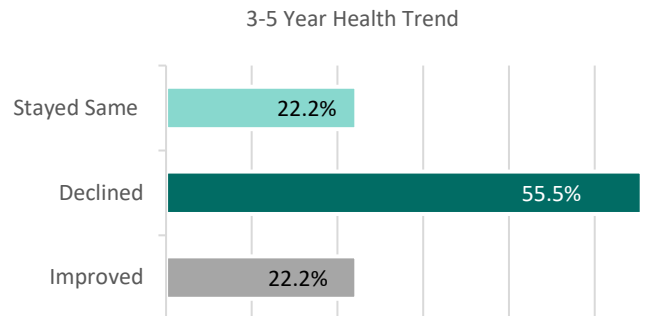
3-5 Year Health Trend

Stayed Same	22.2%
Declined	55.5%
Improved	22.2%

4. Please describe what factors influence your answer and briefly explain why you feel it has improved, declined, or stayed the same.

Among those who believe the health of county residents has declined, most attribute COVID and the many difficulties it created. A decline in mental health, lingering health issues, and financial hardships were listed as factors.

Comments:

"COVID amplified and complicated pre-existing chronic health issues. Furthermore, many people that had COVID are still struggling from long-term side effects. I worry they may never regain their health as a result."

"We are seeing more depression and anxiety due to fear or lack of connectivity. There is a large number of individuals that are being left behind when others are getting back to normal."

"The community wasn't accessing health care services and chronic illnesses weren't addressed. When services started opening back up during COVID, patients still had fear of seeking out services."

"COVID had a great impact on the population and affected many without health insurance or a reluctance to get vaccinated. But if you take away the COVID impact, I don't see much change in the health of County residents [that are] homeless."

Respondents who felt there had been an improvement in the county's overall health cited various reasons, including Shannon's recent acquisition of San Angelo Community Medical Center, believing it will provide more specialty services and improved access for indigent populations.

Two respondents believed the overall health of Tom Green County had remained the same. One remarked how some segments of the population still have a difficult time accessing health, the same as they did prior to COVID. Another explained that the county's homeless population is still using the ER rather than going to a primary care doctor. "This hasn't changed in the last five years," they commented.

5. Some individuals face barriers that may hinder them from receiving adequate health services. Barriers might include income, transportation, language, lack of knowledge, geographic (distance), awareness, or lack of options. What are the most significant barriers to addressing health issues in Tom Green County?

Common themes arose on this topic. Prominent barriers that hindered certain segments from receiving adequate healthcare services were identified.

Interviews revealed that some community members lack an understanding or the knowledge needed to access certain health services and programs. Not knowing where to go or who to contact prevents them from seeking care.

Other major barriers relate to lack of transportation or language and cultural differences.

Biggest Barriers

- Lack of knowledge/awareness ■ Language/communication
- Income/no insurance ■ Transportation
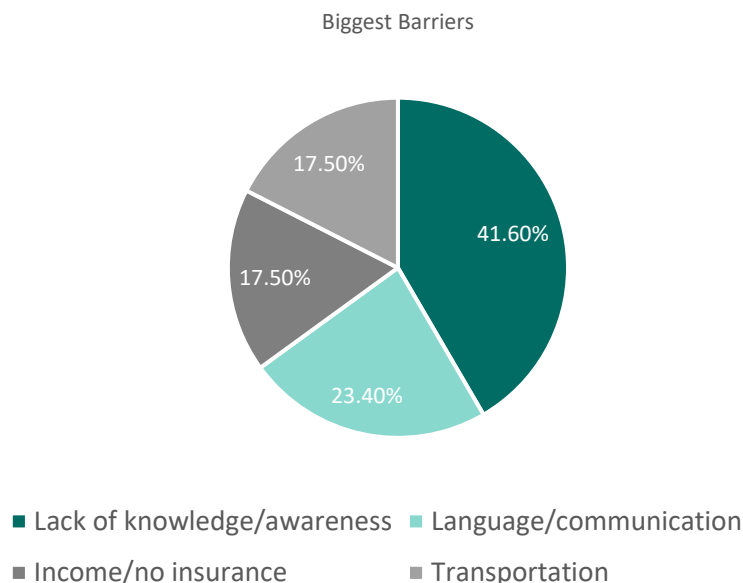
Comments:

"Some populations have a hard time hearing and/or understanding health information. The healthcare providers need to take more time to ensure their patients understand instructions."

"We are seeing communication barriers with the Spanish-speaking population and their ability to obtain mental health services."

"The elderly population is growing and they lack the knowledge, confidence and awareness of resources/services to improve their health. The increased emphasis on technology and telehealth has negatively impacted access to care for the elderly."

6. What are the barriers to improving health in Tom Green County?

Respondents described major barriers or conditions that contribute to ongoing health concerns throughout the county.

There was a consensus among respondents that the cost of healthcare was the most significant barrier. In some cases, it was the cost of medications. For others, the barrier was due to a lack of adequate health insurance or a lack of affordable premiums/co-pays/deductibles.

Some respondents described how an inadequate number of local therapists and dental providers has created barriers for those seeking assistance in these areas.

Comments:

"Some populations would benefit from having some type of advocate to address the barriers of language or technology to help them access the services they need. They need someone to help meet them in the middle and improve health communication from provider to patient."

