Community Health Needs Assessment
Fiscal Year Ending September 30, 2019

SHANNON

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Consultants' Report

Mr. Shane Plymell
Chief Executive Officer
Shannon Health System
San Angelo, Texas

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 date November 9, 2018. The purpose of our engagement was to assist Shannon in meeting the requirements of Internal Revenue Code §501(r)(3) and Regulations thereunder. We also relied on certain information provided by Shannon, specifically certain utilization data, geographic HPSA information 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

September 20, 2019

Introduction

Internal Revenue Code (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, including those with special knowledge of or expertise in public health. The hospital 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 (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 process involved:

- ✓ An evaluation of the implementation strategy from the previous needs assessment which was adopted by Shannon Board of Directors in 2016.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, and health care resources.
- ✓ Obtaining community input through:
    - o 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.
    - o A health survey which gathered a wide range of information which was distributed to identified stakeholders.

This document is a summary of all the available evidence collected during the Community Health Needs Assessment conducted in fiscal year September 30, 2019. 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 understand the unique health needs of the community served by Shannon and to document compliance with new federal laws outlined above.

Shannon 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 2,700 partners and employees in 40 offices. BKD serves more than 1,000 hospitals and health care systems across the country. The Community Health Needs Assessment was conducted during 2019.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of Shannon's Community Health Needs Assessment:

- ✓ An evaluation of the impact of actions taken to address the significant health needs identified in the fiscal year September 30, 2016 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 regarding patient origin. 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 (see references 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.
- ✓ Community input was provided through key informant interviews of seven informants, and 66 community health needs surveys. 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 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 (How many people are affected by the issue), 2) the seriousness of the problem (What are the consequences of not addressing the issue), 3) the prevalence of common themes and 4) the alignment with Shannon's Resources.
- ✓ An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

General Description of Shannon

The facility provides a variety of clinical services to meet each patient's needs and is the designated Lead Level 3 Trauma Center for the region, has a nationally recognized intensive care unit, provides critical care to newborns as young as 28 weeks gestation, performs state-of-the-art diagnostics in the radiology department, and provides complete testing and surgical capabilities for the cardiology patients, among many more services.

Mission and Vision

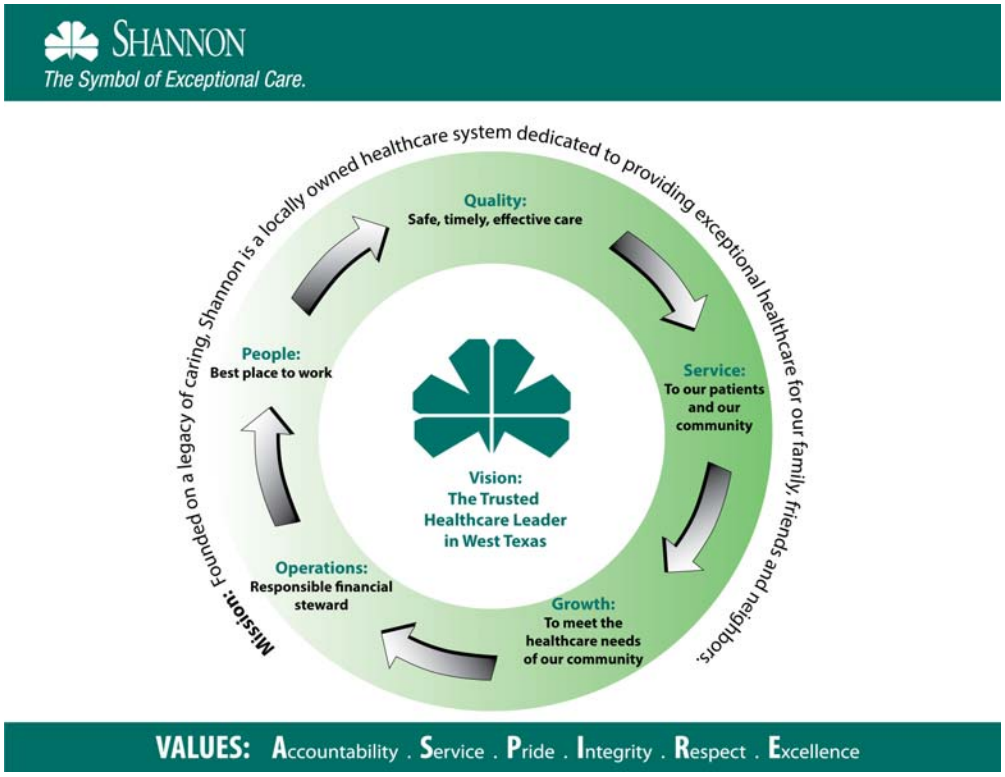
Shannon strives to create an environment committed to the values of accountability, service, pride, integrity, respect and excellence.

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 health care leader in West Texas.



Evaluation of Prior Implementation Strategy

The implementation strategy for fiscal years ended September 30, 2017 through September 30, 2019, focused on three strategies to address identified health needs. Action plans for each of the strategies are summarized below. Based on Shannon's evaluation for the fiscal year ending September 30, 2018, Shannon has either met their goals or is still in the process of meeting their goals for each strategy listed.

Priority 1: Healthy Living

- ✓ Shannon partners with San Angelo Independent School District to host an 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 FY17 and FY18, more than 1,000 community members participated at this event.
- ✓ Each October, Shannon organizes the Pink Ribbon Run for cancer awareness and education. This event features a 1 mile walk/run as well as a 5K and 10K race. Each year, more than 800 community members participate in this event.
- ✓ Shannon works with employers in the community to offer Worksite Wellness Programs to their employees. Some activities include educational lunch and learn seminars, health fairs, and resources. In FY17 and FY18, Shannon partnered with more than nine employer groups in the community and has served more than 1,800 participants.
- ✓ Shannon provides indigent/charity care services for low-income children, adults and elderly.
- ✓ Shannon has participated in over 26 local health fairs and health-related community events during FY17 and FY18 and has provided the following resources:
    - oProvided information on various health topics, including: health and wellness, cancer and chemotherapy, cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy, diabetes, trauma, stroke, and various specialized health demonstrations.
    - oProvided various health screenings, such as blood pressure checks and blood glucose tests.

Priority 2: Prevention and Disease Management

- ✓ Shannon has collaborated with Shannon Clinic to manage high-risk patients and improve access in the following ways:
    - oThe expansion to four Urgent Care Clinic locations.
    - oPhysician recruitment to increase access to primary and specialty care providers.
    - oPromote utilization of the Access Clinic to provide follow-up appointments post-discharge for patients that do not have a primary care provider.
    - oContinued partnership with MHMR Services of the Concho Valley to provide primary care services in the behavioral health setting.

- ✓ 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. This program provides a comprehensive team approach to managing high risk patients by utilizing patient navigators that report to an interdisciplinary team at Shannon. Care of the identified high risk patients, includes home visits from the patient navigator and/or member of the Shannon team in order to address health care issues as they arise and working towards goals of patient independence in health care management. The team coordinates the patients' healthcare with the primary care provider's guidance. Since the program's start in 2014, approximately 140 patients have been enrolled into this program and benefited from its services.
- ✓ Shannon has also participated and supported local initiatives that address prevention and disease management, such as American Cancer Society – Relay for Life, American Heart Association – Go Red, Pink Night at the Rodeo, Safe Kids – Community Safety Event, among others.

Priority 3: Education

- ✓ Shannon's Trauma Service Department coordinates the annual Gus Eckhardt Trauma Symposium. This is a full day of trauma related education for all health care practitioners in the region. More than 200 paramedics, nurses, physicians, midlevel providers, and law enforcement professionals participate in this event each year.
- ✓ 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 1,100 students benefited from these educational opportunities in FY17 and FY18.
- ✓ Regional efforts are provided to Regional Health Partnership 13 for the 1115 Waiver programs including technical assistance, guidance, educational event planning, survey administration and support.
- ✓ Shannon provides health and wellness presentations to numerous non-profits, businesses and organizations. Some of the organizations include: San Angelo Independent School District, Education Services Center Region 15, Reece Albert, San Angelo Rotary Club, and Angelo State University.
- ✓ Representatives from different departments provide support and participate in local health fairs and health-related community events. More than 3,500 community members participated at these events during FY17 and FY18.
- ✓ Shannon publishes the Healthbeat Newsletter Magazine and is delivered to 30,000 households. Shannon hosts Healthbeat Live Television segments each week on two local news stations to relay current health information and educational tips. In addition, Shannon has hosted multiple Healthbeat Live Seminars led by Shannon physicians that address various health topics, such as iLasik, GERD and LINX Procedure, breast cancer, multiple sclerosis, and bariatric surgery.

Summary of 2019 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. Adult Obesity
2. Lack of Health Knowledge/Education
3. Lack of Mental Health Providers
4. Shortage of Primary Care Physicians
5. Healthy Behaviors/Lifestyle

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

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing Shannon 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. For this reason, the utilization of hospital services provides the clearest definition of the community.

Based on the patient origin of acute care discharges from October 1, 2017, through September 30, 2018, management has identified the community of Tom Green County as the defined CHNA community. Tom Green County represents 71% of the inpatient discharges and 88% of the outpatient visits as reflected in *Exhibits 1.1* and *1.2* below. The CHNA will utilize data and input from the county to analyze the health needs of the community. Data for the top four zips codes within Tom Green 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.

Exhibit 1.1
Summary of Inpatient Discharges by Zip Code
10/1/2017 to 9/30/2018

Zip Code	City	Discharges	Percent Discharges
76903	San Angelo	3,924	26.0%
76901	San Angelo	2,691	17.8%
76904	San Angelo	2,460	16.3%
76905	San Angelo	998	6.6%
76902	San Angelo*	205	1.4%
Other Tom Green		464	3.1%
Total Tom Green		10,742	71.2%
All Other County Discharges		4,359	28.8%
Total Inpatient Discharges		15,101	100.0%

Source: Shannon Medical Center FY2018

Exhibit 1.2
Summary of Outpatient Discharges by Zip Code
10/1/2017 to 9/30/2018

Zip Code	City	Discharges	Percent Discharges
76903	San Angelo	30,537	29.9%
76901	San Angelo	22,854	22.4%
76904	San Angelo	21,463	21.0%
76905	San Angelo	8,885	8.7%
76902	San Angelo*	1,497	1.5%
Other Tom Green		4,433	4.4%
Total Tom Green		89,669	87.9%
All Other County Discharges		12,605	12.1%
Total Outpatient Discharges		102,274	100.0%

Source: Shannon Medical Center FY2018

Community Population and Demographics

The U.S. Bureau of Census compiled population and demographic data based on the American Community Survey 2013 – 2017, five-year estimates data sets. *Exhibit 2* below shows the total population of the community. It also provides the breakout of the community between male and female population, age, race/ethnicity and Hispanic population.

