Community Health Needs Assessment

Fiscal Year Ending September 30, 2025

INTRODUCTION

In 2010 the *Patient Protection and Affordable Care Act* (PPACA) passed legislation and became a reporting requirement for tax-exempt health care organizations. Per IRC Section 501(r), private, nonprofit hospitals must:

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

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

The CHNA process involved:

- An evaluation of the Implementation Strategy for needs assessment completed in 2022, which was adopted by Shannon Board of Directors.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, and health care resources.
- Interviews with key informants who represent a) broad interests of the community, b) population of need, or c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during the community health needs assessment conducted in fiscal year 2025. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as prioritizing the community's health needs and will aid in planning to meet those needs.

SUMMARY OF FINDINGS AND NEEDS IN CURRENT YEAR

Community health improvement efforts are most successful when they are grounded in collective impact, where structured collaborative efforts yield substantial impact on a large-scale social problem. Collective impact focuses on cooperation, collaboration, and partnership to help achieve common priorities and inform partners' investment strategies. Hospital facilities must take into account input from people who represent the broad interests of its community, including those with special knowledge of or expertise in public health.

Shannon Medical Center engaged Forvis Mazars to conduct a formal community health needs assessment (CHNA). Forvis Mazars is a global professional services firm with more than 7,700 employees, with 70 offices in 28 states as well as offices in more than 100 countries and territories throughout the world. Forvis Mazars serves more than 1,000 hospitals and health care systems in the United States.

This CHNA was conducted during 2025.

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

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

General Description of Shannon

Shannon Medical Center is proud to be the largest, locally-based health care provider for the Concho Valley and surrounding region in West Texas. For more than 90 years, the Shannon mission has focused on providing exceptional healthcare for its family, friends and neighbors.

Shannon serves a 24-country region and provides access to more than 400 providers in 40 medical specialties across 30 locations. Shannon's services include:

- Nationally-recognized cardiac and stroke programs
- AirMed1 rotor and fixed wing air ambulance service
- Level III Trauma Facility which has been named top Trauma Facility in the state
- Dedicated Women's & Children's Hospital

Shannon is on the journey to become a top 100 hospital in the country. As the largest private employer in San Angelo, Shannon employs over 4,800 local residents. We are proud to partner with many community organizations to help support outreach within our reach and help advance education for future healthcare professions.

Shannon strives to create an environment committed to the values of accountability, professionalism, respect, integrity and compassion.

Evaluation of Prior Implementation Strategy

The implementation strategy for fiscal years ending September 30, 2023 through September 30, 2025, focused on three identified health needs. Action plans and activities for each of the strategies are summarized below. Based on Shannon's evaluation for the fiscal year (FY) ending September 30, 2023 and September 30, 2024, Shannon has either met their goals or is still in the process of meeting their goals for each strategy listed. Shannon continues to track activities and evaluate progress to reach Implementation Strategy goals through the end of FY 2025.

Priority 1: Improve Access to Care

Shannon provides the Care Coordination program, which is designed to assist in the healthcare of chronically ill patients with multiple disease processes. The program manages high-risk patients with multiple disease processes, addresses social and healthcare barriers, and supports patients' goals of independence in their health care management. The Shannon Care Coordination program was developed as a patient-centric strategy to impact patient care beyond the four walls of the hospital. The Shannon Care Coordination Program is designed to improve patient outcomes by utilizing a team to focus on population health efforts as it relates to chronic disease. The program's structure and ability to utilize a team to focus on population health efforts as it relates to chronic disease has provided Shannon the opportunity to identify possible areas for patient care—all in service of providing care to patients in the community. The program serves patients discharging from the hospital with Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, as well as patients at high-risk for readmission. Key areas of the program include medication management, addressing social barriers, and helping the patient manage their chronic condition at home.

Shannon has significantly enhanced access to healthcare by integrating nurse navigators and community health workers into its care delivery model. These professionals play a crucial role in guiding patients through the complex healthcare system, ensuring they receive timely, appropriate services. Nurse navigators assist with care coordination, follow-up appointments, and patient education, particularly for individuals with chronic conditions or complex health needs. Meanwhile, community health workers engage directly with patients in their communities to identify barriers to care, connect them with available resources, and support adherence to treatment plans. Together, these roles strengthen the continuum of care across the entire health system, reduce gaps in services, and promote better health outcomes for patients.

In FY 2023 and FY 2024, Shannon provided access and support services for 3,800 indigent patients, including transportation vouchers, outpatient oxygen, outpatient prescription assistance, durable medical equipment, BIPAP, and custodial care services.

Shannon's commitment to treating patients without regard to ability to pay is a highly desirable and pivotal point of community health care. In FY 2023 and FY 2024, Shannon contributed more than $144,298,489 in charity care services, which would otherwise be a burden to the taxpayers of Tom Green County. In addition, Shannon provided a subsidy to offset the hospital-based physician expenses that are not covered by reimbursement.

Providing this subsidiary allows Shannon to preserve physician retention and meet, or exceed, the health needs of the community. In FY 2023 and FY 2024, this subsidiary was provided at a cost of $58,970,558 to Shannon.

Priority 2: Health Education/Knowledge

In FY 2023 and FY 2024, Shannon's Trauma Service and Air Ambulance Departments offered Stop the Bleed classes, Officer Down trainings, and other Emergency, Trauma and Air Ambulance trainings to 1,168 community members from area Volunteer Fire Departments, local school districts, local colleges and universities, and law enforcement agencies.

In FY 2023 and FY 2024, Shannon provided a host of community education events related to topics such as diabetes management and prevention, water safety for children, fitness and nutrition, childbirth and childcare, weight management, stroke prevention and cardiovascular health. Representatives from different departments provided support and participated in local health fairs and health-related community events where they provided educational material to more than 83,133 members of the community. In addition to public outreach events, Shannon published the Healthbeat newsletter magazine which was delivered to 30,000 households annually and produced the "Live at 5" news segments that aired during the 5 p.m. news hour on a local station which reached approximately 32,300 viewers annually.

Shannon provided health professions education for students enrolled in programs such as Nursing, Physical Therapy, Speech Therapy, Occupational Therapy, Culinary Arts, Medical Technology, Laboratory Sciences, Social Work, and Psychology. As part of their academic requirements, these students participated in clinical rotations at Shannon. In FY 2023 and FY 2024, more than 1,903 students from 11 different colleges and universities benefited from these valuable educational opportunities.

Priority 3: Healthy Living and Adult Obesity

Shannon has participated in community events during FY 2023 and FY 2024 to provide health education and resources to more than 42,000 community members each fiscal year. At these events, Shannon provided information on health and wellness, cancer and chemotherapy, cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy, diabetes, trauma, stroke, and provided various specialized health demonstrations.

Shannon actively participates in 7 community coalitions, boards and other collaborative efforts with the community to address health and safety issues. In FY 2023 and FY 2024, Shannon staff dedicated over 312 service hours to community-building efforts.

Shannon partners with San Angelo Independent School District to host the annual Kids' Marathon event to promote physical activity for children and families to address the growing concern of childhood obesity. The Kids' Marathon event provides an opportunity for students, ranging in ages from Kindergarten through sixth grade, to participate in a program that encourages healthy habit formation early in life. Students accumulate laps/miles during a three-month period leading up to the event, and participate in the final lap celebration. In FY 2023 and FY2024, more than 1,500 community members participated at this event.