"One barrier is that a lot of non-profits in the community do not meet people where they are, they expect people to come to them."

"There is limited access to the populations that suffer the most, like the homeless."

7. Are there populations of people in Tom Green County whose health may not be as good as others?

Two groups that were identified most frequently as having poor health were the homeless (18%) and those living in poverty (55%). Respondents also felt certain racial/ethnic and age groups such as Hispanics, older males, and individuals with addictions commonly suffered from poor health.
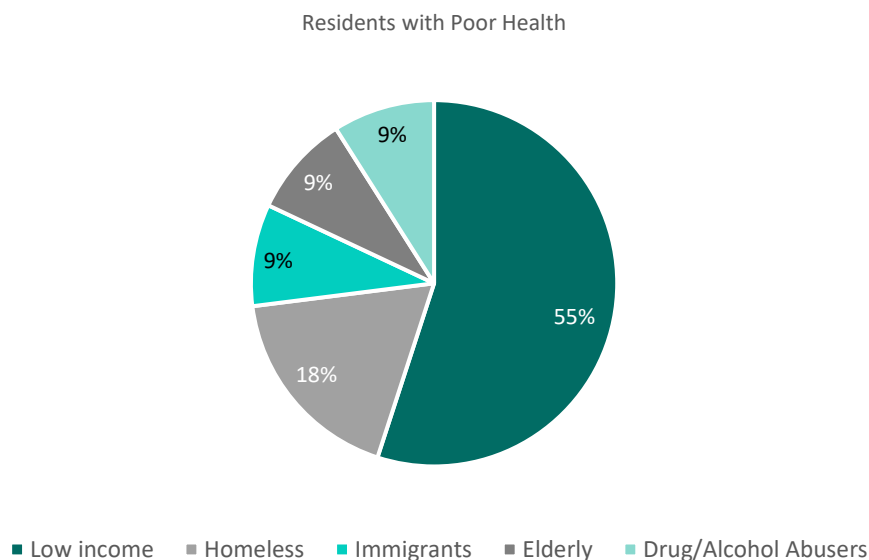
Residents with Poor Health

Low income Homeless Immigrants Elderly Drug/Alcohol Abusers

8. Explain why the health of the population identified in the previous question may not be as good as others and what assistance is needed for those individuals.

The majority (55%) of those surveyed believe that a lack of financial resources is a principal reason that individuals often experience poor health. Coinciding with this limitation, some residents may lack adequate transportation, hampering them from attending medical appointments and routine checkups.

> "Maslow's hierarchy of needs explains it - these populations don't see healthcare as a priority over other basic survival needs. For example, these populations may not have transportation to obtain all the services they need. This dictates what services they get."

One respondent offered a possible solution to the issue:

> "I believe that healthcare needs to go to them instead of having them go to a clinic or hospital. A mobile healthcare process would go a long way to helping meet the healthcare needs of the homeless population."
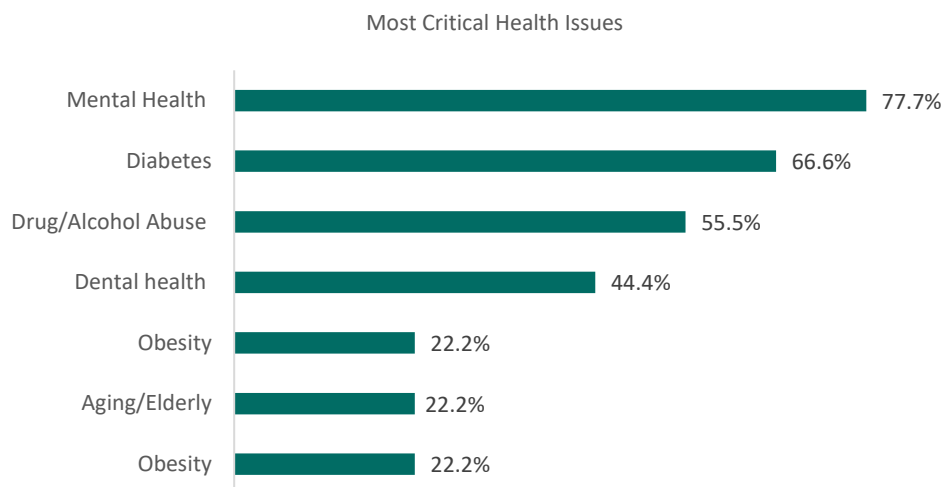
Other barriers highlighted were language and cultural differences.

> "Immigrants do not seek out health care services due to fear of deportation. The Hispanic population does not see health as a priority. The low-income and homeless just don't have enough assistance in accessing services."

> "Access to education (education is the key). Culture also plays a role in the health of the Hispanic population especially when it comes to food."

> "These populations lack the resources to take care of their health. They are often set-up to fail because the organizations intended to help them do not meet them where they are or are not flexible enough."

9. What do you believe to be the three most critical health issues in Tom Green County right now?

Most Critical Health Issues

| Issue	Percentage
Mental Health	77.7%
Diabetes	66.6%
Drug/Alcohol Abuse	55.5%
Dental health	44.4%
Obesity	22.2%
Aging/Elderly	22.2%
Obesity	22.2%

10. What is the primary reason people are not able to access health services (medical, dental, mental health)?

Every respondent (100%) said the primary reason people are not accessing various health services was due to lack of insurance or the inability to afford co-pays and/or deductibles. Other common reasons were lack of awareness/understanding on how to navigate the health care system and lack of transportation.