Exhibit 2
Demographic Snapshot
DEMOGRAPHIC CHARACTERISTICS (as of 2017)

Total Population

County	Population
Tom Green	116,906
Texas	27,419,612
United States	321,004,407

County	Male	Female
Tom Green	57,848	59,058
Texas	13,616,977	13,802,635
United States	158,018,753	162,985,654

Age Distribution

Age Group	Tom Green	% of Total	Texas	% of Total	United States	% of Total
0 - 4	8,019	6.9%	1,981,850	7.2%	19,853,515	6.2%
5 - 19	23,930	20.5%	5,999,081	21.9%	62,377,283	19.4%
20 - 24	10,263	8.8%	1,984,250	7.2%	22,501,965	7.0%
25 - 34	18,320	15.7%	4,002,129	14.6%	44,044,173	13.7%
35 - 44	12,581	10.8%	3,705,119	13.5%	40,656,419	12.7%
45 - 54	13,083	11.2%	3,494,999	12.7%	43,091,143	13.4%
55 - 64	13,631	11.7%	3,036,278	11.1%	40,747,520	12.7%
65+	17,079	14.6%	3,215,906	11.7%	47,732,389	14.9%
Total	**116,906**	**100.0%**	**27,419,612**	**100.0%**	**321,004,407**	**100.0%**

Race/Ethnicity

County	White	Black	Hispanic	American Indian & Alaska Native	Asian	Other
Tom Green	63,505	4,682	45,407	215	1,338	1,759
Percentage	54.32%	4.00%	38.84%	0.18%	1.14%	1.50%
Texas	11,755,493	3,199,022	10,673,909	65,883	1,222,975	502,330
Percentage	42.87%	11.67%	38.93%	0.24%	4.46%	1.83%
United States	197,277,789	39,445,495	56,510,571	2,098,763	16,989,540	8,682,249
% of Community	61.46%	12.29%	17.60%	0.65%	5.29%	2.70%

Data Source: US Census Bureau, American Community Survey. 2013-17.

While the relative age of the community population can influence community health needs, so can the ethnicity and race of a population. The population of the CHNA community by race and ethnicity illustrates different categories such as, white, black, Asian, Hispanic, American Indian and other. White non-Hispanics make up almost 55% of the community while Hispanics make up about 39% of the CHNA community. The community is comprised of a higher percentage of seniors at 14.6% as compared to the state (11.7%) and a lower percentage as compared to the nation (14.9%). The 25-34 year old age group also has a higher rate in Tom Green as compared to the Texas and US rates.

Exhibit 3 reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table helps to understand why transportation may or may not be considered a need within the community, especially within the rural and outlying populations.

Exhibit 3
Urban/Rural Population

Zip Code	Percent Urban	Percent Rural
76903	95.32%	4.68%
76901	79.40%	20.60%
76904	91.36%	8.64%
76905	70.17%	29.83%
Tom Green	84.36%	15.64%
Texas	84.70%	15.30%
United States	80.89%	19.11%

Source: Community Commons (2010)

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 per capita income, unemployment rates, uninsured population, poverty and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the community to Texas and the United States.

Income and Employment

Exhibit 4 presents the per capita income for the community. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. Tom Green County's per capita income is below the state of Texas and the United States. There is a large disparity between zip codes 76903 and 76904 within the community; which 76903 having per capita income well below Texas and the United States.

Exhibit 4
Per Capital Income

	Total Population	Aggregate Household Income ($)	Per Capita Income ($)
76903	32,103	$ 631,313,100	$ 21,126
76901	29,879	$ 804,560,100	$ 27,956
76904	34,828	$ 1,140,781,000	$ 33,496
76905	13,129	$ 322,100,100	$ 25,107
Tom Green	116,906	$ 3,019,605,400	$ 27,513
Texas	27,419,612	$ 762,719,105,900	$ 28,985
United States	321,004,407	$ 9,658,475,311,300	$ 31,177

Data Source: US Census Bureau, American Community Survey. 2013-17.

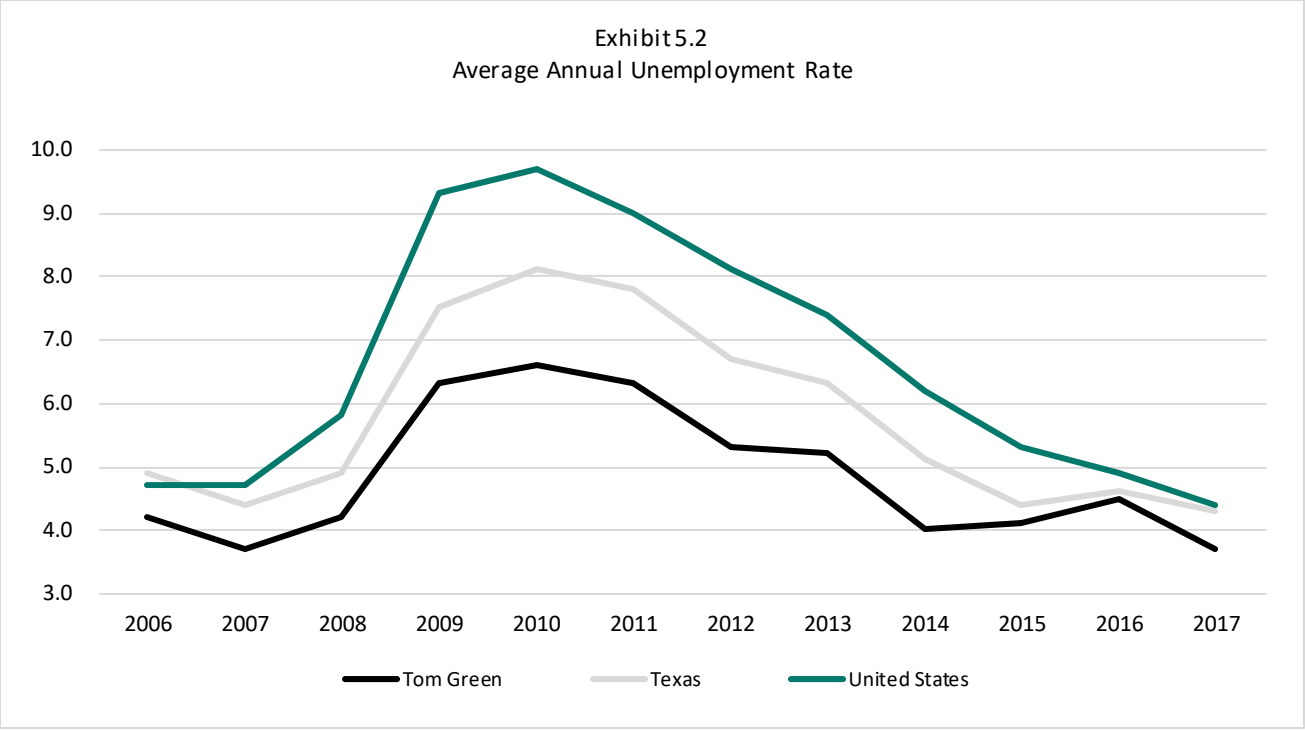
Unemployment Rate

Exhibit 5.1 presents the average annual resident unemployment rates for the counties in the community, Texas and the United States. On average, the unemployment rates for the community are lower than both the United States and the state of Texas. *Exhibit 5.2* illustrates that unemployment rates for the community had risen and peaked in 2010. The following years depicted a decline until recent uptick in 2015 and 2016.

Exhibit 5.1
Average Annual Unemployment Rate

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Tom Green	4.2	3.7	4.2	6.3	6.6	6.3	5.3	5.2	4.0	4.1	4.5	3.7
Texas	4.9	4.4	4.9	7.5	8.1	7.8	6.7	6.3	5.1	4.4	4.6	4.3
United States	4.7	4.7	5.8	9.3	9.7	9.0	8.1	7.4	6.2	5.3	4.9	4.4

Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 – March



Poverty

Exhibit 6 presents the percentage of total population below 100% Federal Poverty Level (FPL). 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.

Low-income residents often postpone seeking medical attention until health problems become aggravated, creating a greater demand on a given community's medical resources. This includes reliance upon emergency room services for otherwise routine primary care. Often uninsured, the low-income demographics' inability to pay for services further strains the medical network. Low-income residents are also less mobile, requiring medical services in localized population centers. This places additional pressure on those providers already in high demand. Since the prior CHNA, all zip codes have seen a decrease in the percent in poverty for the community.

Exhibit 6
Population Below 100% FPL

	Population (for Whom Poverty Status is Determined)	Population in Poverty	Percent in Poverty
76903	31,200	6,843	21.9%
76901	29,776	3,221	10.8%
76904	32,835	2,642	8.0%
76905	13,088	1,272	9.7%
Tom Green	111,067	14,339	12.9%
Texas	26,794,198	4,291,384	16.0%
United States	313,048,563	45,650,345	14.6%

Data Source: US Census Bureau, American Community Survey. 2013-17.

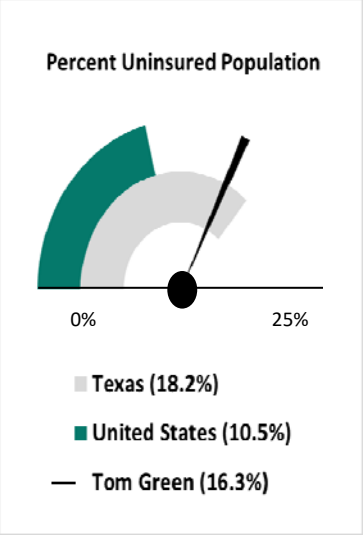
Uninsured

Exhibit 7 reports the percentage of the total civilian noninstitutionalized 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 table below shows the main zip codes. Zip code 76903 has the highest percentage of uninsured and is the only zip code higher than Texas and the United States rate. Since the prior CHNA, Tom Green County has seen a decrease in the percent uninsured, from 20.07% to 16.3%.