Shannon facilitates a monthly Weight Loss Surgery Support Group meeting that is open to all community members. The Support Group provides participants a private place to share experiences and foster ongoing support and encouragement. In FY 2023 and FY2024, more than 48 community members attended these monthly meetings.

Shannon has hosted and participated at community events to share education on nutrition, physical activity and weight management. In FY 2023 and FY 2024, Shannon provided health information materials at 18 community events and partnered with 30 employer groups to provide health and prevention education.

Summary of 2025 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.

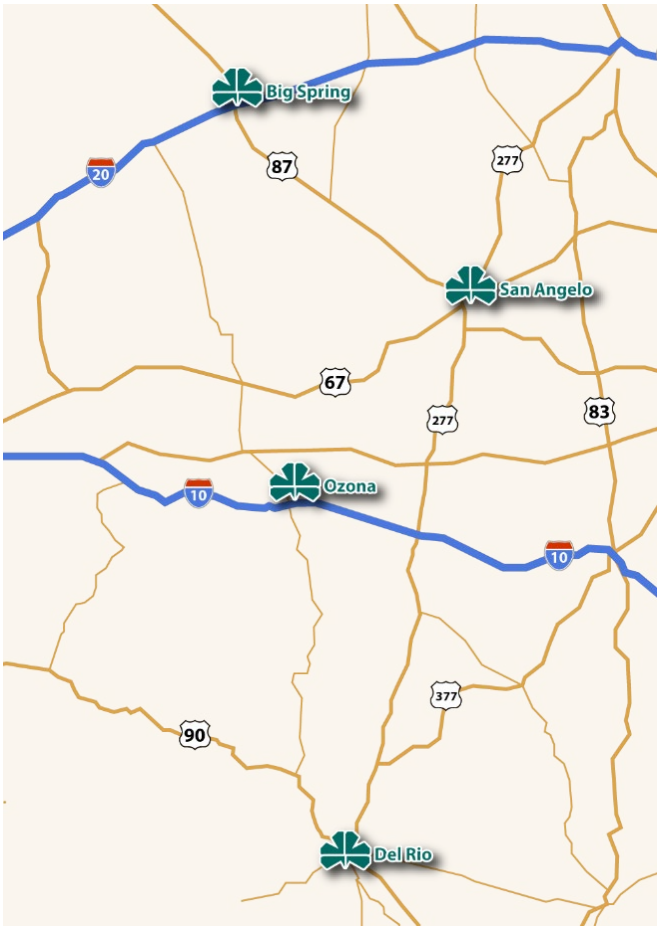
Identified Community Health Needs

1. High Cost of Health Care
2. Shortage of Primary Care Providers & Specialists
3. Aging Population/Elder Care
4. Adult Obesity

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. 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 Del Rio, Family Health Center of Ozona, Shannon Clinic Big Spring.



Definition of Community

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

Based on the patient origin of inpatient discharges from October 1, 2023 to September 30, 2024, management has identified the community of Tom Green County as the defined CHNA community.

Summary of Inpatient Discharges by County

Tom Green County represents 72.4% of the inpatient discharges and 79.0% of the outpatient visits as reflected in the tables below. The CHNA will utilize data and input from the county to analyze the health needs of the community. Data for the top five zip codes within Tom Green County will be assessed as well.

Inpatient Discharges by Zip Code 10/1/2023 to 9/30/24		
Zip Code	Total Discharges	Percent of Total
76903	4,814	24.12%
76901	3,771	18.89%
76904	3,705	18.56%
76905	1,454	7.29%
76934	194	0.97%
Other Tom Green County	527	2.64%
Total Tom Green County	14,465	72.48%
All Others	5,493	27.52%
Total	19,958	100.00%

Source: Shannon Medical Center FY2024

Outpatient Discharges by Zip Code 10/1/2023 to 9/30/24		
Zip Code	Total Discharges	Percent of Total
76904	75,951	22.92%
76903	74,792	22.57%
76901	68,046	20.54%
76905	25,497	7.70%
76934	4,164	1.26%
Other Tom Green County	13,325	4.02%
Total Tom Green County	261,775	79.01%
All Others	69,557	20.99%
Total	331,332	100.00%

Source: Shannon Medical Center FY2024

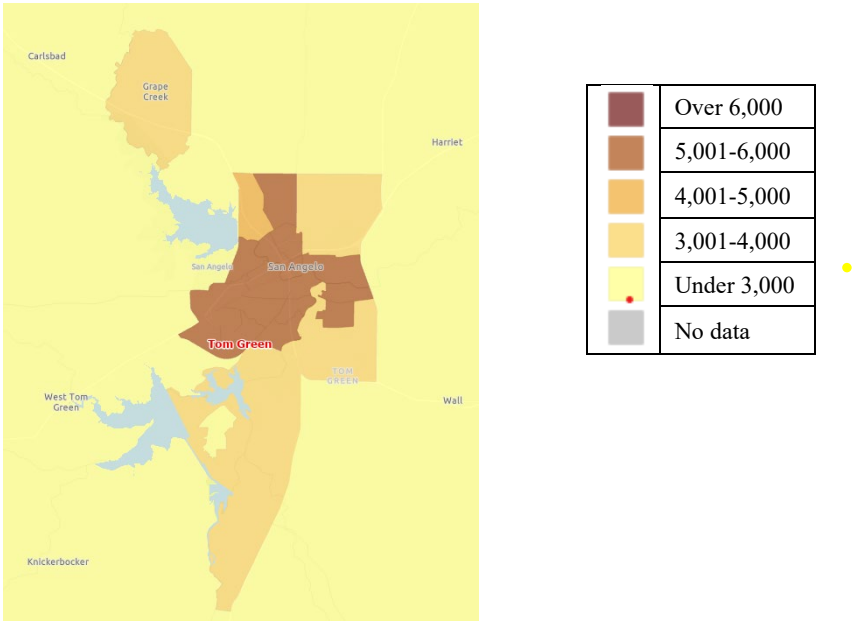
Community Population and Demographics

The following indicator reports total population. Data is obtained from the Census 2020. The following tables and chart show the total population within the community, including a breakout between male and female population, age, race/ethnicity and Hispanic population.

Demographic Characteristics				
Total Population		Population by Gender		
Area	Population	Area	Male	Female
Tom Green County	120,003	Tom Green County	49.29%	50.71%
Texas	29,145,505	Texas	49.39%	50.61%
United States	331,449,281	United States	49.08%	50.92%

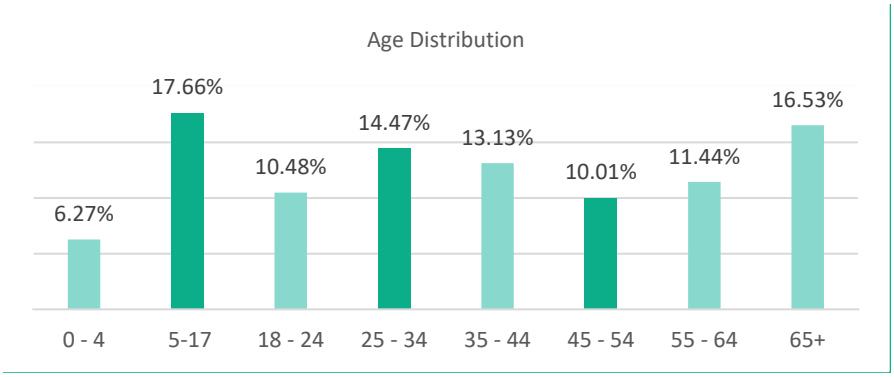
Source: US Census Bureau, Decennial Census. 2020.