11. What is the most important issue that Shannon Medical Center should address in the next 3-5 years and what needs to be done to address this issue?

- Broaden access to psychiatric providers (two respondents)
- Improve 24/7 access to general practitioners in convenient locations (other than the ER)
- Collaborate with mental health facilities primarily around the pediatric age group.
- Provide higher levels of care for burn victims
- Address the hospital's nursing shortage
- Strive to raise awareness around the availability of options and resources
- Help make healthcare affordable
- Address healthcare for the homeless (provide a mobile clinic that goes to them)

12. How familiar are you with educational programs offered by Shannon Medical Center?
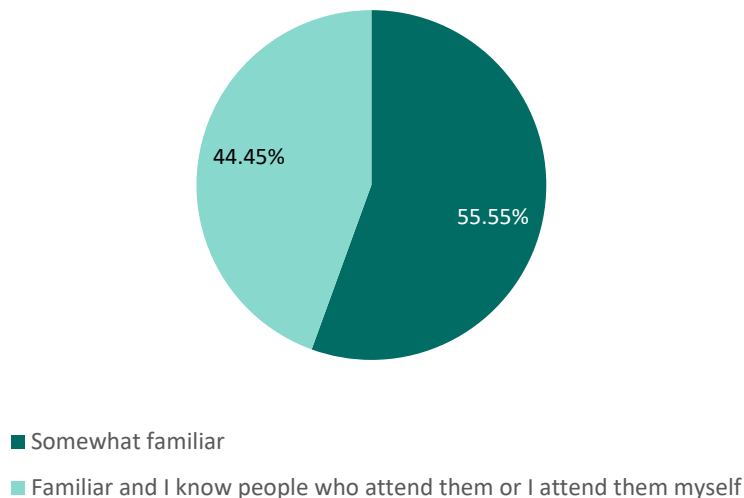
44.45%

55.55%

■ Somewhat familiar

■ Familiar and I know people who attend them or I attend them myself

13. Describe your familiarity and/or perceptions regarding educational programs, health fairs and screenings provided by Shannon Medical Center.

Most respondents were familiar with Shannon's programs, services, and outreaches. The San Angelo Diabetes Coalition, leadership development trainings, and community health fairs were cited most often.

"I am familiar with the White Rose bereavement services Shannon provides for those suffering from early pregnancy loss, stillbirth or newborn death. I am also aware that Shannon partners with organizations in the community to serve on the Zero Suicide Coalition."

"I know that Shannon provides various screenings. They have implemented telehealth in the local school districts. Educators that are retired are able to access the programs and education that the Shannon Health Club provides."

Community Surveys

Community individuals from various backgrounds and occupations were asked to complete an electronic survey to prioritize personal and community health needs and issues. Fifty-four (54) participants completed the forms.

Participation in the survey was voluntary and no personal data was collected to ensure report anonymity. The CHNA survey took participants approximately 10-15 minutes to complete, with online participation generally requiring a shorter timeframe than paper submissions.

To ensure wide engagement, surveys were distributed to local organizations and community groups representing various ages, occupations, races/ethnicities, and socioeconomic levels.

The CHNA surveys were beneficial in retrieving large amounts of quantitative and qualitative information from multiple residents.

NOTE: The following information and graphics provide the results of the community survey. Comments are direct quotes and were not edited for clarity or grammar. Due to space limitations, not all survey comments and responses were included in this report. Totals may not equal 100%.

1. Which background (interest, industry, occupation) best represents you?

Healthcare	57.3%
Management occupations	18.4%
Education and Instruction	13.0%
Business & Financial operations	3.7%
Food preparation & serving	1.9%
Manufacturing / production	1.9%
Unemployed or retired	1.9%
Sales & Related	1.9%

2. On a scale of 1-10 (1 being the worst and 10 being the best), how would you rate the overall health of individuals living in Tom Green County?
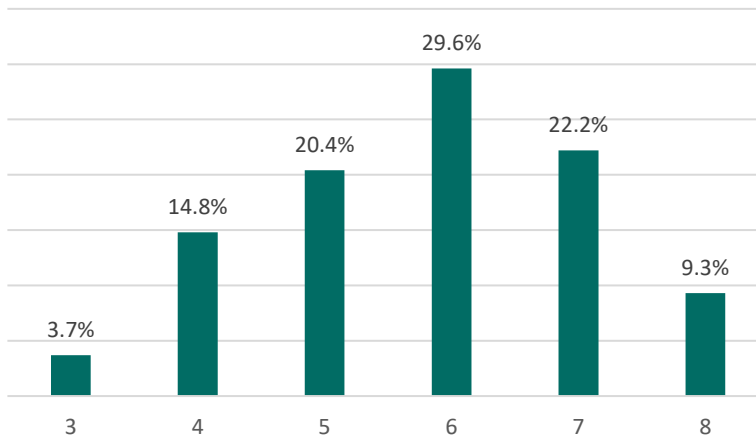
3. Has the overall health of Tom Green County changed over the past 3-5 years?
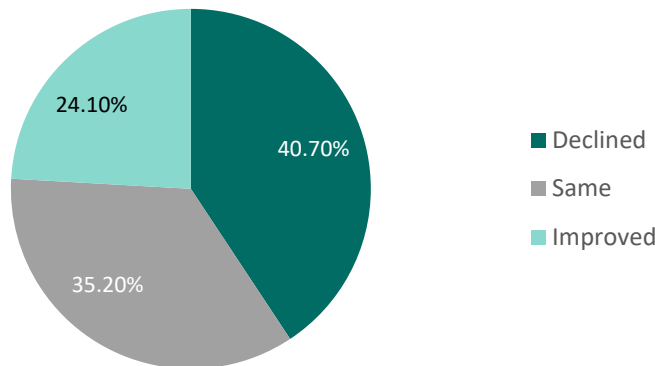
4. Please describe what factors influence your answer and briefly explain why you feel it has improved, declined, or stayed the same.