Exhibit 7
Health Insurance Coverage Status by Age

	Population (Civilian Noninstitutionalized)	Total Uninsured	Percent Uninsured
76903	31,073	6,841	22.0%
76901	29,719	5,118	17.2%
76904	34,272	3,989	11.6%
76905	12,820	1,621	12.6%
Tom Green	112,051	18,266	16.3%
Texas	26,943,687	4,916,911	18.2%
United States	316,027,641	33,177,146	10.5%

Data Source: US Census Bureau, American Community Survey. 2013-17.



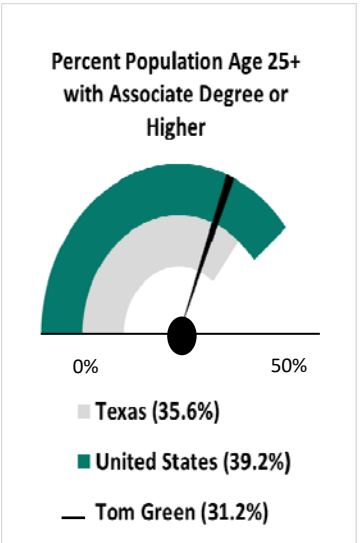
Education

Exhibit 8 presents educational attainment with an associate-level degree or higher for Tom Green County, Texas and the United States. This is relevant because educational attainment has been linked to positive health outcomes. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. As noted in *Exhibit 8*, the percent of residents in the community obtaining an associate degree or higher is below the state and national percentages. The only zip code that has a greater percentage of population with an associate degree or higher is 76904.

Exhibit 8
Educational Attainment of Population Age 25 and Older

	Total Population Age 25 and Older	Population with Associate Degree or Higher	Percent with Associate Degree or Higher
76903	21,495	3,762	17.5%
76901	20,279	5,931	29.2%
76904	21,678	10,426	48.1%
76905	7,842	2,126	27.1%
Tom Green	74,964	23,401	31.2%
Texas	17,454,431	6,218,904	35.6%
United States	216,271,644	84,805,084	39.2%

Data Source: US Census Bureau, American Community Survey. 2013-17.



Physical Environment of the Community

A community's health also is affected by the 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 touch on a few of the elements that relate to some needs mentioned throughout the report.

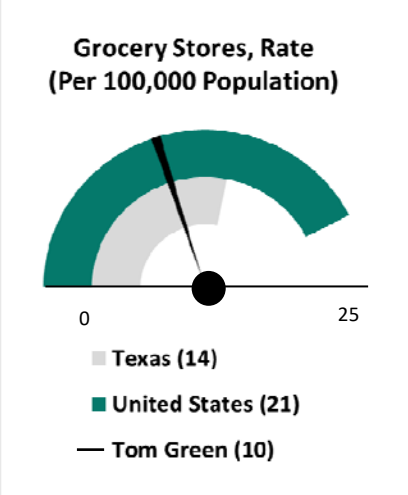
Grocery Store Access

Exhibit 9 reports the number of grocery stores per 100,000-population. 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. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Exhibit 9
Grocery Store Access

	Total Population	Number of Establishments	Establishments Rate per 100,000
Tom Green	116,906	12	10.3
Texas	27,419,612	3,457	13.8
United States	321,004,407	65,399	21.2

Data Source: US Census Bureau, County Business Patterns
Additional data analysis by CARES. 2016.



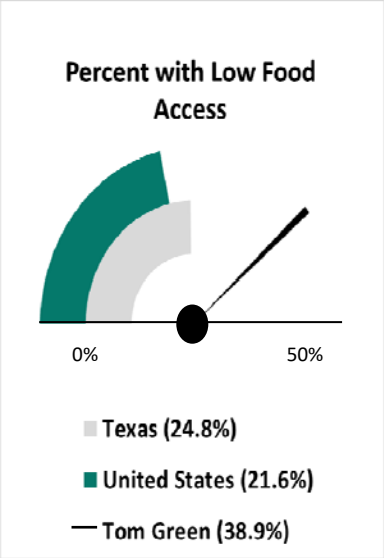
Food Access/Food Deserts

Exhibit 10 reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. The information is relevant because it highlights populations and geographies facing food insecurity. Tom Green County as a whole has a population with low food access. Tom Green is well over the state and national average.

Exhibit 10
Population with Low Food Access

	Total Population	Population with Low Food Access	Percent with Low Food Access
Tom Green	116,906	45,420	38.9%
Texas	27,419,612	6,807,728	24.8%
United States	321,004,407	69,266,771	21.6%

Data Source: US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2015.



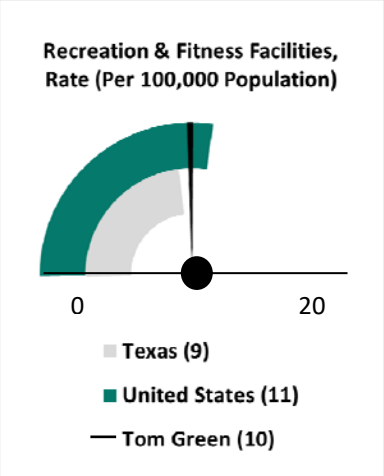
Recreation and Fitness Access

Exhibit 11 reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. *Exhibit 11* shows Tom Green County has more fitness establishments available to the residents of the community than Texas, while having fewer establishments available to residents than the national average.

Exhibit 11
Recreation and Fitness Facility Access

	Total Population	Number of Establishments	Establishments Rate per 100,000
Tom Green	116,906	11	9.9
Texas	27,419,612	2,347	9.3
United States	321,004,407	33,980	11.0

Data Source: US Census Bureau, County Business Patterns
Additional data analysis by CARES. 2016.



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 uninsurance, 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.

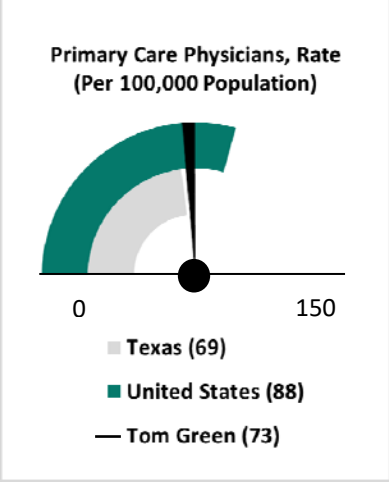
Access to Primary Care

Exhibit 12 reports the number of primary care physicians per 100,000-population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded. This is relevant because a shortage of health professionals contributes to access and health status issues.

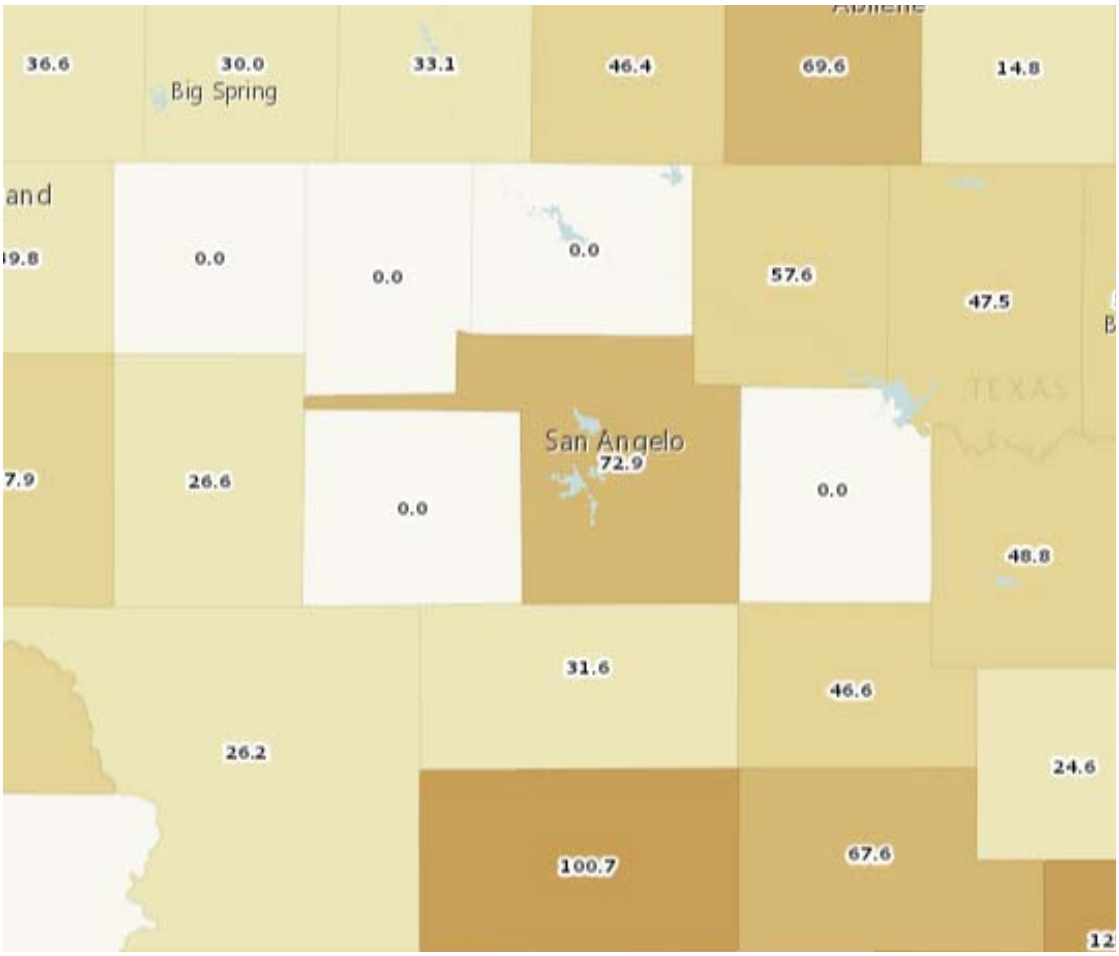
Exhibit 12
Access to Primary Care

	Total Population 2014	Primary Care Physicians 2014	Primary Care Physicians Rate per 100,000
Tom Green	116,608	85	72.9
Texas	26,956,958	18,511	68.7
United States	318,857,056	279,871	87.8

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.



Although the *Exhibit 12* shows Tom Green County as having a greater rate of primary care physicians than the state, the map below shows many of the surrounding counties are lacking sufficient access to primary care. Many of the hospitals located in these counties are short-term and critical access hospitals, while some counties do not even have a hospital located within them. Residents in the surrounding counties rely on medical providers located in Tom Green County. The rate of primary care physicians per 100,000 population for the counties is listed within the border of the counties on the map. The deeper the color of brown, the higher the ratio of population to primary care physicians in the county is.



