

# *Hendrick Medical Center Community Health Needs Assessment*



 HENDRICK  
MEDICAL CENTER

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

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## Consultant's Report

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

Based upon the assessment procedures performed, it appears Hendrick 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 the Hospital, 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.

Date

## Introduction

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

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

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

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

The *process* involved:

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

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

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

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

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

The Medical Center engaged **BKD, LLP** to conduct a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 30 offices. BKD serves more than 900 hospitals and health care systems across the country. The community health needs assessment was conducted from January 2013 through June 2013.

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

- The “community” served by the Medical Center was defined by utilizing inpatient data regarding patient origin. This process is further described in *Community Served by the Medical Center*.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see sources in the *Appendices* to this report). 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](http://CountyHealthrankings.org). Health factors with significant opportunity for improvement were noted.
- An inventory of health care facilities and resources was prepared.
- Community input was provided through key informant interviews of 39 stakeholders and a community health survey was widely distributed. The Community Health Survey was completed by 338 individuals. Results and findings are described in the Key Informant and Community Health Survey sections of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons, minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs: 1) the size of the problem, 2) the seriousness of the problem, 3) the prevalence of common themes, 4) the impact of the issue on vulnerable populations and 5) the importance of the issue to the community.

Information gaps were identified during the prioritization process, and they have been reported.

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



***General Description of the Medical Center***

Hendrick Medical Center has provided medical services to the residents of Abilene, Texas and the surrounding community for over nine decades. The medical center provides a medical center, a women’s center, rehabilitation hospital, cancer center and numerous other innovative services.

Hendrick Medical Center has been the first to offer aggressive, innovative treatments and preventive healthcare measures ranging from services such as cancer screenings and pre-natal education courses to electro-physiology procedures and pediatric intensive care. Providing the strength of a complete system of health services available in their own backyards, most of the citizens of Abilene and the 22 counties that surround it look to Hendrick as their first choice for healthcare. In fact, research shows 64 percent of area residents prefer Hendrick for their healthcare needs.

Hendrick Medical Center is one of seven healthcare institutions affiliated with the Baptist General Convention of Texas. As part of Hendrick Medical Center, the hospital is licensed for 522 beds. About 2,900 staff members create the Hendrick Medical Center team of employees. People of all ages and races, men and women receive precision care at Hendrick every day, regardless of the way they are able to pay.

***Hendrick Medical Center’s Mission:***

***“To deliver high quality healthcare emphasizing excellence and compassion consistent with the healing ministry of Jesus Christ.”***

Specialties at Hendrick Medical Center include:

- Cancer Care
- Children’s Health
- Heart and Vascular
- Neuroscience
- Orthopedics
- Pregnancy and Birth
- Rehabilitation and Therapy
- Stroke
- Women’s Health

## Community Served by the Medical Center

Hendrick Medical Center is located in the city of Abilene, Texas in Taylor County. The City of Abilene is located in West Central Texas. Abilene is accessible by Interstate 20 as well as US 83/84. Abilene is approximately 150 miles west of Fort Worth, Texas and the home to Dyess Air Force Base.

### ***Defined Community***

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

Based on the patient origin of acute care discharges for the fiscal year ending August 31, 2012, management has identified the community to include Callahan, Jones and Taylor counties. *Exhibit 1* presents the Medical Center's patient origin for select zip code areas in its community which represent the zip codes having significant discharges within each county. As can be seen on *Exhibit 1*, over 60 percent of the hospital discharges originate in Taylor County.

Page 7 presents a detailed map of the Medical Center's geographical location and the footprint of the community identified in *Exhibit 1*. The map displays the Medical Center's defined community and identifies the 14 zip code areas that comprise the Medical Center's community. These zip codes are listed with corresponding demographic information in *Exhibits 2* through *5*.

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



**Exhibit 1  
Hendrick Medical Center CHNA Community  
Summary of Inpatient Discharges by Zip Code  
Fiscal Year Ended August 31, 2012**

Zip Code	City	Discharges	Percent of Total Discharges
<b>Callahan County:</b>			
76443	Cross Plains	135	14.8%
79504	Baird	180	19.8%
79510	Clyde	521	57.3%
Other Callahan		74	8.1%
	<b>Total Callahan</b>	<b>910</b>	<b>5.6%</b>
<b>Jones County:</b>			
79501	Anson	281	28.7%
79520	Hamlin	165	16.8%
79525	Hawley	223	22.8%
79553	Stamford	226	23.1%
Other Jones		85	8.7%
	<b>Total Jones</b>	<b>980</b>	<b>6.0%</b>
<b>Taylor County:</b>			
79601	Abilene	1,719	17.3%
79602	Abilene	1,404	14.1%
79603	Abilene	2,193	22.0%
79604*	Abilene	136	1.4%
79605	Abilene	2,149	21.6%
79606	Abilene	1,045	10.5%
79607	Dyess Air Force Base	93	0.9%
79536	Merkel	396	4.0%
Other Taylor		824	8.3%
	<b>Total Taylor</b>	<b>9,959</b>	<b>60.8%</b>
	<b>Total Other Discharges</b>	<b>4,540</b>	<b>27.7%</b>
	<b>Total</b>	<b>16,389</b>	<b>100.0%</b>

\* This zip code is a PO Box and is not included in the data collection process

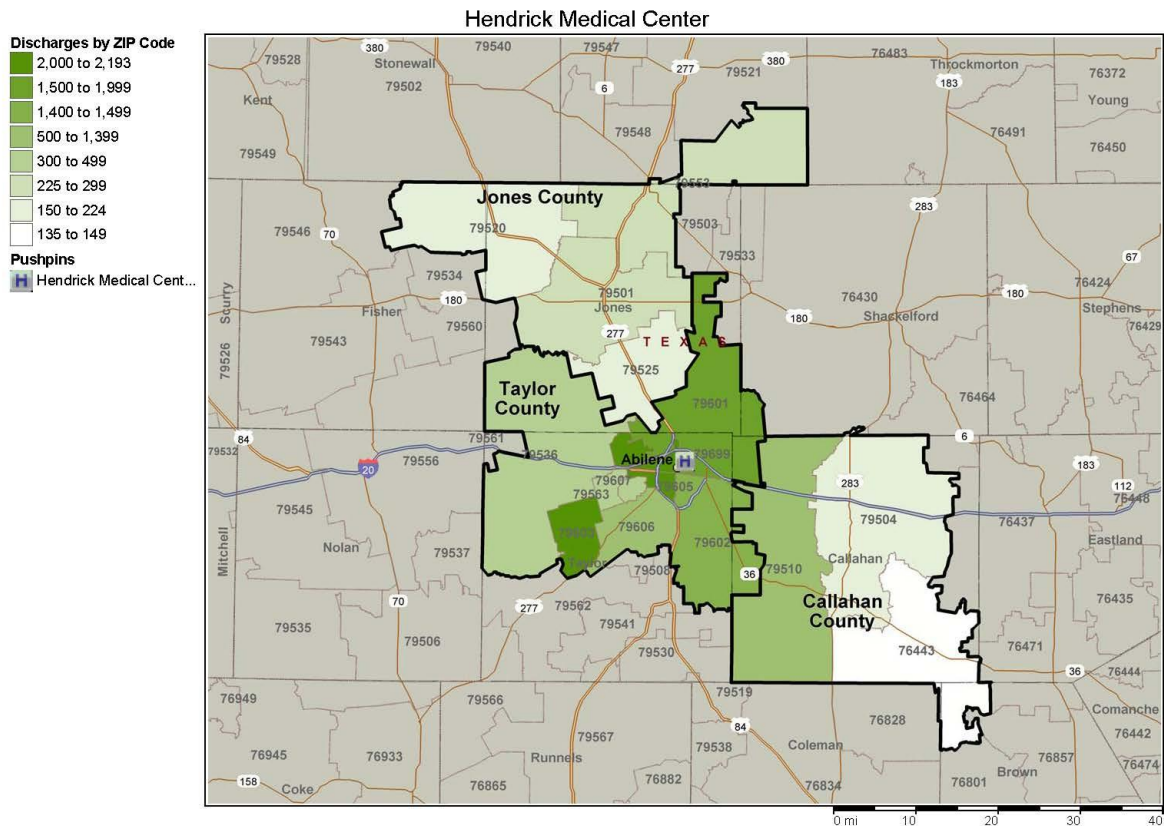
Source: Hendrick Health System



## Community Details

### Identification and Description of Geographical Community

The following map geographically illustrates the Medical Center's location and community by showing the community zip codes shaded. The bulk of the community's population is concentrated in and around the city of Abilene, Texas.



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### **Community Population and Demographics**

The U.S. Bureau of Census has compiled population and demographic data based on the 2010 census. The Nielsen Company, a firm specializing in the analysis of demographic data, has extrapolated this data by zip code to estimate population trends from 2013 through 2018. Population estimates by age and zip code for the Medical Center's community are presented in *Exhibit 2*.

*Exhibit 2* illustrates that the overall population is projected to increase slightly over the five-year period from 167,884 to 174,624. In addition, the age category that utilizes health care services the most, 65 years and over, is projected to increase from 23,784 to 26,508. The projected changes to the composition of the total community, between male and female, is projected to remain approximately the same over the five-year period.

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

Zip Code	City	Under 15 years	15-44 years	45-64 years	65 years and over	Total	Male	Female
<b>Estimated 2013 Population</b>								
<b>Callahan County:</b>								
76443	Cross Plains	304	552	522	470	1,848	914	934
79504	Baird	433	761	758	546	2,498	1,215	1,283
79510	Clyde	1,617	2,755	2,202	1,405	7,979	3,862	4,117
	<b>Total Callahan</b>	<b>2,354</b>	<b>4,068</b>	<b>3,482</b>	<b>2,421</b>	<b>12,325</b>	<b>5,991</b>	<b>6,334</b>
<b>Jones County:</b>								
79501	Anson	751	1,184	908	600	3,443	1,678	1,765
79520	Hamlin	502	815	623	484	2,424	1,199	1,225
79525	Hawley	529	1,027	840	471	2,867	1,430	1,437
79553	Stamford	674	1,038	973	778	3,463	1,675	1,788
Other Jones		124	232	192	113	661	325	336
	<b>Total Jones</b>	<b>2,580</b>	<b>4,296</b>	<b>3,536</b>	<b>2,446</b>	<b>12,858</b>	<b>6,307</b>	<b>6,551</b>
<b>Taylor County:</b>								
79601	Abilene	3,319	13,322	5,046	2,784	24,471	14,200	10,271
79602	Abilene	5,066	9,009	5,864	2,732	22,671	11,104	11,567
79603	Abilene	6,046	9,708	5,549	3,420	24,723	12,047	12,676
79605	Abilene	6,470	12,712	7,016	4,501	30,699	14,833	15,866
79606	Abilene	4,586	9,521	5,594	3,317	23,018	11,241	11,777
79607	Dyess Air Force Base	848	1,790	89	6	2,733	1,586	1,147
79536	Merkel	997	1,823	1,444	851	5,115	2,496	2,619
Other Taylor		1,563	3,812	2,590	1,306	9,271	4,568	4,703
	<b>Total Taylor</b>	<b>28,895</b>	<b>61,697</b>	<b>33,192</b>	<b>18,917</b>	<b>142,701</b>	<b>72,075</b>	<b>70,626</b>
<b>PROVIDER SERVICE AREA</b>		<b>33,829</b>	<b>70,061</b>	<b>40,210</b>	<b>23,784</b>	<b>167,884</b>	<b>84,373</b>	<b>83,511</b>
<b>Projected 2018 Population</b>								
<b>Callahan County:</b>								
76443	Cross Plains	310	571	460	527	1,868	923	945
79504	Baird	426	749	681	614	2,470	1,208	1,262
79510	Clyde	1,590	2,875	2,089	1,600	8,154	3,943	4,211
	<b>Total Callahan</b>	<b>2,326</b>	<b>4,195</b>	<b>3,230</b>	<b>2,741</b>	<b>12,492</b>	<b>6,074</b>	<b>6,418</b>
<b>Jones County:</b>								
79501	Anson	759	1,208	868	653	3,488	1,707	1,781
79520	Hamlin	512	838	580	531	2,461	1,214	1,247
79525	Hawley	523	1,045	812	568	2,948	1,462	1,486
79553	Stamford	678	1,032	869	804	3,383	1,638	1,745
Other Jones		125	232	186	147	690	339	351
	<b>Total Jones</b>	<b>2,597</b>	<b>4,355</b>	<b>3,315</b>	<b>2,703</b>	<b>12,970</b>	<b>6,360</b>	<b>6,610</b>
<b>Taylor County:</b>								
79601	Abilene	3,777	13,642	4,936	3,068	25,423	14,673	10,750
79602	Abilene	5,543	9,371	6,033	3,180	24,127	11,832	12,295
79603	Abilene	6,507	10,103	5,415	3,671	25,696	12,564	13,132
79605	Abilene	7,079	12,988	6,751	4,859	31,677	15,367	16,310
79606	Abilene	5,068	9,724	5,821	3,715	24,328	11,893	12,435
79607	Dyess Air Force Base	779	1,662	180	6	2,627	1,531	1,096
79536	Merkel	1,031	1,890	1,423	954	5,298	2,580	2,718
Other Taylor		1,669	4,061	2,645	1,611	9,986	4,902	5,084
	<b>Total Taylor</b>	<b>31,453</b>	<b>63,441</b>	<b>33,204</b>	<b>21,064</b>	<b>149,162</b>	<b>75,342</b>	<b>73,820</b>
<b>PROVIDER SERVICE AREA</b>		<b>36,376</b>	<b>71,991</b>	<b>39,749</b>	<b>26,508</b>	<b>174,624</b>	<b>87,776</b>	<b>86,848</b>

Source: The Nielsen Company

Exhibit 2.1 provides the percent difference for each zip code from estimated 2013 to projected 2018 as well as the ability to compare the percent difference to the state of Texas and the United States for comparison purposes. Exhibit 2.1 illustrates that the overall population is projected to increase by four percent over the five-year period compared to projected overall increases for Texas at almost eight percent and the United States at approximately three percent. Note the age category that utilizes health care services the most, 65 years and over, is projected to increase by more than 11 percent. This increase in the 65 years and over category will have a dramatic impact on both the amount and types of services required by the community.

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

Zip Code	City	Under 15 years	15-44 years	45-64 years	65 years and over	Total	Male	Female
<b>Percent Difference</b>								
<b>Callahan County:</b>								
76443	Cross Plains	1.97%	3.44%	-11.88%	12.13%	1.08%	0.98%	1.18%
79504	Baird	-1.62%	-1.58%	-10.16%	12.45%	-1.12%	-0.58%	-1.64%
79510	Clyde	-1.67%	4.36%	-5.13%	13.88%	2.19%	2.10%	2.28%
	Total Callahan	-1.19%	3.12%	-7.24%	13.22%	1.35%	1.39%	1.33%
<b>Jones County:</b>								
79501	Anson	1.07%	2.03%	-4.41%	8.83%	1.31%	1.73%	0.91%
79520	Hamlin	1.99%	2.82%	-6.90%	9.71%	1.53%	1.25%	1.80%
79525	Hawley	-1.13%	1.75%	-3.33%	20.59%	2.83%	2.24%	3.41%
79553	Stamford	0.59%	-0.58%	-10.69%	3.34%	-2.31%	-2.21%	-2.40%
	Other Jones	0.81%	0.00%	-3.13%	30.09%	4.39%	4.31%	4.46%
	Total Jones	0.66%	1.37%	-6.25%	10.51%	0.87%	0.84%	0.90%
<b>Taylor County:</b>								
79601	Abilene	13.80%	2.40%	-2.18%	10.20%	3.89%	3.33%	4.66%
79602	Abilene	9.42%	4.02%	2.88%	16.40%	6.42%	6.56%	6.29%
79603	Abilene	7.62%	4.07%	-2.41%	7.34%	3.94%	4.29%	3.60%
79605	Abilene	9.41%	2.17%	-3.78%	7.95%	3.19%	3.60%	2.80%
79606	Abilene	10.51%	2.13%	4.06%	12.00%	5.69%	5.80%	5.59%
79607	Dyess Air Force Base	-8.14%	-7.15%	102.25%	0.00%	-3.88%	-3.47%	-4.45%
79536	Merkel	3.41%	3.68%	-1.45%	12.10%	3.58%	3.37%	3.78%
	Other Taylor	6.78%	6.53%	2.12%	23.35%	7.71%	7.31%	8.10%
	Total Taylor	8.85%	2.83%	0.04%	11.35%	4.53%	4.53%	4.52%
	<b>PROVIDER SERVICE AREA</b>	<b>7.53%</b>	<b>2.75%</b>	<b>-1.15%</b>	<b>11.45%</b>	<b>4.01%</b>	<b>4.03%</b>	<b>4.00%</b>
	<b>TX 2013 Estimated (1,000s)</b>	<b>5,949</b>	<b>11,068</b>	<b>6,358</b>	<b>2,922</b>	<b>26,297</b>	<b>13,041</b>	<b>13,257</b>
	<b>TX 2018 Projected (1,000s)</b>	<b>6,343</b>	<b>11,545</b>	<b>6,862</b>	<b>3,583</b>	<b>28,333</b>	<b>14,046</b>	<b>14,288</b>
	<b>PERCENT DIFFERENCE</b>	<b>6.62%</b>	<b>4.31%</b>	<b>7.93%</b>	<b>22.62%</b>	<b>7.74%</b>	<b>7.71%</b>	<b>7.78%</b>
	<b>U.S. 2013 Estimated (1,000s)</b>	<b>61,804</b>	<b>126,084</b>	<b>83,113</b>	<b>43,862</b>	<b>314,863</b>	<b>154,820</b>	<b>160,042</b>
	<b>U.S. 2018 Projected (1,000s)</b>	<b>63,380</b>	<b>126,608</b>	<b>84,337</b>	<b>50,998</b>	<b>325,323</b>	<b>160,000</b>	<b>165,322</b>
	<b>PERCENT DIFFERENCE</b>	<b>2.55%</b>	<b>0.42%</b>	<b>1.47%</b>	<b>16.27%</b>	<b>3.32%</b>	<b>3.35%</b>	<b>3.30%</b>

Source: The Nielsen Company



**Community Health Needs Assessment 2013**

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

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

Zip Code	City	Under 15 years	15-44 years	45-64 years	65 years and over	Total	Male	Female
<b>Estimated 2013 Population</b>								
<b>Callahan County:</b>								
76443	Cross Plains	16.45%	29.87%	28.25%	25.43%	100.00%	49.46%	50.54%
79504	Baird	17.33%	30.46%	30.34%	21.86%	100.00%	48.64%	51.36%
79510	Clyde	20.27%	34.53%	27.60%	17.61%	100.00%	48.40%	51.60%
	Total Callahan	19.10%	33.01%	28.25%	19.64%	100.00%	48.61%	51.39%
<b>Jones County:</b>								
79501	Anson	21.81%	34.39%	26.37%	17.43%	100.00%	48.74%	51.26%
79520	Hamlin	20.71%	33.62%	25.70%	19.97%	100.00%	49.46%	50.54%
79525	Hawley	18.45%	35.82%	29.30%	16.43%	100.00%	49.88%	50.12%
79553	Stamford	19.46%	29.97%	28.10%	22.47%	100.00%	48.37%	51.63%
	Other Jones	18.76%	35.10%	29.05%	17.10%	100.00%	49.17%	50.83%
	Total Jones	20.07%	33.41%	27.50%	19.02%	100.00%	49.05%	50.95%
<b>Taylor County:</b>								
79601	Abilene	13.56%	54.44%	20.62%	11.38%	100.00%	58.03%	41.97%
79602	Abilene	22.35%	39.74%	25.87%	12.05%	100.00%	48.98%	51.02%
79603	Abilene	24.45%	39.27%	22.44%	13.83%	100.00%	48.73%	51.27%
79605	Abilene	21.08%	41.41%	22.85%	14.66%	100.00%	48.32%	51.68%
79606	Abilene	19.92%	41.36%	24.30%	14.41%	100.00%	48.84%	51.16%
79607	Dyess Air Force Base	31.03%	65.50%	3.26%	0.22%	100.00%	58.03%	41.97%
79536	Merkel	19.49%	35.64%	28.23%	16.64%	100.00%	48.80%	51.20%
	Other Taylor	16.86%	41.12%	27.94%	14.09%	100.00%	49.27%	50.73%
	Total Taylor	20.25%	43.24%	23.26%	13.26%	100.00%	50.51%	49.49%
<b>TOTAL PROVIDER SERVICE AREA</b>		<b>20.15%</b>	<b>41.73%</b>	<b>23.95%</b>	<b>14.17%</b>	<b>100.00%</b>	<b>50.26%</b>	<b>49.74%</b>
<b>Projected 2018 Population</b>								
<b>Callahan County:</b>								
76443	Cross Plains	16.60%	30.57%	24.63%	28.21%	100.00%	49.41%	50.59%
79504	Baird	17.25%	30.32%	27.57%	24.86%	100.00%	48.91%	51.09%
79510	Clyde	19.50%	35.26%	25.62%	19.62%	100.00%	48.36%	51.64%
	Total Callahan	18.62%	33.58%	25.86%	21.94%	100.00%	48.62%	51.38%
<b>Jones County:</b>								
79501	Anson	21.76%	34.63%	24.89%	18.72%	100.00%	48.94%	51.06%
79520	Hamlin	20.80%	34.05%	23.57%	21.58%	100.00%	49.33%	50.67%
79525	Hawley	17.74%	35.45%	27.54%	19.27%	100.00%	49.59%	50.41%
79553	Stamford	20.04%	30.51%	25.69%	23.77%	100.00%	48.42%	51.58%
	Other Jones	18.12%	33.62%	26.96%	21.30%	100.00%	49.13%	50.87%
	Total Jones	20.02%	33.58%	25.56%	20.84%	100.00%	49.04%	50.96%
<b>Taylor County:</b>								
79601	Abilene	14.86%	53.66%	19.42%	12.07%	100.00%	57.72%	42.28%
79602	Abilene	22.97%	38.84%	25.01%	13.18%	100.00%	49.04%	50.96%
79603	Abilene	25.32%	39.32%	21.07%	14.29%	100.00%	48.89%	51.11%
79605	Abilene	22.35%	41.00%	41.00%	15.34%	100.00%	48.51%	51.49%
79606	Abilene	20.83%	39.97%	23.93%	15.27%	100.00%	48.89%	51.11%
79607	Dyess Air Force Base	29.65%	63.27%	6.85%	0.23%	100.00%	58.28%	41.72%
79536	Merkel	19.46%	35.67%	26.86%	18.01%	100.00%	48.70%	51.30%
	Other Taylor	16.71%	40.67%	26.49%	16.13%	100.00%	49.09%	50.91%
	Total Taylor	21.09%	42.53%	22.26%	14.12%	100.00%	50.51%	49.49%
<b>TOTAL PROVIDER SERVICE AREA</b>		<b>20.83%</b>	<b>41.23%</b>	<b>22.76%</b>	<b>15.18%</b>	<b>100.00%</b>	<b>50.27%</b>	<b>49.73%</b>
<b>ESTIMATED 2013</b>		20.15%	41.73%	23.95%	14.17%	100.00%	50.26%	49.74%
<b>PROJECTED 2018 POPULATION</b>		20.83%	41.23%	22.76%	15.18%	100.00%	50.27%	49.73%
<b>PERCENT DIFFERENCE</b>		6.6%	4.3%	7.9%	22.6%		7.7%	7.8%
<b>TEXAS 2013</b>		22.6%	42.1%	24.2%	11.1%	100.0%	49.6%	50.4%
<b>UNITED STATES 2013</b>		19.6%	40.0%	26.4%	13.9%	100.0%	49.2%	50.8%

Source: The Nielsen Company



Very similar to the 11 percent growth seen in the overall number of people in the 65 years and over category in *Exhibit 2.1*, *Exhibit 2.2* indicates that as a percent of total population for the community, the 65 years and over category will make up more than 15 percent of the total population in 2018 compared to the nearly 14.2 percent in 2013.