Population density is defined as the number of persons per square mile of land area. Data is obtained from the Census 2020. A total of 120,003 people live in the 1,521.99 square mile report area defined for this assessment. The population density for this area, estimated at 79 persons per square mile, is less than the national average population density of 94 persons per square mile.



Age Distribution						
Age Group	Tom Green County	% of Total	Texas	% of Total	United States	% of Total
0 - 4	7,491	6.27	1,928,242	6.51	18,939,899	5.70
5 - 17	21,089	17.66	5,554,288	18.74	54,705,339	16.46
18 - 24	12,513	10.48	2,863,182	9.66	30,307,641	9.12
25 - 34	17,275	14.47	4,278,912	14.44	45,497,632	13.69
35 - 44	15,680	13.13	4,141,445	13.97	43,492,887	13.08
45 - 54	11,955	10.01	3,645,897	12.30	40,847,713	12.29
55 - 64	13,655	11.44	3,322,832	11.21	42,626,382	12.82
65+	19,740	16.53	3,905,545	13.18	55,970,047	16.84

Source: US Census Bureau, American Community Survey. 2019-23. Source geography: Tract



Source: US Census Bureau, American Community Survey. 2019-23. Source geography: Tract

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

Population by Race (percent)							
	White	Black, African American	Asian	Native American or Alaska Native	Asian, Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Tom Green County	69.98	3.76	1.35	0.48	0.10	6.20	19.13
Texas	53.93	12.23	5.34	0.64	0.10	8.57	19.18
United States	63.44	12.36	5.82	0.88	0.19	6.60	10.71

Source: US Census Bureau, American Community Survey. 2019-23. Source geography: Tract

Population by Ethnicity				
	Hispanic or Latino Total	Hispanic or Latino Percent	Non-Hispanic Total	Non-Hispanic Percent
Tom Green County	47,877	40.10	71,521	59.90
Texas	11,697,134	39.46	17,943,209	60.54
United States	63,131,589	18.99	269,255,951	81.01

Source: US Census Bureau, American Community Survey. 2019-23. Source geography: Tract

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

Urban vs. Rural Population				
	Total Urban	Percent Urban	Total Rural	Percent Rural
Tom Green County	99,982	83.32	20,021	16.68
Texas	24,400,697	83.72	4,744,808	16.28
United States	265,149,027	80.00	66,300,254	20.00

Source: US Census Bureau, Decennial Census. 2020. Source geography: Tract

SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

Social Vulnerability Index

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

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

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

County	SVI Score	Level of Vulnerability
Coke	0.6739	Moderate to high level of vulnerability
Concho	0.7534	High level of vulnerability
Irion	0.2962	Low to Moderate level of vulnerability
Menard	0.8606	High level of vulnerability
Runnels	0.5418	Moderate to high level of vulnerability
Schleicher	0.5803	Moderate to high level of vulnerability
Sterling	0.1419	Low level of vulnerability
Tom Green	0.8113	High level of vulnerability

Source: CDC Agency for Toxic Substances and Disease Registry,https://svi. svi.cdc.gov/map.html,2024

Language

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

The following table reports the percentage of the population aged 5 and older living in Limited English-speaking households. A Limited English-speaking household is one in which no member 14 years old and over speaks only English at home, or no household member speaks a language other than English at home and speaks English "very well". This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education. Of the 111,907 total population aged 5 and older in Tom Green County, 2.5% are linguistically isolated.

Limited English Households			
Area	Population age 5+	Linguistically Isolated, age 5+ Total	Linguistically Isolated, age 5+ Percent
Tom Green County	111,907	2,797	2.50
Texas	27,712,101	1,713,22	6.18
United States	313,447,641	12,348,861	3.94

Source: US Census Bureau, American Community Survey. 2019-2023.

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. Vulnerable populations often experience high rates of chronic illness and poor health outcomes, leading to health disparities between various demographic groups.

Income and Employment

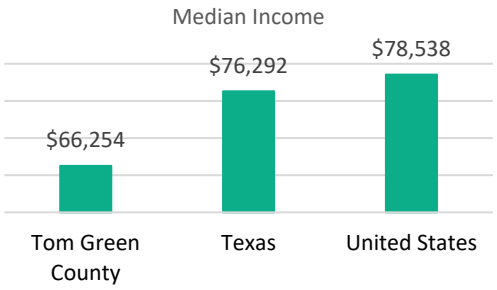
Median household income is defined as the income level earned by a household within a specific geographic area. It is the exact middle income earned, with half earning more and half earning less. This is considered an accurate measure for summarizing income of a region as compared to household income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

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

There are 46,094 households in Tom Green County, with an average income of $87,666 and a median income of $66,254. The following table displays the average and median household income for Tom Green County, the state, and the nation.

Average and Median Income		
	Average Household Income	Median Household Income
Tom Green County	$87,666	$66,254
Texas	$106,819	$76,292
United States	$110,490	$78,538

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2019-23.



Employment

Tom Green County is supported by major industries including health care, retail trade and education. From 2022 to 2023, employment in Tom Green County declined at a rate of −0.436%, from 55,700 employees to 55,400 employees.

The table below shows the breakdown of primary industries for residents of Tom Green County, though some residents may live in Tom Green County and work somewhere else.

Employment by Industries		
Sector (2023 4th Quarter)	# Employees	% Employees
Health Care & Social Assistance	8,696	15.7%
Retail Trade	6,313	11.4%
Construction	4,885	8.81%
Educational Services	4,831	8.71%
Public Administration	4,458	8.04%
Accommodation & Food Services	4,262	7.69%
Other Services except Public Administration	3,083	5.56%
Manufacturing	2,888	5.21%
Professional, Scientific & Technical Services	2,727	4.92%
Transportation & Warehousing	2,336	4.21%
Waste Management & Support Services	2,207	3.98%
Mining, Quarrying, Oil & Gas Extraction	1,878	3.39%
Real Estate & Rental/Leasing	1,055	1.90%
Wholesale Trade	884	1.59%
Agriculture, Forestry, Fishing & Hunting	865	1.56%
Information	857	1.55%

Source: US Bureau of Labor Statistics, extracted April 2025

Unemployment Rate

The table below displays the average annual resident unemployment rates for the counties in the community, Texas, and the United States. This illustrates how unemployment rates for the county declined from 2013 through 2019, then rose significantly when the global pandemic began in 2020. The 10-year unemployment rate for the county has consistently been lower than the rate for the state of Texas and the nation.

10-Year Average Annual Unemployment Rate											
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Tom Green County	5.2%	4.1%	4.1%	4.5%	3.5%	3.0%	2.9%	6.1%	4.6%	3.2%	3.2%
Texas	6.3%	5.2%	4.5%	4.6%	4.4%	3.9%	3.5%	7.7%	5.6%	3.9%	4.0%
United States	7.4%	6.2%	5.3%	4.9%	4.4%	3.9%	3.7%	8.1%	5.4%	3.7%	3.6%

Source: US Census Bureau, American Community Survey. January 2025

Poverty

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

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

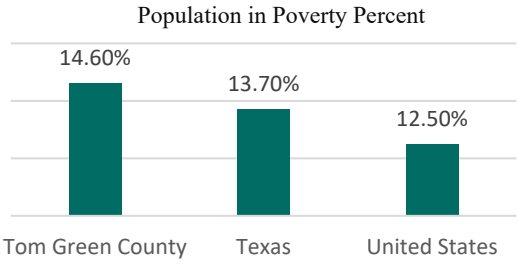
People living in chronic poverty have elevated health risks that can lead to unsafe conditions and diseases. Conditions might include drinking contaminated water or living in unsanitary housing with poor ventilation.