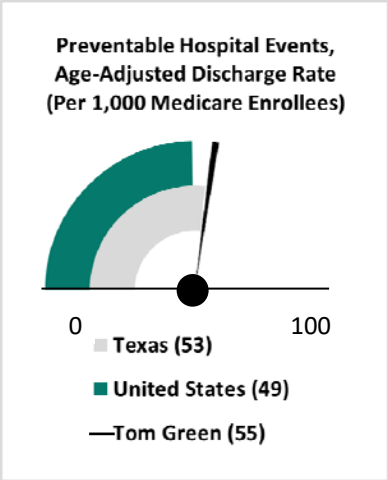
Preventable Hospital Events

Exhibit 13 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions, which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible "return on investment" from interventions that reduce admissions, *i.e.*, for uninsured or Medicaid patients, through better access to primary care resources.

Exhibit 13
Preventable Hospital Events

	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Tom Green	9,885	538	54.5
Texas	1,497,805	79,741	53.2
United States	22,488,201	1,112,019	49.4

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015.



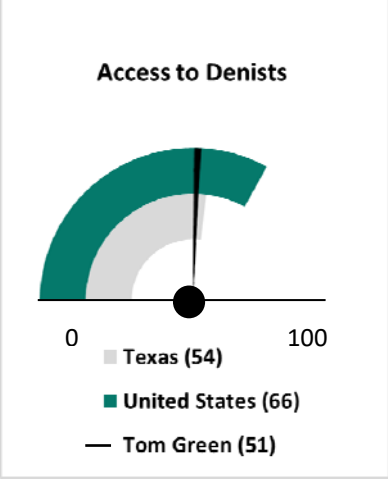
Access to Dentists

Exhibit 14 reports the number of dentists per 100,000. This indicator includes all dentists, qualified as having a doctorate in dental surgery (D.D.S) or dental medicine (D.M.D), who are licensed by the state to practice dentistry and who are practicing within the scope of those licenses.

Exhibit 14
Access to Dentist

	Total Population 2015	Dentists 2015	Dentists Rate per 100,000
Tom Green	118,105	60	50.8
Texas	27,469,114	14,857	54.1
United States	321,418,820	210,832	65.6

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015.



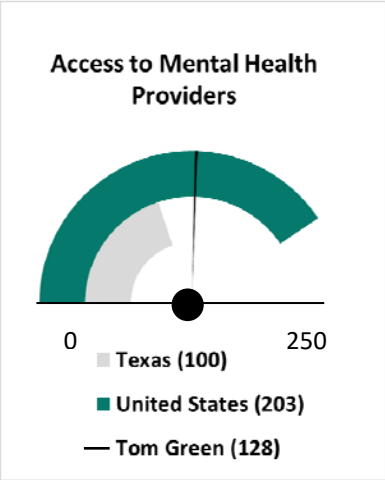
Access to Mental Health Providers

Exhibit 15 reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Exhibit 15
Access to Mental Health Providers

	Estimated Population	Number of Mental Health Providers	Mental Health Care Providers Rate per 100,000
Tom Green	118,368	151	127.5
Texas	27,620,211	27,513	99.6
United States	317,105,555	643,219	202.8

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2018.



Health Status of the Community

This section of the assessment reviews the health status of the community with comparisons to 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 county residents that make up the community 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, 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. 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
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, 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 and the United States. 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 16 reflects the leading causes of death for Tom Green county residents and compares the rates, per hundred thousand, to Texas average rates, per hundred thousand.

Exhibit 16
Selected Causes of Resident Deaths: Number and Crude

	Age-Adjusted Death Rate per 100,000 Population		
	Tom Green	Texas	United States
Cancer	**152.5**	153.4	160.9
Coronary Heart Disease	**59.2**	98.6	99.6
Drug Poisoning	**9.8**	9.6	15.6
Homicide	**4.7**	5.4	5.5
Lung Disease	**50.8**	41.2	41.3
Motor Vehicle Accident	**16.7**	13.9	11.3
Stroke	**34.1**	41.7	36.9
Suicide	**13.1**	12.2	13.0
Unintentional Injury	**40.4**	37.6	41.9

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2012-16.

The table above shows leading causes of death within Tom Green County as compared to the state of Texas and also to the United States. The rate is shown per 100,000 residents. The rates highlighted in red represent Tom Green County and corresponding leading cause of death that is greater than the state rates. As the table indicates, lung disease, motor vehicle accident, drug poisoning, unintentional injury and suicide are greater than the Texas and national rates.

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).

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 Tom Green County to Texas as well as to a national benchmark as seen in *Exhibit 17*. 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.

Health Outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures. The following tables show Tom Green County's mortality and morbidity outcomes have mostly remained consistent with the prior Community Health Needs Assessment.

Exhibit 17
County Health Rankings – Health Outcomes

		Tom Green County 2015	Tom Green County 2018		TX 2018	Top US Performers 2018
Mortality	*	**80**	**89**	↑		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)		7,400	7,700	↑	6,700	5,300
Morbidity	*	**85**	**61**	↓		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)		19%	18%	↓	18%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)		3.5	3.7	↑	3.5	3.0
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		3.2	3.4	↑	3.4	3.1
Low birth weight – Percent of live births with low birth weight (<2500 grams)		8.0%	8.0%	–	8.0%	6.0%

* Rank out of 242 Texas counties
Source: Countyhealthrankings.org

Tom Green County
County Health Rankings – Health Factors

		Tom Green County 2015	Tom Green County 2018		TX 2018	Top US Performers 2018
Health Behaviors	*	118	94	↓		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke		16.0%	15.0%	↓	14.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30		26.0%	27.0%	↑	28.0%	26.0%
Food environment index^ – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)		6.4	6.7	↑	6.0	8.6
Physical inactivity – Percent of adults aged 20 and over reporting no leisure time physical activity		30.0%	25.0%	↓	24.0%	20.0%
Access to exercise opportunities^ – Percentage of population with adequate access to locations for physical activity		72.0%	76.0%	↑	81.0%	91.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days		18.0%	19.0%	↑	19.0%	13.0%
Alcohol-impaired driving deaths – Percent of motor vehicle crash deaths with alcohol involvement		38.0%	28.0%	↓	28.0%	13.0%
Sexually transmitted infections – Chlamydia rate per 100K population		579.1	639.8	↑	523.6	145.1
Teen births – Female population, ages 15-19		52.0	42.0	↓	41.0	15.0
Clinical Care	*	18	18	–		
Uninsured adults – Percent of population under age 65 without health insurance		23.0%	18.0%	↓	19.0%	6.0%
Primary care physicians – Number of population for every one primary care physician		1,400	1,480	↑	1,670	1,030
Dentists – Number of population for every one dentist		1,880	1,940	↑	1,790	1,280
Mental health providers – Number of population for every one mental health provider		800	780	↓	1,010	330
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		50.0	54.0	↑	53.0	35.0
Diabetic screening^ – Percent of diabetic Medicare enrollees that receive HbA1c screening		87.0%	88.0%	↑	84.0%	91.0%
Mammography screening^ – Percent of female Medicare enrollees that receive mammography screening		60.0%	61.0%	↑	58.0%	71.0%

Tom Green County
County Health Rankings – Health Factors

		Tom Green County 2015	Tom Green County 2018		TX 2018	Top US Performers 2018
Social & Economic Factors	*	83	71	↓		
High school graduation^ – Percent of ninth grade cohort that graduates in 4 years		89.0%	90.0%	↑	89.0%	95.0%
Some college^ – Percent of adults aged 25-44 years with some post-secondary education		59.0%	57.0%	↓	60.0%	72.0%
Unemployment – Percent of population age 16+ unemployed but seeking work		4.0%	4.5%	↑	4.6%	3.2%
Children in poverty – Percent of children under age 18 in poverty		21.0%	20.0%	↓	22.0%	12.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile		4.7	4.3	↓	4.9	3.7
Children in single-parent households – Percent of children that live in household headed by single parent		36.0%	35.0%	↓	33.0%	20.0%
Social associations^ – Number of membership associations per 10,000 population		12.1	11.7	↓	7.6	22.1
Violent Crime Rate – Violent crime rate per 100,000 population (age-adjusted)		270.0	281.0	↑	408.0	62.0
Injury deaths – Number of deaths due to injury per 100,000 population		60.0	60.0	—	55.0	55.0
Physical Environment	*	49	103	↑		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter		10.0	7.2	↓	8.0	6.7
Drinking Water Violations – Percentage of population getting water from a public water system with at least one health-based violation		N/A	Yes	↑	N/A	N/A
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		14.0%	15.0%	↑	18.0%	9.0%
Driving alone to work – Percentage of the workforce that drives alone to work		79.0%	81.0%	↑	80.0%	72.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes		10.0%	11.0%	↑	37.0%	15.0%

* Rank out of 242 Texas counties

^ 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

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. The following summary shows some of the major improvements from the prior Community Health Needs Assessment to current year and challenges faced by Tom Green County in Shannon's community. The improvements/challenges shown below in *Exhibit 18* were determined using a process of comparing the rankings of Tom Green County's health outcomes in the current year to the rankings in the prior Community Health Needs Assessment. If the current year rankings showed an improvement or decline of four percent or four points, they were included in the charts below. See *Exhibit 17* on the previous pages for the full list of health factor findings and comparisons between the prior needs assessment information and current year information.

Exhibit 18
Tom Green County Improvements and Challenges

Improvements	Challenges
Adult Smoking – percent decreased from 16% to 15%	Premature Death – number increased from 7,400 to 7,700
Alcohol-Impaired Driving Deaths – percent decreased from 38% to 28%	Adult Obesity – percent increased from 26% to 27%
Uninsured Adults – percent decreased from 23% to 18%	Excessive Drinking – percent increased from 18% to 19%
Physical Inactivity – percent decreased from 30% to 25%	Sexually Transmitted Infections – rate increased from 579.1 to 639.8
Access to Exercise Opportunities – percent increased from 72% to 76%	Violent Crime Rate – rate increased from 270 to 281

As can be seen from the summarized tables above, there are numerous areas that have room for improvement when compared to the state statistics. However, there are also significant improvements made within Tom Green County from the prior Community Health Needs Assessment.