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The following *Exhibit 3* shows the population of the community by ethnicity by illustrating the Hispanic versus Non-Hispanic residents. In total, the population breakdown for the community is very different from the rest of the state of Texas, with the community having a significantly lower percentage of Hispanic residents in comparison to the rest of the state.

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

Zip Code	City	Estimated 2013			Projected 2018			% Difference		% Total	
		Hispanic	Non-Hispanic	Total	Hispanic	Non-Hispanic	Total	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
<b>Callahan County:</b>											
76443	Cross Plains	97	1,751	1,848	104	1,764	1,868	7.2%	0.7%	5.6%	94.4%
79504	Baird	271	2,227	2,498	266	2,204	2,470	-1.8%	-1.0%	10.8%	89.2%
79510	Clyde	585	7,394	7,979	636	7,518	8,154	8.7%	1.7%	7.8%	92.2%
	Total Callahan	953	11,372	12,325	1,006	11,486	12,492	5.6%	1.0%	8.1%	91.9%
<b>Jones County:</b>											
79501	Anson	1,055	2,388	3,443	1,071	2,417	3,488	1.5%	1.2%	30.7%	69.3%
79520	Hamlin	652	1,772	2,424	677	1,784	2,461	3.8%	0.7%	27.5%	72.5%
79525	Hawley	281	2,586	2,867	310	2,638	2,948	10.3%	2.0%	10.5%	89.5%
79553	Stamford	1,025	2,438	3,463	1,019	2,364	3,383	-0.6%	-3.0%	30.1%	69.9%
	Other Jones	91	570	661	98	592	690	7.7%	3.9%	14.2%	85.8%
	Total Jones	3,104	9,754	12,858	3,175	9,795	12,970	2.3%	0.4%	24.5%	75.5%
<b>Taylor County:</b>											
79601	Abilene	5,984	18,487	24,471	6,560	18,863	25,423	9.6%	2.0%	25.8%	74.2%
79602	Abilene	4,971	17,700	22,671	5,611	18,516	24,127	12.9%	4.6%	23.3%	76.7%
79603	Abilene	9,962	14,761	24,723	10,673	15,023	25,696	7.1%	1.8%	41.5%	58.5%
79605	Abilene	6,877	23,822	30,699	7,649	24,028	31,677	11.2%	0.9%	24.1%	75.9%
79606	Abilene	3,213	19,805	23,018	3,746	20,582	24,328	16.6%	3.9%	15.4%	84.6%
79607	Dyess Air Force Base	578	2,155	2,733	600	2,027	2,627	3.8%	-5.9%	22.8%	77.2%
79536	Merkel	689	4,426	5,115	740	4,558	5,298	7.4%	3.0%	14.0%	86.0%
	Other Taylor	935	8,336	9,271	1,088	8,898	9,986	16.4%	6.7%	10.9%	89.1%
	Total Taylor	33,209	109,492	142,701	36,667	112,495	149,162	10.4%	2.7%	24.6%	75.4%
<b>PROVIDER SERVICE AREA</b>		<b>37,266</b>	<b>130,618</b>	<b>167,884</b>	<b>40,848</b>	<b>133,776</b>	<b>174,624</b>	<b>9.6%</b>	<b>2.4%</b>	<b>23.4%</b>	<b>76.6%</b>
<b>Texas (1,000s)</b>		10,268	16,030	26,298	11,631	16,702	28,333	13.3%	4.2%	41.1%	58.9%
<b>U.S. (1,000s)</b>		54,578	260,284	314,863	61,050	264,272	325,323	11.9%	1.5%	18.8%	81.2%

Source: The Nielsen Company

*Exhibit 4* shows the population of the community by race by illustrating three different categories: white, black and other residents. In total, the population breakdown for the community is slightly different than the state of Texas. A review of the specific zip code areas does show a relatively large percentage of white residents in the Callahan County zip code areas compared to other zip codes in the community.

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

Zip Code	City	Estimated 2013				Projected 2018				Percent Difference				Percent Total		
		White	Black	Other	Total	White	Black	Other	Total	White	Black	Other	Total	White	Black	Other
<b>Callahan County:</b>																
76443	Cross Plains	1,774	4	70	1,848	1,786	5	77	1,868	0.7%	25.0%	10.0%	1.1%	95.6%	0.3%	4.1%
79504	Baird	2,328	8	162	2,498	2,303	9	158	2,470	-1.1%	12.5%	-2.5%	-1.1%	93.2%	0.4%	6.4%
79510	Clyde	7,440	127	412	7,979	7,535	165	454	8,154	1.3%	29.9%	10.2%	2.2%	92.4%	2.0%	5.6%
	Total Callahan	11,542	139	644	12,325	11,624	179	689	12,492	0.7%	28.8%	7.0%	1.4%	93.1%	1.4%	5.5%
<b>Jones County:</b>																
79501	Anson	2,778	104	561	3,443	2,805	137	546	3,488	1.0%	31.7%	-2.7%	1.3%	80.4%	3.9%	15.7%
79520	Hamlin	1,852	265	307	2,424	1,785	372	304	2,461	-3.6%	40.4%	-1.0%	1.5%	72.5%	15.1%	12.4%
79525	Hawley	2,621	31	215	2,867	2,659	45	244	2,948	1.4%	45.2%	13.5%	2.8%	90.2%	1.5%	8.3%
79553	Stamford	2,700	329	434	3,463	2,582	404	397	3,383	-4.4%	22.8%	-8.5%	-2.3%	76.3%	11.9%	11.7%
	Other Jones	575	18	68	661	593	22	75	690	3.1%	22.2%	10.3%	4.4%	85.9%	3.2%	10.9%
	Total Jones	10,526	747	1,585	12,858	10,424	980	1,566	12,970	-1.0%	31.2%	-1.2%	0.9%	80.4%	7.6%	12.1%
<b>Taylor County:</b>																
79601	Abilene	17,165	3,126	4,180	24,471	17,888	2,973	4,562	25,423	4.2%	-4.9%	9.1%	3.9%	70.4%	11.7%	17.9%
79602	Abilene	18,326	1,242	3,103	22,671	19,149	1,348	3,630	24,127	4.5%	8.5%	17.0%	6.4%	79.4%	5.6%	15.0%
79603	Abilene	17,040	2,874	4,809	24,723	17,499	3,098	5,099	25,696	2.7%	7.8%	6.0%	3.9%	68.1%	12.1%	19.8%
79605	Abilene	24,161	2,362	4,176	30,699	24,651	2,474	4,552	31,677	2.0%	4.7%	9.0%	3.2%	77.8%	7.8%	14.4%
79606	Abilene	18,769	1,493	2,756	23,018	19,435	1,666	3,227	24,328	3.5%	11.6%	17.1%	5.7%	79.9%	6.8%	13.3%
79607	Dyess Air Force Base	2,010	283	440	2,733	1,960	244	423	2,627	-2.5%	-13.8%	-3.9%	-3.9%	74.6%	9.3%	16.1%
79536	Merkel	4,568	54	3,493	8,115	4,669	65	564	5,298	2.2%	20.4%	-83.9%	-34.7%	88.1%	1.2%	10.6%
	Other Taylor	85,057	9,801	13,977	108,835	88,093	10,120	18,696	116,909	3.6%	3.3%	33.8%	7.4%	75.4%	8.7%	16.0%
	Total Taylor	110,404	11,631	20,666	142,701	114,157	12,095	22,910	149,162	3.4%	4.0%	10.9%	4.5%	76.5%	8.1%	15.4%
<b>PROVIDER SERVICE AREA</b>		<b>132,472</b>	<b>12,517</b>	<b>22,895</b>	<b>167,884</b>	<b>136,205</b>	<b>13,254</b>	<b>25,165</b>	<b>174,624</b>	<b>2.8%</b>	<b>5.9%</b>	<b>9.9%</b>	<b>4.0%</b>	<b>78.0%</b>	<b>7.6%</b>	<b>14.4%</b>
<b>Texas (1,000s)</b>		<b>18,255</b>	<b>3,138</b>	<b>4,905</b>	<b>26,298</b>	<b>19,238</b>	<b>3,438</b>	<b>5,657</b>	<b>28,333</b>	<b>5.4%</b>	<b>9.6%</b>	<b>15.3%</b>	<b>7.7%</b>	<b>67.9%</b>	<b>12.1%</b>	<b>20.0%</b>
<b>U.S. (1,000s)</b>		<b>225,086</b>	<b>40,007</b>	<b>49,769</b>	<b>314,863</b>	<b>228,212</b>	<b>41,797</b>	<b>55,313</b>	<b>325,323</b>	<b>1.4%</b>	<b>4.5%</b>	<b>11.1%</b>	<b>3.3%</b>	<b>70.1%</b>	<b>12.8%</b>	<b>17.0%</b>

Source: The Nielsen Company





## Socioeconomic Characteristics of the Community

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

### Income and Employment

Exhibit 5 presents the average and median household income for households in each zip code. Average household income is projected to increase by approximately two to ten percent between 2013 and 2018, while the median household income is projected to increase approximately one to 10 percent. Household incomes are comparable to the state of Texas and the United States. The average household income in each of the identified zip codes is significantly higher than the federal poverty level for a family of four.

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

Zip Code	City	Estimated 2013		Projected 2018		Percent Difference	
		Avg. Household Income	Median Household Income	Avg. Household Income	Median Household Income	Avg. Household Income	Median Household Income
<b>Callahan County:</b>							
76443	Cross Plains	\$ 46,789	\$ 34,608	\$ 47,871	\$ 35,222	2.3%	1.8%
79504	Baird	\$ 52,877	\$ 38,007	\$ 55,719	\$ 39,641	5.4%	4.3%
79510	Clyde	\$ 62,099	\$ 48,985	\$ 64,603	\$ 50,942	4.0%	4.0%
	Total Callahan	\$ 57,616	\$ 44,509	\$ 59,991	\$ 45,977	4.1%	3.3%
<b>Jones County:</b>							
79501	Anson	\$ 45,528	\$ 37,739	\$ 48,085	\$ 39,824	5.6%	5.5%
79520	Hamlin	\$ 48,680	\$ 38,032	\$ 51,934	\$ 40,950	6.7%	7.7%
79525	Hawley	\$ 53,587	\$ 45,527	\$ 56,287	\$ 47,393	5.0%	4.1%
79553	Stamford	\$ 52,823	\$ 33,779	\$ 56,833	\$ 35,956	7.6%	6.4%
	Other Jones	\$ 46,888	\$ 37,553	\$ 51,233	\$ 40,204	9.3%	7.1%
	Total Jones	\$ 49,985	\$ 38,715	\$ 53,174	\$ 41,128	6.4%	6.2%
<b>Taylor County:</b>							
79601	Abilene	\$ 47,990	\$ 33,929	\$ 52,250	\$ 36,700	8.9%	8.2%
79602	Abilene	\$ 64,994	\$ 50,017	\$ 70,955	\$ 54,907	9.2%	9.8%
79603	Abilene	\$ 43,152	\$ 34,751	\$ 46,125	\$ 36,462	6.9%	4.9%
79605	Abilene	\$ 52,413	\$ 39,813	\$ 56,004	\$ 41,527	6.9%	4.3%
79606	Abilene	\$ 73,989	\$ 59,992	\$ 79,421	\$ 64,419	7.3%	7.4%
79607	Dyess Air Force Base	\$ 74,996	\$ 61,102	\$ 80,475	\$ 63,859	7.3%	4.5%
79536	Merkel	\$ 51,971	\$ 43,857	\$ 54,795	\$ 45,319	5.4%	3.3%
	Other Taylor	\$ 70,371	\$ 53,723	\$ 77,796	\$ 59,402	10.6%	10.6%
	Total Taylor	\$ 57,504	\$ 43,646	\$ 62,098	\$ 45,968	8.0%	5.3%
	<b>Texas</b>	\$ 68,955	\$ 48,646	\$ 71,829	\$ 49,975	4.2%	2.7%
	<b>United States</b>	\$ 69,637	\$ 49,297	\$ 71,917	\$ 49,815	3.3%	1.1%

Source: The Nielsen Company



Exhibit 6 presents the average annual resident unemployment rates for Callahan, Jones and Taylor counties, Texas and the United States. As Exhibit 6 illustrates, unemployment rates for Callahan, Jones and Taylor counties ran favorably when compared to the state and national averages.

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

County	2008	2009	2010	2011	2012
Callahan County	3.7	5.8	6.0	6.2	5.2
Jones County	5.0	7.6	7.5	7.5	6.4
Taylor County	3.8	5.6	6.4	6.3	5.4
Texas	4.9	7.5	8.2	7.9	6.8
United States	5.8	9.3	9.6	9.0	8.1

Source: FDIC

The community served by Hendrick Medical Center is employed largely in service-providing industries. Second only to local government employment, jobs for residents in Callahan and Jones counties include trade, transportation and utilities as well as education and health care services. In Taylor County, residents are primarily employed in education and health services followed by trade, transportation and utilities.

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

Major Industries	Callahan County	Callahan %	Jones County	Jones %	Taylor County	Taylor %	US %
Goods-producing	884	7.3%	994	15.8%	6,153	11.1%	14.7%
Natural resources and mining	338	2.8%	347	5.5%	1,264	2.3%	1.4%
Construction	265	2.2%	202	3.2%	2,646	4.8%	4.3%
Manufacturing	281	2.3%	445	7.1%	2,243	4.0%	9.0%
Service-providing	4,223	35.1%	1,452	23.1%	39,317	70.7%	68.4%
Trade, transportation and utilities	1,515	12.6%	609	9.7%	10,728	19.3%	19.1%
Information	29	0.2%	20	0.3%	-	-	2.1%
Financial activities	269	2.2%	165	2.6%	3,322	6.0%	5.8%
Professional and business services	348	2.9%	96	1.5%	4,489	8.1%	13.1%
Education and health services	1,288	10.7%	338	5.4%	11,524	20.7%	14.6%
Leisure and hospitality	621	5.2%	155	2.5%	6,447	11.6%	10.2%
Other services	149	1.2%	59	0.9%	1,761	3.2%	3.4%
Unclassified	3	-	9	0.1%	-	-	-
Federal Government	73	0.6%	97	1.5%	1,318	2.4%	2.3%
State Government	135	1.1%	85	1.3%	3,394	6.1%	3.6%
Local Government	<u>1,615</u>	<u>13.4%</u>	<u>1,224</u>	<u>19.4%</u>	<u>6,477</u>	<u>11.6%</u>	<u>11.0%</u>
<b>Total Employment</b>	<u><u>12,036</u></u>	<u><u>100%</u></u>	<u><u>6,297</u></u>	<u><u>100%</u></u>	<u><u>55,613</u></u>	<u><u>100%</u></u>	<u><u>100%</u></u>

Source: U.S. Department of Census



Major employers by county with more than 100 employees include the following:

**Exhibit 8  
Hendrick Health System CHNA Community  
Employment by Top Employers (> 50 Employees)**

Top Employers	County	Industry Classification of Employees	Total #
Dyess Air Force Base (Mil/Civ)	Taylor	Military	5,810/772
Hendrick Health System	Taylor	Health Care	2,800
Abilene ISD	Taylor	Education	2,781
Abilene State School	Taylor	Health Care	1,230
City of Abilene	Taylor	City Government	1,201
Texas Department of Criminal Justice	Taylor	Prison	1,189
Blue Cross/Blue Shield of Texas	Taylor	Insurance	1,100
Abilene Christian University	Taylor	Education	800
Abilene Regional Medical Center	Taylor	Health Care	700
County of Taylor	Taylor	Local Government	537
Sears Methodist Retirement System	Taylor	Health Care	521
First Financial Bank Shares	Taylor	Banking	437
US Postal Service	Taylor	Federal Government	362
Hardin-Simmons University	Taylor	Education	326
Coca-Cola of Abilene	Taylor	Soft Drinks	280
Abtex Beverage	Taylor	Soft Drinks	270
Fehr Foods	Taylor	Cookies	250
Rentech Boiler Systems	Taylor	Boilers	225
Abilene Reporter-News	Taylor	Newspaper	216
Mrs. Baird's Bakery	Taylor	Breads, Fried Pies	215
Eula ISD	Callahan	Education	100-499
Anson General Hospital	Jones	Health Care	100-499
Hawley ISD	Jones	Education	100-499
Mike Byrd Casing-Crews	Jones	Trade Contractors	100-499
Wal-Mart	Jones	Department Stores	100-499

Source: Callahan County, Taylor County and Jones County Economic Viewbooks - Abilene Christian University 2004



**Poverty**

Exhibit 9 presents the percentage of total population in poverty (including under age 18) and median household income for households in Callahan, Jones and Taylor Counties versus the state of Texas and the United States.

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

County	2010		Median Household Income	2011		Median Household Income
	All Persons	Under Age 18		All Persons	Under Age 18	
Callahan County	15.4%	24.9%	\$ 40,614	15.8%	25.5%	\$ 43,074
Jones County	24.3%	29.9%	\$ 35,193	25.8%	30.5%	\$ 35,709
Taylor County	17.9%	24.3%	\$ 41,558	16.8%	21.2%	\$ 40,718
Texas	17.9%	25.7%	\$ 48,622	18.5%	26.6%	\$ 49,390
United States	15.3%	21.6%	\$ 50,046	15.9%	22.5%	\$ 50,502

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

In 2011, a family of two adults and two children was considered poor if their annual household income fell below \$22,350. Jones County has a significantly higher percentage of persons living in poverty compared to the rest of the Hendrick Medical Center CHNA community.

**Uninsured**

Exhibit 10 presents health insurance coverage status by age (under 65 years) and income (at or below 400 percent) of poverty for Callahan, Jones and Taylor Counties versus the state of Texas.

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

County	All Income Levels				At or Below 400% of FPL			
	Uninsured	Percent Uninsured	Insured	Percent Insured	Uninsured	Percent Uninsured	Insured	Percent Insured
Callahan County	2,629	23.9%	8,391	76.1%	2,358	28.3%	5,985	71.7%
Jones County	3,232	25.6%	9,385	74.4%	2,927	29.4%	7,034	70.6%
Taylor County	26,199	23.7%	84,346	76.3%	23,733	28.5%	54,404	71.5%
Texas	5,820,793	26.3%	16,277,413	73.7%	5,215,659	34.2%	10,042,661	65.8%

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



**Education**

Exhibit 11 presents educational attainment for individuals in Callahan, Jones and Taylor Counties versus the state of Texas and the United States.

**Exhibit 11  
Hendrick Medical Center CHNA Community  
Educational Attainment by Age - Total Population  
2007-2011**

<b>State/ County</b>	
<b><u>Completing High School</u></b>	
Callahan County	87.0%
Jones County	68.7%
Taylor County	85.2%
Texas	80.4%
United States	85.4%
<b><u>Bachelor's Degree or More</u></b>	
Callahan County	16.6%
Jones County	9.4%
Taylor County	24.0%
Texas	26.1%
United States	28.2%

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

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. With the exception of Jones County, the rate at which persons aged 25 and older complete high school compares favorably to both state and national averages.



## Community Health Care Resources

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

### Hospitals

The Medical Center has 338 acute beds and is the main provider of medical services in the area. *Exhibit 12* summarizes hospital services available to the residents of the Medical Center’s service area:

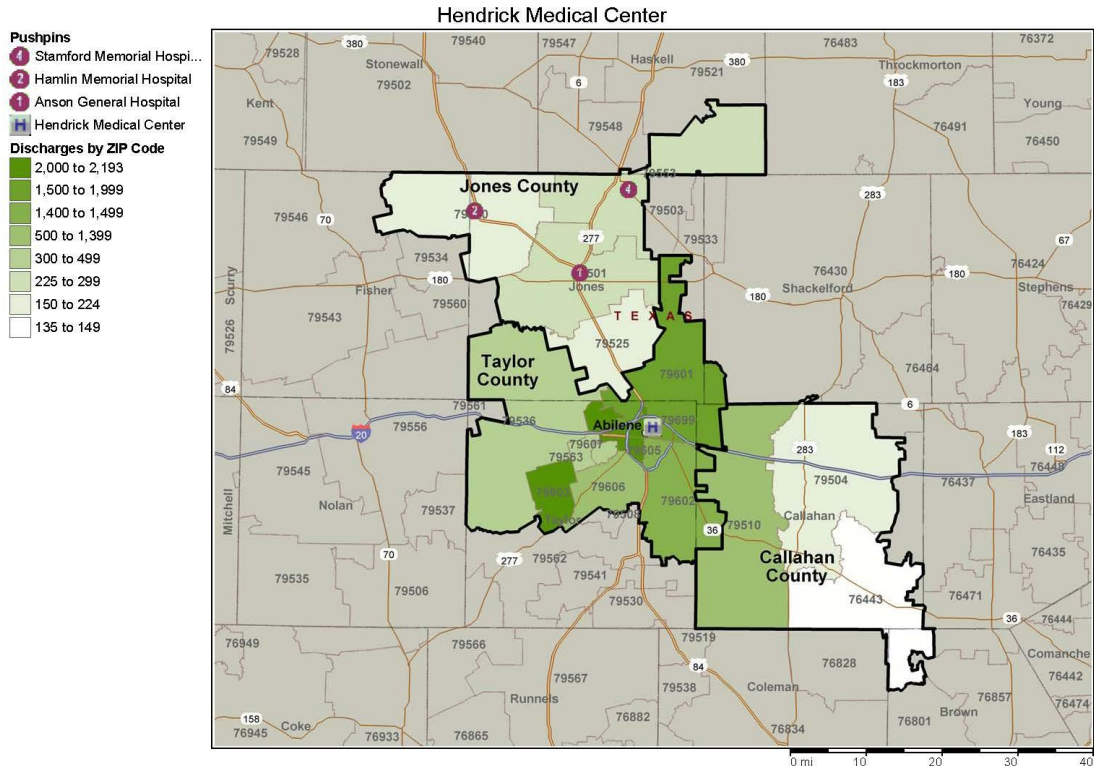
**Exhibit 12**  
**Hendrick Medical Center CHNA Community**  
**Summary of Acute Care Hospitals**

	Facility Type *	Miles from Hendrick *	Bed Size *	Annual Discharges *	Annual Patient Revenue (000's) *
1	Anson General Hospital	Short-Term Acute Care	22.4	21	402 \$ 9,522,366
2	Hamlin Memorial Hospital	Short-Term Acute Care	40.5	25	236 \$ 5,877,593
X	Hendrick Medical Center	Short-Term Acute Care	-	338	15,736 \$ 878,257,654
4	Stamford Memorial Hospital	Short-Term Acute Care	38.7	25	280 \$ 8,875,484

\*Information based on latest available Medicare cost report  
 Source: Costreportdata.com  
[http://www.ahd.com/states/hospital\\_TX.html](http://www.ahd.com/states/hospital_TX.html)



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**Other Licensed Facilities and Providers**

Facilities other than licensed hospitals in the counties of Callahan, Jones and Taylor do exist to provide health services. Facilities in the area include Ambulatory Surgical Centers and Rural Health Clinics. *Exhibit 12.1* provides a current listing of these facilities.