Many respondents felt the pandemic had negatively impacted the county's overall health and well-being. Isolation and anxiety combined with loss of life and financial hardships created increasing physical and mental health issues for many families.

Yet more than half (59.3%) of those surveyed believed the county's overall health remained the same or improved over the past few years. Reasons included an improvement in healthcare technology, and a heightened awareness of self-care.

"It has declined based on COVID and increase of community and population obesity. Lifestyle changes where people are not physically active and poor diet."

"Overall, everyone's health has improved due to the dramatic decrease of covid19 and variants. The availability of Shannon hospitals, clinics as well as Esperanza Clinic are key in our community to help citizens gain access to healthcare."

"In spite of COVID, or possibly because of, it seems people are more aware of the importance of their physical and emotional health and well-being. So it seems that it may have sort of balanced out for now. Hard to tell long-term."

"I think we have seen improvements in access to care, availability of services needed, and awareness of lifestyle factors that influence health. However, I do believe mental health issues have drastically increased for our community as a whole."

"We do have more programs that are out there to help people make better decisions and helping to maintain good health, but we seem to be missing the glue to help maintain it over a period of time. The city has improved outside areas to help get people active, but weather and commitment to activity becomes an issue. Time management and life balance are hard for a lot of people to work through."

5. Some individuals face barriers that may hinder them from receiving adequate health services. Barriers might include income, transportation, language, lack of knowledge, geographic (distance), awareness, or lack of options. What are the most significant barriers to addressing health issues in Tom Green County? (The graph below shows top responses, but not all answers. Some respondents may have selected more than one answer; total does not equal 100%.)
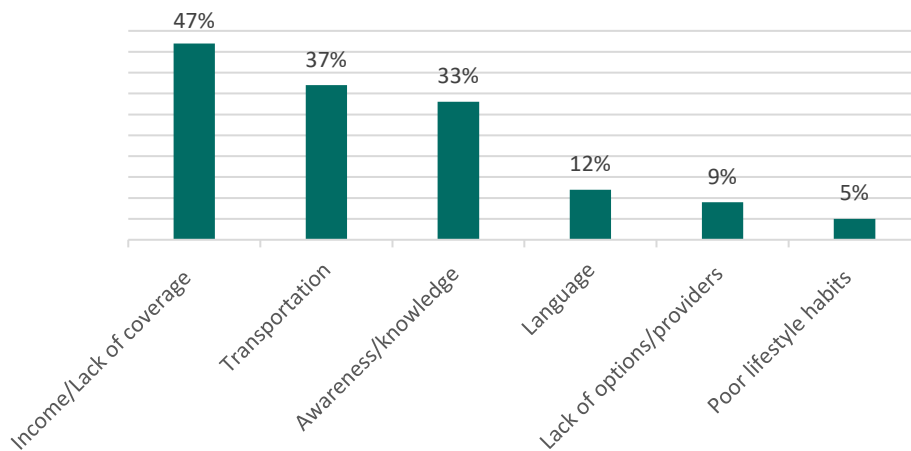
Other barriers mentioned and comments:

"Service providers access. Often it takes too long to get an appointment, so people are forced to go to urgent care or ER where wait times are still extremely long."

"There are so many resources available to families, most people just don't know where to look or who to ask."

"The bus routes are well organized but the amount of time it takes to use the bus is a hindrance."

"With the increase of baby boomers, we are seeing more elderly patients having difficulty coming to appointments (transportation) or even doing virtual visits (not tech savvy or no IT equipment compatible with today's technology)."

"Tom Green County has made little to no progress with the homeless population. These are people of our county who need help as well. They face all of the barriers above. For many people in our county even who have homes, transportation, income, lack of options, inability to get an appointment are all barriers to improved health in our county. We need more to stand up for women's health and bodily autonomy. This of course, is a pressing issue with the happenings at both the state level and the federal level."

6. What are the barriers to improving health in Tom Green County?

There are many barriers that prevent communities from improving population health. Respondents identified poverty or the lack of insurance coverage as the biggest barrier facing residents of Tom Green County. Associated with high poverty rates, a lack of affordable housing and transportation were also cited as major factors that may impede health for many individuals.

Another frequent barrier recognized was a lack of understanding or awareness of available programs and services.

"Awareness, apathy, transportation, ignorance, severe lack of contact with outside resources who can intervene and make referrals."

"Pay in San Angelo is low and patients do have issues paying for care."