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

Within Tom Green County, 14.60% of the population for whom poverty status is determined is living in households with income 100% of the Federal Poverty Level. This level of poverty is higher than the percent for the state of Texas and the nation.

Population Below 100% FPL		
	Population in Poverty	Population in Poverty Percent
Tom Green County	13,394	14.60
Texas	4,005,417	13.70
United States	40,390,045	12.50

Source: US Census Bureau, Small Area Income and Poverty Estimates.



Insurance

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

In Tom Green County, 14.52% of the total civilian non-institutionalized population is without health insurance coverage. This represents an 8.2% increase since 2022 when the uninsured rate was 13.33%.

Though the rate of uninsured persons in the report area is lower than the state average, it is 69% higher than the national percent of 8.55%

Uninsured Population		
	Uninsured Population Total	Uninsured Population Percent
Tom Green County	16,676	14.52
Texas	5,061,251	17.36
United States	28,000,876	8.55

Source: US Census Bureau, American Community Survey. 2019-2023

Education

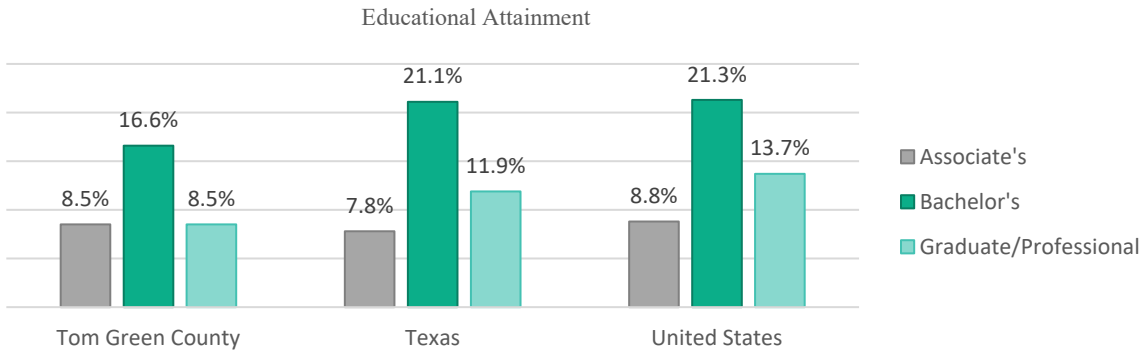
The following data shows the estimated educational attainment with a High School diploma or higher. This is relevant because educational attainment has been linked to positive health outcomes. Attainment shows the distribution of the highest level of education achieved and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities.



Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. Information for the table below is calculated for persons over 25 and is an estimated average from the period 2019-2023. In Tom Green County, 16.6% have at least a college bachelor's degree, while 27.7% stopped their formal educational attainment after high school.

Educational Attainment – Population Age 25 and Older					
	Percent with High School Diploma	Percent with Some College	Percent with Associate's Degree	Percent with Bachelor's Degree	Percent with Graduate or Professional Degree
Tom Green County	27.7	25.8	8.5	16.6	8.5
Texas	24.3	20.6	7.8	21.1	11.9
United States	26.2	19.4	8.8	21.3	13.7

Source: US Census Bureau, American Community Survey. 2019-2023.



Commuter Travel Patterns

The percentage of the population that commutes to work on a daily basis is an important indicator. It demonstrates how vital a transportation network can be to a person's daily routine. It also offers insight into the efficiency of a public transportation network and the availability of carpool opportunities.

The percentage of Tom Green County commuters who travel alone in a car is 2.4% higher than the average for the state of Texas and 6.8% higher than the rate for the United States.

Commuting to Work				
	Population Age 16+	Population Commuting to Work Alone	Percentage Commuting to Work Alone	*Source: US Census Bureau, American Community Survey. 2019-23*
Tom Green County	56,819	42,595	74.97	
Texas	13,992,564	10,242,925	73.20	
United States	157,645,183	110,653,318	70.19	

PHYSICAL ENVIRONMENT OF THE COMMUNITY

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

Grocery Store Access

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

The table below shows the number of grocery store establishments per 100,000 population. For Tom Green County, the rate is 6.67%. This is 46.8% below the state rate and 64.7% below the nation's rate.

Grocery Store Access		
	Number of Establishments	Establishments Rate per 100,000
Tom Green County	8	6.67
Texas	3,657	12.55
United States	62,647	18.90

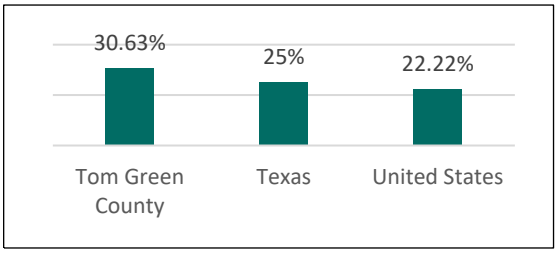
Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.

Food Access/Food Deserts, SNAP

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store. Data are from the 2019 Food Access Research Atlas dataset. This indicator is relevant because it highlights populations and geographies facing food insecurity.

30.63% of the total population in Tom Green County has low food access, which is higher than the rate for the state of Texas and the nation.

Population with Low Food Access		
	Population with Low Food Access	Percent with Low Food Access
Tom Green County	33,761	30.63
Texas	6,286,217	25.00
United States	68,611,398	22.22



Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2022.

Certain food stores including grocery stores as well as supercenters, specialty food stores, and convenience stores are authorized to accept Supplemental Nutrition Assistance Program (SNAP) benefits. Tom Green County has 8.21% retailers per 100,000 population, which is slightly higher than the state and national rates.

SNAP Authorized Food Stores		
	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers Rate per 100,000 population
Tom Green County	98	8.21
Texas	22,258	7.51
United States	264,826	7.89

Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2025.

Recreation and Fitness Access

Access to recreation and fitness facilities encourages physical activity and other healthy behaviors. Tom Green County includes 15 establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports. This is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

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

Recreation and Fitness Facility Access		
	Number of Establishments	Establishments per 100,000 population
Tom Green County	15	12.50
Texas	3,294	11.30
United States	40,786	12.31

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2025.

CLINICAL CARE OF THE COMMUNITY

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

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

Preventable Hospitalizations – Inpatient Stays

The data below reports the number and rate of hospital inpatient stays among Medicare beneficiaries.

In the latest reporting period, there were 21,779 Medicare beneficiaries in Tom Green County. Approximately 2,046 total beneficiaries, or 17.2%, had a hospital inpatient stay, and the rate of stays per 100,000 beneficiaries was 262.8. The percent of inpatient stays in the report area was 16.2% higher than the state of Texas rate during the same time period.

Hospitalizations – Inpatient Stays			
	Beneficiaries with Inpatient Stays Total	Beneficiaries with Inpatient Stays Percent	Total Inpatient Stays per 100,000
Tom Green County	2,046	17.2%	262.8
Texas	4,106,768	14.4%	224.6
United States	59,319,668	14.1%	218.3

Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File. 2022

HEALTH STATUS OF THE COMMUNITY

This section of the assessment reviews the health status of the Community with comparisons to the State of Texas. This assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of Tom Green County residents will enable Shannon to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental, and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health.