**Exhibit 12.1  
Hendrick Medical Center CHNA Community  
Summary of Health Services**

Facility	Facility Type	County	Address
Abilene Cataract & Refractive Surgery Center	Ambulatory Surgical Center	Taylor	2120 Antilley Road, Abilene, TX 79606
Abilene Endoscopy Center	Ambulatory Surgical Center	Taylor	1249 Ambler Avenue, Suite 100, Abilene, TX 79601
Abilene Spine & Joint Surgery Center PA	Ambulatory Surgical Center	Taylor	1888 Antilley Road, Abilene, TX 79606
Abilene Surgery Center LLC	Ambulatory Surgical Center	Taylor	5601 Health Center Drive, Abilene, TX 79606
ARMC Surgery Center	Ambulatory Surgical Center	Taylor	6399 Directors Parkway, Abilene, TX 79606
Elm Place Ambulatory Surgical Center	Ambulatory Surgical Center	Taylor	2217 South Danville Drive, Abilene, TX 79605
Facial Plastic & Cosmetic Surgical Center	Ambulatory Surgical Center	Taylor	6300 Regional Plaza, Suite 475, Abilene, TX 79606
Texas Midwest Surgery Center	Ambulatory Surgical Center	Taylor	751 North 18th Street, Abilene, TX 79601
Anson Family Wellness Clinic	Rural Health Clinic	Jones	215 N Avenue J, Anson, TX 79501
Memorial Health Clinic	Rural Health Clinic	Jones	1303 Mabee Drive, Stamford, TX 79553

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

**Health Department**

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

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



The Abilene – Taylor County Public Health District provides health care in the areas of Immunizations, Blood Pressure, Cholesterol and Diabetic Screening, Family Planning, TB Testing, Pregnancy Testing, Women, Infants and Children (WIC) Nutrition Program, STD Testing, Primary Health Care and Children’s Dental Services. A complete listing clinic hours, services and locations can be obtained at <http://www.abilenetx.com/health/care.htm>.

***Presbyterian Medical Care Mission***

The Presbyterian Medical Care Mission is a family clinic, and two full-time physicians serve as general practitioners for patients. Services are available to people who do not have private insurance, Medicaid or Medicare.

After patients have met with the program director and have qualified for services based on household income level, they receive an appointment to see one of the physicians. From that point on, the patients will see the same physician each time they make an appointment. This allows for a continuity of care and for a strong patient-physician relationship to form. Two physicians and three medical assistants see 40-50 patients each day.

Qualifying patients may be able to participate in our prescription program, which enables our patients to obtain a three-month supply of some medications for \$3 per prescription. The Mission works with more than 15 pharmaceutical companies to fill more than 400 prescriptions for our patients each month. The fee covers shipping and handling.

The Dental Clinic employs a full-time dentist and three dental assistants who treat about 20 patients each day. Services offered include extractions and fillings. The dental clinic is open Monday through Thursday from 9 to 11:30 a.m. and 1 to 4 p.m., and is closed on Fridays.

## Estimated Demand for Physician Office Visits and Hospital Services

In order to define existing services and develop future plans that may affect the operations of the Hospital, this study includes an analysis of estimated demand for physician office visits, hospital emergency room visits and hospital discharges using national averages and population estimates. Current and future unmet need can be evaluated based on the changes in the size of the market for certain services as determined by applying these national average use rates to the population of the community. *Exhibit 13* summarizes estimated 2013 and projected 2018 physician office visits, emergency department visits and hospital discharges using 2010 national average use rates from the National Center for Health Statistics.

**Exhibit 13**  
**Hendrick Medical Center CHNA Community**  
**Physician Office Visits, Emergency Department Visits, and Discharges**

**Estimated 2013**

Age	2012 Community Population	Physician Office Visits per Person	Estimated Physician Office Visits	Emergency Department Visits per Person	Estimated Emergency Department Visits	Hospital Discharges per Person	Estimated Hospital Discharges
0-14	33,829	2.57	86,941	0.35	11,840	0.0392	1,326
15-44	70,061	2.17	152,032	0.37	25,923	0.0932	6,530
45-64	40,210	4.01	161,242	0.26	10,455	0.1241	4,990
65+	23,784	7.43	176,715	0.43	10,227	0.3416	8,125
Total	167,884		576,930		58,444		20,970

**Projected 2018**

Age	2018 Community Population	Physician Office Visits per Person	Projected Physician Office Visits	Emergency Department Visits per Person	Projected Emergency Department Visits	Hospital Discharges per Person	Projected Hospital Discharges
0-14	36,376	2.57	93,486	0.35	12,732	0.0392	1,426
15-44	71,991	2.17	156,220	0.37	26,637	0.0932	6,710
45-64	39,749	4.01	159,393	0.26	10,335	0.1241	4,933
65+	26,508	7.43	196,954	0.43	11,398	0.3416	9,055
Total	174,624		606,055		61,101		22,123

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



Examination of the population demographics suggests that the aging of the “baby boom” population will actually slightly increase the overall utilization of hospital and primary care services within the community. For example, the projected change in the age category 65+ shows a significant increase.

While the age category 65+ is projected to increase over 11 percent from 2013 to 2018, the overall population of the community is projected to increase by 5.5%.

*Exhibit 14* illustrates the percentage change in the calculated utilization as an estimated percentage increase in utilization from 2013 to 2018.

**Exhibit 14**  
**Hendrick Medical Center CHNA Community**  
**Estimated Difference in Utilization: Physician Office Visits,**  
**Emergency Room Visits and Hospital Discharges**  
**Estimated 2013 and Projected 2018**

	Estimated 2013	Projected 2018	Percent Difference
Total Estimated Physician Office Visits	576,930	606,055	5.0%
Emergency Department Visits	58,444	61,101	4.5%
Hospital Discharges	20,970	22,123	5.5%

*Exhibits 15* and *16* provide detailed analysis of estimated acute care discharges, ambulatory procedures, hospital outpatient department visits and physician office visits. These exhibits categorize the utilization for estimated 2013 and projected 2018 by different age categories to assess possible growth areas. Potential market growth exists in many acute care areas.

**Exhibit 15**  
**Hendrick Medical Center CHNA Community**  
**Estimated and Projected Number of Ambulatory Surgery Procedures by Procedure Category and Age: Provider Service Area**

Procedure Category	Estimated 2013					Projected 2019					Market Difference Percent
	Total	Under 15 years	15-44 years	45-64 years	65 years and over	Total	Under 15 years	15-44 years	45-64 years	65 years and over	
<b>Total Provider Service Area Population</b>	<b>167,884</b>	<b>33,829</b>	<b>70,061</b>	<b>40,210</b>	<b>23,784</b>	<b>174,624</b>	<b>36,376</b>	<b>71,991</b>	<b>39,749</b>	<b>26,508</b>	
All procedures	21,190	1,396	5,641	6,609	7,544	22,238	1,501	5,797	6,533	8,408	4.9%
Operations on the nervous system	839	6	275	346	212	868	7	282	342	236	3.4%
Operations on the eye	3,722	80	156	657	2,828	4,049	86	161	649	3,152	8.8%
Operations on the ear	507	373	60	45	30	540	401	62	44	33	6.4%
Operations on the nose, mouth, and pharynx	1,315	398	494	308	116	1,369	428	508	304	129	4.1%
Operations on the respiratory system	295	24	46	115	110	310	26	47	114	123	4.9%
Operations on the cardiovascular system	622	0	82	271	269	652	0	84	268	300	4.8%
Operations on the digestive system	4,686	109	1,227	1,655	1,695	4,903	117	1,261	1,636	1,889	4.6%
Operations on the urinary system	983	43	184	320	436	1,037	46	189	316	486	5.6%
Operations on the male genital organs	347	83	98	75	91	365	89	101	74	101	5.3%
Operations on the female genital organs	1,232	7	852	285	87	1,263	8	875	282	97	2.5%
Operations on the musculoskeletal system	2,797	95	1,160	1,099	444	2,875	102	1,191	1,087	494	2.8%
Operations on the integumentary system	1,602	70	527	620	384	1,658	76	541	613	428	3.5%
Miscellaneous diagnostic and therapeutic procedures	2,094	90	437	758	808	2,196	97	449	750	900	4.9%
Operations on the endocrine system, operations on the hemic and lymphatic system, and obstetrical procedures	140	8	46	53	33	37	37	0	0	0	

Source: CDC-National Health Statistics Report #29, October 26, 2010

**Exhibit 16**  
**Hendrick Medical Center CHNA Community**  
**Estimated and Projected Number of Acute Care Discharges by Medical Diagnostic Category and Age: Provider Service Area**

Procedure Category	Estimated 2013					Projected 2018					Market Difference Percent
	Total	Under 15 years	15-44 years	45-64 years	65 years and over	Total	Under 15 years	15-44 years	45-64 years	65 years and over	
<b>Total Provider Service Area Population</b>	<b>167,884</b>	<b>33,829</b>	<b>70,061</b>	<b>40,210</b>	<b>23,784</b>	<b>174,624</b>	<b>36,376</b>	<b>71,991</b>	<b>39,749</b>	<b>26,508</b>	
All Conditions	20,868	1,430	6,071	4,736	8,631	22,077	1,538	6,238	4,682	9,619	5.8%
Infectious and parasitic diseases	572	87	97	121	268	611	93	99	120	298	6.7%
Neoplasms	992	21	161	345	465	1,047	23	166	341	518	5.6%
Endocrine, nutritional & metabolic diseases, and immunity disorders	1,052	105	217	275	454	1,115	113	223	272	506	6.0%
Diseases of the blood and blood-forming organs	270	32	61	56	120	287	35	63	55	134	6.4%
Mental Disorders	1,328	71	705	377	176	1,369	76	724	372	196	3.1%
Diseases of the nervous system and sense organs	331	45	75	75	136	351	48	77	74	152	6.1%
Diseases of the circulatory system	3,963	17	252	1,071	2,623	4,259	19	258	1,059	2,924	7.5%
Diseases of the respiratory system	2,162	382	194	419	1,167	2,325	411	199	414	1,300	7.5%
Diseases of the digestive system	2,150	138	483	609	920	2,272	148	496	602	1,026	5.7%
Diseases of the genitourinary system	1,167	47	326	282	512	1,235	50	335	279	571	5.8%
Complications of pregnancy, childbirth, and puerperium	292	0	292	0	0	300	0	300	0	0	2.8%
Diseases of the skin and subcutaneous tissue	423	30	121	120	153	445	32	124	118	171	5.1%
Diseases of the musculoskeletal system and connective tissue	1,167	21	175	388	583	1,236	23	180	383	650	5.9%
Congenital anomalies	116	79	18	12	6	123	85	19	12	7	6.0%
Certain conditions originating in the perinatal period	113	113	0	0	0	121	121	0	0	0	7.5%
Symptoms, signs, and ill defined conditions	144	33	44	36	30	150	35	45	36	34	4.7%
Injury and poisoning	1,702	134	465	403	700	1,801	144	478	399	780	5.8%
Supplementary classifications	2,895	45	2,386	147	317	2,998	49	2,451	145	353	3.6%

Source: CDC-National Health Statistics Report #29, October 26, 2010



### Health Status of the Community

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

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

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

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

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



**Lifestyle**

**Primary Disease Factor**

Driving at excessive speeds

Trauma  
Motor vehicle crashes

Lack of exercise

Cardiovascular disease  
Depression

Overstressed

Mental illness  
Alcohol/drug abuse  
Cardiovascular disease

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

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

**Leading Causes of Death**

*Exhibit 17* reflects the leading causes of death for area residents and compares the rates, per thousand, to the state of Texas and the United States average rates, per thousand.

**Exhibit 17**  
**Hendrick Medical Center CHNA Community**  
**Selected Causes of Resident Deaths: Number and Rate (2009)**

	Callahan Number	Rate*	Jones Number	Rate*	Taylor Number	Rate*	Texas Number	Rate*	United States Rate*
Total Deaths, All Causes	168	857.1	187	823.3	1,274	993.3	162,792	781.2	741.0
Septicemia	2	-	3	-	18	-	3,085	15.0	10.9
Diabetes Mellitus	9	-	8	-	38	30.1	4,866	23.1	20.9
Disease of the Heart	37	179.8	56	244.6	315	241.9	38,008	186.7	179.8
Malignant Neoplasm	48	236.6	45	201.4	273	216.4	35,531	167.6	173.6
Accidents	8	-	6	-	60	47.1	9,310	40.0	37.0
Alzheimer's Disease	2	-	6	-	57	42.8	5,062	26.9	23.4
Nephritis, Nephrotic Syndrome and Nephrosis	2	-	1	-	22	17.5	3,688	18.2	14.9
Influenza and Pneumonia	4	-	5	-	22	17.5	3,380	16.7	16.2
Cerebrovascular Diseases	7	-	13	-	97	75.4	9,118	45.8	38.9
Chronic Lower Respiratory Diseases	13	-	11	-	60	48.3	8,624	43.4	42.2

\*Age-adjusted rates per 100,000 U.S. standard population are based on the year 2000 standard  
- Indicates numerator too small for rate calculation

Sources: Texas Department of State Health Services  
<http://soupfin.tdh.state.tx.us/death10.htm>  
[www.cdc.gov](http://www.cdc.gov)





***Primary Health Conditions Responsible for Inpatient Hospitalization***

According to the hospital's inpatient data, the primary conditions responsible for inpatient hospitalization for Hendrick Medical Center include:

- Women's and Children's Services
- Orthopedic Services
- Cardiovascular Services



## 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 determining 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, as well as 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 (seven measures)
  - Clinical care (five measures)
  - Social and economic (seven measures)
  - Physical environment (five measures)

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

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

The following tables, from County Health Rankings, summarize the 2012 health outcomes for the Callahan, Jones and Taylor counties which comprise the majority of the community of Hendrick Medical Center. Each measure is described and includes a confidence interval or error margin surrounding it – if a measure is above the state average and the state average is beyond the error margin for the county, then further investigation is recommended.



Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures. Callahan, Jones and Taylor counties rank unfavorably to the state of Texas in mortality and morbidity health factors.

**Exhibit 18**  
**Hendrick Medical Center CHNA Community**  
**County Health Rankings - Health Outcomes (2012)**

	Callahan County	Jones County	Taylor County	TX	National Benchmark <sup>▫</sup>
<b>Mortality</b>					
Rank out of 221 Texas Counties	154	131	150		
<b>Premature death</b> - Years of potential life lost before age 75 per 100,000 population (age-adjusted)					
	9,374	8,763	9,240	7,186	5,466
<b>Morbidity</b>					
Rank out of 221 Texas Counties	156	99	188		
<b>Poor or fair health</b> - Percent of adults reporting fair or poor health (age-adjusted)					
	X	X	20%	19%	10%
<b>Poor physical health days</b> - Average number of physically unhealthy days reported in past 30 days (age-adjusted)					
	4.3	X	4.1	3.6	2.6
<b>Poor mental health days</b> - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)					
	3.5	X	5.1	3.3	2.3
<b>Low birthweight</b> - Percent of live births with low birthweight (<2500 grams)					
	9.1%	8.1%	9.0%	8.2%	6.0%

▫ 90th percentile, i.e., only 10% are better  
 Note: X indicates unreliable or missing data

Source: Countyhealthrankings.org

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



The following table summarizes the health factors for Callahan, Jones and Taylor counties and shows the counties have significant room for improvement in the following areas:

**Callahan County**

- Health behavior/motor vehicle crash death rate
- Health behavior/adult obesity
- Health behavior/physical inactivity
- Clinical care/primary care physicians
- Physical environment/limited access to healthy foods

**Jones County**

- Health behavior/physical inactivity
- Health behavior/adult obesity
- Clinical care/primary care physicians
- Clinical care/preventable hospital stays
- Clinical care/mammography screening
- Social and economic factors/some college
- Physical environment/limited access to healthy foods
- Physical environment/fast food restaurants

**Taylor County**

- Health behavior/adult smoking
- Health behavior/physical inactivity
- Health behavior/sexually transmitted infections
- Social and economic factors/high school graduation
- Social and economic factors/violent crime rate

**Exhibit 18.1**  
**Hendrick Medical Center CHNA Community**  
**County Health Rankings - Health Factors (2012)**

	Callahan County	Jones County	Taylor County	TX	National Benchmark
<b>Health Behaviors</b>					
Rank out of 221 Texas Counties	59	113	185		
<b>Adult smoking</b> - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	X	X	26%	19%	14%
<b>Adult obesity</b> - Percent of adults that report a BMI >= 30	31%	31%	29%	29%	25%
<b>Physical inactivity</b> - percent of adults aged 20 and over reporting no leisure time physical activity	25%	30%	33%	25%	21%
<b>Excessive drinking</b> - Percent of adults that report excessive drinking in the past 30 days	X	X	10%	16%	8%
<b>Motor vehicle crash death rate</b> - Motor vehicle deaths per 100K population	24	17	20	17	12
<b>Sexually transmitted infections</b> - Chlamydia rate per 100K population	126	198	473	435	84
<b>Teen birth rate</b> - Per 1,000 female population, ages 15-19	44	62	66	63	22
<b>Clinical Care</b>					
Rank out of 221 Texas Counties	55	209	16		
<b>Uninsured adults</b> - Percent of population under age 65 without health insurance	25%	31%	22%	26%	11%
<b>Primary care physicians</b> - Ratio of population to primary care physicians	6,671:1	4,767:1	1,242:1	1,378:1	631:1
<b>Preventable hospital stays</b> - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	51	126	51	73	49
<b>Diabetic screening</b> - Percent of diabetic Medicare enrollees that receive HbA1c screening	85%	79%	81%	81%	89%
<b>Mammography screening</b> - Percent of female Medicare enrollees that receive mammography screening	61%	48%	67%	62%	74%
<b>Social &amp; Economic Factors</b>					
Rank out of 221 Texas Counties	30	124	119		
<b>High school graduation</b> - Percent of ninth grade cohort that graduates in 4 years	93%	97%	73%	84%	-
<b>Some college</b> - Percent of adults aged 25-44 years with some post-secondary education	55%	30%	60%	56%	68%
<b>Unemployment</b> - percent of population 16+ unemployed but seeking work	6.0%	8.0%	6.4%	8.2%	5.4%
<b>Children in poverty</b> - Percent of children under age 18 in poverty	25%	30%	24%	26%	13%
<b>Inadequate social support</b> - Percent of adults without social/emotional support	X	X	21%	23%	14%
<b>Children in single-parent households</b> - Percent of children that live in household headed by single parent	30%	24%	34%	32%	20%
<b>Violent crime rate</b> - violent crime rate per 100,000 population (age-adjusted)	78	340	523	503	73
<b>Physical Environment</b>					
Rank out of 221 Texas Counties	203	182	100		
<b>Air pollution-particulate matter days</b> - Annual number of unhealthy air quality days due to fine particulate matter	-	-	-	1.0	-
<b>Air pollution-ozone days</b> - Annual number of unhealthy air quality days due to ozone	-	-	-	18.0	-
<b>Limited access to healthy foods</b> - percent of population who are low-income and do not live close to a grocery store	33%	22%	14%	12%	-
<b>Fast food restaurants</b> - percent of all restaurants that are fast food establishments	56%	64%	55%	53%	25%
<b>Access to recreational facilities</b> - Rate of recreational facilities per 100,000 population	-	5	9	7	16

▣ 90th percentile, i.e., only 10% are better  
 Note: X indicates unreliable or missing data

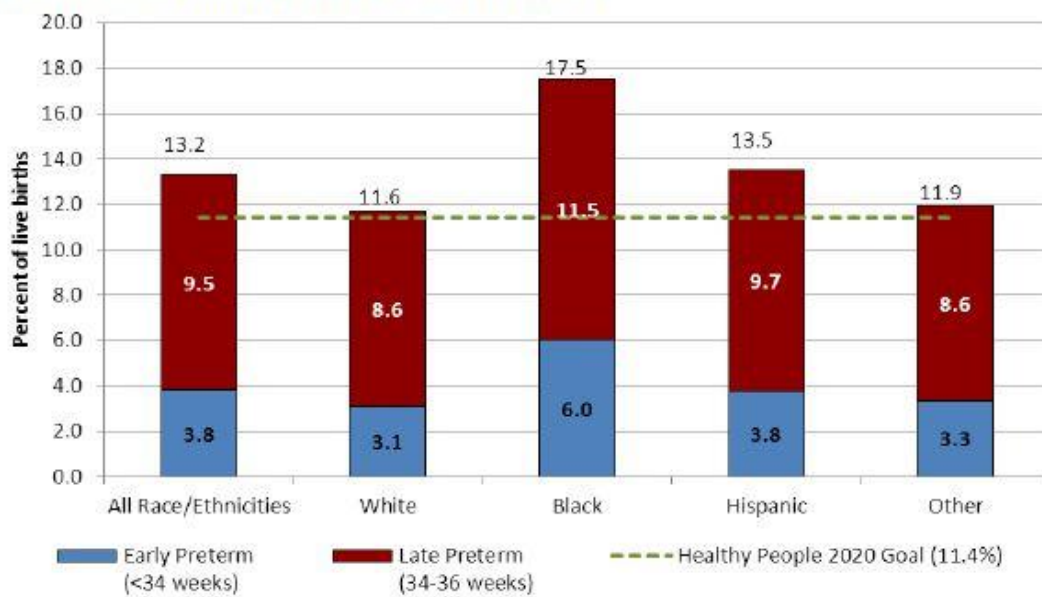
Source: Countyhealthrankings.org

## Maternal and Child Health

### Premature Birth/Low Birth Weight

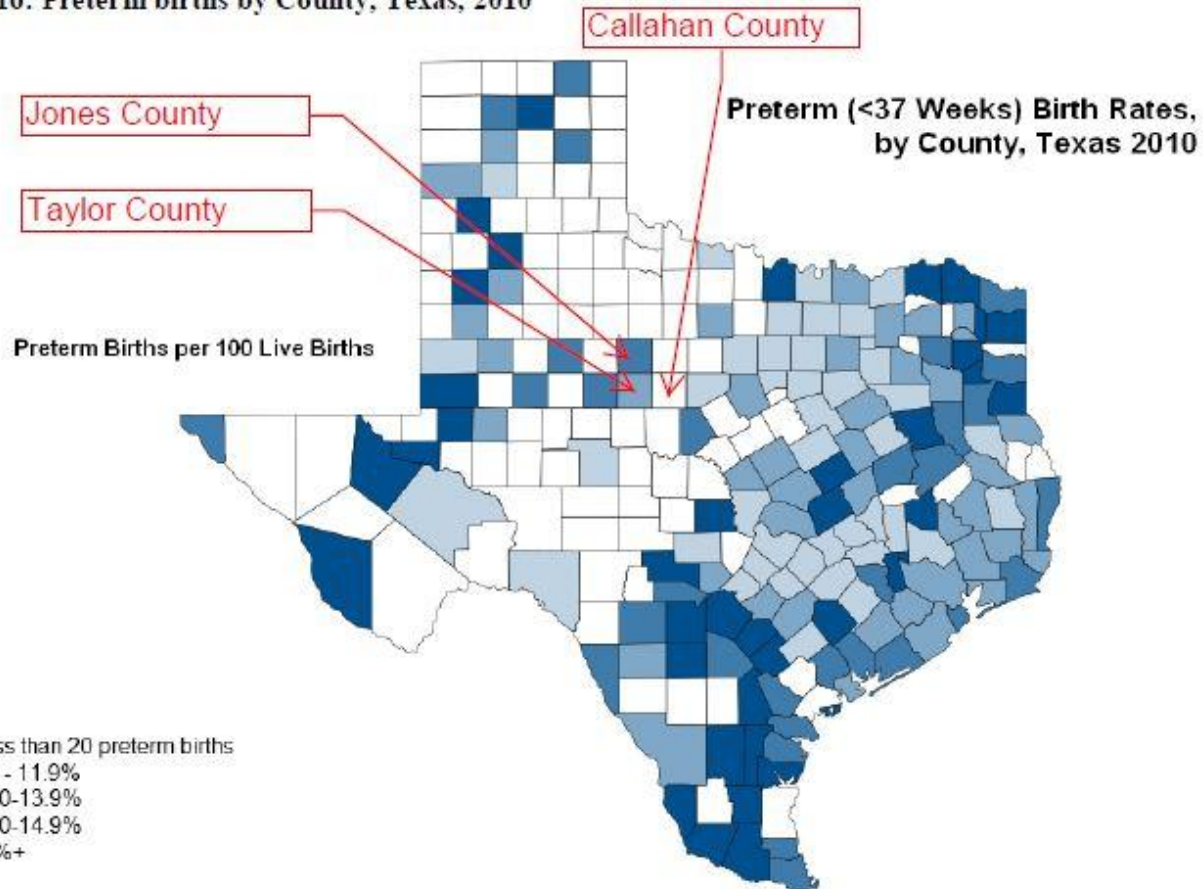
Birth weight and gestational age predict the health and mortality of an infant. Babies born too small are often born too soon. Pre-term birth (births at less than 37 completed weeks of pregnancy) is a key risk factor for infant death. The graph below shows the percent of infants who are born preterm,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

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



The map below shows the percentage of preterm births per the Medical Center’s defined community of Callahan, Jones and Taylor counties. Jones County is in the highest percentage bracket of births that are preterm, at 15 percent or greater.