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

Diabetes (Adult)

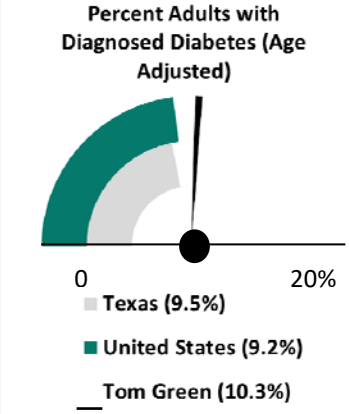
Exhibit 19 reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Exhibit 19
Population with Diagnosed Diabetes

	Total Population Age 20 and Older	Population with Diagnosed Diabetes	Percent* with Diagnosed Diabetes
Tom Green	85,660	9,337	10.3%
Texas	19,455,240	1,895,549	9.5%
United States	241,492,750	24,722,757	9.2%

* Age-adjusted Rate

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.



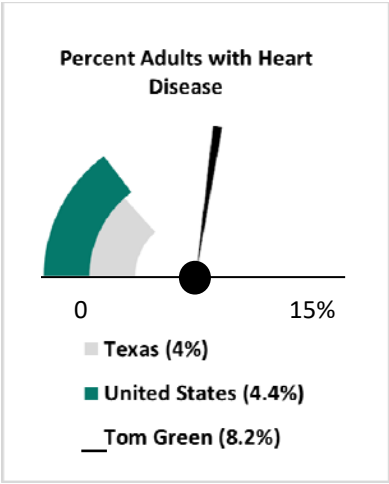
Heart Disease (Adult)

Exhibit 20 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they have coronary heart disease or angina. This is relevant because coronary 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.

Exhibit 20
Population with Heart Disease

	Survey Population Age 18 and Older	Population with Heart Disease	Percent with Heart Disease
Tom Green	80,905	6,670	8.2%
Texas	18,337,915	726,947	4.0%
United States	236,406,904	10,407,185	4.4%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.



Obesity

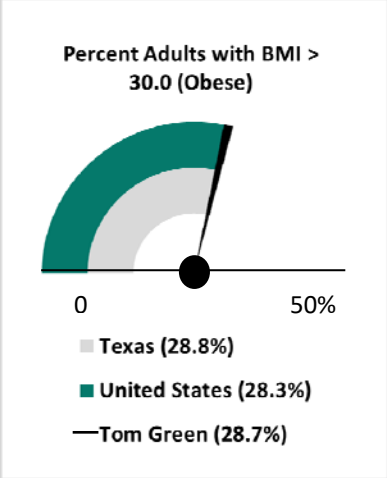
Exhibit 21 reports the percentage of adults aged 20 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Exhibit 21
Population with Obesity

	Total Population Age 20 and Older	Population with BMI > 30.0 (Obese)	Percent* with BMI > 30.0 (Obese)
Tom Green	85,793	24,537	28.7%
Texas	19,451,593	5,632,512	28.8%
United States	238,842,519	67,983,276	28.3%

* Age-adjusted Rate

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.



Key Stakeholder Interviews

Interviewing key stakeholders (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

Seven key stakeholder interviews were conducted. 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.

Two representatives from Shannon Medical Center contacted the individuals selected for interviewing. Shannon's services area includes: Brown, Coke, Concho, Coleman, Crockett, Howard, Irion, Kimble, Mason, McCulloch, Menard, Mills, Mitchell, Nolan, Pecos, Reagan, Runnels, San Saba, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, and Val Verde counties. Many of the interviewee's organizations represent similar populations. If the respective key informants agreed to an interview, an interview time and place was scheduled. Most of the interviews were conducted at the interviewee's workplace.

All interviews were conducted using a standard questionnaire. A copy of the interview is included in Appendix D. A summary of the opinions is reported without judging the truthfulness or accuracy of their remarks. Leaders provided comments on various issues, including:

- ✓ 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 Tom Green County residents 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

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 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 Stakeholder Profiles

Key stakeholders from the community worked for the following types of organizations and agencies:

- ✓ Social service agencies
- ✓ Public health agencies
- ✓ Industry
- ✓ Medical providers

Key Stakeholder Interview Results

The interview questions for each key stakeholder 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

This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements.

Summarized Interview Results

The questions on the interview instrument are grouped into four major categories for discussion. The interview questions for each key stakeholder were identical. A summary of the stakeholder's responses by each of the 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 stakeholder said without assessing the credibility of their comments.

1. General Opinions Regarding Health and Quality of Life in the Community

The key stakeholders were asked to rate the health and quality of life in their respective county or 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 for the community. Lastly, key stakeholders were asked to provide support for their answers.

All of the stakeholders reported the health in the community ranked from average to good. Four key stakeholders noted that health and quality of life had stayed the same, and two key stakeholders noted the health and quality of life had improved. Several stakeholders noted that while there is access to health services in the area, the utilization of the services has not increased.

Several individuals noted that a contributor to the improvement was an increase in access to services. A reduction of repeat diagnosis and providers encouraging individuals to take charge of their own health were reasons the key stakeholders felt the health in the community had improved in the last three to five years. Safety in the community was also noted as a factor for increased health in the community. When communities feel safe, residents are more likely to get out and be active. Finally, an increase in access to fitness facilities was also noted as an improvement.

A lack of continuity of care and ongoing drug issues in the community were generally seen as issues that keep the health and quality of life from being better. One key stakeholder also noted that there are still many people that will not take part in preventive care and therefore do not seek out services until they have more serious health conditions.

2. Underserved Populations and Communities of Need

Key stakeholders 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 stakeholders to provide their opinions as to why they thought these specific populations were underserved or in need. We asked each key stakeholder to consider the specific population they serve or those with which they usually work. Responses to this question varied.

Some populations that were mentioned include: the elderly, Hispanics, the incarcerated, drug users, the working poor, the homeless, and the mentally ill.

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

3. Barriers

Key stakeholders were asked what barriers or problems keep community residents from obtaining necessary health services in their community.

Responses from key stakeholders included lack of health insurance, inability to afford co-pays, shortage of providers, including mental health providers, inconvenient hours/locations, transportation, and a lack of desire by some to maintain a healthy lifestyle.

In general, an increase in access to health services was noted as an improvement, but several commented that the demand had outpaced the increased access. Additionally, some noted that wait times for appointments were still too long, hours and locations were often inconvenient, and the working poor were often not able to take off work to schedule necessary appointments.

4. Most Important Health and Quality of Life Issues

Key stakeholders 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:

- Overall health education of the community
- Shortage of health providers, including mental health

Other issues that were reported included better marketing and advertising of services that are available in the community and how residents should go about accessing those services. Key stakeholders stated there is a need for dental providers for the low income, and improved means of transportation.

Key Findings

- Many community organizations are working to develop strategies and collaborations to positively address health needs and quality of life.
- Substance abuse and mental health issues were noted by multiple sources as being factors that decrease health in the community.
- Lower socioeconomic status continues to represent a significant barrier to achieving a higher quality of life.
- Health care access has increased in the last three years, but there is still a very high demand and specialty services that are needed.
- While some felt that the community at large does a good job of taking ownership in preventative care, most felt like there is still significant room for improvement.
- Shannon's educational programs provide opportunities for the community and are well received.
- There is a need for more access to specialists in the community.

"Being in a remote location gives us a sense of community and encourages community partners to work together."

"There is a big opportunity to inform the community of the available resources. Proactive and preventive care needs to be supplied instead of reactive."

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"As long as a program has the right leader, it's successful. In addition, these partnerships and initiatives need a strong lead organization."

"We need to have someone (such as social work or community health worker) to help these populations (mentally ill, working poor, uninsured) navigate resources and help walk through the process. This population gets treated differently, which inhibits their likelihood to get and receive services. They are in need of an advocate."

Community Input – Key Informant Survey

Obtaining input from key informants (persons with knowledge of or expertise in public health, community members who represent the broad interest of the community or persons representing vulnerable populations) is a technique employed to assess public perceptions of the county's health status and unmet needs. This input is 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

Electronic surveys were distributed to 140 informants representing Shannon Medical Center's service area. Informants were determined based on a) their specialized knowledge or expertise in public health, b) their involvement with underserved and minority populations or c) their affiliation with local government, schools and industry.

Sixty-six informants provided input through an online community health survey on the following issues:

- ✓ Health and quality of life for residents of the primary community
- ✓ Underserved populations and communities of need
- ✓ Barriers to improving health and quality of life for residents of the community
- ✓ Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

The survey consisted of a series of nine questions. 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. Please refer to *Appendix E* for a copy of the survey instrument.

Key Informant Profiles

Key informants who were asked to participate in the online survey worked for the following types of organizations and agencies:

- ✓ Shannon Medical Center
- ✓ Social service agencies
- ✓ Local school systems and universities
- ✓ Public health agencies
- ✓ Other medical providers
- ✓ Local elected officials and governmental agencies
- ✓ Local businesses

Key Informant Survey Results

The questions on the survey were grouped into four major categories. A summary of the informants' responses by each of the 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 informant 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 Tom Green County. They were also asked to provide their opinion on 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.

Twenty-three percent (15 out of 66) rated the health and quality of life as "very good". Fifty-seven percent (38 out of 66) of the key informants rated the health and quality of life in Tom Green County as "average".

When asked whether the health and quality of life had improved, declined or stayed the same, 38% of those that responded to this question felt the health and quality of life had improved over the last few years. Twenty-three percent expressed they thought the health and quality of life had declined over the last three years and 39% responded the health and quality of life in the community had stayed the same. When asked why they thought the health and quality of life had improved, key informants noted an expansion of health care options, education to the community, and an increase of treatment options provided by Shannon were contributed to improved health. On the other hand, informants noted that mental health issues, obesity, and obesity related illnesses were still affecting the community. Also noted was the improved knowledge and skills of the medical personnel within the community. With a higher quality of care provided, the overall health of the community has been enhanced.

Key informants noted other positive factors such as increased community awareness and availability of healthy activities. Additional parks were added, general upkeep to public spaces for recreation upgraded the facilities, and public and private initiatives about living healthy were started.

"We have seen a great increase in facilities, treatment, and especially the quality of doctors and staff. I personally have had increased types of treatment and doctors with skills I have never seen."

"In my opinion, the number one health problem is obesity and complications such as diabetes. This issue has markedly worsened over the past 25 years. Also, mental health issues are still a major concern. Hopefully, access and education in these areas will start to help."

"I have seen more parks, walking/biking paths, and more opportunities for exercise in our community. There is also a stronger buy-in from our local governmental and private organizations to provide the impetus for people to be more active."

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. They were also asked to provide their opinions as to why they thought these populations were underserved or in need. Each key informant was asked to consider the specific populations they serve or those with which they usually work.