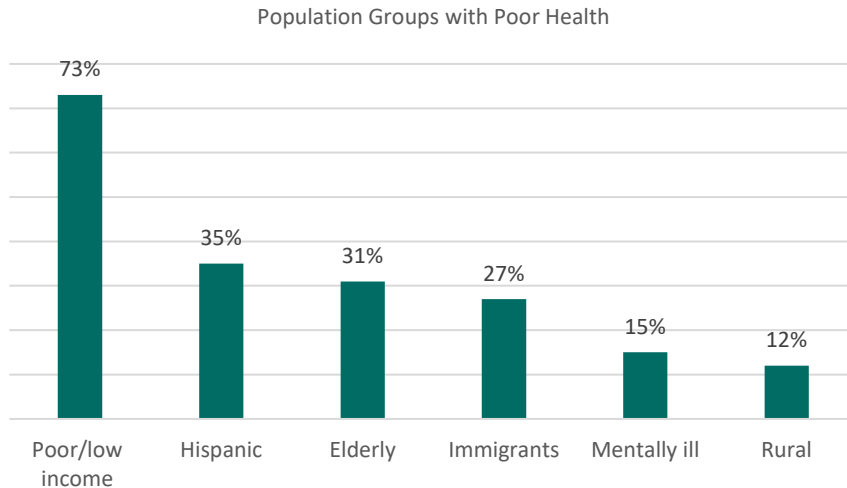"Consolidation of service lines so that patients can stop in one location to have their imaging needs serviced."

"The lack of affordable housing is a concern in Tom Green County. If you do not have a decent and safe permanent residence it impacts every aspect of your life."

"Healthier food options are scarce in San Angelo and what is available is usually more expensive."

"Gyms, local clubs need to push proactive health trends to help members at an affordable rate."

"More education to make the signs of awareness of certain diseases, more education that people would actually listen to and take part in would be helpful."

7. Are there populations of people in Tom Green County whose health may not be as good as others? If yes, in your opinion, who are these persons or groups (no individual names, just groups or types)? (The graph below shows top responses, but not all answers. Some respondents may have selected more than one answer; total does not equal 100%.)

Population Groups with Poor Health

- Poor/low income: 73%
- Hispanic: 35%
- Elderly: 31%
- Immigrants: 27%
- Mentally ill: 15%
- Rural: 12%

Other population groups mentioned and comments:

"The elderly who are indigent or who have very little contact or no contact with family or have no family and/or no contact with community resources. Also, persons from other countries who are here illegally and are fearful of legal consequences."

"Poor, indigent, people with multiple comorbidities."

"Younger populations are not managing their healthcare proactively and establishing with a PCP, and are instead managing their health through walk-in clinics and emergency care."

"Mid socioeconomic white and Hispanic groups (30-50 years old), can't afford or don't have time to devote to personal health issues and self-wellness."

Aerial shot of San Angelo and the Concho River (Courtesy: City of San Angelo)

8. Explain why the health of the population identified in the previous question may not be as good as others and what assistance is needed for those individuals.

"These individuals typically do not seek care due to the cost of appointments/treatment. Oftentimes there is also a lack of knowledge regarding disease prevention and available programs to assist."
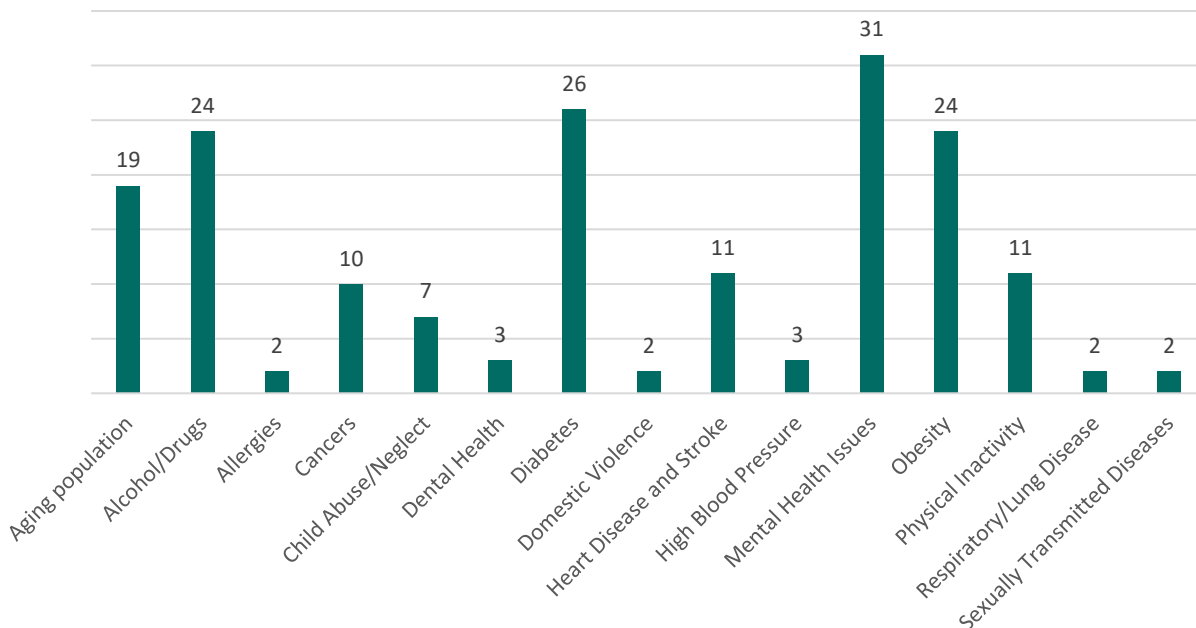
"Persons on the threshold of ineligibility for govt. benefits often attempt to make contact at some level with resources. However, some levels of staff who have first contact with these individuals lack the knowledge, skill or compassion to provide the necessary help and referrals that persons of need have when they make this initial contact."