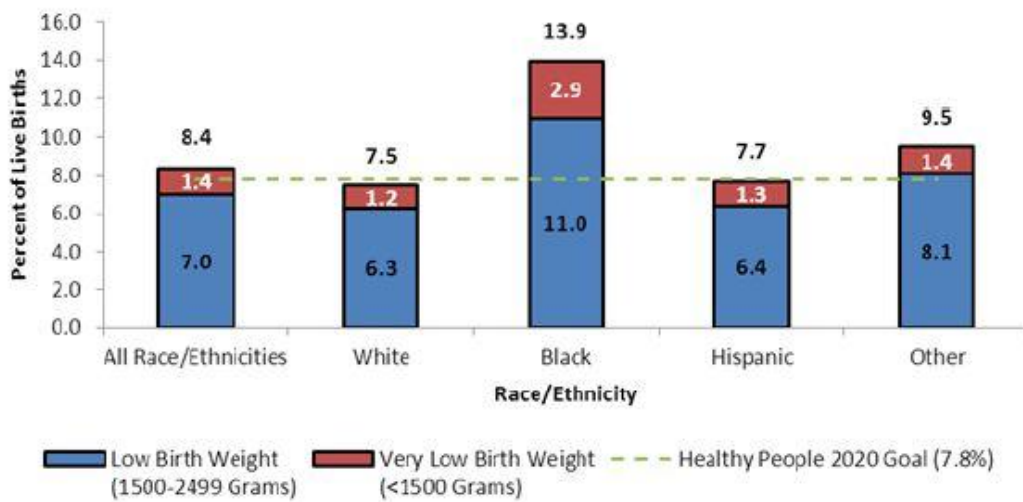
**Figure 16: Preterm births by County, Texas, 2010**



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

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

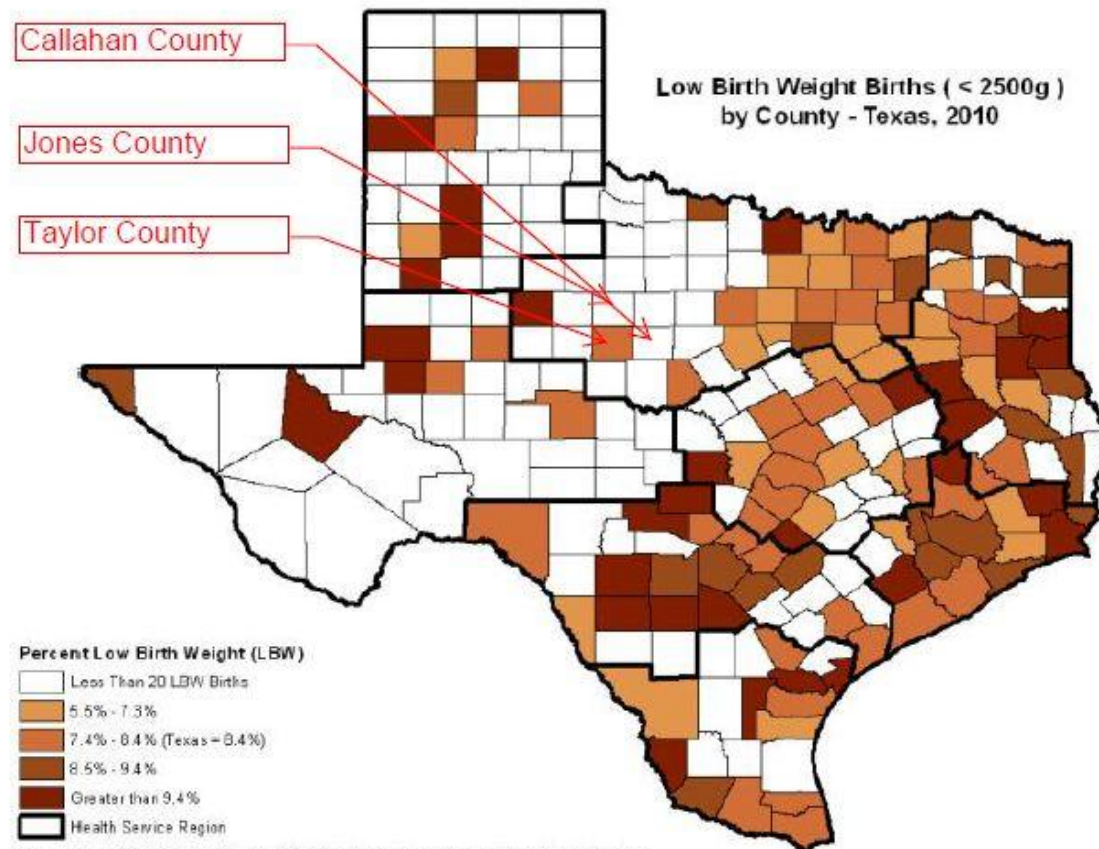
Figure 19. Low Birth Weight Births by Race/Ethnicity, Texas, 2010



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

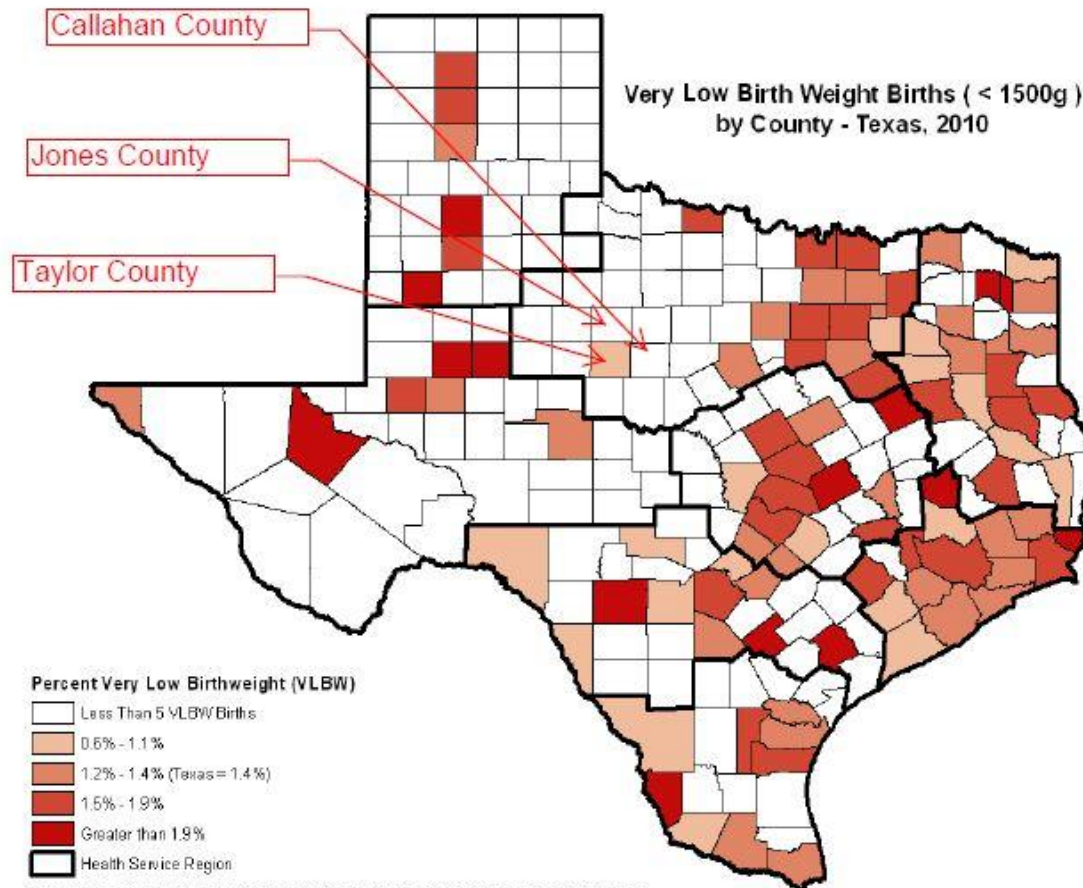


Figure 22. Low Birth Weight Births by County, Texas, 2010



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

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



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



## Key Informant Interviews

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

### *Methodology*

Interviews with 39 key informants were conducted over a two-day period in February, 2013. Interviewees were determined based on their a) specialized knowledge or expertise in public health, b) affiliation with local government, schools and industry or c) involvement with underserved and minority populations.

A representative from Hendrick Medical Center contacted all individuals nominated for interviewing. Her knowledge of the community and the personal relationships she held with the potential interviewees added validity to the data collection process. If the respective key informant agreed to an interview, an interview time and place was scheduled. All of the interviews were conducted at Hendrick Medical Center.

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

- Health and quality of life for residents of the primary community
- Barriers to improving health and quality of life for residents of the primary community
- Opinions regarding the important health issues of Taylor 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

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

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



### **Key Informant Profiles**

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

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

These health care and nonhealth care professionals provided insight into the health status of the City of Abilene and the surrounding counties through a 10-question interview (refer to the *Appendices*).

### **Key Informant Interview Results**

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

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

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

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

The key informants were asked to rate the health and quality of life in the community. They were also asked to provide their opinions 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.

The majority of key informants rated the health and quality of life in their county as "good", "above average" or "6-7 on scale of 1 to 10". Even though the key informants consistently reported the health and quality of life was good, interviewees repeatedly noted there were extreme diversities in health and quality of life for certain residents within the community. Economic circumstances an individual's lack of ability to obtain health insurance are seen to contribute largely to the diversities.

When asked whether the health and quality of life had improved, declined or stayed the same, 22 key informants noted health and quality of life had improved over the last few years. Most of the remaining key informants noted health and quality of life had stayed the same over the last few years.

Key informants noted that expanded services at Hendrick Medical Center and other medical providers contributed to the overall improvement of health and quality of life in the community. Additionally, key informants noted the advancements in technology, recruitment of highly-qualified physicians and partnerships between numerous not-for-profit organizations as contributing to the overall improvement of health and quality of life in the community.

Obesity, high blood pressure and diabetes were repeatedly identified as chronic health conditions of the community. Many key informants noted these health conditions are a result of choices made by individuals; whether it is from a lack of knowledge or due to lifestyle habits. Poor choices in nutrition, sedentary lifestyles and cultural factors are all contributors to chronic health issues.

Several key informants highlighted activities of the Presbyterian Medical Care Mission. The Presbyterian Medical Care Mission invites those without health insurance to make an appointment at their facility and get the medical and dental care they require. The mission tries to alleviate the number of people using emergency room facilities for non-threatening health issues, and a partnership with Hendrick Medical Center is already in existence to help achieve this mission.

Key informants voiced concerns of the lack of mental health services and counseling in the community.

There was concern regarding health care reform and the continued pressure being put on health care facilities. Key informants voicing these concerns felt that access to health care will continue to be an issue in the Abilene community. Many residents in the community who are uninsured or underinsured are currently not getting adequate access to healthcare. Concerns were raised that this population will not be better off unless something changes. A majority of key informants noted the misuse of the hospital's emergency room was an issue which needed to be addressed. Key informants voiced concern that the use of the hospital emergency room for episodic care was a poor substitute for routine care provided by a physician. They also noted that persons with true emergencies were being impacted by the emergency room overcrowding.

Overall, key informants value Hendrick Medical Center's impact on community health and recognize the Medical Center as an asset to the community. The regional culture, as well as individual choices was generally seen as the reasons behind poor health and quality of life. Lack of access to health services, although seen as an issue for certain populations now, is continuing to become an issue for more and more individuals in the community.

*“The overall lifestyle and eating habits in West Texas affects health. People don't seek health-care until they have a problem.”*

*“Episodic care in the Emergency Room is a poor substitute for primary care.”*

*“The quality of life in Abilene is wonderful. People stay here. A lot of young people come back.”*

*“Hendrick is doing a great job – they are doing what they can.”*

## **2. Underserved Populations and Communities of Need**

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

Key informants felt the quality of life and health was greatly impacted based on socioeconomic status. The majority of key informants noted health and quality of life was not as good for individuals with low income and/or no insurance or those on Medicaid. The working poor were mentioned as the main underserved population in the community due to their inability to obtain insurance and therefore cover the costs of health care. This group is already struggling to provide for the daily necessities of life, and coming up with the money to pay for medical expenses is not feasible.

The elderly population is faced with challenges in accessing care due to limited transportation and limited facilities to accommodate the aging population. The costs associated with health care make it difficult for the elderly to stay current with their health. Although some elderly persons do have Medicare, a trend in private practice exists in which physicians are not seeing individuals with Medicare, thus leaving the elderly little choice in how to obtain health care. Many in this population cannot afford to stay in a facility, especially when the options are extremely limited, yet they do not have the means or family support to continue living at home.

Another population in need of support was refugees, according to the interviewees. Many refugees are sponsored to come to the area and are taken care of for about a year. After a year, the sponsor’s involvement with the refugees is limited, leaving the refugees to fend for themselves in a foreign environment. Language and culture are huge barriers to obtaining health services, as this population and most refugees do not know where to seek the care they need.

According to many of the key informants, there is a lack of mental health facilities in the Abilene area and those with mental health illnesses either go undiagnosed or do not get proper treatment. These individuals, along with the uninsured, tend to frequent the emergency room, rather than finding a primary care provider. This leads to longer waits, increased costs to the hospital and inefficient use of hospital staff. Some key informants noted many of the city’s homeless have more options and places to turn for basic needs, as well as health care needs, than members of the working poor class. The working poor may have some type of insurance but cannot afford the costs associated with paying deductibles and co-pays. Because they have insurance, they are declined from getting care at places such as Medical Care Mission.

*“Taking care of the aging population is a challenge.”*

*“Many people go to the Emergency Room for primary care and abuse the system.”*

*“Not many mental health options – would need to leave the area to get treated.”*

*“The key doesn’t reside with the government or caregivers but with the patient.”*

### **3. Barriers**

The key informants were asked what barriers or problems keep community residents from obtaining necessary health services in their community. Responses from key informants include access to primary care physicians (due to both a shortage and the availability of the primary care physicians), culture, lack of education regarding health issues, lack of transportation, ability to pay for services and lack of knowledge surrounding how to access care.

Lack of education and communication surrounding health issues and the availability of health resources are seen as primary barriers to health services. People do not understand how to access services, and there is limited media access for the local community to receive information regarding education and screenings offered. Many of the key informants agreed there is plenty of information and education to be found, but marketing that information to the public has not been effective. Marketing efforts need to be directed towards reaching the at-risk populations and should be repetitive in order to get the message through.

Transportation was also noted as a barrier to health care, particularly for persons without Medicaid. Persons with disabilities and the elderly may have issues with transportation due to limited services. Public transportation is sometimes unreliable, causing issues when individuals need to arrive in time for scheduled appointments. It was noted that persons may have difficulty with scheduling transportation and that the mass transit system in Abilene is not extensive.

Some key informants noted a barrier regarding lack of primary care physicians and access to physicians, particularly for those who are uninsured, underinsured or who have Medicaid. These populations cannot get appointments with doctors, thus resulting in overuse and abuse of the Medical Center’s emergency room. Numerous key informants suggested some type of auxiliary clinic located close to the Medical Center where patients with nonemergency issues can be referred, cutting down on waiting times and costs to the Medical Center.

Culture was another barrier mentioned by the key informants. Abilene is home to distinct populations of Hispanics and refugees. These individuals have a difficult time integrating into the society already established and therefore are more apt to stay to themselves, restricting their access to knowledge and care. The language barrier goes hand-in-hand with the cultural aspect and further drives these populations to stay within their own communities. As such, these populations continue to withdraw further from help and are content to continue their unhealthy lifestyles.

*“We have to address issues from a cultural standpoint.”*

*“If you are interested in quality of life, you need to make changes.”*

#### 4. Most Important Health and Quality of Life Issues

Key informants were asked to provide their opinions as to the most critical health and quality of life issues facing the community. The issue identified most frequently was a lack of preventive care education and associated measures to ensure a healthy population. Interviewees mentioned individuals within the community often do not seek professional help regarding a health issue until the problem is unmanageable for the patient to deal with alone. This drives up the costs of health care because many of these individuals go to the emergency room for relief instead of seeing a primary care physician, and the cycle of unhealthy living patterns continues. People in the community either do not understand the importance of keeping up with their health by exercising, eating healthy and getting screenings or cannot afford the costs associated with these solutions.

Other issues that were reported for the general population were obesity, which is mainly due to eating habits and poor lifestyle choices, a shortage of certain specialists, dental health, mental health and stress/anxiety surrounding lack of affordable healthcare.

In response to the question “What is the best way to address the health needs of the people in our community?”, 38 percent of the key informants cited access to primary care doctors and 24 percent noted education regarding healthy living and disease management. The question, “What do you think is the biggest barrier to health care?” showed 49 percent of the informants choosing cost of expense and 20 percent citing health knowledge and knowing where to go to obtain services.

*“Preventable diseases are linked to lifestyles – we need to encourage folks that they can extend their health by changing their lifestyles.”*

*“Hendrick has always wanted to be there for anyone they could serve.”*

#### Key Findings

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

- Quality of health is improving due to new technologies at Hendrick Medical Center.
- Chronic conditions noted include obesity, hypertension and diabetes. Stress was also mentioned as a culprit to critical health issues.
- Health disparities were noted for low income, uninsured, underinsured and refugee populations.
- Too many people are utilizing the emergency rooms for care. Continuing access to care is an issue. Persons may receive care at the emergency room, but they are unable to receive follow-up doctor appointments, tests and prescriptions.
- Many key informants felt education is key to improving health. Several noted churches should be utilized as sites for screenings and health education events and to help educate the public on healthy living and preventive care.
- People’s attitudes and choices lead to poor health.



- Lack of primary care doctors and access to primary care doctors, particularly for those with Medicaid, is a barrier to obtaining health services in the community.
- There is nowhere for the underinsured to seek medical services. They overuse the hospital emergency room which creates long wait times for persons with true emergencies, and this practice increases the cost of healthcare.
- The area needs a clinic or federally-qualified health center to help divert those in the emergency room who don't actually have an emergency. Another possible answer would be mobile clinics to help those in rural settings/those without transportation means.
- There is a lack of mental health resources and counseling in the community.
- Culture and language are barriers to healthcare for certain populations –there is a need for culturally appropriate education. The use of churches for outreach was suggested.
- Information and education on healthy living and preventative care is a problem. We need to inform, educate and counsel specific categories of the community. The marketing of this education needs to be consistent and in a venue that can be accessible to majority of the population.
- Transportation is a barrier to obtaining health services, specifically for elderly, single-family households and people living in rural areas.
- Lack of motivation from citizens keeps them from getting the help they need or the preventative measures they could take to stay healthy.
- Abilene lacks sidewalks and walking trails for people to use.
- Lack of healthy food options.
- Dental care was mentioned as an issue for many.
- The working poor were those identified as not having as many resources available to meet their needs.



## Community Health Survey

A community survey was conducted by the Medical Center in order to gather broad community input regarding health issues. The survey was launched on February 1, 2013, and was closed on April 18, 2013.

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

### Methodology

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

**Exhibit 19**  
**Hendrick Medical Center CHNA Community**  
**Summary of Paper-Based Survey**

Organization	Type of Organization	Type of Survey
Taylor County Health Department	Health/healthcare	Paper surveys to staff
Presbyterian Medical Care Mission	Church	Paper surveys to staff/patients
Hendrick Medical Supply	Health/healthcare	Paper surveys to patients
Hendrick Housecalls	Health/healthcare	Paper surveys to patients
Hendrick Cancer Center	Health/healthcare	Paper surveys to patients
Business Expo trade show	Business	Paper surveys to attendees
Local and rural churches	Church	Mailed paper surveys to pastors

There were 338 completed and returned surveys which comprised of 295 electronic surveys and 43 paper surveys. Socio-demographic characteristics such as age, education, income and employment status were fairly comparable to the most recent census data. Over 66 percent of the survey respondents were female, higher than the 50 percent female population of the community at large.

### Survey Instrument

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



## **Community Health Survey Results**

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

- ***Assessment of Personal Health***

When asked to assess their personal health status, 26 percent of the respondents described their health as being “excellent”, while 61 percent stated their overall health was “good.” Fewer than two percent of the respondents described their health as being “poor.”

*(See Questions 11 of Community Health Survey)*

- ***Health Care Access Issues***

Almost 95 percent of the respondents reported having health insurance. Health care access issues are primarily related to costs. Respondents noted the following reasons for not receiving medical care:

1. Deductible or co-pay was too high
2. Health insurance did not cover procedure or test
3. Insurance premiums are too high

Nine percent of respondents noted they did not receive medical care because they were unable to schedule an appointment when needed and ten percent noted the health care provider’s hours did not fit their schedule.

*(See Questions 13, 15, 16 of Community Health Survey)*

- ***Lifestyle Behavioral Risk Factors***

Proper diet and nutrition seem to be a challenge as only 13 percent of the respondents report eating the daily recommended servings of fruits and vegetables, and 21 percent of the respondents report they never exercise. Of the respondents, 36 percent report exercising at least three times per week. When asked about exercising at least five times per week, nearly 39 percent of the respondents answered “never”. Only 4 percent of the respondents always smoke cigarettes. Use of seat belts is high (over 94 percent) and when applicable, respondents’ children use seat belts and/or child safety seats.

*(See Question 32, 38, 40 of Community Health Survey)*

- ***Social and Mental Health***

Almost 27 percent of the respondents rated their stress level as high or very high. Sixteen percent of people stated they coped with stress by praying while 12 percent spoke with friends and 11.5 percent exercised.

*(See Question 29, 30 of Community Health Survey)*

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

The five most important “health problems:”

1. Obesity (adult)
2. Alcohol abuse
3. Heart disease
4. Diabetes
5. Cancer

*(See Question 28 of Community Health Survey)*

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

1. Affordable and available health care
2. Healthy behaviors and lifestyles
3. Job availability
4. Emergency response services
5. Good schools

*(See Question 27 of Community Health Survey)*

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

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

1. Additional physicians who accept Medicare/Medicaid patients.
2. Reduce Emergency Room wait times by offering a separate walk-in clinic next to the hospital.
3. Consider adding physical fitness classes and exercise facilities.
4. The need to recruit additional, qualified primary care physicians and specialists.