Persons living with low-incomes and in poverty, including the homeless, were stated to be the most likely candidates to be medically underserved by the key informants. This is due to the lack of access to affordable health care services. People within these demographics have a lack of financial resources to seek out medical care, and receive the help needed. Informants mentioned that even if the low-income family had health insurance, access continues to be challenging due to not having the means to travel to appointments, or the option to miss work.

Persons with mental health needs were also identified as a population whose health needs are not being met in the community. A lack of resources, education, or healthy lifestyle choices were all cited as reasons these issues often go untreated. Wait time for appointments and lack of providers were noted as a barrier for treatment. Interviewees indicated that mental health patients are complicated to serve and often chronic health conditions accompany mental health issues. For these patients, there is a need for more coordinated care.

Several informants also mentioned the uninsured and underinsured as populations with lower health or quality of life. Without adequate insurance, many individuals choose to postpone treatment or preventative care. In addition, some providers do not accept certain forms of insurance, which limits access to primary care and preventative services.

Key informants were then asked to provide opinions regarding actions that should be taken to respond to the identified needs above. Many informants suggested increased education and awareness of health issues, especially within the low income and homeless populations. They also suggested that employees and local community groups should find ways to encourage individuals increase healthy daily living habits.

Informants suggested increasing facilities for mental health issues and drug treatment options. For people searching for options, they felt the community has too few to choose from. It was also noted that additional drug programs should be considered. Interviewees also noted that dependence on narcotics, illegal or legal, has negative side effects that change the overall health of the community. Education on the side effects of drug usage would discourage the population from using drugs.

Many informants noted the need for affordable healthy food options. The access to cheap fast food options is a key factor to the overall health of the community. For low-income households, many feel that it is too expensive to buy a quality meal. Informants noted that by addressing unhealthy eating and lack of fresh food now will help to improve health outcomes in the future. Some also felt that employers and local community groups could be instrumental in encouraging individuals to increase healthy daily living habits.

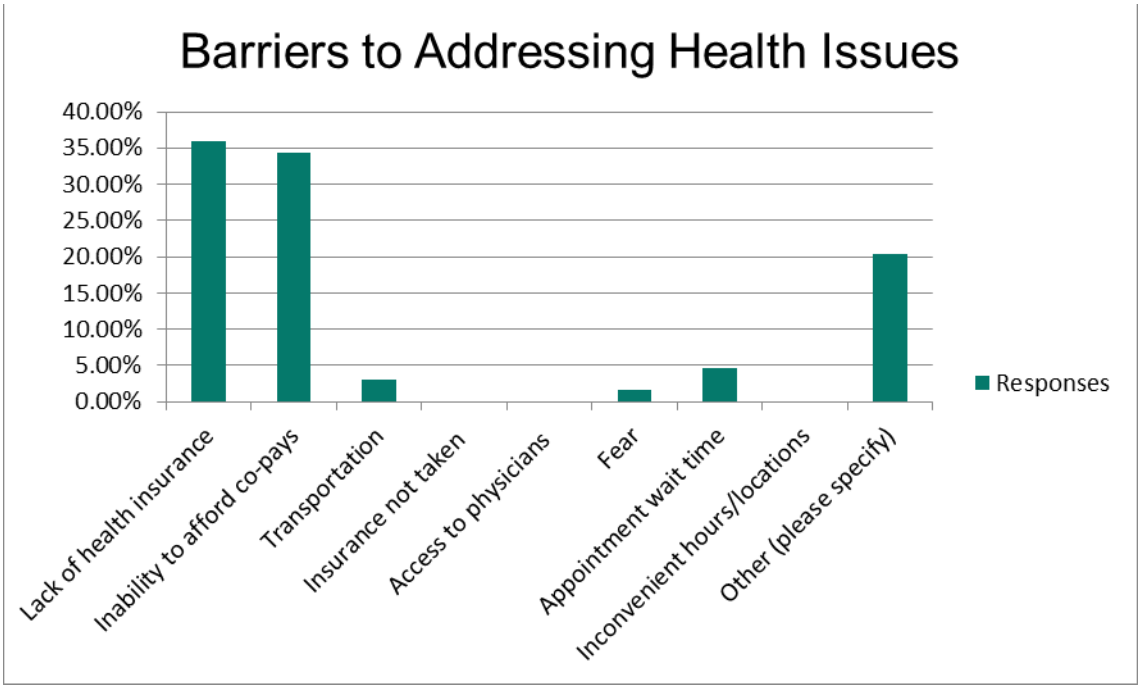
"Individuals need help understanding what resources are available to them and help applying for assistance. In most cases, this takes time and one-on-one education."

"These individuals [individuals with mental illness or in search of rehabilitation] have few options to turn to for assistance, so individuals who are sincerely seeking treatment often have to wait for weeks or longer to get into a treatment program."

"The economically disadvantaged population does not have access to health care and does not have the financial means to eat healthy and join a gym. In order to assist the economically disadvantaged population, education on how to have access to the needed resources and assistance needs to be taken to the neighborhood of the economically disadvantaged."

3. Barriers

The survey included an assessment of community perceptions of major barriers to addressing health issues. The overwhelming majority of respondents strongly agreed or agreed that being uninsured/underinsured (36%), and inability to afford co-pays and/or deductibles (34%) are big barriers to health care. Other barriers include lack of medical providers and the cost of health care services.

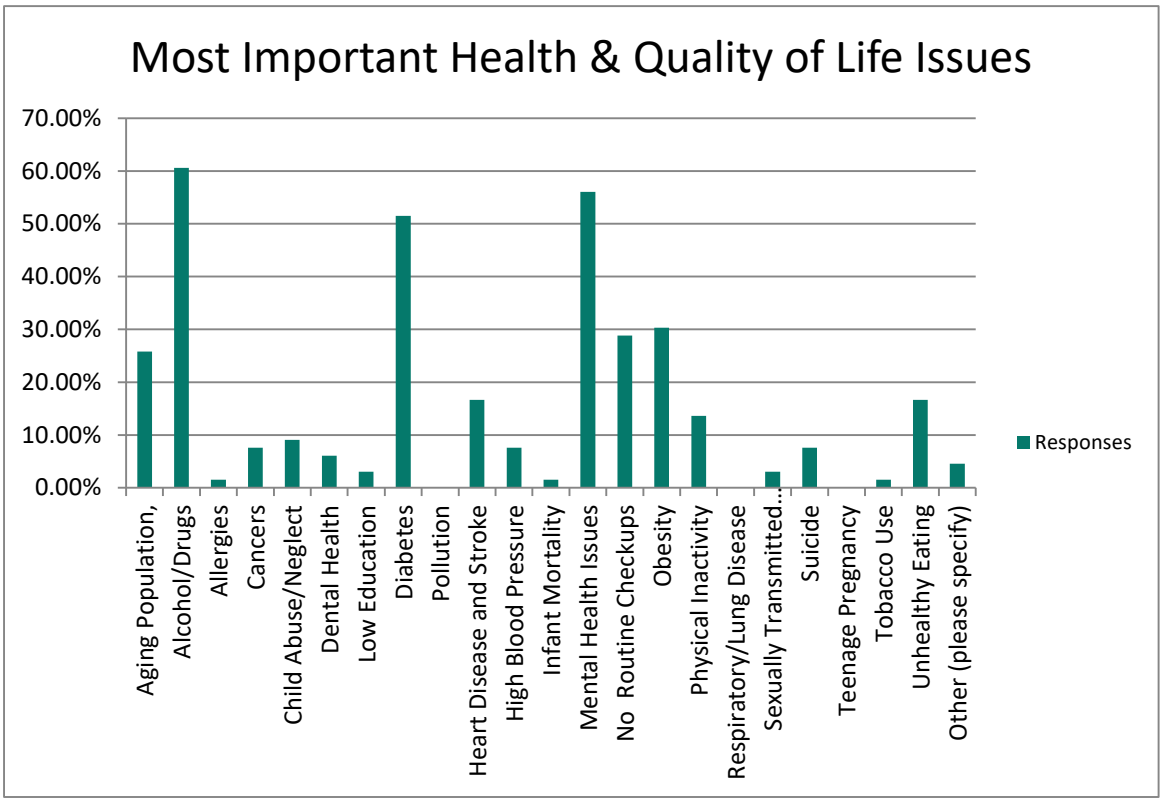


Other items listed by informants when asked what other barriers exist to address health issues include:

1. Lack of knowledge of resources and assistance
2. Time consumption of the process
3. Denial of health issues

4. Most Important Health and Quality of Life Issues

The survey solicited input from participants regarding health problems of the community. Alcohol/drugs, obesity, diabetes, unhealthy eating/food insecurity and mental health issues were identified as the biggest health and quality of life issues in the community.



"Diabetes and heart disease/stroke are explosive chronic conditions that need outreach and community-based case management for prevention."

"Obesity. Many times we focus on the health effects that result such as diabetes and heart disease. Prevention is critical."

"Add programs and staff to be available in the outpatient setting to address social determinants of health. This includes screening for and assisting when social needs arise."

Additional Survey Results

- ✓ When asked what needs to be done to address the critical issues, participants indicated the following:
  - o Increase transportation options to gain access to health care providers
  - o Establish collaborations with mental health providers to educate the public
  - o Education on healthy living and eating, particularly within schools and geared towards youth.
  - o Work to find a balance between social and health needs of the community
  - o Increase access to mental health services and providers.
  - o Better access to nutritious foods to help with chronic health conditions such as obesity.
- ✓ When asked to provide input regarding what the hospital should focus on over the next 3-5 years, participants provided the following input:
  - o Educate about preventable health issues, such as obesity and diabetes
  - o Establish outreaches for healthy lifestyle behaviors and practical applications
  - o Improve access to health care facilities/physicians
  - oImprove cooperation, collaboration and communication with other providers, health care employees and social organizations
  - o Encourage community leaders to endorse healthier lifestyles for employees
  - o Collaborate with all health facilities to include drug/alcohol treatment services

Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (see *Appendix C*), Shannon's community has a moderate-level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip codes in the community that have the highest need in the community are listed in *Exhibit 22*. The median CNI score for Tom Green County is 3.4

Exhibit 22
Zip Codes with Highest Community Need Index

Zip Code	CNI Score*	City	County
76901	4.2	San Angelo	Tom Green
76903	4.8	San Angelo	Tom Green
76904	3.6	San Angelo	Tom Green
76905	3.8	San Angelo	Tom Green
76908	2.8	Goodfellow Air Force Base	Tom Green
76909	3.4	San Angelo	Tom Green
76934	3.2	Carlsbad	Tom Green
76935	2.6	Christoval	Tom Green
76940	3.2	Mereta	Tom Green
76955	2.8	Vancourt	Tom Green
76957	2.8	Wall	Tom Green

* Scale of 1 (Lowest Need) to 5 (Highest Need)

Source: Dignity Health Community Need Index

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by Shannon; 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.