"People with mental illness need a lot more support, they need to stay longer at a behavior unit, not just when insurance runs out."

"Emotional strain and physical strain limit the band width of the individuals to care for self and others in their circles well."

"I believe it is more difficult for those who are low-income and the elderly, who are typically on a fixed budget, to put their health as a priority. Putting food on the table, having gas to get to and from work, meeting their children's needs, tend to be what holds people back from addressing health issues."

9. From the list below, select what you believe to be the three most critical health issues in the county right now.

Bar chart values:
- Aging population: 19
- Alcohol/Drugs: 24
- Allergies: 2
- Cancers: 10
- Child Abuse/Neglect: 7
- Dental Health: 3
- Diabetes: 26
- Domestic Violence: 2
- Heart Disease and Stroke: 11
- High Blood Pressure: 3
- Mental Health Issues: 31
- Obesity: 24
- Physical Inactivity: 11
- Respiratory/Lung Disease: 2
- Sexually Transmitted Diseases: 2

Use this space if you'd like to add a critical health issue not listed above.

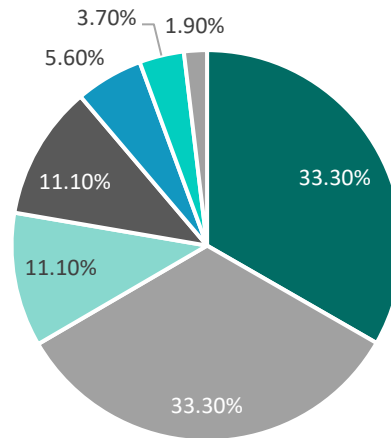Poor community and family system functioning and support

Kidney disease

Women's health in relation to bodily autonomy

Wound Care

Unhealthy lifestyles affecting nutrition and lack of resilience.

10. What is the primary reason people are not able to access health services?

- Income/Lack of health insurance
- Too long wait for an appointment
- Awareness/Don't know how
- Inconvenient hours/locations
- Inability to afford co-pays and/or deductibles
- Fear
- Transportation

Comments:

"Co-payments are very high even with the best health care plans available and some medical needs such as diabetes supplies are non-negotiable and the patient cannot live without these items."
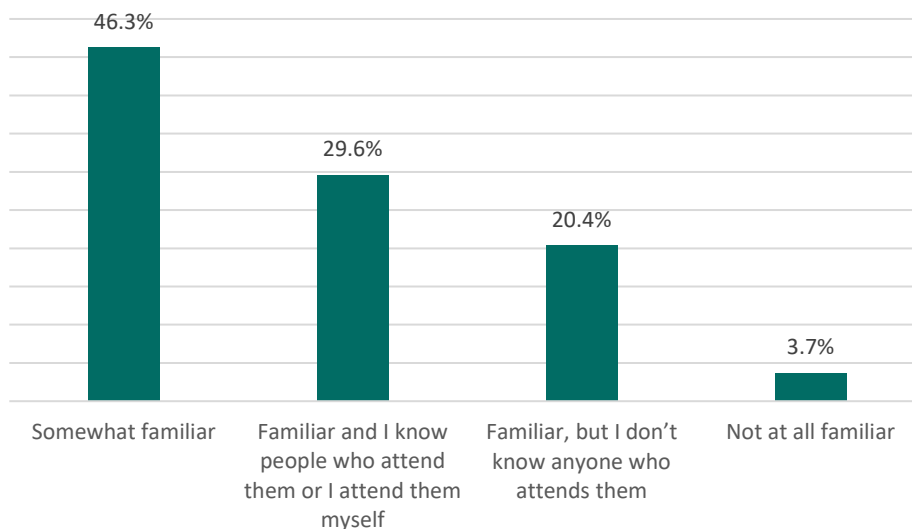
"Patients try to get appointment for primary care, but PCP can't take them for 2 weeks, they go to urgent care, now a 2 hour wait. In these times, that is considered inconvenient to people and will choose to forego care than be runaround town and then forced to wait for hours."

11. What is the most important issue that Shannon Medical Center should address in the next 3-5 years and what needs to be done to address this issue?

Respondents' ranking of most important issues:

1. Mental health
2. Affordable plans/options
3. Transportation barriers
4. Substance abuse
5. Education/Awareness
6. Obesity
7. Specialties/sub-specialties

12. How familiar are you with educational programs offered by Shannon Medical Center?

46.3%	29.6%	20.4%	3.7%
Somewhat familiar	Familiar and I know people who attend them or I attend them myself	Familiar, but I don't know anyone who attends them	Not at all familiar

13. Describe your familiarity and/or perceptions regarding educational programs, health fairs and screenings provided by Shannon Medical Center.