## Health Issues of Uninsured Persons, Low-Income Persons and Minority Groups

Certain key informants were selected due to their positions working with low-income and uninsured populations. Several key informants were selected due to their work with minority populations. Based on information obtained through key informant interviews and the community health survey, the following chronic diseases and health issues were identified:

- Elderly
  - ✓ Transportation
  - ✓ Access to primary care physicians
  - ✓ High cost of healthcare prevents needs from being met
- Hispanic
  - ✓ Language and cultural barriers
  - ✓ Access to primary care physicians
  - ✓ Barriers associated with preventive screenings and health education related to where and how this information is distributed.
- Refugee
  - ✓ Language and cultural barriers
  - ✓ Access to primary care physicians
  - ✓ Lack of insurance
  - ✓ Utilization of Emergency Room for Episodic care



## **Information Gaps**

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

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



## **Prioritization of Identified Health Needs**

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

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

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

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

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

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

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

### ***Primary Data***

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

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

- Lack of access to services (cost)
- Lack of primary care physicians
- Uninsured
- Utilization of Emergency Room for episodic care
- Lack of health education
- Transportation



- Physical Inactivity
- Obesity
- Services for Refugees
- Cancer
- Heart Disease
- Adult Smoking
- Poor nutrition
- Lack of mental health services
- Language/Cultural Barriers
- Diabetes
- Limited access to healthy foods
- High blood pressure
- COPD/Respiratory Disease
- Stroke/Cerebrovascular Disease
- Children in poverty
- Children in single-parent households
- Alcohol Abuse
- Mammography screening
- Motor vehicle crash rate
- Violent crime rate
- Sexually transmitted infections
- Teen birth rate
- Preterm births/low birth weight

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

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

Each need was ranked based on the five prioritization metrics:

**Exhibit 20  
Hendrick Medical Center  
Prioritization of Health Needs**

	How many people are affected by the issue?	What are the consequences of not addressing this problem?	Was the need identified as a health disparity?	How Important is it to the community?	How many sources identified the need?	Total X Axis Rating	Hospital's ability to Impact Change (Y Axis)	Total Score
Lack of access to services (cost)	5	3	5	5	3	21	4	25
Lack of Primary Care Physicians	5	2	5	5	3	20	5	25
Uninsured	5	2	5	4	2	18	4	22
Utilization of Emergency Room for Episodic Care	4	3	5	5	1	18	4	22
Preterm births/low birth weight	3	4	5	3	2	17	3	20
Lack of Health Education	3	2	5	4	2	16	4	20
Heart Disease	4	4	0	3	3	14	5	19
Obesity	4	4	0	3	3	14	4	18
Transportation	3	2	5	3	2	15	2	17
Physical Inactivity	3	4	0	4	3	14	3	17
Cancer	4	4	0	3	2	13	4	17
Services for Refugees	2	2	5	3	2	14	2	16
Adult Smoking	3	4	0	4	1	12	4	16
Diabetes	2	3	0	4	2	11	5	16
Poor Nutrition	3	3	0	4	2	12	3	15
Lack of Mental Health Services	3	3	0	5	1	12	2	14
Language/Cultural Barriers	2	1	5	2	2	12	2	14
High Blood Pressure	2	3	0	3	1	9	5	14
Limited access to Healthy Foods	3	2	0	4	1	10	3	13
Orthopedic Services	4	1	0	2	1	8	4	12
COPD/Respiratory Disease	2	3	0	1	1	7	5	12
Stroke/Cerebrovascular Disease	2	3	0	1	1	7	5	12
Children in Poverty	2	2	0	2	1	7	2	9
Mammography screening	1	2	0	1	1	5	4	9
Children in single-parent households	2	1	0	2	1	6	2	8
Alcohol Abuse	1	2	0	2	1	6	2	8
Motor Vehicle Crash Rate	1	2	0	0	1	4	2	6
Violent Crime Rate	1	1	0	1	1	4	2	6
Sexually transmitted infections	1	1	0	0	1	3	2	5
Teen Birth Rate	1	1	0	0	1	3	2	5

\*Highest potential total score = 30

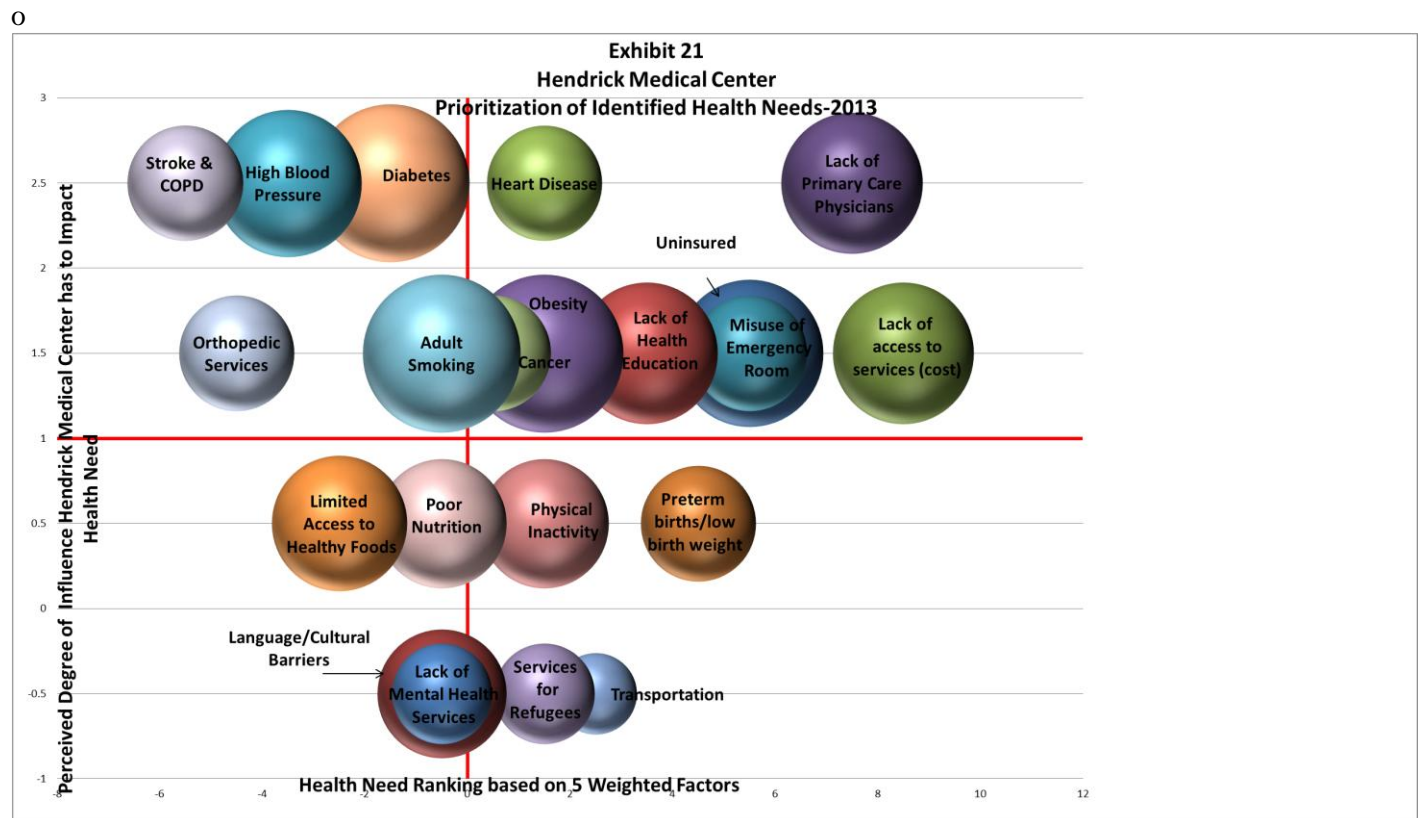


Health Needs were then prioritized and charted on Exhibit 21, taking into account their overall ranking, the degree to which Hendrick Medical Center can influence long-term change and the identified health needs impact on overall health.

Utilizing the statistical median (12.5) as the horizontal axis, the weighted-average ranking was plotted on Exhibit 21. Next, each identified health need was assigned a value between 1 and 5 representing the perceived degree of influence Hendrick Medical Center has on impacting health outcomes related to the identified health need. Utilizing the statistical median (2.5) as the vertical axis, this value was charted.

Lastly, each health need was evaluated and assigned a rating between 1 and 15 regarding the health needs' impact on overall health. Those health needs receiving the highest rating are represented by the largest spheres.

The graphical representation included on Exhibit 21 is intended to aid in identifying health priorities for the organization. By addressing those needs in the upper right quadrant, overall community health will likely improve as these needs have the greatest impact on overall health and Hendrick Medical Center is more likely to influence a positive impact on these needs. Additionally, the largest circles represent the health needs which have a significant impact to an individual's overall health.





Hospital management reviewed the identified needs reported in *Exhibit 21*. Through discussion and debate, Hospital management agreed on priorities Hendrick Medical Center should focus on for fiscal years 2014–2016. As a result of this analysis above, the following areas were identified as priority areas on which the Hospital will focus.

<b>Hendrick Medical Center Priority</b>	<b>Correlated Community Health Need</b>
<b>Lack of Primary Care Physicians</b>	Access to Care Uninsured Utilization of ER for Episodic Care Transportation
<b>Lack of Health Education</b>	Heart Disease Diabetes COPD/Respiratory Disease Stroke Orthopedic Cancer Wellness (Obesity, Physical Inactivity and Poor Nutrition) Refugee Health
<b>Chronic Disease Management</b>	Heart Disease Diabetes COPD/Respiratory Disease Utilization of ER for Episodic Care

Hendrick Medical Center has determined priority areas to address to include 1) Lack of Primary Care Physicians, 2) Lack of Health Education and 3) Chronic Disease Management. The Medical Center’s next steps include developing an implementation strategy to address these priority areas.

## **APPENDICES**



## **Acknowledgements**

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

### **Project Steering Committee**

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

*Stephen Kimmel*, Chief Financial Officer – Hendrick Medical Center  
*Chris Mabry*, Manager Reimbursement Services – Hendrick Medical Center  
*Kari Polk*, Controller – Hendrick Medical Center  
*Leigh Black*, Director of Marketing – Hendrick Medical Center  
*Elyse Lewis*, Community Initiatives Coordinator – Hendrick Medical Center

### **Key Informants**

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

*Mike McMahan*, Executive Director of Chamber of Commerce  
*Justin Smith M.D.*, Pediatrician  
*Hester Woods*, Abilene Visitor's Bureau  
*Anthony Williams*, Abilene Christian University, City Councilman  
*Rita Johnston*, Director of Case Management  
*Katie Alford*, Executive Director, Community Foundation of Abilene  
*Larry Gill*, Grant Administrator, Dodge Jones Foundation  
*Billy Enriquez*, Hispanic Business Council  
*Larry Johnson & Barry Camarillo*, Taylor County Health Department  
*Jack Rentz*, Owner of Rentech  
*Bobby Lawson, M.D.*, Emergency Room physician  
*Yvonne Batts*, Batts Communication  
*James Childers*, City of Abilene, Director of Community Services  
*Chuck Statler*, Taylor County Commissioner  
*Dave Copeland*, President of Shelton Foundation  
*Neil White*, Director of Metro Care  
*Steve Faehnle*, Chief of Medical Staff and former Pediatrician  
*Ken Dozier*, Chief of Fire Department  
*Stan Standridge*, Chief of Police  
*Mike Woodward*, Southwest Park Baptist Church, Hendrick Board of Trustee member  
*Dave Kralej*, Program Director of Medical Care Mission  
*Mari Cockerell*, KTXS Newscaster  
*Jenny Goode*, Executive Director of Betty Hardwick Center  
*Angie Gass*, Chief Nursing officer at Stanford, Texas  
*George Woodward*, Physician at Medical Care Mission  
*Linda Langston*, Director of Nursing for Abilene ISD

*Mark Hewitt*, Director of Love and Care Ministries

*Dixie Bassett*, Executive Director of United Way

*Carol Dupree*, Provost for Cisco College

*Bill Ehrie*, Executive Director of Industrial Foundation

*Eric Thomas*, General manager of KTAB/KRBC

*Dusty Garison*, Friendship House Coordinator, Connecting Caring Communities

*Kelly Cheek*, Center Director at the West Texas Area Health Education Center

*Ralph McClekey, M.D.*, Cardiologist

*Mary Cooksey*, Director of 211

*Celia Gesting*, Major Gifts Officer of American Red Cross

*Jane Beard*, Grant Administrator for Dian Graves Owen Foundation

*Phil Christopher*, Senior Pastor at First Baptist Abilene

*Paul Lewis*, Black Chamber of Commerce



*Community Health Needs Assessment 2013*

## **KEY INFORMANT INTERVIEW PROTOCOL** |





## KEY INFORMANT INTERVIEW

Community Health Needs Assessment for:

Hendrick Medical Center

Interviewer's Initials: | |

Date: | Start Time: | End Time: | |

Name: | Title:

Agency/Organization: | |

# of years living in | County: | # of years in current position: | |

E-mail address: |

**Introduction:** Good morning/afternoon. My name is **[interviewer's name]**. Thank you for taking time out of your busy day to speak with me. I'll try to keep our time to approximately 40 minutes, but we may find that we run over – up to 50 minutes total - once we get into the interview. **(Check to see if this is okay).**

**[Name of Organization]** is gathering local data as part of developing a plan to improve health and quality of life in County. Community input is essential to this process. A combination of surveys and key informant interviews are being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

**To get us started, can you tell me briefly about the work that you and your organization do in the community?**

|  
|

Thank you. Next I'll be asking you a series of questions about health and quality of life in County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,' while sharing the local perspectives you have from your current position and from experiences in this community.



Questions:

1. In general, how would you rate health and quality of life in \_ County?

| |

2. In your opinion, has health and quality of life in County improved, stayed the same, or declined over the past few years?

| |

3. Why do you think it has (based on answer from previous question: improved, declined, or stayed the same)?

4. What other factors have contributed to the (based on answer to question 2: improvement, decline **or** to health and quality of life staying the same)?

| |

5. Are there people or groups of people in \_ \_\_\_\_\_ County whose health or quality of life may not be as good as others?

a. Who are these persons or groups (whose health or quality of life is not as good as others)?

| |

b. Why do you think their health/quality of life is not as good as others?

| |

6. What barriers, if any, exist to improving health and quality of life in County?

7. In your opinion, what are the most critical health and quality of life issues in County?

| |

8. What needs to be done to address these issues?

| |



9. In your opinion, what is the best way to address the health needs of the people in our community?

- a. Availability of health screenings
- b. More places to exercise
- c. Access to fresh fruit and vegetables
- d. More access to Primary Care Doctor
- e. More access to specialists
- f. Education regarding Healthy Living/Disease Management
- g. Increased Mental Health services
- h. Lower cost of healthcare and prescription drugs

10. What do you think is the Biggest Barrier to Health Care?

- a. Doctor's Office Hours
- b. Transportation
- c. Cost or Expense
- d. Health Knowledge and Knowing where to go to obtain services
- e. Culture and Language
- f. Insurance Issues
- g. Other

**Close:** Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in County. Before we conclude the interview,

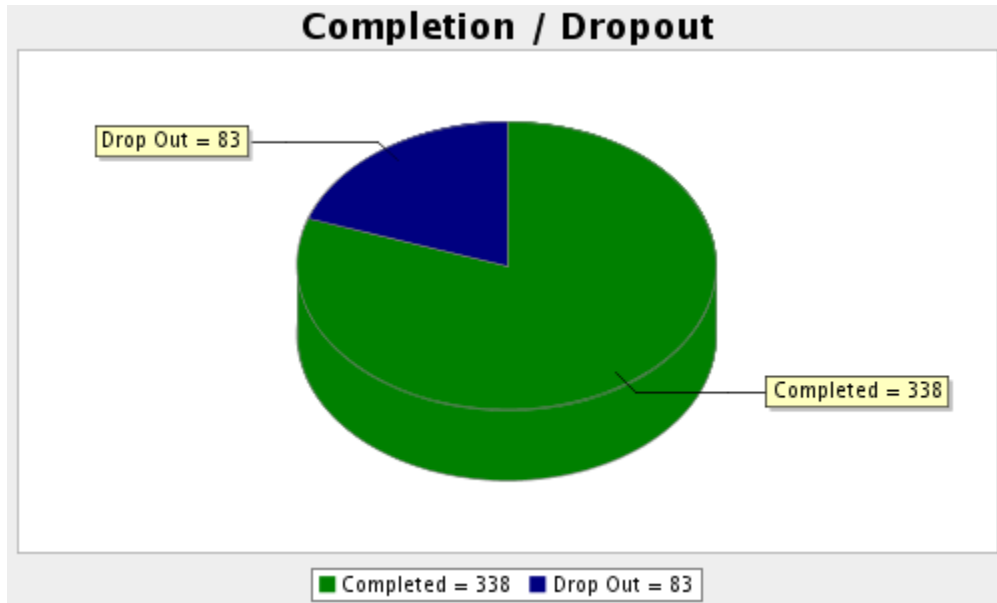
**Is there anything you would like to add?**

[ ]

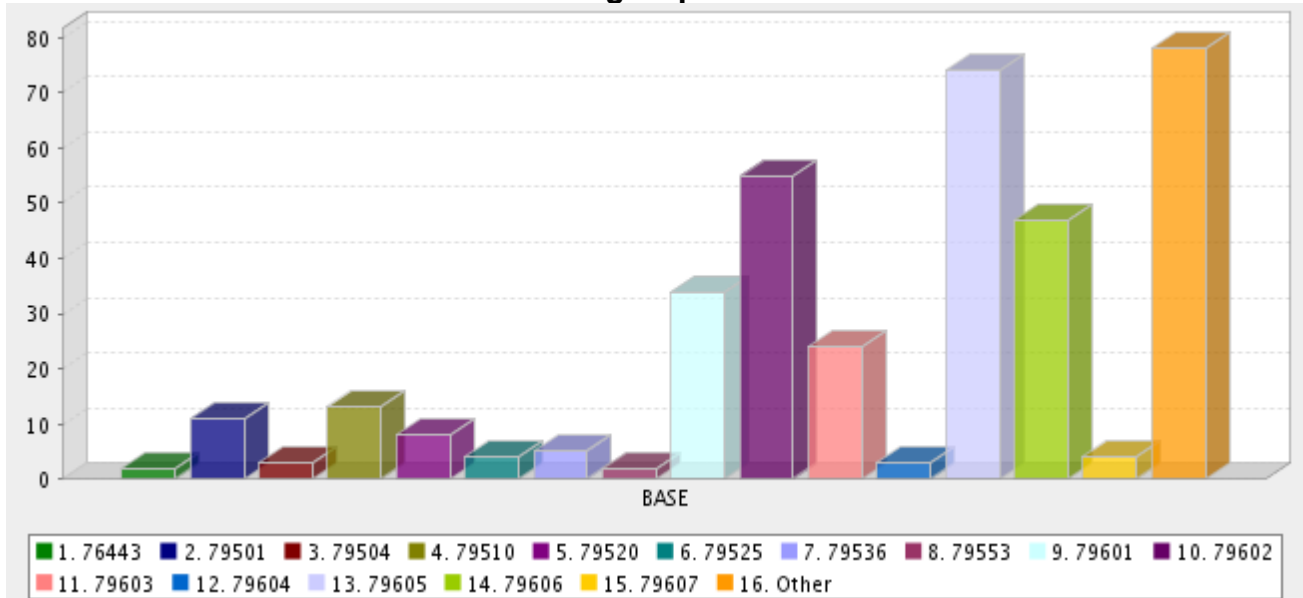
As a reminder, summary results will be made available by the **[Name of organization]** and used to develop a community-wide health improvement plan. Should you have any questions, please feel free to contact \_\_\_\_\_ at **[Name of organization]**. Here is his/her contact information [provide business card]. Thanks once more for your time. It's been a pleasure to meet you.



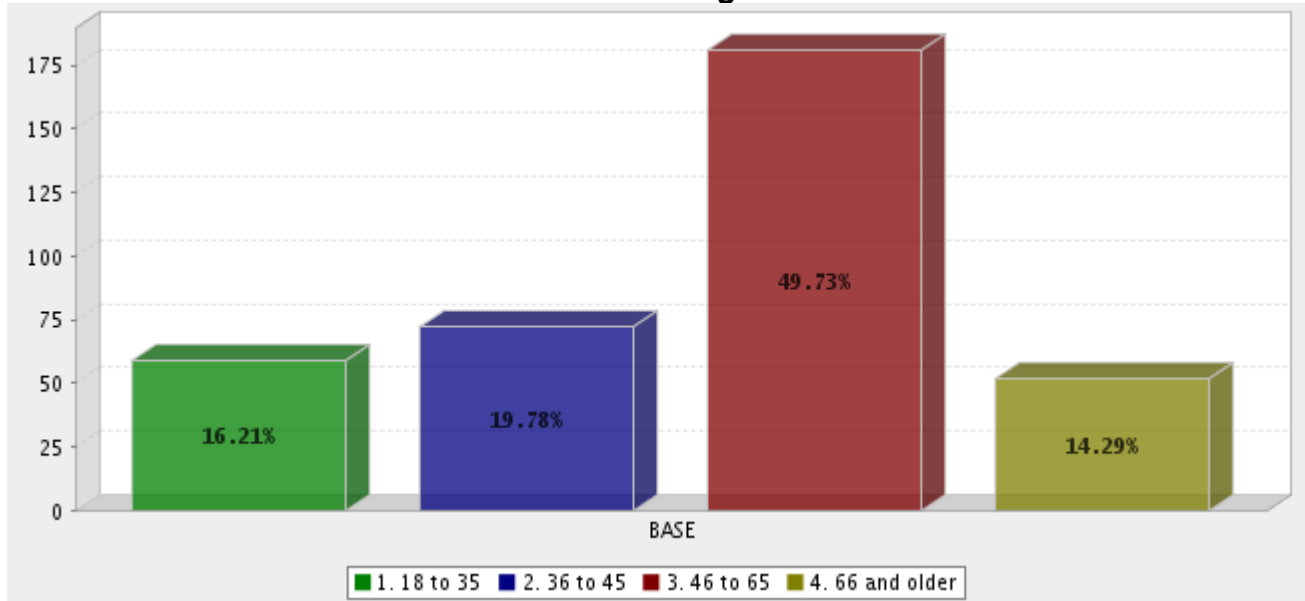
## **COMMUNITY HEALTH SURVEY DETAIL RESULTS**



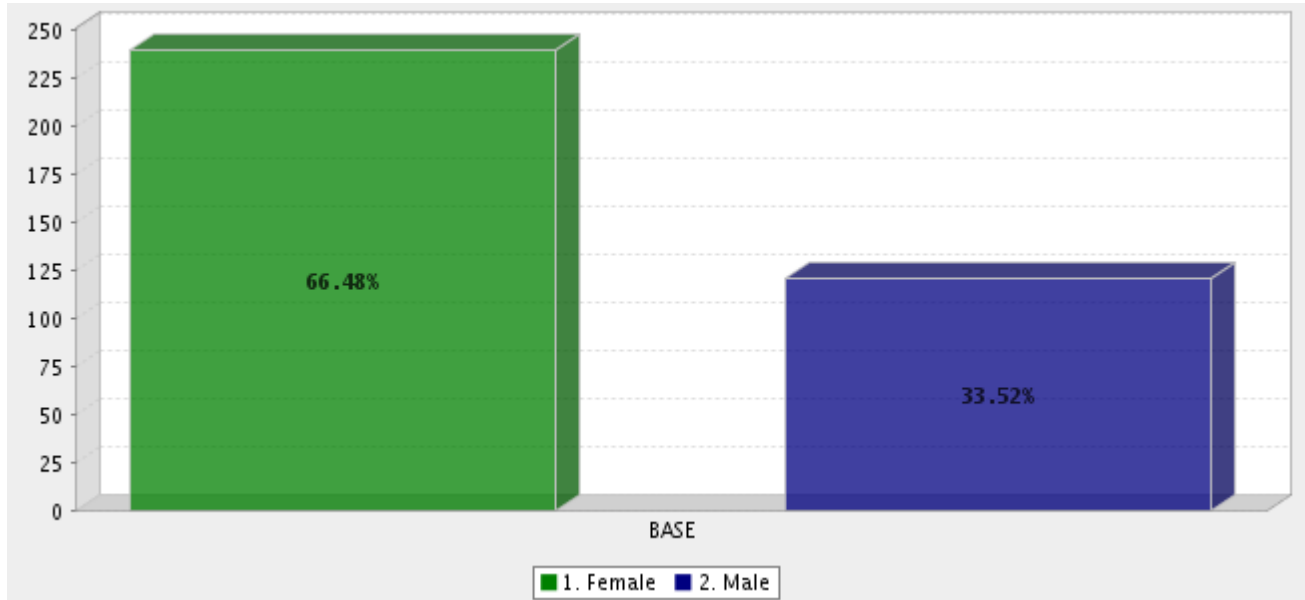
Your 5 digit zip code:



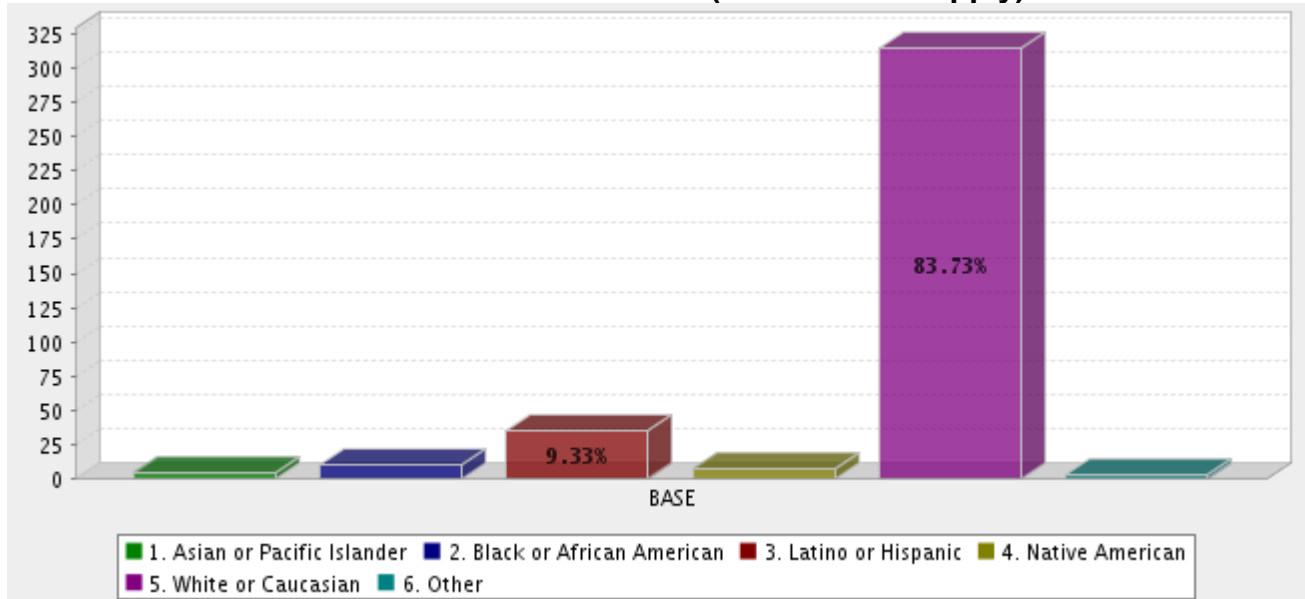
**Your current age:**



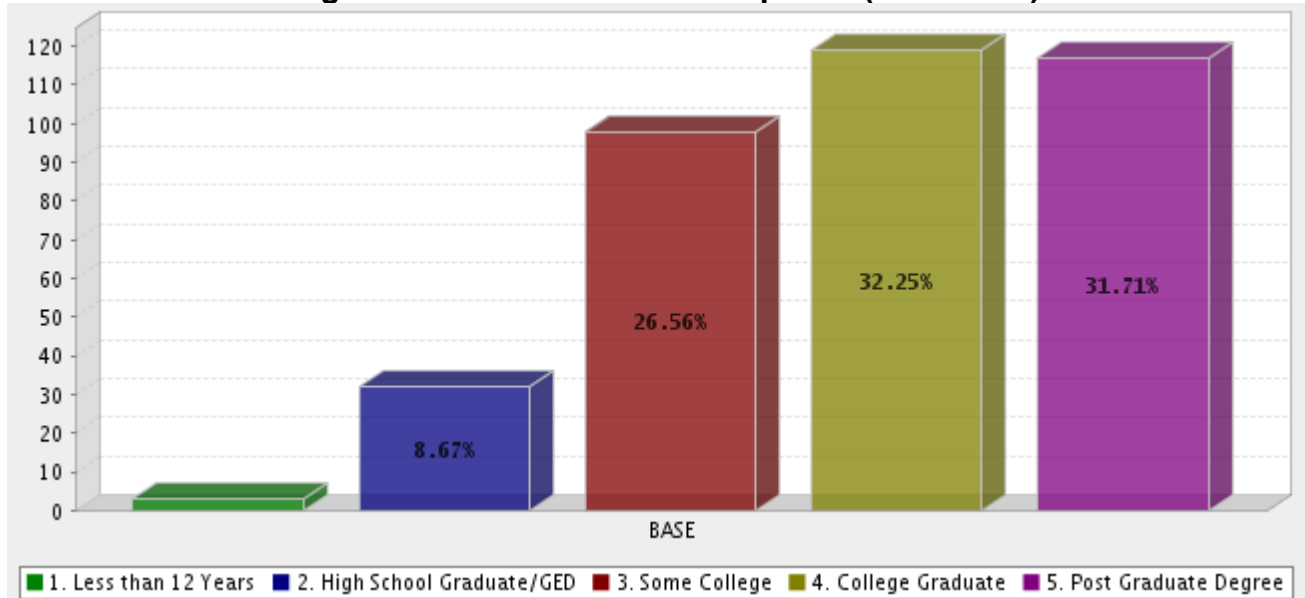
**Your sex:**



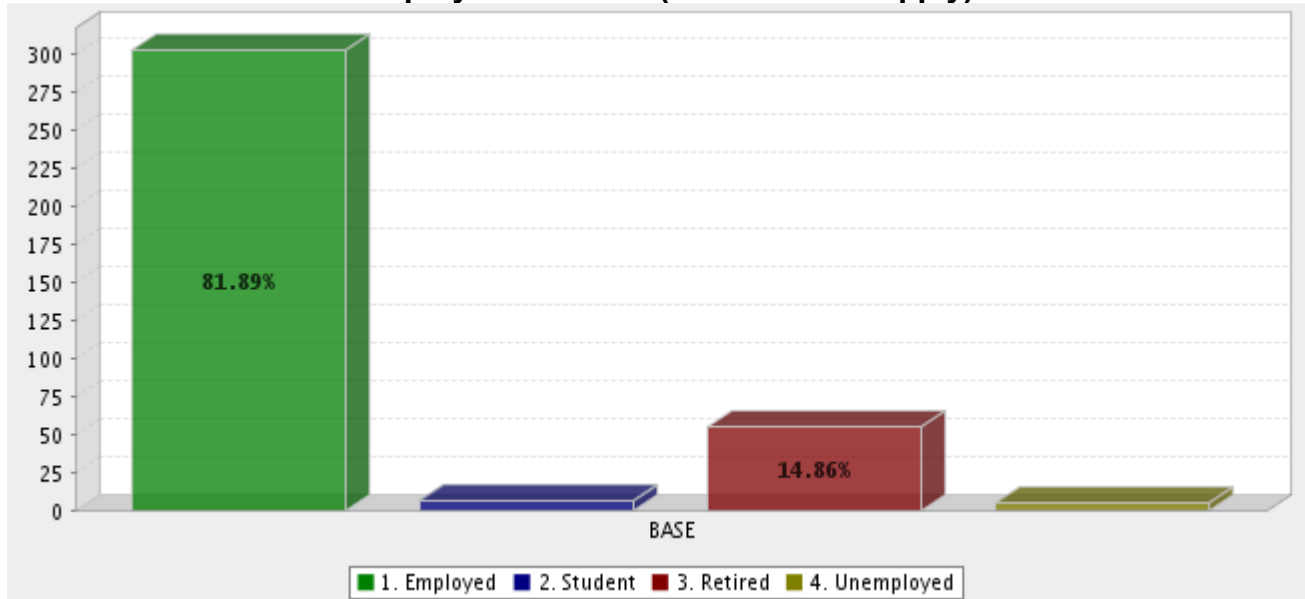
**Your racial/ethnic identification (check all that apply):**



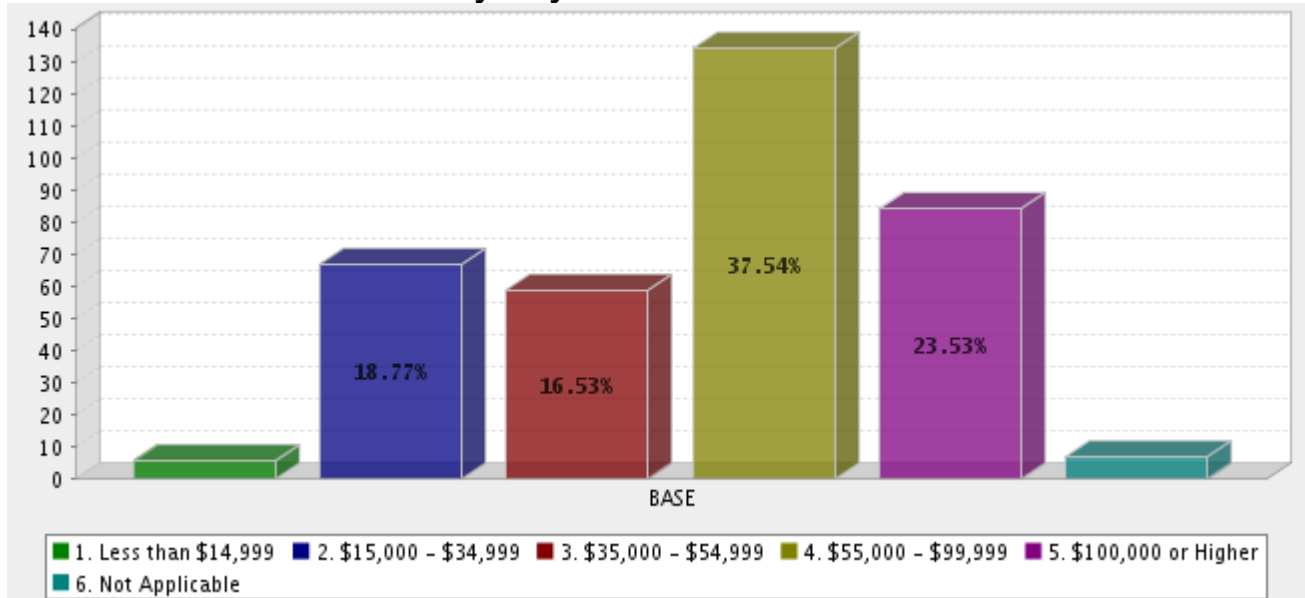
**Your highest level of education completed (check one):**



**Your employment status (check all that apply):**

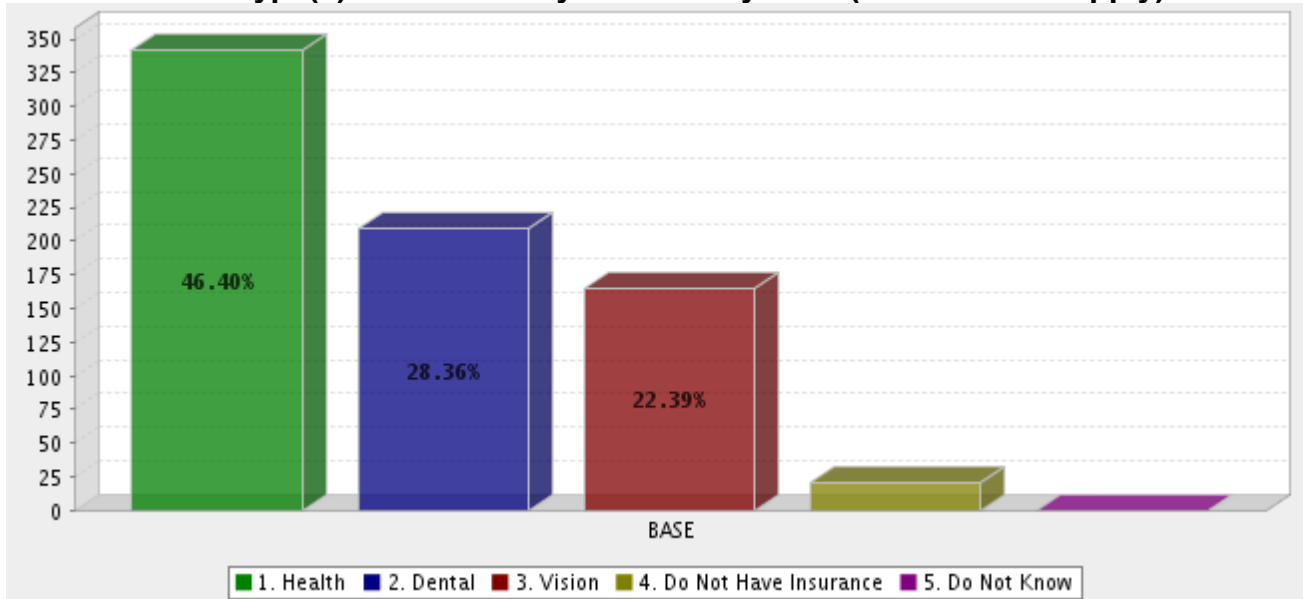


**Your yearly household income:**

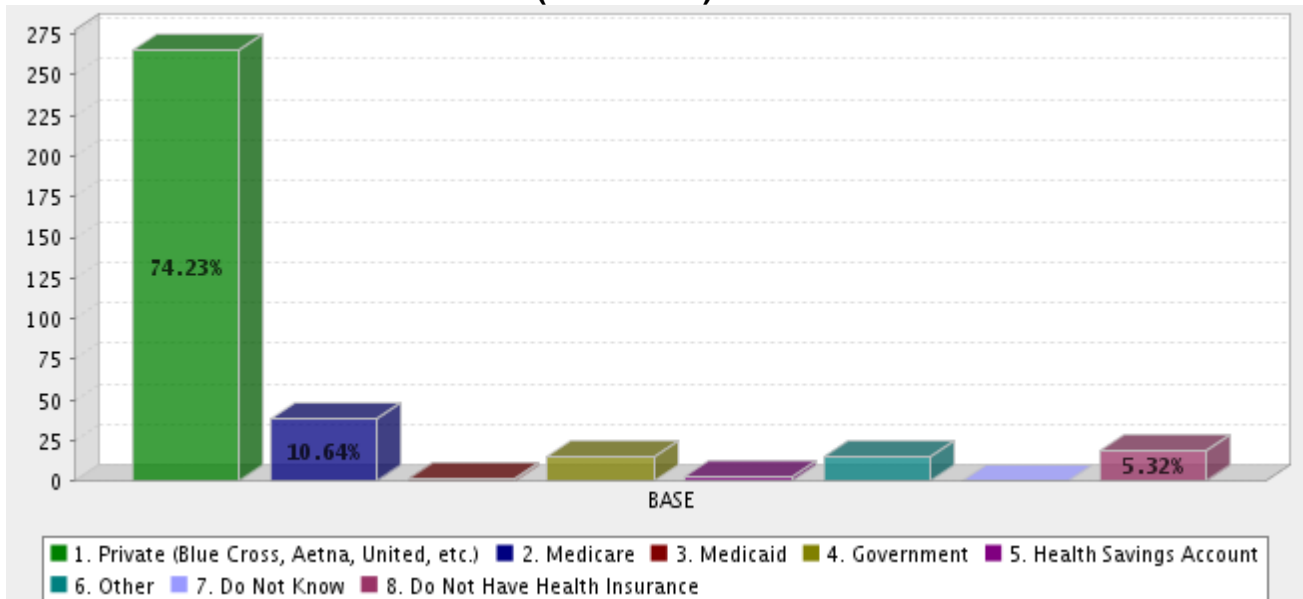




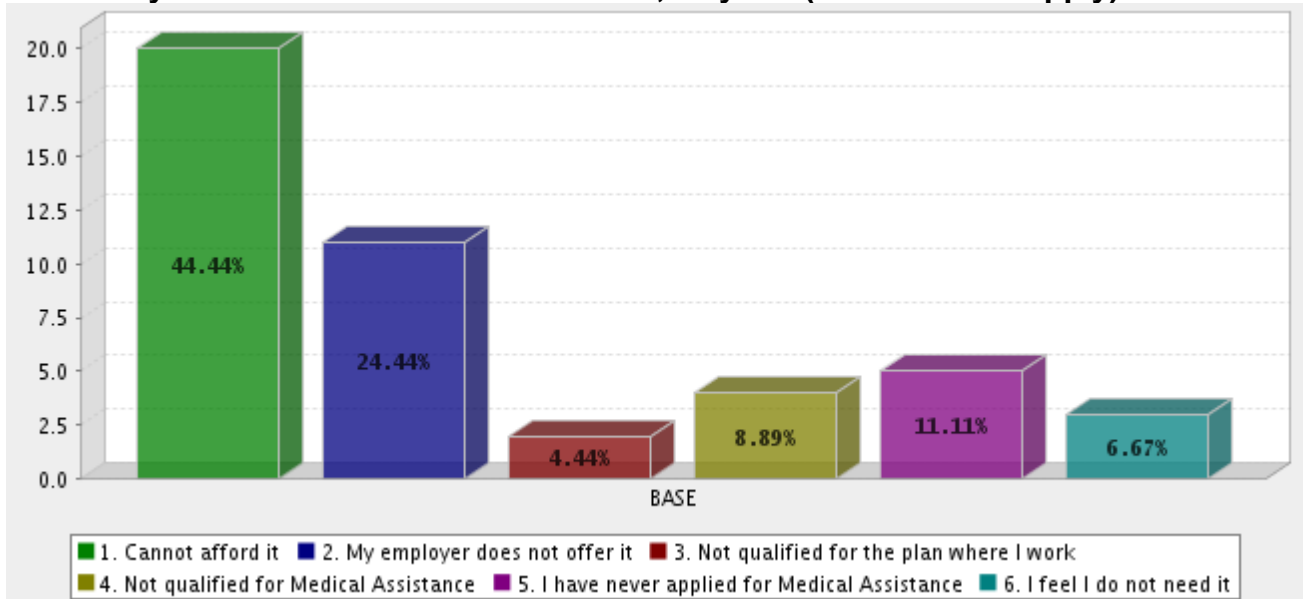
**Select the type(s) of insurance you currently have (check all that apply):**



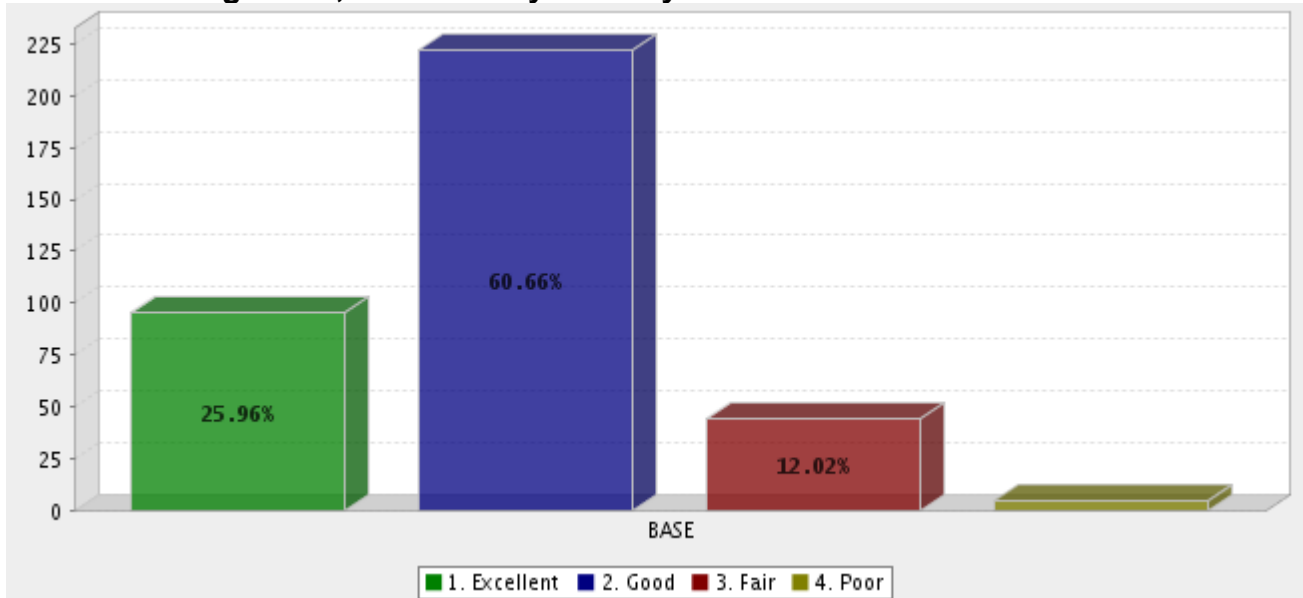
**Select your current source of health insurance (check one):**



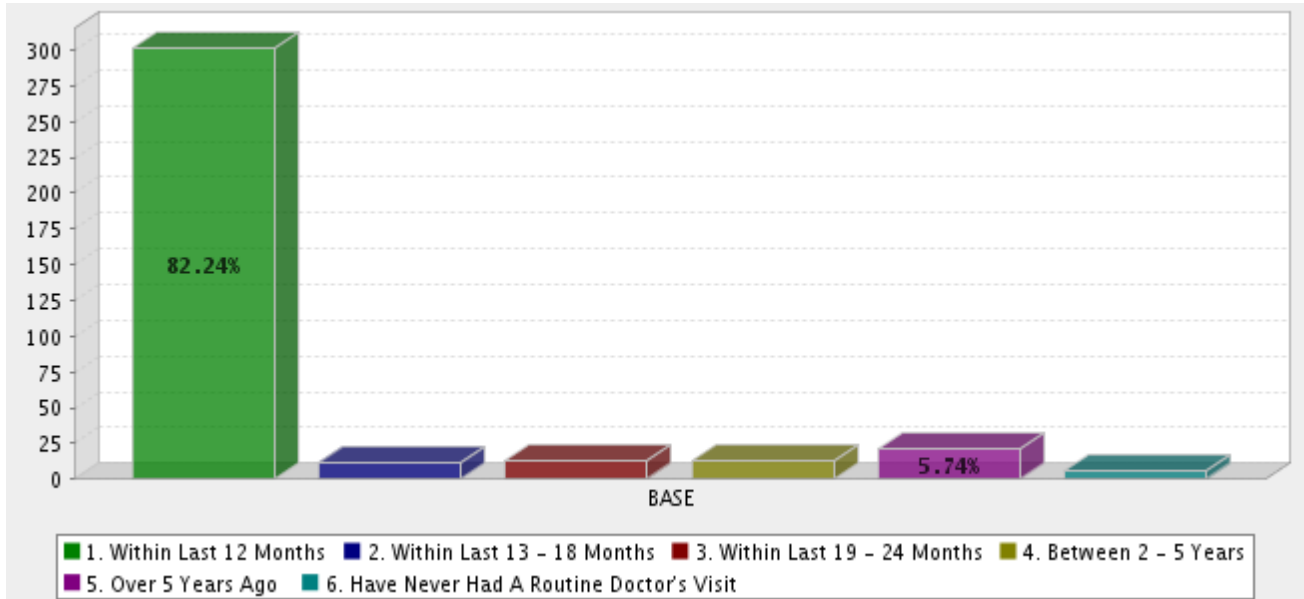
**If you do not have health insurance, why not (check all that apply)?**