Community health includes both the physical and social environment in which individuals live, work and play. Community health is profoundly affected by the collective behaviors, attitudes, and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers.

Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle		Primary Disease Factors
Smoking	→	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	→	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor Nutrition	→	Obesity Digestive disease Depression
Driving at excessive speeds	→	Trauma Motor vehicle crashes
Lack of exercise	→	Cardiovascular disease Depression
Overstressed	→	Mental illness Alcohol/drug abuse Cardiovascular disease

Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities, and premature death.

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. However, federal law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered. More than 50 infectious diseases in Texas must be reported to county health departments. Except for Acquired Immune Deficiency Syndrome (AIDS), most of these reportable diseases currently result in comparatively few deaths.

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

Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death

The following table reflects leading causes of death for Tom Green County as compared to the rates of Texas and the United States, per hundred thousand. Figures represent a 2019-2023 five-year average.

Rates are summarized for report areas from county level data, only where data is available.

Causes of Resident Deaths: Crude Rate			
	Tom Green County	Texas	United States
	Crude Death Rate	**Crude Death Rate**	**Crude Death Rate**
Disease of heart	197.5	167.0	207.2
Malignant neoplasms (cancer)	174.2	144.1	182.7
COVID-19	83.4	62.7	60.57
Alzheimer disease	63.7	—	—
Chronic lower respiratory diseases (lung)	59.0	34.4	44.9
Stroke	51.8	39.5	48.3
Unintentional injuries	49.0	46.8	63.3

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.

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 improving 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 the county to the state of Texas.

The current year's 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 improving the community's habits, culture, and environment.

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 exhibits show a more detailed view of certain health outcomes and factors for Tom Green County, Texas, and the United States. The tables show how changes in the county included in the community's health outcomes have increased, decreased, or stayed the same from the prior community health needs assessment.

County Health Rankings - Health Outcomes						
Mortality*	Tom Green County 2022	Tom Green County 2024	Tom Green Increase/ Decrease	Texas 2022	Texas 2024	Texas Increase/ Decrease
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,200	9,300	↑	7,000	7,900	↑
Morbidity*						
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	22.0%	18.0%	↓	21.0%	18.0%	↓
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.0	3.7	↓	3.6	3.3	↓
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (Age Adjusted)	4.3	5.2	↑	3.9	4.6	↑
Low birth weight - Percent of live births with low birth weight (<2500 grams)	8.0%	8.0%	—	8.0%	8.0%	—

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

Health Behaviors	Tom Green County 2022	Tom Green County 2024	Tom Green Increase/ Decrease	Texas 2022	Texas 2024	Texas Increase/ Decrease
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	16.0%	15.0%	⇩	15.0%	13.0%	⇩
Adult obesity – Percent of adults that report a BMI >= 30	37.0%	38.0%	⇧	34.0%	36.0%	⇧
Food environment index^ – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.1	7.1	—	6.1	5.9	⇩
Physical inactivity – Percent of adults aged 20 and over reporting no leisure time physical activity	31.0%	25.0%	⇩	27.0%	25.0%	⇩
Access to exercise opportunities^ – Percentage of population with adequate access to locations for physical activity	71.0%	83.0%	⇧	80.0%	82.0%	⇧
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	19.0%	19.0%	—	20.0%	18.0%	⇩
Alcohol-impaired driving deaths – Percent of motor vehicle crash deaths with alcohol involvement	43.0%	36.0%	⇩	25.0%	25.0%	—
Sexually transmitted infections – Chlamydia rate per 100K Population	632.6	556.1	⇩	445.1	506.8	⇧
Teen births – Female population, ages 15-19	31	26	⇩	29	24	⇩
Clinical Care	**Tom Green County 2022**	**Tom Green County 2024**	**Tom Green Increase/ Decrease**	**Texas 2022**	**Texas 2024**	**Texas Increase/ Decrease**
Uninsured adults – Percent of population under age 65 without health Insurance	18.0%	20.0%	⇧	21.0%	20.0%	⇩
Primary care physicians – Number of population for every one primary care physician	1,350	1,390	⇧	1,630	1,660	⇧
Dentists – Number of population for every one dentist	1,670	1,540	⇩	1,660	1,590	⇩
Mental health providers – Number of population for every one mental health provider	630	490	⇩	760	640	⇩
Mammography screening^ – Percent of female Medicare enrollees that receive mammography screening	47%	49%	⇧	39%	39%	—
Social and Economic Factors	**Tom Green County 2022**	**Tom Green County 2024**	**Tom Green Increase/ Decrease**	**Texas 2022**	**Texas 2024**	**Texas Increase/ Decrease**
High school completion^ – Percent of ninth grade cohort that graduates in 4 years	86.0%	87.0%	⇧	84.0%	85.0%	⇧
Some college^ – Percent of adults aged 25-44 years with some postsecondary Education	60.0%	62.0%	⇧	63.0%	68.0%	⇧
Unemployment – Percent of population age 16+ unemployed but seeking work	6.30%	3.40%	⇩	7.60%	3.90%	⇩
Children in poverty – Percent of children under age 18 in poverty	17.0%	17.0%	—	19.0%	19.0%	—
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.3	4.2	⇩	4.8	4.8	—

Children in single-parent households – Percent of children that live in household headed by single parent	25.0%	25.0%	—	26.0%	26.0%	—
Social associations^ – Number of membership associations per 10,000 population	10.9	10.9	—	7.5	7.4	⬇
Injury deaths – Number of deaths due to injury per 100,000 population	61	68	⬆	60	63	⬆
Physical Environment	Tom Green County 2022	Tom Green County 2024	Tom Green Increase/ Decrease	Texas 2022	Texas 2024	Texas Increase/ Decrease
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	8.0	7.6	⬇	9.0	8.6	⬇
Severe housing problems – Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	14.0%	14.0%	—	17.0%	17.0%	—

^ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.
Note: N/A indicates unreliable or missing data
Source: Countyhealthrankings.org 2024

Diabetes

This indicator reports the number and percentage of adults age 20 and older who have ever been told by a doctor that they have diabetes. This indicator 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.

Within the report area, 6,974 of adults aged 20 and older have diabetes. This represents 7.5% of all adults aged 20 and older. Tom Green County's rate of adults with diagnosed diabetes is 24.0% lower than the rate for the state of Texas.

Population with Diagnosed Diabetes		
	Adults with Diagnosed Diabetes	Adults with Diagnosed Diabetes Age-Adjusted Rate
Tom Green County	6,974	7.5%
Texas	2,055,678	9.3%
United States	23,263,962	8.9%

Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023

(Note: In 2021, the CDC updated the methodology used to produce estimates for this indicator.)

Heart Disease (Adult)

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

Population with Heart Disease (Medicare)		
	Beneficiaries with Heart Disease Total	Beneficiaries with Heart Disease Percent
Tom Green County	2,864	23.0%
Texas	457,815	23.0%
United States	6,489,077	21.0%

Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.

High Blood Pressure

The following information reports the unsmoothed, age-adjusted rate of hypertension prevalence for the Medicare Fee-For-Service (FFS) population for the year 2023. Data was sourced from the CMS Mapping Medicare Disparities (MMD) tool.

This information is relevant because hypertension, or high blood pressure, significantly impacts health by increasing the risk of other conditions such as congestive heart failure, stroke, and other serious illnesses. Without treatment, it can lead to disability and reduce an individual's quality of life.