"The Diabetes Coalition team has done a great job and continue to excel. with the Shannon Health Club now, some really great programs with Cooper Tracks have been implemented to help with education and overall improved health."

"Care Managers have helped hold preventative screening events for eligible populations and their support has continued to grow. Shannon continues to focus on ways to ensure our team members and guests have access to educational needs, health fairs, and screening events."

"Shannon has done a great job of increasing health fairs and trying to promote a healthy community with wellness fairs, screening events, etc."

"Shannon does a lot in the community to provide educational opportunities to people. We just need people to go beyond just picking up a flyer at a booth."

"I see and hear them advertised - Shannon does a great job with community awareness and info dissemination."

"I know Shannon does a good job creating awareness and providing representation at community events. I know they do health fair/screening events partnered the Laura W. Bush Institute for Women's Health."

Prioritization of Identified Health Needs

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the Community Health Needs Assessment must provide a prioritized description of the community health needs identified through the CHNA, and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, Shannon completed an analysis of these 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 and death rates for the 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 Shannon.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within the Shannon community. County rates and measurements for health behaviors, clinical care, social and economic factors, and the physical environment were compared to state 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 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.

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.
To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following four factors. Each factor received a score between 0 and 5, with a total maximum score of 20 (indicating the greatest health need).

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.

   i.   >25% of the community = 5

   ii.   >15% and <25% = 4

   iii. >10% and <15% = 3

   iv.   >5% and <10% = 2

   v.   <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.

3) **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, Primary Data, Interviews) identified the need.

4) **Alignment with Shannon's goals and resources.** The rating for this factor was determined by whether the need fits within Shannon's strategic plan, as well as Shannon's ability to address the need. Rating of one (least) through five (greatest) was given to the need, based on management assessment.

Each need was ranked based on the prioritization metrics. As a result, the following summary of needs is identified in the table below.

Health Problem or Issue	How many people are affected by the issue?	What are the consequences of not addressing this problem?	Prevalence of Common Themes	Alignment with Shannon's goals and resources	Total Score
Lack of Mental Health Providers	5	4	5	4	18.3
Lack of Health Knowledge/Education	5	4	5	4	17.8
Adult Obesity	4	5	4	4	17.05
High Cost of Health Care	4	3	5	4	15.75
Shortage of Primary Care Physicians	4	3	4	4	15.45
Healthy Behaviors/Lifestyle	4	4	3	4	14.9
Heart Health	3	4	3	4	14.3
Cancer	3	4	3	4	14.4
Substance Abuse	3	3	5	3	14.2
Poverty/Financial Resources/Children in Poverty	3	4	4	3	13.7

Health Problem or Issue	How many people are affected by the issue?	What are the consequences of not addressing this problem?	Prevalence of Common Themes	Alignment with Shannon's goals and resources	Total Score
Stroke	3	3	3	4	13.05
Physical Inactivity	3	3	3	4	12.55
Adult Smoking	3	3	2	4	11.6
Shortage of Dentists	4	3	3	2	11.9
Preventable Hospital Stays	4	2	1	4	11.1
Language/Cultural Mindset	3	2	3	3	11
Children in Single-Parent Households	3	3	2	2	10.35
Excessive Drinking/Alcohol-Impaired Driving Deaths	2	3	2	3	9.7
Sexually Transmitted Infections	1	2	1	3	6.9
Teen Birth Rate	2	1	1	3	6.7
Violent Crime Rate	1	2	1	2	5.85

Management's Prioritization Process

For the health needs prioritization process, Shannon engaged the hospital leadership team to review the most significant health needs reported on the prior CHNA as well as information using the following criteria:

- Current area of hospital focus.

- Established relationships with community partners to address the health need.

- Organizational capacity and existing infrastructure to address the health need.

Based on the criteria outlined above, any health need that scored a 15 or more (out of a possible 20) was identified as a priority area that will be addressed through Shannon Medical Center's strategy for fiscal year 2023-2025. Those priority areas included:

- How many people are affected by the issue or the size of the issue?
- What are the consequences of not addressing this problem?
- Prevalence of common themes.
- Organizational capacity and existing infrastructure to address the health need.

Based on the criteria outlined above, the data was reviewed to identify health issues of vulnerable populations and the community as a whole. Shannon determined any need in the priority grid that received a score of 15 or higher would be considered a priority area that will be addressed through Shannon Medical Center's Implementation Strategy for fiscal year 2023 through 2025. Shannon is in a position to positively impact these concerns in the community.