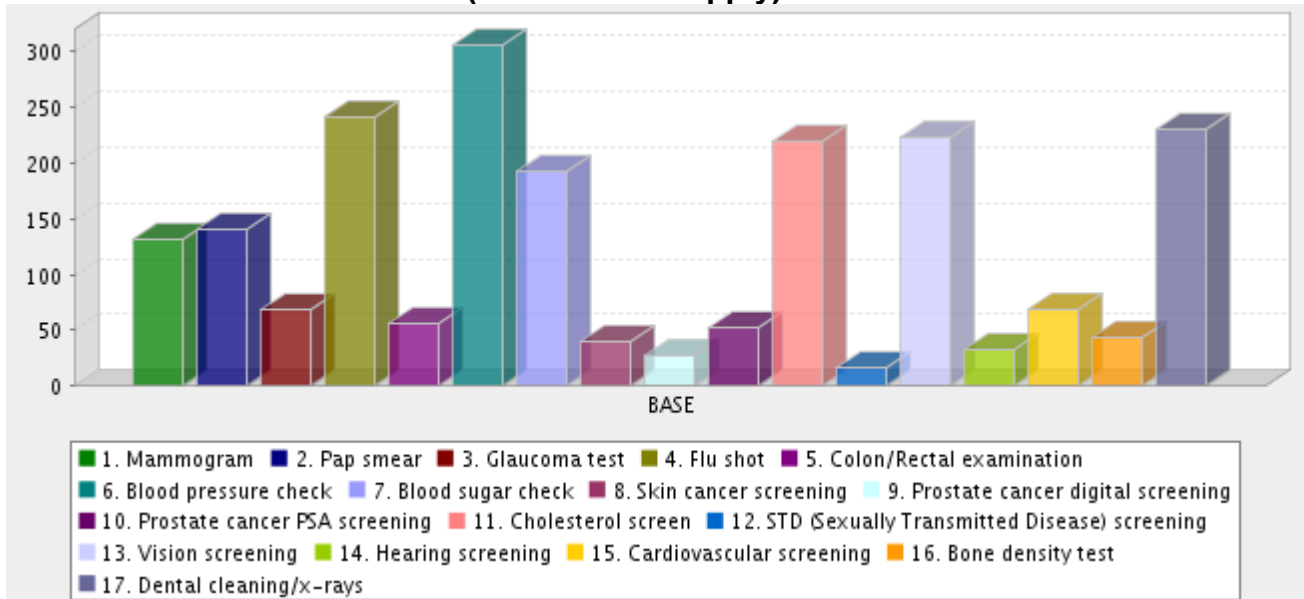
**In general, how would you rate your current health status?**



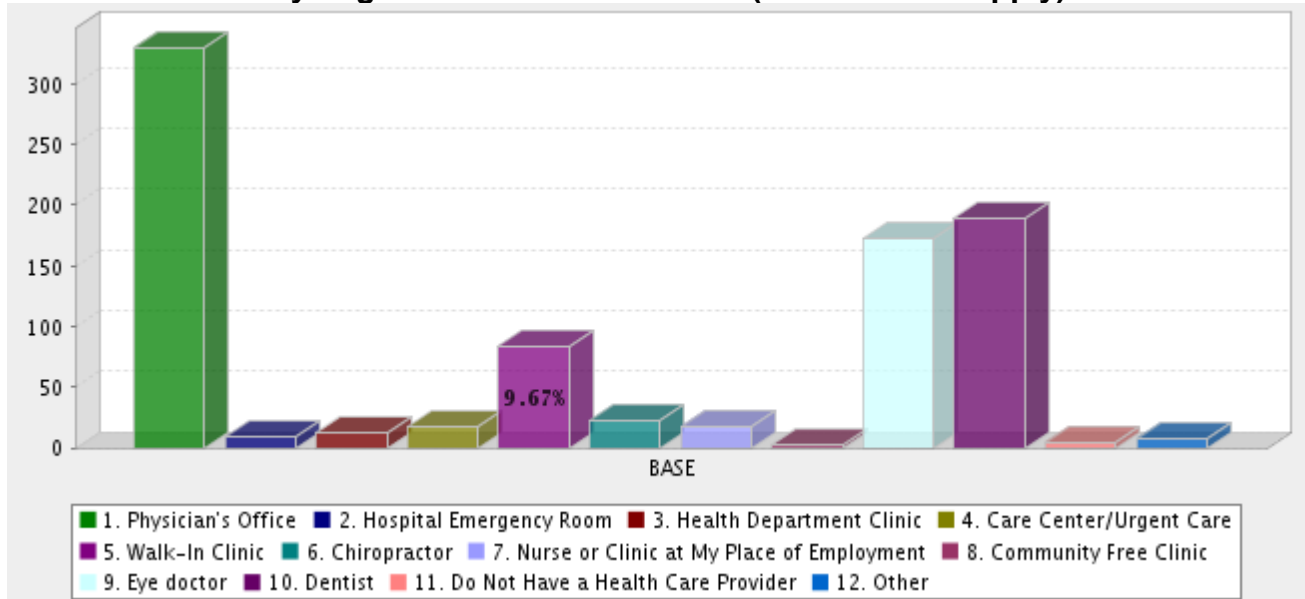
**Your last routine doctor's visit was:**



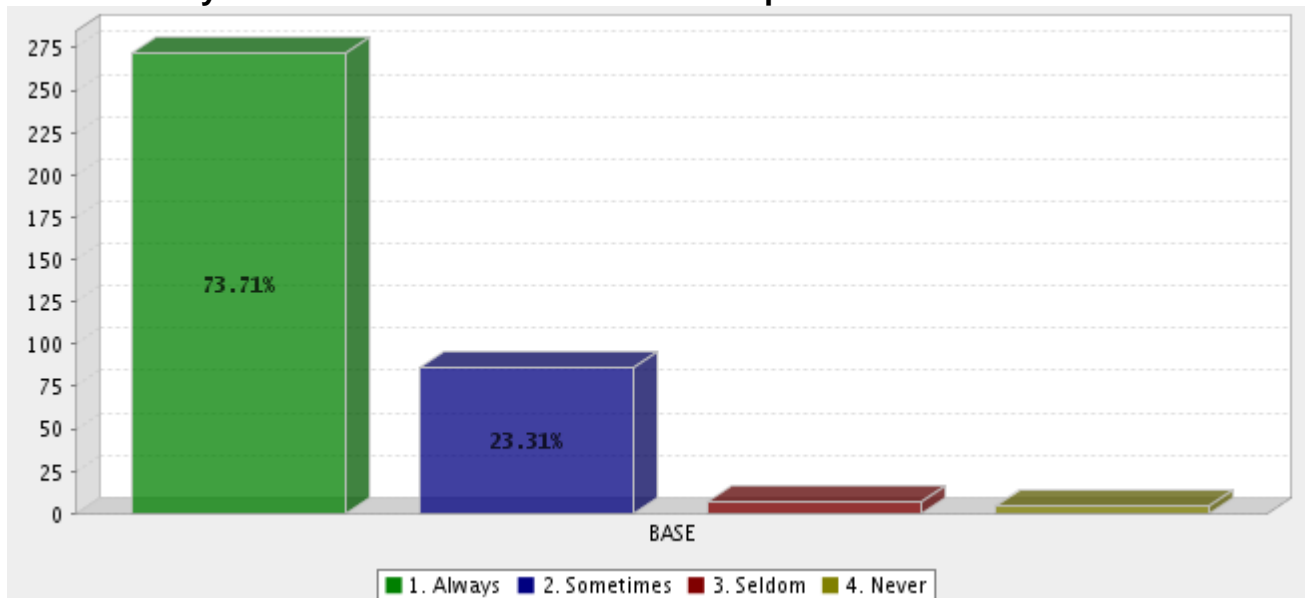
**Select any of the following preventive procedures you have had in the last year (check all that apply):**



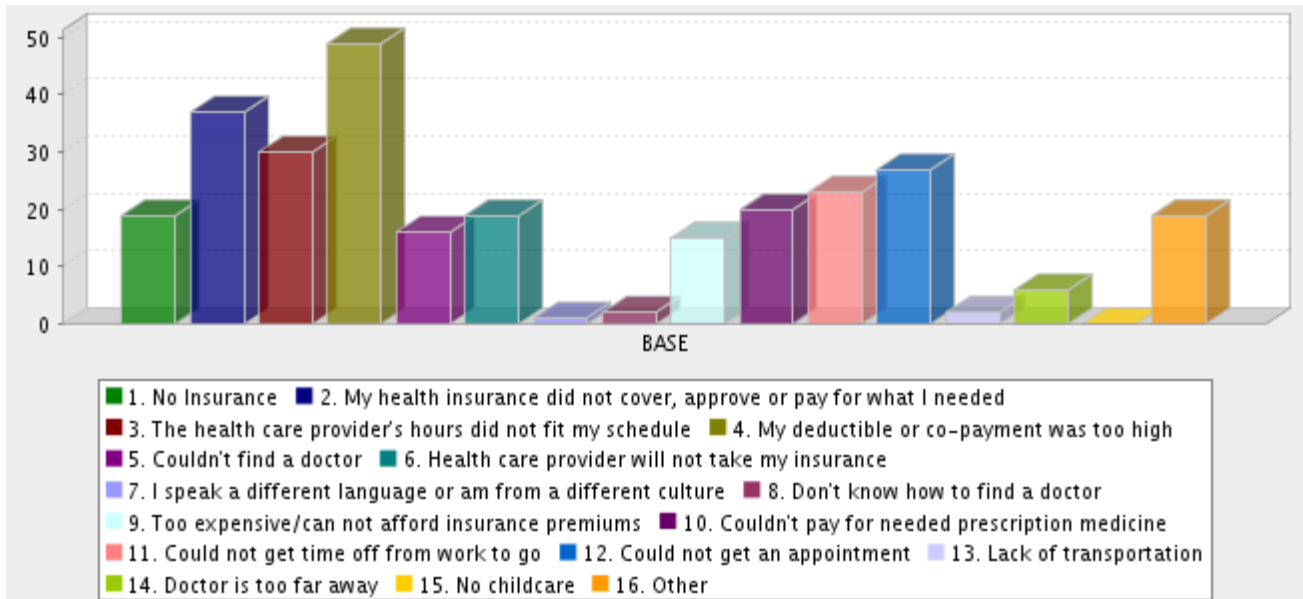
**Where you go for routine health care (check all that apply):**



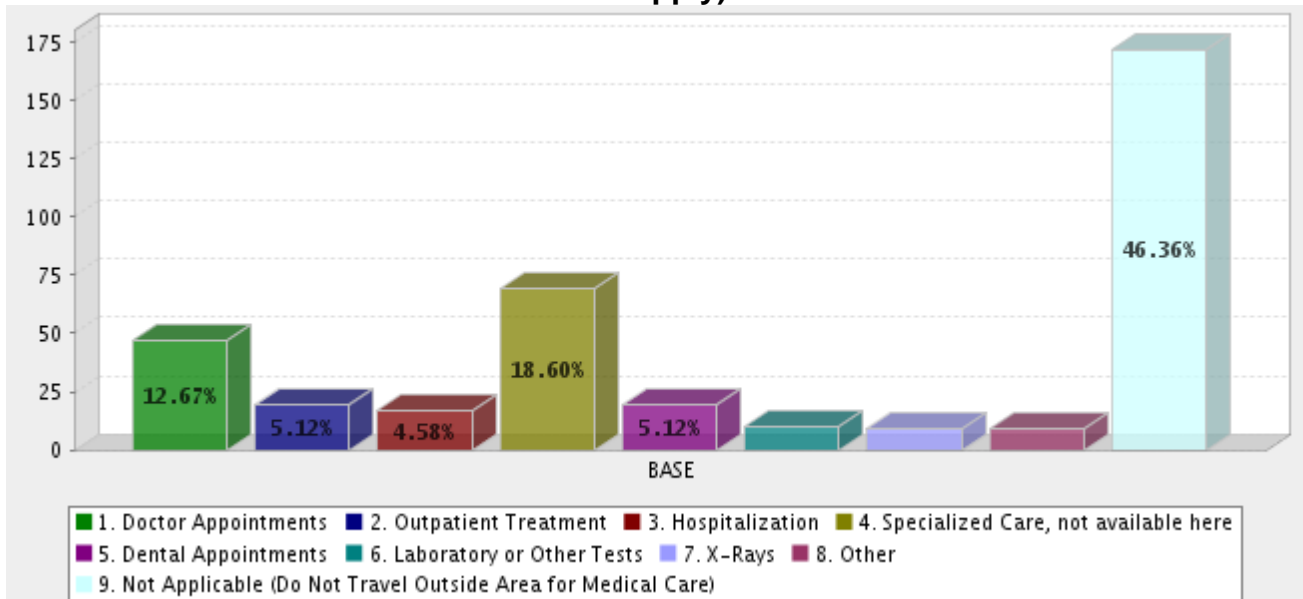
**Are you able to visit a doctor/health care provider when needed?**



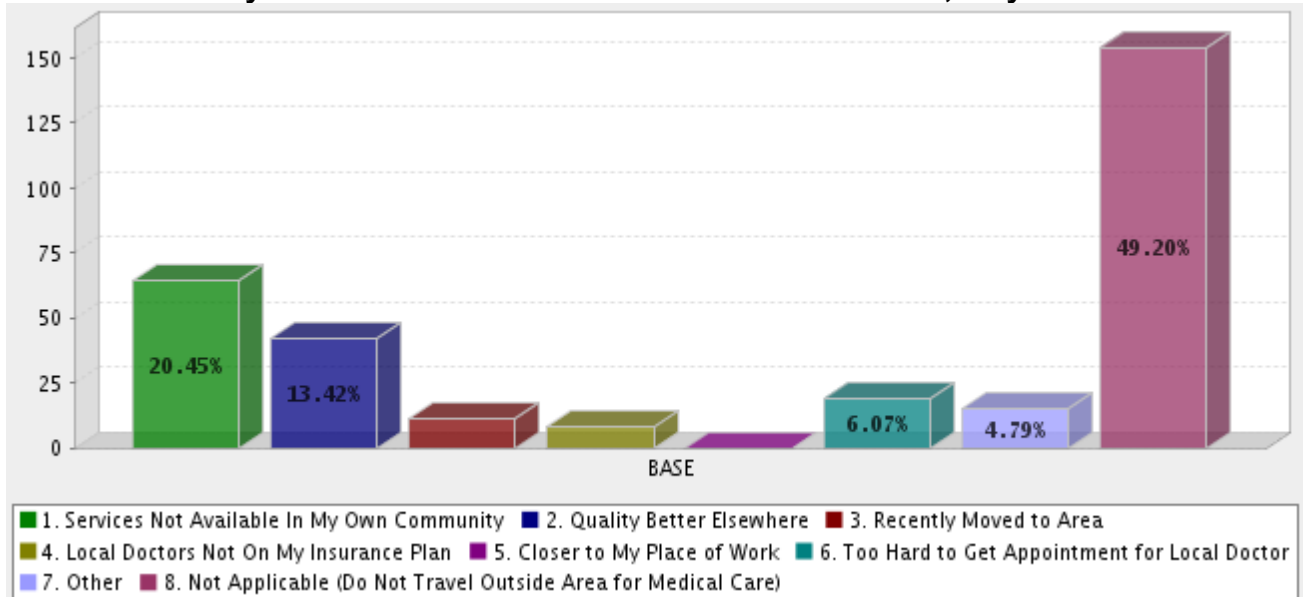
**The following have stopped you from getting the health care you need (check all that apply):**



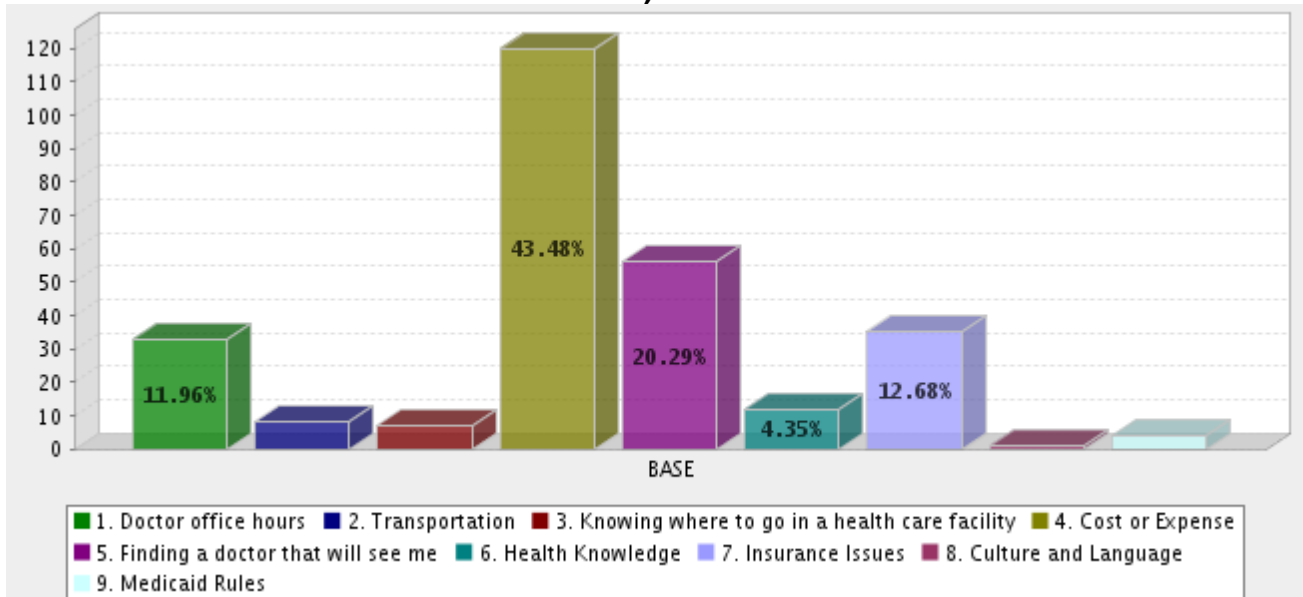
If you travel outside of area for medical care, select the service you seek (check all that apply):



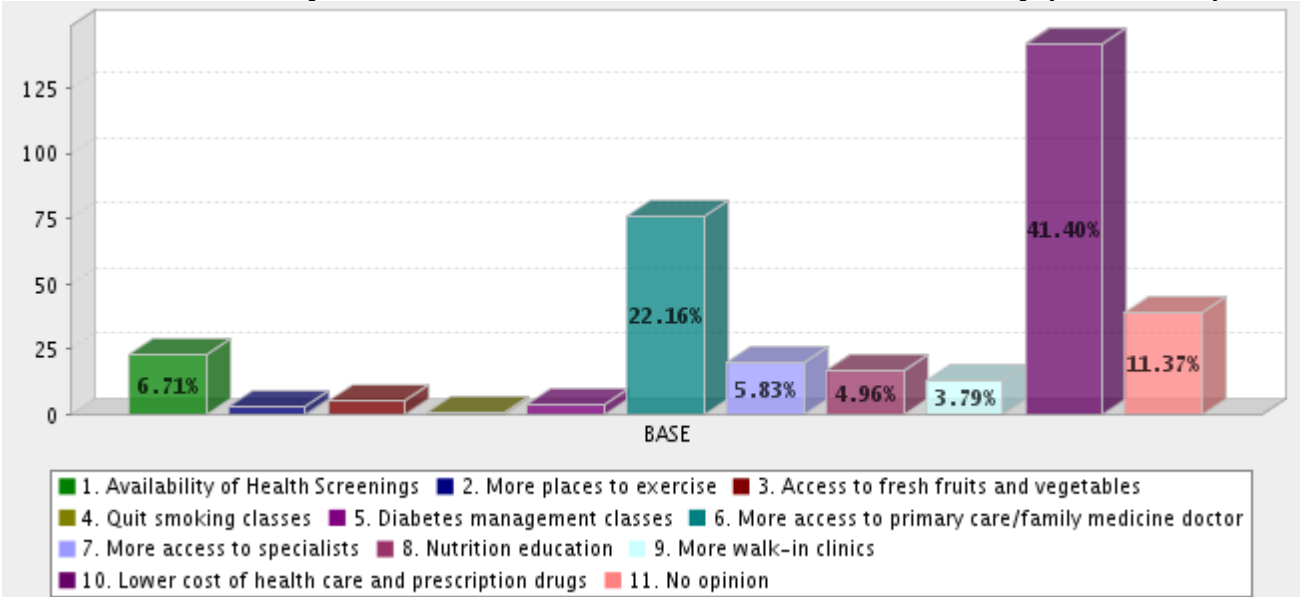
**If you travel outside of the area for medical care, why?**



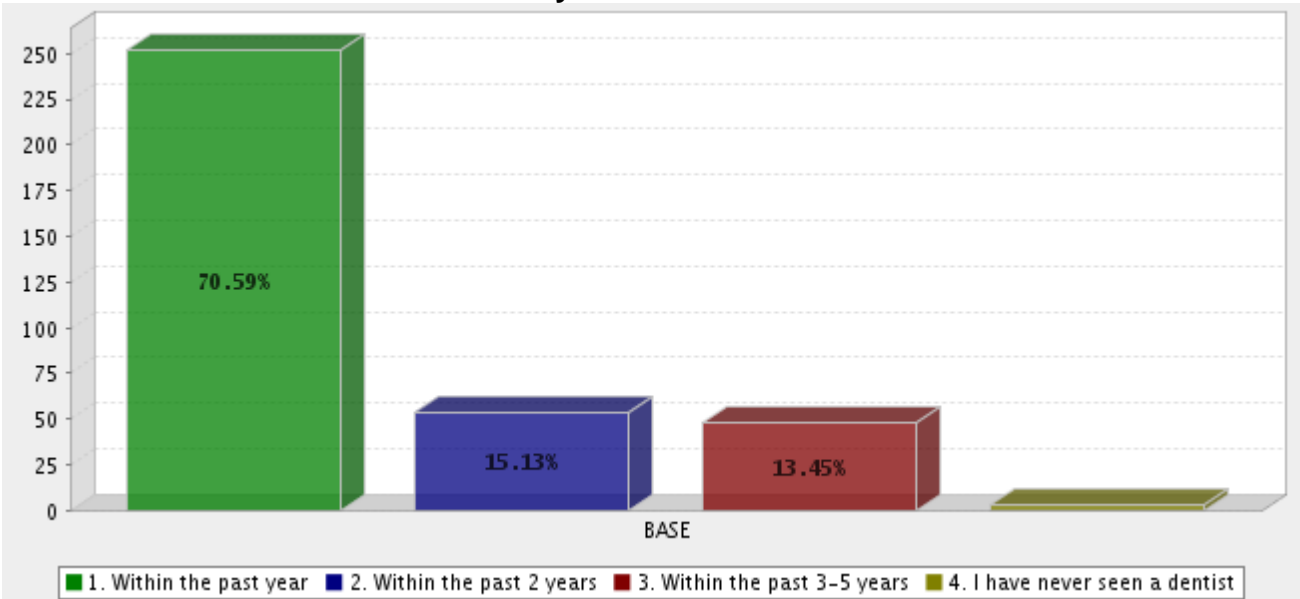
**What is the biggest barrier to receiving health care in our community (check one)?**