Tom Green County's prevalence of hypertension among the Medicare population is somewhat higher than the rate for the state and the nation.

High Blood Pressure		
	Hypertension Prevalence Total	Hypertension Prevalence Percent
Tom Green County	8,952	69.0%
Texas	1,333,634	67.0%
United States	20,085,238	65.0%

Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.

HEALTH CARE RESOURCES

The availability of health resources is a critical component to the health of a community's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services.

A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section addresses the availability of health care resources to the residents in the community.

Hospitals and Health Centers

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

Summary of Other Health Care Facilities				
Facility	Address	City	State	Zip
La Esperanza Chadbourne Clinic	1610 S. Chadbourne Street	San Angelo	TX	76903
La Esperanza Lake View Clinic	35 E. 31st Street	San Angelo	TX	76903
La Esperanza West Clinic	34 Buick Street	San Angelo	TX	76901
Goodfellow AFB Clinic	271 Ft. Richardson Ave	Goodfellow AFB	TX	76908
Shannon River Crest Hospital	1636 Hunters Glen Rd	San Angelo	TX	76901
Shannon Medical Center	120 E. Harris Ave	San Angelo	TX	76903
Shannon South	3501 Knickerbocker Rd	San Angelo	TX	76904
Shannon Women's & Children's Hospital	201 E. Harris Ave	San Angelo	TX	76903
Shannon Cancer Center	131 E. Beauregard Ave	San Angelo	TX	76903
Shannon Clinic – Beauregard	120 E. Beauregard Ave	San Angelo	TX	76903
Shannon Clinic – Harris	220 E. Harris Ave	San Angelo	TX	76903
Shannon Clinic – Magdalen	102 N. Magdalen	San Angelo	TX	76903
Shannon Clinic - Pediatrics	225 E. Beauregard Ave	San Angelo	TX	76903
Shannon Clinic - Red Arroyo	3016 Vista Del Arroyo Drive	San Angelo	TX	76904
Shannon Clinic Bluffs	3150 Appaloosa Circle	San Angelo	TX	76901
Shannon Clinic Sunset	4235 Southwest Blvd	San Angelo	TX	76904
Shannon Clinic - North	2626 N. Bryant	San Angelo	TX	76903
Shannon Clinic West	4450 Sunset Drive	San Angelo	TX	76901
Shannon Clinic - Jackson	2237 S. Jackson	San Angelo	TX	76904
Shannon Clinic Knickerbocker	3555 Knickerbocker	San Angelo	TX	76904
Shannon Imaging Center	3301 S. Bryant Blvd	San Angelo	TX	76903
Shannon Neuro Rehabilitation	3501 Executive Drive	San Angelo	TX	76904
Shannon South Medical Office Building	3605 Executive Drive	San Angelo	TX	76904
Shannon South Physical & Occupational Therapy	3389 Knickerbocker Road	San Angelo	TX	76904
Shannon St. John's Campus	2018 Pulliam Street	San Angelo	TX	76905
Shannon Clinic Orthotics	110 E. Twohig	San Angelo	TX	76903
Shannon Urgent Care South	3502 Knickerbocker Road	San Angelo	TX	76904
Shannon Urgent Care West	4251 Sunset Drive	San Angelo	TX	76904
Angelo State Student Clinic	2237 S. Jackson	San Angelo	TX	76904
Shannon Clinic South 1	2142 Sunset Drive	San Angelo	TX	76904

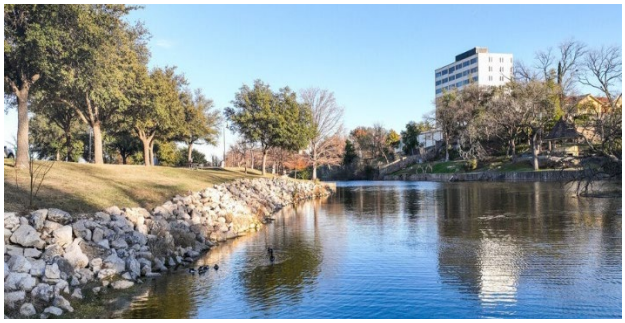
Shannon Clinic South 2	2141 Hamilton Way	San Angelo	TX	76904
Shannon Clinic South 3	3350 Executive Drive	San Angelo	TX	76904
Concho Valley ER	5709 Sherwood Way	San Angelo	TX	76901
San Angelo VA Clinic	4240 Southwest Blvd	San Angelo	TX	76904
Cook Children's Pediatric Specialties	1002 S. Abe Street #B	San Angelo	TX	76903

Source: Shannon Medical Center 2025

HEALTH DEPARTMENT

The community in which Shannon serves has one county health department: City of San Angelo – Tom Green County Health Department. The Health Services Department is responsible for public health issues ranging from restaurant inspections to immunizations to the public smoking ban. Additionally, the department is responsible for project management and grants administration. The department is comprised of the following two divisions: Environmental Health and Nursing.

Courtesy environment inspections for Texas Department of State Health Services are also offered for foster homes, day cares, 24-hour residential care and adoptions. They provide immunizations for children and adults such as influenza, polio, measles, mumps, chickenpox and Hepatitis A and B, among others. Tuberculosis testing and sexually transmitted disease testing are also available to residents.



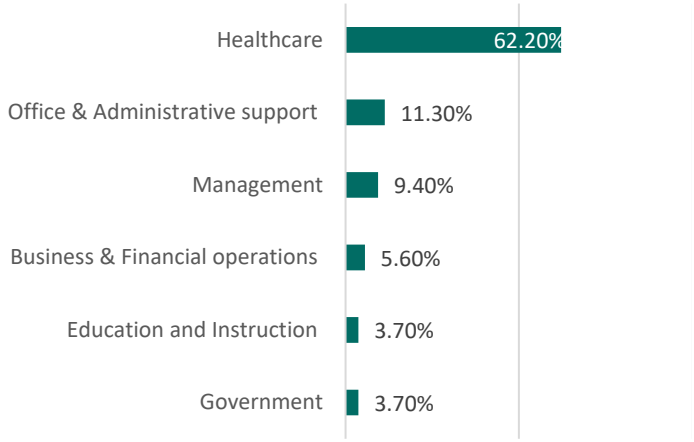
KEY INFORMANT INTERVIEWS

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

Interviews were held with professionals representing a cross-section of industries and organizations within the community's population. A total of 56 individuals representing the various organizations and industries participated in the interviews.

The list below reflects some of the companies and organizations that participated.

- La Esperanza Clinic
- MHMR Concho Valley
- Region 15
- Shannon Medical Center
- Tom Green County
- West Texas Counseling and Guidance
- Concho Valley Council of Governments



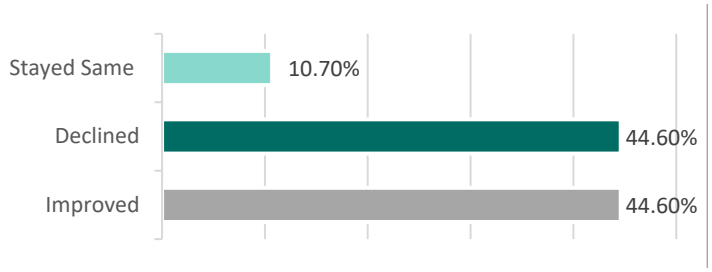
Certain key informants were selected due to their position working with low-income and uninsured populations. Several key informants were selected due to their work with minority populations.