The highest scoring needs are italicized and bolded in the list below.
The complete list of priority areas includes:

1. ***Lack of Mental Health Providers***
2. ***Lack of Health Knowledge/Education***
3. ***Adult Obesity***
4. ***High Cost of Health Care***
5. ***Shortage of Primary Care Physicians***
6. Healthy Behaviors/Lifestyle
7. Heart Health
8. Cancer
9. Substance Abuse
10. Poverty/Financial Resources/Children in Poverty
11. Stroke
12. Physical Inactivity
13. Adult Smoking
14. Shortage of Dentists
15. Preventable Hospital Stays
16. Language/Cultural Mindset
17. Children in Single-Parent Households
18. Excessive Drinking/Alcohol-Impaired Driving Deaths
19. Sexually Transmitted Infections
20. Teen Birth Rate
21. Violent Crime Rate

DIGNITY HEALTH COMMUNITY NEED INDEX REPORT

Below is a map and data based on Dignity Health's Community Need Index (CNI). The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing).
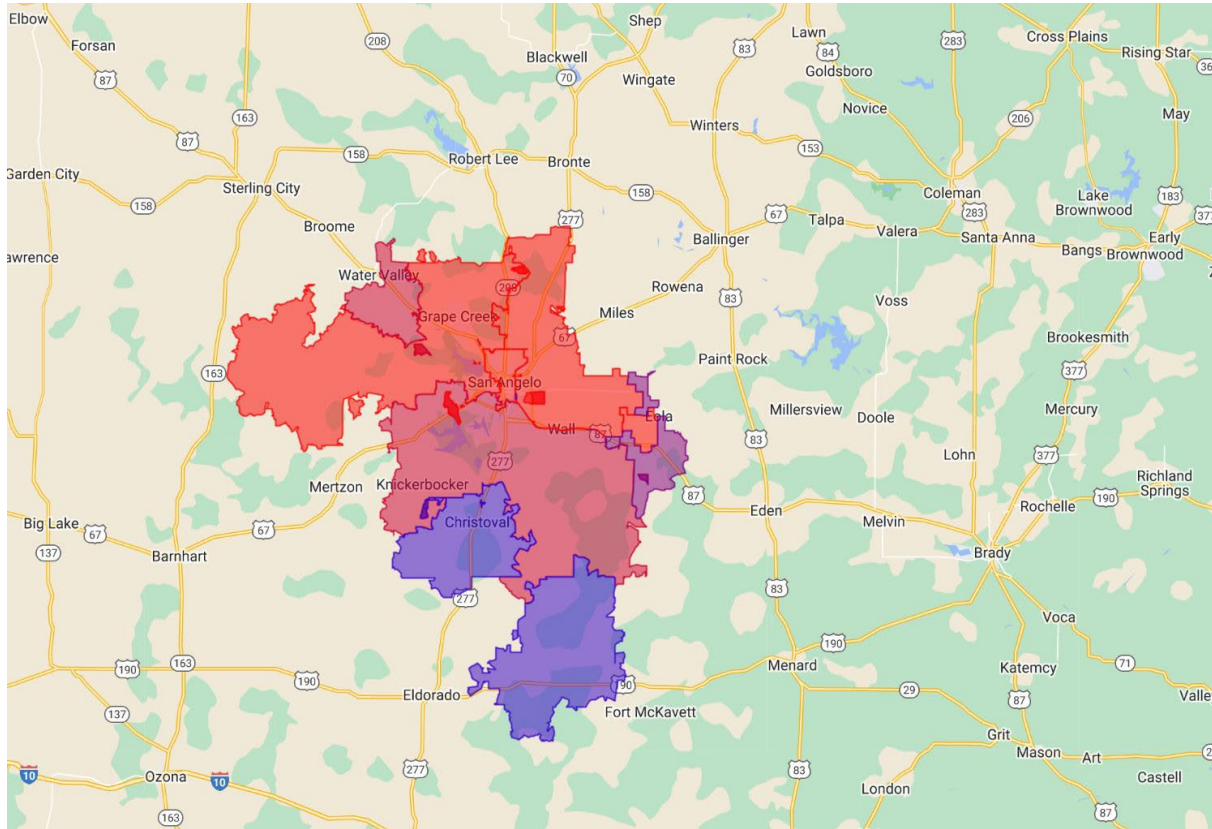
CNI Scale				
Highest Need 4.2-5	**2nd Highest** 3.4-4.1	**Medium Need** 2.6-3.3	**2nd Lowest** 1.8-2.5	**Lowest Need** 1-1.7

Zip		CNI Score	City	County	Zip		CNI Score	City	County
76901		4.2	San Angelo	Tom Green	76940		3.0	Mereta	Tom Green
76903		5.0	San Angelo	Tom Green	76955		3.2	Vancourt	Tom Green
76904		3.4	San Angelo	Tom Green	76957		3.2	Wall	Tom Green
76905		4.4	San Angelo	Tom Green					
76908		3.0	Goodfellow AFB	Tom Green					
76909		4.8	San Angelo	Tom Green					
76934		3.8	Carlsbad	Tom Green					
76935		2.2	Christoval	Tom Green					

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 informants for their time and commitment to this project.

Committee Members:

Alondra Lara, Coordinator, Shannon Medical Center

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Holly Lopez, Assistant VP Quality Resources, Shannon Medical Center

Leslie Hines, Health and Wellness Manager, Shannon Medical Center

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Staci Wetz, Controller, Shannon Medical Center

Starr Long, Coordinator, Shannon Medical Center

Key Stakeholders and Community Health Needs Survey

Thank you to the key stakeholders that participated in the key stakeholder interviews. Thank you to the individuals who assisted with distributing and completing the Community Health Needs Assessment Survey to informants throughout the community.

Organizations:

City of San Angelo Municipal Government	San Angelo Diabetes Coalition
Keepers of Hope	Shannon Medical Center
La Esperanza Clinic	Tom Green County Indigent Health
MHMR Concho Valley	West Texas Counseling and Guidance
Region 15 Education Service Center	