Prioritization of Identified Health Needs

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the needs assessment must provide a prioritized description of the community health needs identified through the assessment, 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 for the community and the death rates for the leading causes of death for each county within Shannon 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 community.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within Shannon's 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% 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 five factors. Each factor received a score between 0 and 5, with a total maximum score of 25 (indicating the greatest health need).

a. **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

b. **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.

c. **What is the impact on vulnerable populations?** This rating factor used information obtained from key stakeholder interviews to identify vulnerable populations and determine the impact of the health need on these populations.

d. **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 Medical Centerization, Health Outcomes and Factors and Primary Data) identified the need.

e. **Alignment with Shannon's resources.** The rating for this factor was determined by whether or not 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 five prioritization metrics. As a result, the following summary list of needs was identified:

Exhibit 23
Ranking of Community Health Needs

Health Problem	How many people are affected by the issue?	What are the consequences of not addressing this problem?	What is the impact on Vulnerable Populations?	Prevalence of common themes	Alignment with Medical Center's Resources	Total Score
Adult Obesity	5	5	4	5	4	23
Lack of Health Knowledge/Education	5	4	4	4	3.92	20.92
Lack of Mental Health Providers	5	4	4	5	2.75	20.75
Shortage of Primary Care Physicians	5	3	4	3	5	20
Healthy Behaviors/Lifestyle	4	4	5	3	3.92	19.92
Heart Health	3	5	3	3	4.42	18.42
Cancer	3	5	3	3	3.9	17.9
High Cost of Health Care	3	3	5	3	3.83	17.83
Lung Disease	3	5	3	3	3.5	17.5
Substance Abuse	3	3	4	5	2	17
Poverty/Financial Resources/Children in Poverty	3	4	5	3	1.92	16.92
Stroke	3	3	3	3	4.08	16.08
Adult Smoking	3	3	4	2	3.33	15.33
Shortage of Dentists	4	3	4	3	1.33	15.33
Excessive Drinking/Alcohol-Impaired Driving Deaths	3	3	4	3	2.17	15.17
Language/Cultural Mindset	3	2	5	3	1.58	14.58
Children in Single-Parent Households	3	3	4	3	1.5	14.5
Physical Inactivity	2	3	4	1	3.83	13.83
Preventable Hospital Stays	4	2	2	1	4.12	13.12
Teen Birth Rate	4	1	4	1	1.47	11.47
Sexually Transmitted Infections	1	2	3	1	3	10
Violent Crime Rate	1	2	3	1	1	8

Management's Prioritization Process

For the health needs prioritization process, Shannon engaged a leadership team to review the most significant health needs reported on the prior needs assessment, as well as in *Exhibit 23* using the following criteria:

- How many people are affected by the issue or the size of the issue?
- What are the consequences of not addressing this problem?
- What is the impact on vulnerable populations?
- 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 19 or higher would be considered a priority area that will be addressed through Shannon Medical Center's Implementation Strategy for fiscal year 2020 through 2022. Shannon is in a position to positively impact these concerns in the community. Health needs scoring 19 or higher are italicized and bolded in the list below. The complete list of priority areas include:

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

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.

Hospitals and Health Centers

Shannon has more than 400 acute beds. Residents of the community can also take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers. Shannon also has a system of outpatient clinics within San Angelo and throughout the neighboring counties that are available to the residents of the community. *Exhibit 24* summarizes hospitals available to the Community Health Needs Assessment community.

Exhibit 24
Summary of Acute Care Hospitals

Hospital	Address	County
Shannon Medical Center	120 East Harris Street, San Angelo, TX 76903	Tom Green
Shannon Women's and Children's Hospital	201 E. Harris Ave, San Angelo, TX 76903	Tom Green
San Angelo Community Medical Center	3501 Knickerbocker Road, San Angelo, TX 76904	Tom Green
River Crest Hospital	1636 Hunters Glen Road, San Angelo, TX 76901	Tom Green

Source: Costreportdata.com 2017 data

Other Health Care Facilities and Providers

Short-term acute care hospital services are not the only health services available to members of Shannon's community. *Exhibit 25* provides a listing of community health centers and health clinics within Shannon's community.

Exhibit 25
Summary of Other Health Care Facilities

Name	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 & Dental Clinic	35 E 31st Street	San Angelo	TX	76901
Goodfellow AFB Clinic	271 Ft. Richardson Ave	Goodfellow	TX	76908
Shannon Clinic – Beauregard	120 E. Beauregard Ave	San Angelo	TX	76903
Shannon Clinic – Harris	200 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 – College Hills	4141 College Hills	San Angelo	TX	76904
Shannon Clinic – Sunset	4235 Southwest Blvd	San Angelo	TX	76904
Shannon Clinic – North	2626 N. Bryant	San Angelo	TX	76903
Shannon Clinic – Southwest	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	ASU Station #11019	San Angelo	TX	76909
Community Medical Associates Family Medicine	402 N. Bryant	San Angelo	TX	76903
Community ExpressCare Bryant	402 N. Bryant	San Angelo	TX	76903
Community ExpressCare Sherwood Way	5730 Sherwood Way	San Angelo	TX	76901
Community Medical Associates Family Medicine	2142 Sunset Drive	San Angelo	TX	76904
Community Medical Associates	3350 Executive Drive #100	San Angelo	TX	76904
Community Medical Associates Obstetrics/Gynecology	3501 Knickerbocker Road	San Angelo	TX	76904
Community Medical Associates Pain Management	2141 Hamilton Way	San Angelo	TX	76904
West Texas Medical Associates	3605 Executive Drive	San Angelo	TX	76904
Concho Valley ER	5709 Sherwood Way	San Angelo	TX	76901
City of San Angelo Employee Health Clinic	115 W. 1st Street	San Angelo	TX	76903
VA San Angelo Clinic	2018 Pulliam Street	San Angelo	TX	76905
Cook Children's Pediatric Specialties	1002 S. Abe Street #B	San Angelo	TX	76903

Source: Shannon Medical Center

Health Departments

Shannon's community has one county health department located within it: 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, as well as case management clinics and sexually transmitted disease clinics are also available to residents.

APPENDICES

APPENDIX A

ANALYSIS OF DATA

Shannon Medical Center
Analysis of CHNA Data
Analysis of Health Status-Leading Causes of Death

	U.S. Crude Rates	Texas Crude Rates	(A) County Rate	(B) 10% Increase of Pennsylvania Crude Rate	If (A)>(B), then "Health Need"
Tom Green County					
Coronary Heart Disease	115.3	89.9	68.1	98.9	
Cancer	185.3	144.5	173.9	159.0	Health Need
Lung Disease	47.0	36.6	58.3	40.3	Health Need
Stroke	42.2	3680%	38.5	40.5	
Motor Vehicle Accident	11.6	13.9	16.3	15.3	Health Need

** the crude rate is shown per 100,000 residents. Please refer to Exhibit 14 for more information.

Shannon Medical Center
Analysis of CHNA Data
Analysis of Health Status-Leading Causes of Death

	National Benchmark	(A) 30% of National Benchmark	County Rate	(B) County Rate less National Benchmark	if (B) > (A) then "Health Need"
Tom Green County					
Adult Smoking	14%	4%	15%	1%	
Adult Obesity	26%	8%	27%	1%	
Food Environment Index	8.6	2.6	6.7	(1.90)	
Physical Inactivity	20%	6%	25%	5%	
Access to Exercise Opportunities	91%	27%	76%	-15%	
Excessive Drinking	13%	4%	19%	6%	Health Need
Alcohol-Impaired Driving Deaths	13%	4%	28%	15%	Health Need
Sexually Transmitted Infections	145.1	43.5	639.8	494.70	Health Need
Teen Birth Rate	15.0	4.5	42.0	27.00	Health Need
Uninsured	6%	2%	18%	12%	Health Need
Primary Care Physicians	1,030.0	309.0	1,480	450.00	Health Need
Dentists	1,280.0	384.0	1,940	660.00	Health Need
Mental Health Providers	330.0	99.0	780	450.00	Health Need
Preventable Hospital Stays	35.0	10.5	54	19.00	Health Need
Diabetic Screen Rate	91%	27%	88%	-3%	
Mammography Screening	71%	21%	61%	-10%	
Violent Crime Rate	62.0	18.6	62.00	-	
Children in Poverty	12%	4%	20%	8%	Health Need
Children in Single-Parent Households	20%	6%	35%	15%	Health Need