Key Informant general observations and comments

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

Most respondents rated the community's overall health at 6.5, slightly above average. About 30% of respondents rated the overall health as poor (3-5), while about 20% rated it as good or excellent (7 or higher).

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



3. Please describe what factors influence your answer and briefly explain why you feel the county's overall health has improved, declined, or stayed the same.

Although the worst of the pandemic is over, many described how COVID continues to have a lingering impact on community health. Other significant factors include poverty and lack of awareness.

Comments:

"We see a lot of noncompliance and conditions continue to stay at the same level of severity."

"There were many delays in care because of COVID; however, my perception is that people are now seeking healthcare at the same level as prior to the pandemic."

"COVID and economic factors have significantly affected mental and physical health with some underserved community members facing increasing hardships as a whole the community is not super physical or mental health focused."

"I've seen increased participation and commitment to improving health and fitness by many individuals, especially those over the age of 60."

"Lack of insurance; limited access to primary care providers; lack of community education; reduced income; lack of medical knowledge."

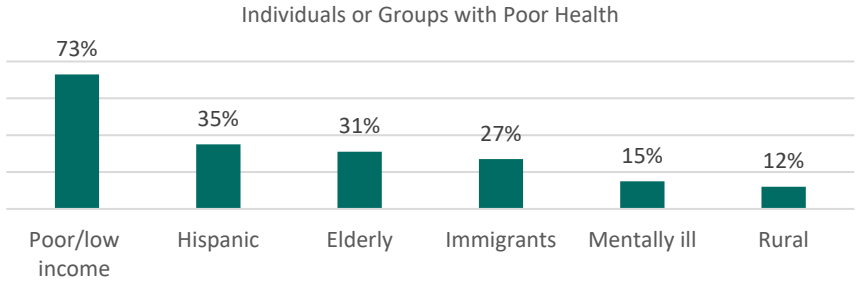
"There is an overutilization of the ER and community members don't access preventive care services."

"I feel like the seasonal health challenges have increased since COVID! More people sick and for longer periods. More people losing work time due to illness or that of their children."

"The overall health is stagnant because the community members aren't seeking out health care services."

4. Some people in Tom Green County may have poor health due to certain barriers which hinders them from receiving adequate services. Barriers might include income, transportation, language, lack of knowledge, geographic (distance), awareness, or lack of options. Who are those individuals and/or groups?

Interviews revealed how those living in poverty (unable to afford deductibles or insurance) and lacking adequate transportation are most likely to experience poor health. Other people may have poor health due to common barriers such as language, race/culture, and lack of knowledge.



Comments:

"Lack of financial resources leads to more people not wanting to visit a provider due to rising copay amounts. Being dismissed by healthcare workers and their assessment of what a person is presenting with. Not being believed."

"Those living in poverty, barely making ends meet, don't have (or can't afford) insurance."

"People in rural areas - it is hard to meet the needs of a sparse population over a wide geographic area."

"The older population has increased needs due to low social security pay. They often run into a barrier of needing hearing aids or adaptive devices that they cannot afford the co-insurance for."

"Women of color face many barriers."

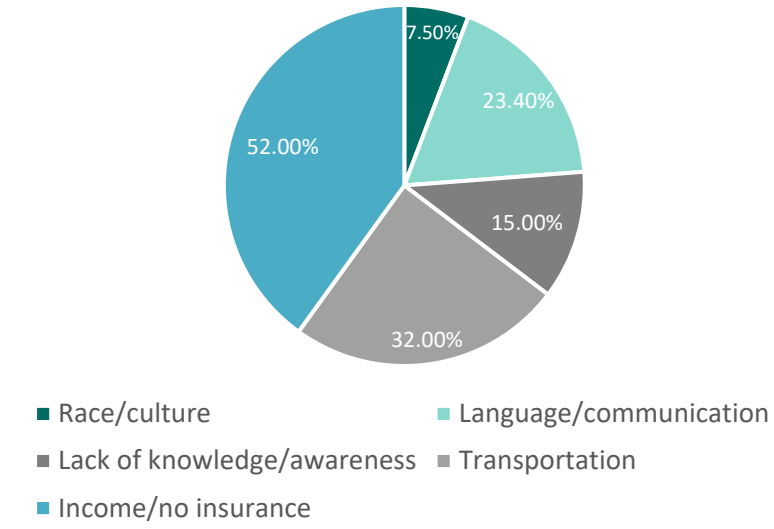
"Those in generational population experience limited access to care because they do not know how to obtain/access the resources and medical services available to them. This population tends to have bad habits - smoking, poor nutrition."

"Our older generation does not always agree with the new standards of medicine thus creates a lack of trust in the system itself."

"Individuals who barely survive due to lack of money. This population can't obtain basic necessities such as proper shoes, which can have a huge negative impact on their daily lives."

5. What are the most significant barriers to improving health in Tom Green County?

The most significant barriers that hinder individuals from receiving adequate health services are 1) costs of insurance/deductibles and 2) lack of transportation. Other common barriers cited were language, a shortage of primary care providers, racial and cultural, and a lack of knowledge or awareness.



Comments:

"Because of language barriers and plus what is going on in the world now, many are scared to get the help that is needed."

"Too many physicians do not accept Medicaid."

"Too long to wait for an appointment (not enough providers to meet the demand)"

"I think the large Hispanic population struggles due to long-standing views of avoiding doctors, not focusing on their health."

"Homeless individuals are at higher risk because a lot of them also have mental health conditions that accompany any physical health conditions. This can prevent them from adhering to treatment plans and also prevent a barrier to us being able to access services they may need such us skilled nursing facilities. They are often denied due to behavior issues."

"There are groups of people that fall between the cracks - they don't qualify for insurance/Medicaid and they can't afford insurance premiums."

"Societal habits keep the health of the population from improving - populations have poor eating habits and are not physically active."

"Health literacy is low. Lack of education of the services and resources available."

"Some people lack the willingness to seek help or simply live in denial."

6. What is being done to address barriers?

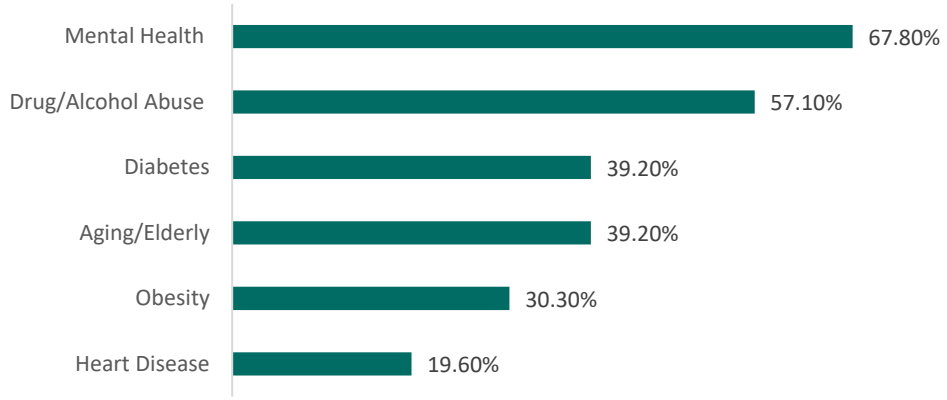
"There are lists of agencies and churches helping with food, utilities, water and housing here. No one should be homeless unless they want to be in San Angelo."

"The transition of care pharmacy is a great asset/resource in helping patients who would normally not be able to afford their discharge medications, as well as the 340-b program through the Shannon outpatient pharmacy."

"Tom Green County Indigent Program is helping people with their medical care, too."

"Several nonprofit organizations have programs and services to meet the needs."

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



Other notable mentions: High blood pressure, Stroke, and STIs

Comment:

"There are critical health issues – gaps in care, prescription assistance."

8. Suggestions/recommendations to improve health in Tom Green County?

"I feel there are times when people have an overabundance of information from different sources but are not willing to do the follow up that is needed or know how to follow-up. Maybe a generalized web page or app that is easy enough for them to get information or send them to other points of contact could be created."

"We need better agency collaboration; community navigation/support."

"We should be interested in all barriers to improving health. In some instances, Shannon should partner with other organizations and in other instances, Shannon will have to lead."

"Need additional resources for the homeless population such as facilities that can accommodate medical needs along with mental health issues."

"There needs to be more education (starting in grade school) about healthy lifestyle and lifestyle choices to avoid, especially nutrition which affects many major disease processes."

"A voucher program would give them access to care, providing navigation for coverage."

"A mobile clinic for the unhoused."

"It would be great if Shannon would incorporate some sort of healthcare booth at more events that are not health fairs. (children's fair, downtown vendor days, places where you will reach the part of the community that needs us the most). Give people the opportunity for to ask questions to physicians in the community setting."

"More community-based clinics like Esperanza are needed to meet the needs of the underserved."

"People with behavioral health issues tend to have worse health outcomes and there is limited availability to behavioral health treatment options. A greater availability of care options is needed."

"Something that we can easily address is the transportation barrier. We need to add additional drivers/wheelchair accessible vans."

"Increase access to primary care services. Many individuals don't have a primary care provider - they either use the Urgent Care or the ER to obtain medical care."

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

1. (tie) Services to low-income individuals and families
1. (tie) Recruiting & retaining specialists & primary care providers
2. Mental/psychiatric health
3. (tie) Elderly/aging population
3. (tie) PR/public health education

Other notable mentions: Transportation, Preventative health, Reduce wait times, Outpatient case management, Collaborations with other providers, Quality of care/improvement.

Comments:

"There are long wait times when getting into primary care/urgent care/specialty care providers. This should be addressed."

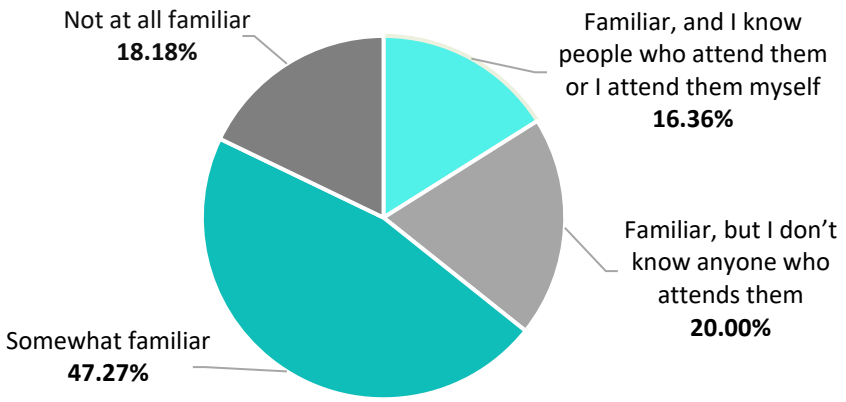
"Shannon does a great deal already to assist people when they cannot afford their healthcare. We have the Legacy Program, Prescription Assistance Program, and we are now offering help with transportation too."

"Continuity of care could improve for patients if external providers were better informed of patient's health status and needs at discharge."

"More telehealth would be an idea for education and follow ups, or a mobile clinic."

"More needs to be done to address the dental issues people have as it effects so many parts of their health both physical, emotional and mental."

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



Comments:

"I am familiar with the Leadership Trainings, the education from the partnership of the Diabetes Coalition, and the health education provided directly from the provider's office."

"I receive the Shannon Newsletters and that helps to keep me in the know about the services/programs provided by Shannon. I am familiar with their Diabetes Education."

"I am familiar with Shannon's participation with the Diabetes Coalition, the Shannon Newsletters, their Regional Outreach efforts, and the Shannon Leadership Institute."

"I know that Shannon has health professionals and subject matter experts available for tailored educational opportunities and presentations."

Prioritization of Identified Health Needs

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

Using findings obtained through the collection of primary and secondary data, Shannon completed an analysis of these to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death and death rates for the community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for Shannon.

Health Outcomes and Factors

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

Primary Data

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

Health Needs of Vulnerable Populations

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

1) **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized.

    i. >25% of the community = 5

    ii. >15% and <25% = 4

    iii. >10% and <15% = 3

    iv. >5% and <10% = 2

    v. <5% = 1

2) **What are the consequences of not addressing this problem?** Identified health needs, which have a high death rate or have a high impact on chronic diseases, received a higher rating.

3) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (Leading Causes of Death, Primary Causes for Inpatient Hospitalization, Health Outcomes and Factors, Primary Data, Interviews) identified the need.

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

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

Health Problem or Issue	How many people are affected by the issue?	What are the consequences of not addressing this problem?	Prevalence of Common Themes	Alignment with Shannon's goals and resources	Total Score
High Cost of Health Care (uninsured population)	5	5	5	4	19
Shortage of Primary Care Providers & Specialists	5	4	5	4	18
Aging Populations/ Elder Care	4	5	4	4	17
Adult Obesity	4	4	5	3	16
Lack of Transportation Options	4	3	4	3	14
Heart Health	4	4	3	3	14
Shortage of Mental Health Providers	3	4	3	4	14
Cancer	3	3	4	4	14
Lack of Health Knowledge/Education	4	3	3	4	14
Healthy Behaviors/Lifestyle	3	4	3	3	13
Substance Abuse	3	4	3	3	13
Stroke	3	4	3	3	13
Physical Inactivity	3	3	3	3	12
Preventable Hospitalizations	2	3	3	4	12
Adult Smoking	2	3	2	3	10
Language/Cultural Mindset	2	2	3	3	10
Alcohol-Impaired Driving Deaths	2	3	1	3	9
Teen Birth Rate	2	1	1	3	7
Injury Deaths	2	1	1	3	7
Sexually Transmitted Infections	1	1	1	3	6

Prioritization Process

For the health needs prioritization process, the Hospital engaged a hospital leadership team to review the most significant health needs reported on the prior CHNA using the following criteria:

- Current area of hospital focus.
- Established relationships with community partners to address the health need.
- Organizational capacity and existing infrastructure to address the health need.

Based on the criteria outlined above, any health need that scored a 15 or more (out of a possible 20) was identified as a priority area that will be addressed through Shannon Medical Center's strategy for fiscal year 2026-2028. Those priority areas included:

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

Based on the criteria outlined above, the data was reviewed to identify health issues of vulnerable populations and the community as a whole.

Shannon determined any need in the priority grid that received a score of 15 or higher would be considered a priority area that will be addressed through Shannon Medical Center's Implementation Strategy for fiscal year 2026 through 2028. Shannon is in a position to positively impact these concerns in the community.

The Hospitals' next steps include developing an implementation strategy to address these priority areas:

1. High Cost of Health Care
2. Shortage of Primary Care Providers & Specialists
3. Aging population/Elder Care
4. Adult Obesity

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.

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Key Informants and Community Health Needs Survey

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