APPENDIX B

SOURCES

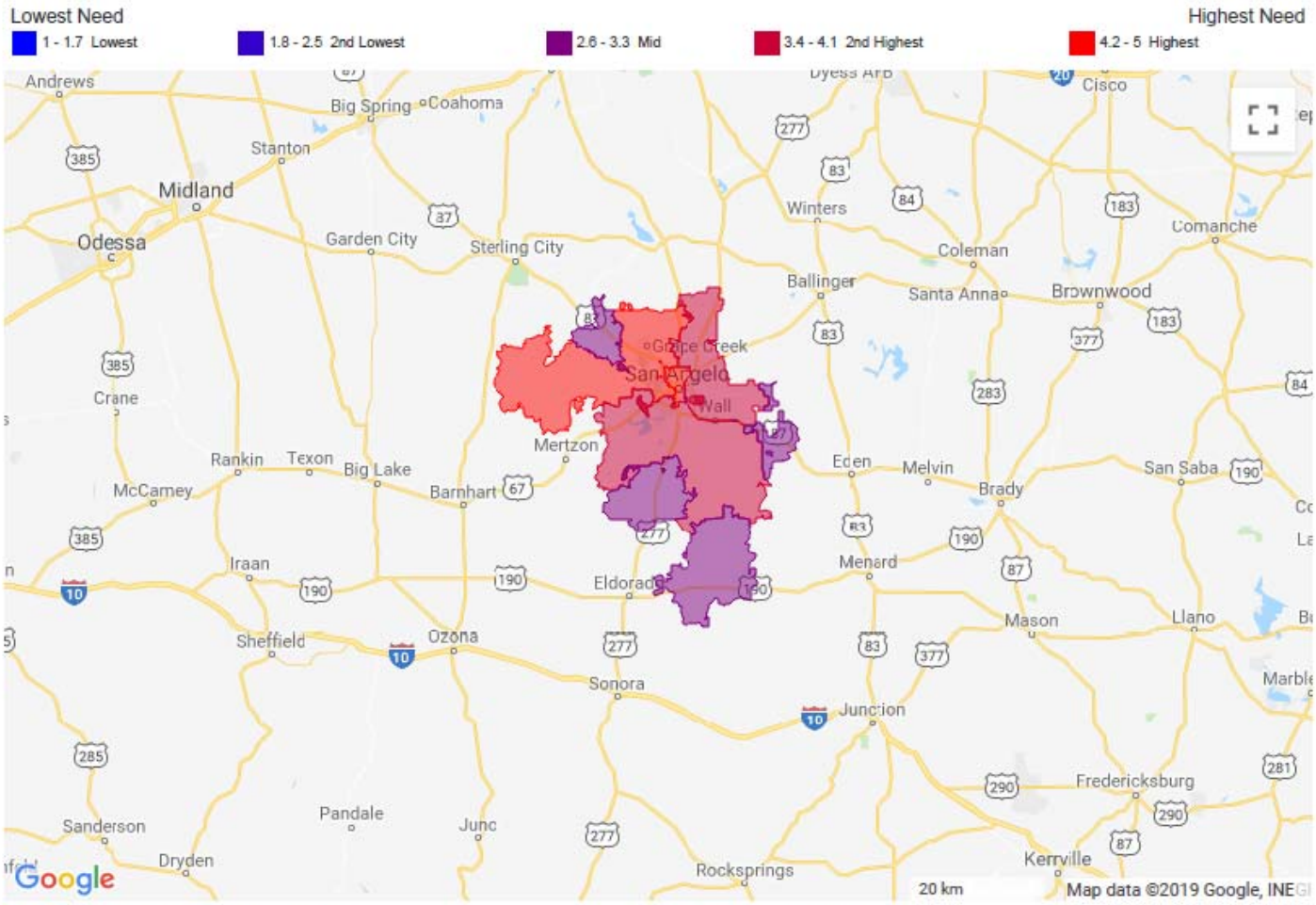
DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Shannon Medical Center	FY 2018
Community Details: Population & Demographics	Community Commons via American Community Survey https://factfinder.census.gov/	2013-2017
Community Details: Urban/Rural Population	Community Commons via US Census Bureau https://factfinder.census.gov/	2010
Socioeconomic Characteristics: Income	Community Commons via American Community Survey https://factfinder.census.gov/	2013-2017
Socioeconomic Characteristics: Employment by Major Industry	US Department of Labor , Bureau of Labor Statistics http://www.bls.gov/cew/datatoc.htm	2017
Socioeconomic Characteristics: Unemployment	Community Commons via US Department of Labor http://www.communitycommons.org/	2018
Socioeconomic Characteristics: Poverty	Community Commons via American Community Survey http://www.communitycommons.org/	2013-2017
Socioeconomic Characteristics: Uninsured	Community Commons via American Community Survey https://factfinder.census.gov/	2013-2017
Socioeconomic Characteristics: Education	Community Commons via American Community Survey https://factfinder.census.gov/	2013-2017
Physical Environment: Grocery Store Access	Community Commons via US Census Bureau http://www.communitycommons.org/	2016
Physical Environment: Food Access/Food Deserts	Community Commons via US Department of Agriculture http://www.communitycommons.org/	2015
Physical Environment: Recreation/Fitness Access	Community Commons via US Census Bureau http://www.communitycommons.org/	2016
Clinical Care: Access to Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2014
Clinical Care: Lack of Source to Primary Care	Community Commons via Centers for Disease Control & Prevention http://www.communitycommons.org/	2011-2012
Critical Care: Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy http://www.communitycommons.org/	2015
Leading Causes of Death	Community Commons via Centers for Disease Control and Prevention http://www.communitycommons.org/	2012-2016
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/	2015 & 2018
Health Outcome Details	Community Commons http://www.communitycommons.org/	2011-2016
Health Care Resources: Hospitals	US Hospital Finder http://www.ushospitalfinder.com/	2018
Health Care Resources: Community Health Centers	Community Health Center Pennsylvania Directory http://www.pachc.com/health_find.html	2018
Zip Codes with Highest CNI	Dignity Health Community Needs Index http://cni.chw-interactive.org/	2018

APPENDIX C

DIGNITY HEALTH COMMUNITY NEED INDEX

(CNI) REPORT

Dignity Health.



Mean(zipcode): 3.4 / Mean(person): 4.1 CNI Score Median: 3.4 CNI Score Mode: 2.8

Zip Code	CNI Score	Population	City	County	State
76901	4.2	31399	San Angelo	Tom Green	Texas
76903	4.8	34864	San Angelo	Tom Green	Texas
76904	3.6	35314	San Angelo	Tom Green	Texas
76905	3.8	12255	San Angelo	Tom Green	Texas
76908	2.8	2022	Goodfellow Afb	Tom Green	Texas
76909	3.4	1185	San Angelo	Tom Green	Texas
76934	3.2	1589	Carlsbad	Tom Green	Texas
76935	2.6	1130	Christoval	Tom Green	Texas
76940	3.2	195	Mereta	Tom Green	Texas
76955	2.8	147	Vancourt	Tom Green	Texas
76957	2.8	86	Wall	Tom Green	Texas

APPENDIX D

KEY STAKEHOLDER INTERVIEW QUESTIONS

Shannon Medical Center
Community Health Needs Assessment
Key Stakeholder Interview Questions

1) Please provide individual background (*i.e.* Occupation – Title and Employer):
2) What work do you and your organization do in the community?
3) How would you rate the health and quality of life in the county?
4) Has health and quality of life improved, stayed the same, or declined?
5) Why has the health and quality of life improved, stayed the same, or declined?
6) What other factors have contributed to this change in health and quality of life?
7) What barriers exist to improving health and quality of life?
8) Name the most critical health and quality of life issues in the county.
9) What needs to be done to address these issues?
10) Has access to health services improved over the last three years? Why or why not?
11) What is the main reason why people are not accessing health services?
12) How well does the community participate and take ownership in preventable care?
13) What are the perceptions regarding educational programs provided by Shannon?
14) Are there any specialists (specialties) needed in the community?
15) Please provide groups of people in Tom Green whose health may not be as good as others and what should be done.
16) What is the most important issue the hospital should address in the next 3-5 years?

APPENDIX E
COMMUNITY SURVEY PROTOCOL
& ACKNOWLEDGEMENTS

Shannon Medical Center
Community Health Needs Assessment Survey

Shannon Medical Center is gathering information as part of developing a plan to improve health and quality of life in the communities it serves. Community input is essential to this process. This survey is being used to engage community members. You have been selected to complete the survey below because of your knowledge, insight, and familiarity with the community and the services provided by Shannon Medical Center. The survey consists of 13 questions. Some of the survey questions are open-ended. In these instances, we are trying to gather your thoughts and opinions. There are no right or wrong answers. The themes that emerge from these questions will be summarized and made available to the public; however, your identity will be kept strictly confidential.

1) In general, how would you rate the health and quality of life in your community?

   a. Very Good
   b. Average
   c. Below Average
   d. Poor

2) In your opinion has the health and quality of life changed over the past 3-5 years?

   a. It has improved
   b. It has declined
   c. It has stayed the same

3) Please provide what factors influence your answer and describe why you feel it has improved, declined, or stayed the same.

4) What are they most significant barriers to addressing health issues in Tom Green County?

5) Are there populations of people in the community whose health or quality of life may not be as good as others? If yes, in your opinion, who are these persons or groups?

6) Please explain why the population identified in the previous question have lower health and quality of life. Also, provide input to what assistance is needed for those individuals.

7) In your opinion, what are the three most important health and quality of life issues in your county?

   a. Aging population, such as Alzheimer's disease, hearing loss, memory loss or arthritis
   b. Alcohol/Drugs
   c. Allergies
   d. Cancers
   e. Child Abuse/Neglect
   f. Dental Health
   g. Dropping out of High School
   h. Diabetes
   i. Environmental Pollution
   j. Heart Disease and Stroke
   k. High Blood Pressure
   l. Infant Mortality
   m. Mental Health Issues
   n. Not Seeing a Doctor for Routine Checkups

o. Obesity
p. Physical Inactivity
q. Respiratory/Lung Disease
r. Sexually Transmitted Diseases
s. Suicide
t. Teenage Pregnancy
u. Tobacco use
v. Unhealthy Eating/Food Insecurity
w. Other (please specify)

8) What needs to be done to address the critical health and quality of life issues identified in the previous question?

9) In your opinion, what is the primary reason why people are not able to access health services (medical, dental, mental health)?

a. Lack of health insurance
b. Inability to afford co-pays and/or deductibles
c. Transportation
d. Physically refuse to take insurance or Medicaid
e. People don't know how to find a doctor
f. Fear
g. Too long to wait for an appointment
h. Inconvenient hours/locations
i. Other (please specify)

10) What is the most important issue that Shannon Medical Center should address in the next 3-5 years to help improve the health of the community? Also, please describe what Shannon Medical Center can do to better serve the health and wellness needs of the community, including access to health services.

11) How familiar are you with educational programs offered by Shannon Medical Center?

a. Very familiar and I know people who attend them or I attend them myself
b. Very familiar but I don't know anyone who attends them
c. Somewhat familiar
d. Not so familiar
e. Not at all familiar

12) Please describe your familiarity and/or perceptions regarding educational programs, health fairs and screenings provided by Shannon Medical Center.

13) Please choose the best description of your role in the community.

a. Physician
b. Mental health services provider
c. Provide services to elderly
d. Education
e. Local government
f. Public Health Department
g. Work for a social service organization
h. Other (please specify)

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 organizations/Key Informants for their time and commitment to this project.

Organizations:

La Esperanza Clinic
MHMR Services for the Concho Valley
San Angelo Health Foundation
Shannon Medical Center
Tom Green County Indigent Health
West Texas Counseling and Guidance

Committee Members:

Gloria Robledo, Accountant, Shannon Medical Center
Holly Lopez, Health and Wellness Director, Shannon Medical Center
Lyndy Stone, Marketing Director, Shannon Medical Center
Staci Wetz, Controller, Shannon Medical Center
Starr Long, Special Projects Coordinator, Shannon Medical Center

Key Informant and Community Health Needs Survey

Thank you to the key informants that participated in the key informant interviews.

Thank you to the individuals who assisted with distributing and completing the Community Health Needs Assessment Survey to informants throughout the community.