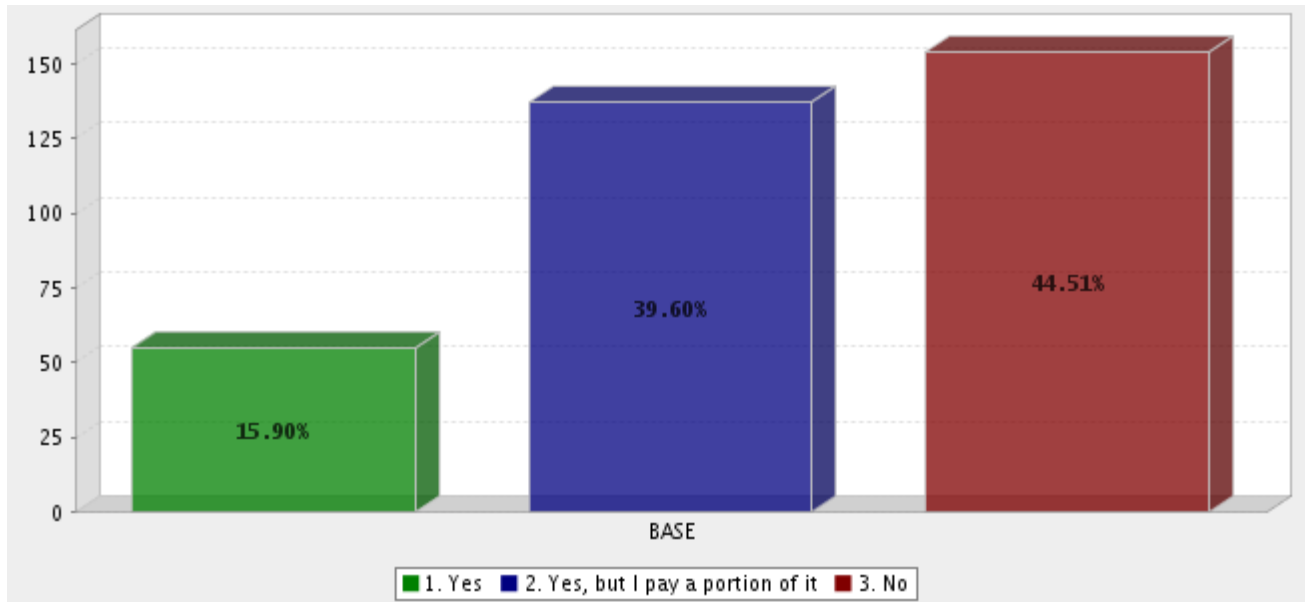
**What is the best way to address the health needs of our community (check one)?**



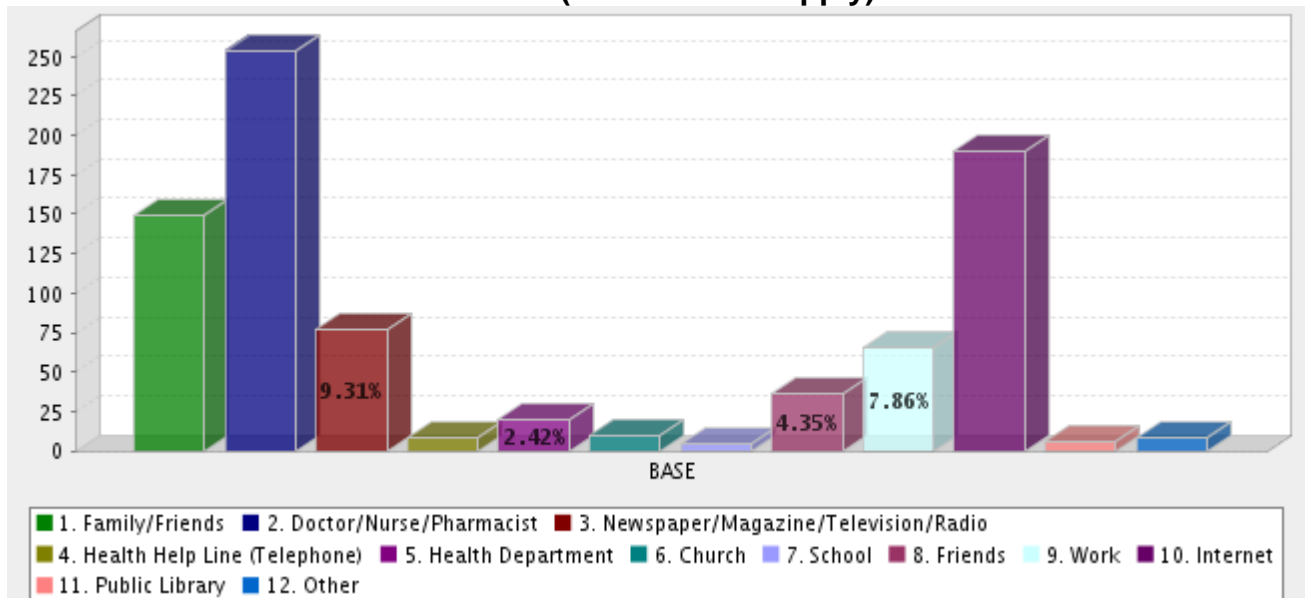
**The last time you saw a dentist was:**



**Your employer provides you dental health insurance:**

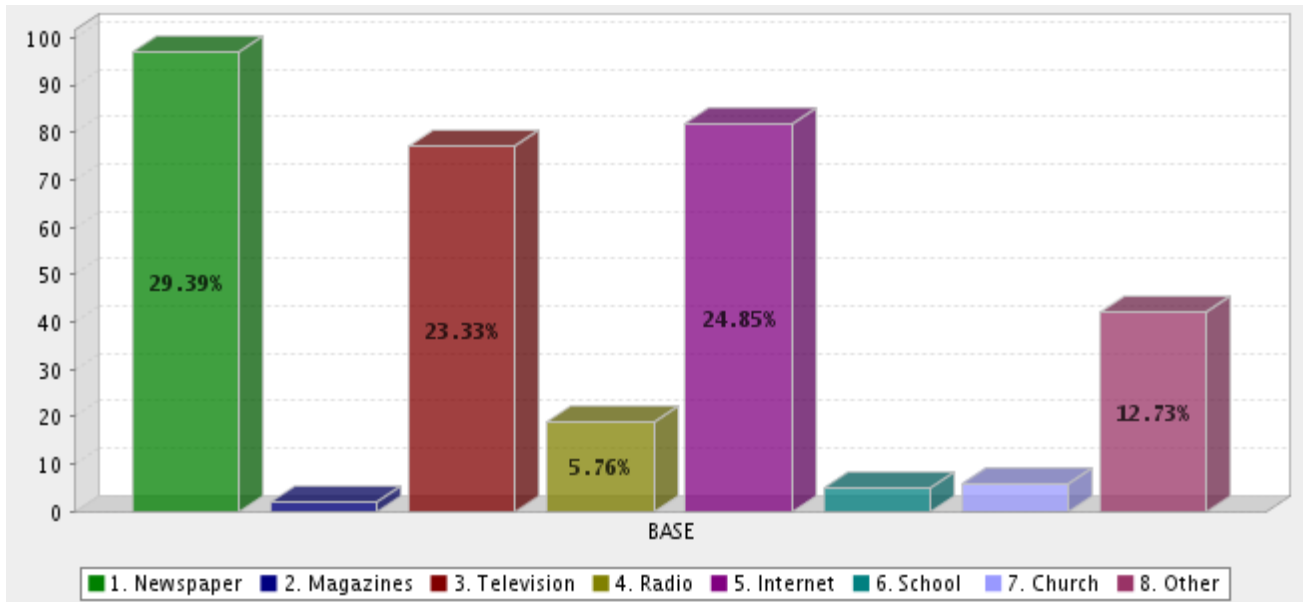


**Sources where you obtain most health-related information (check all that apply):**

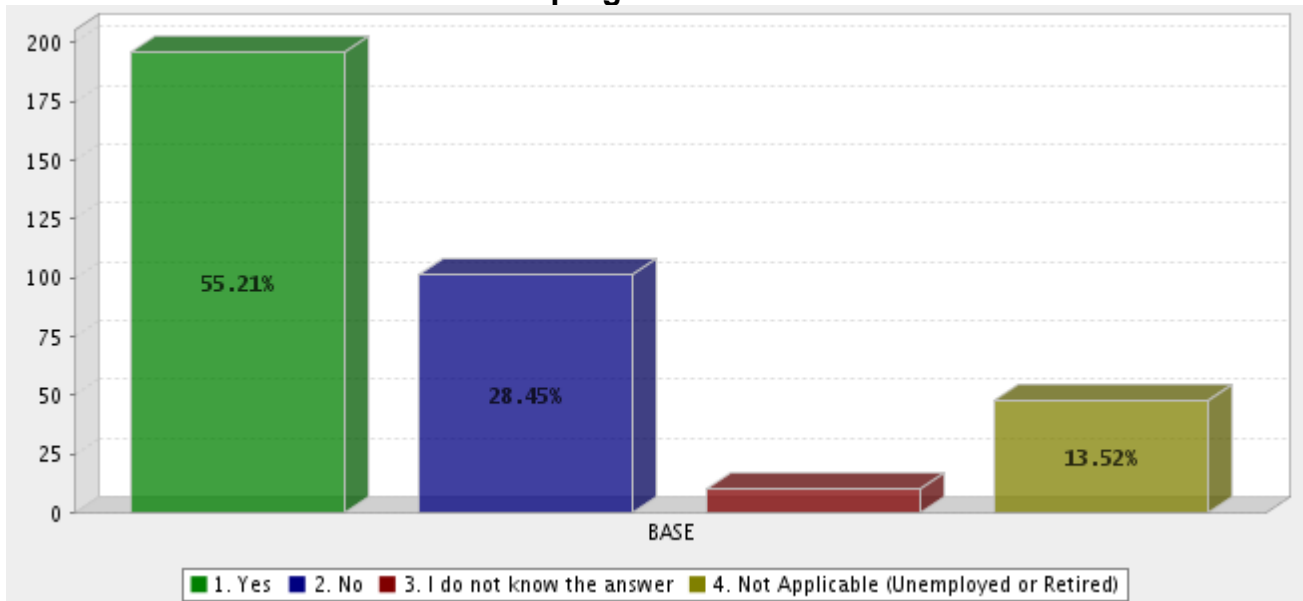


**What is the source where you obtain information concerning LOCAL health events such as health and wellness, education events, screenings, health and dental services, and support groups (check one)?**

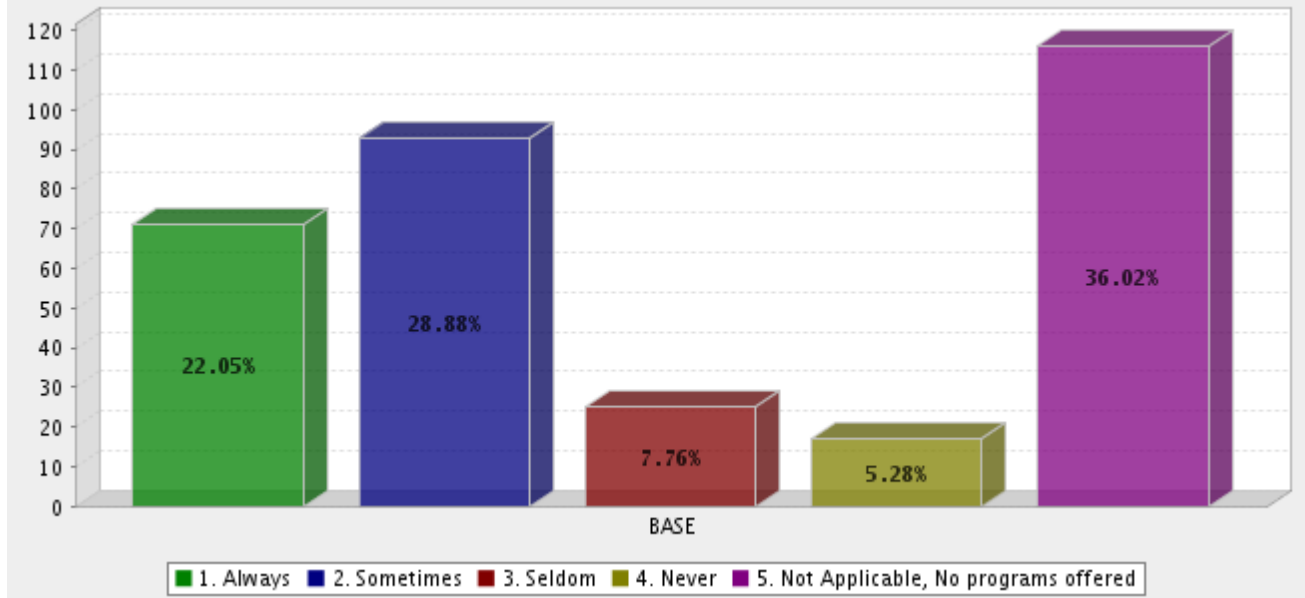




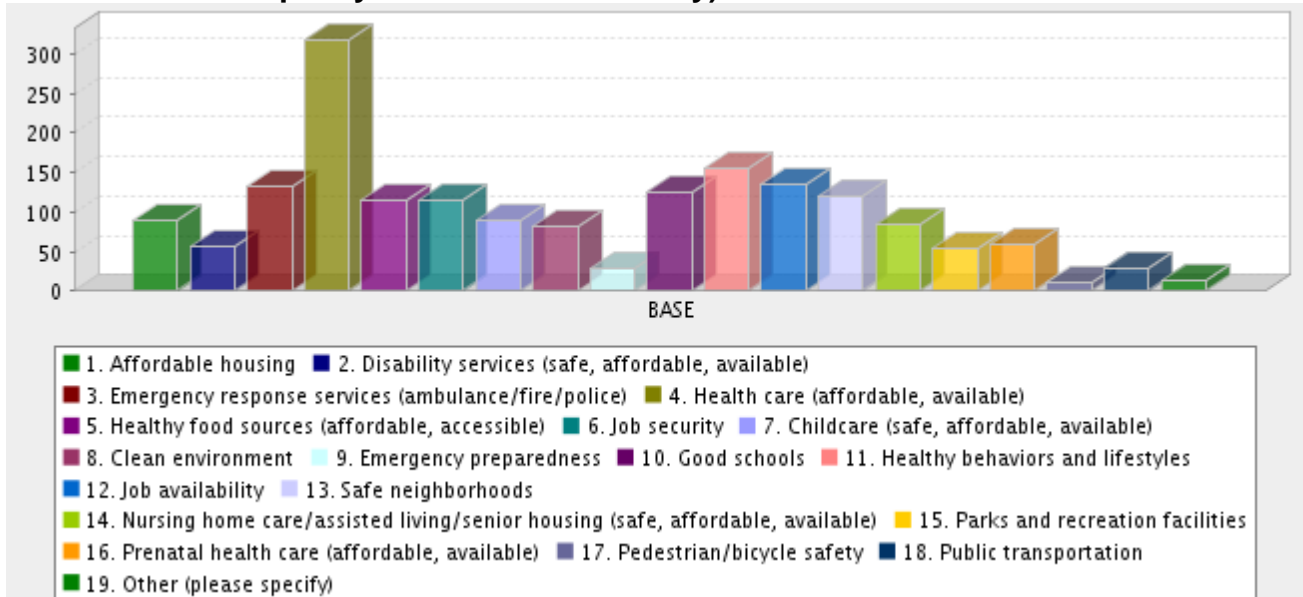
**Your employer offers health promotion/wellness programs:**



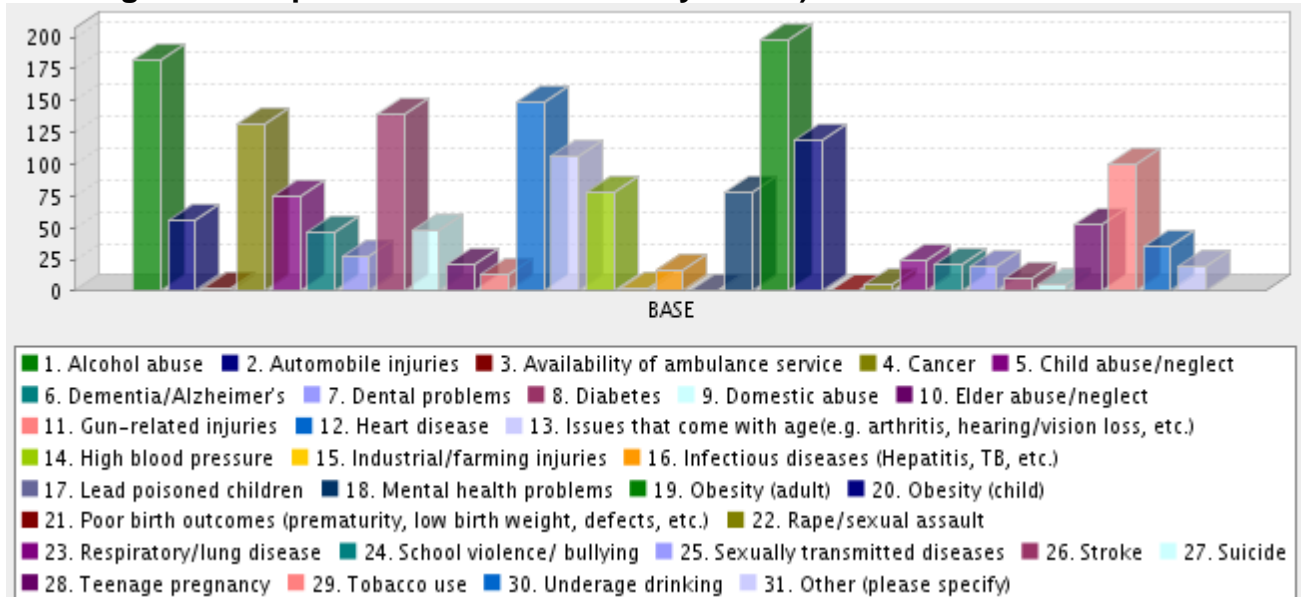
If your employer offers health promotion/wellness programs, you participate:



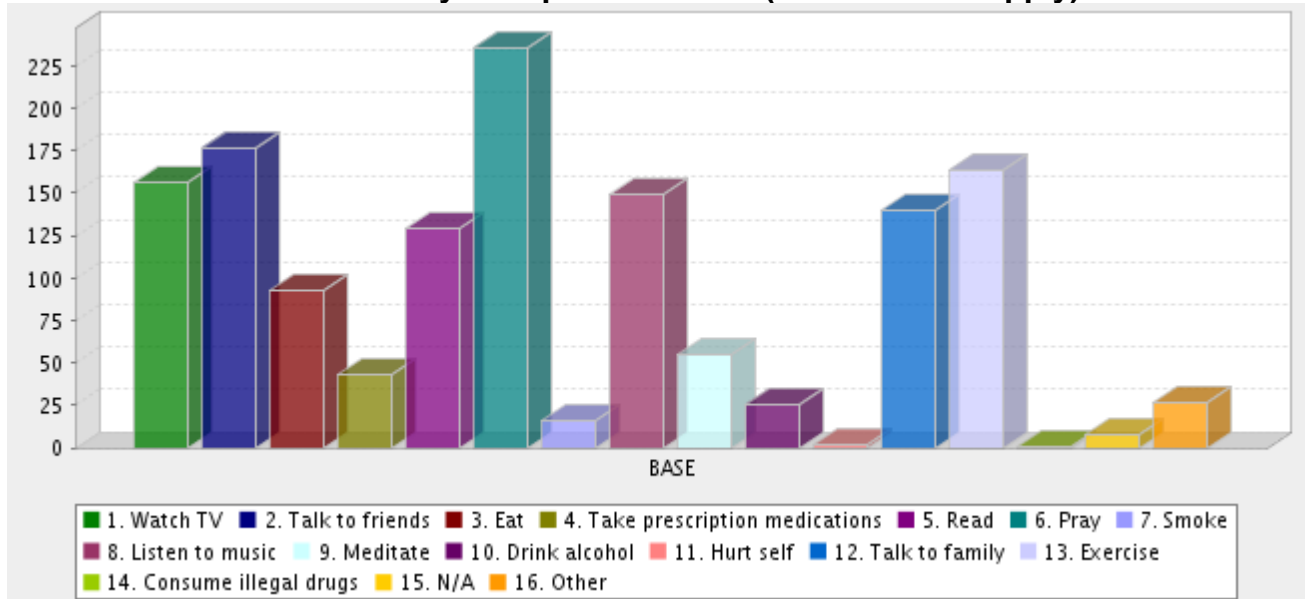
In the following list, please mark what you think are the FIVE MOST IMPORTANT FACTORS FOR A "HEALTHY COMMUNITY". (Those factors that most improve the quality of life in a community). CHECK ONLY FIVE:



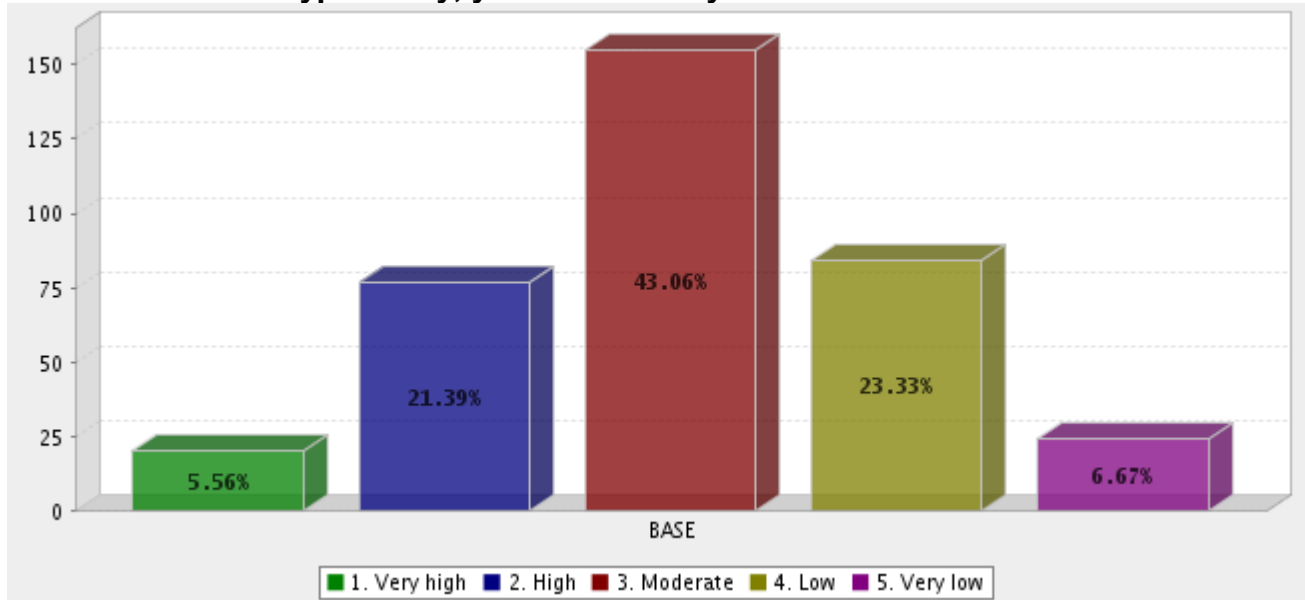
In the following list, please mark what you think are the FIVE MOST IMPORTANT "HEALTH PROBLEMS" in our community. (Those problems which have the greatest impact on overall community health). CHECK ONLY FIVE:



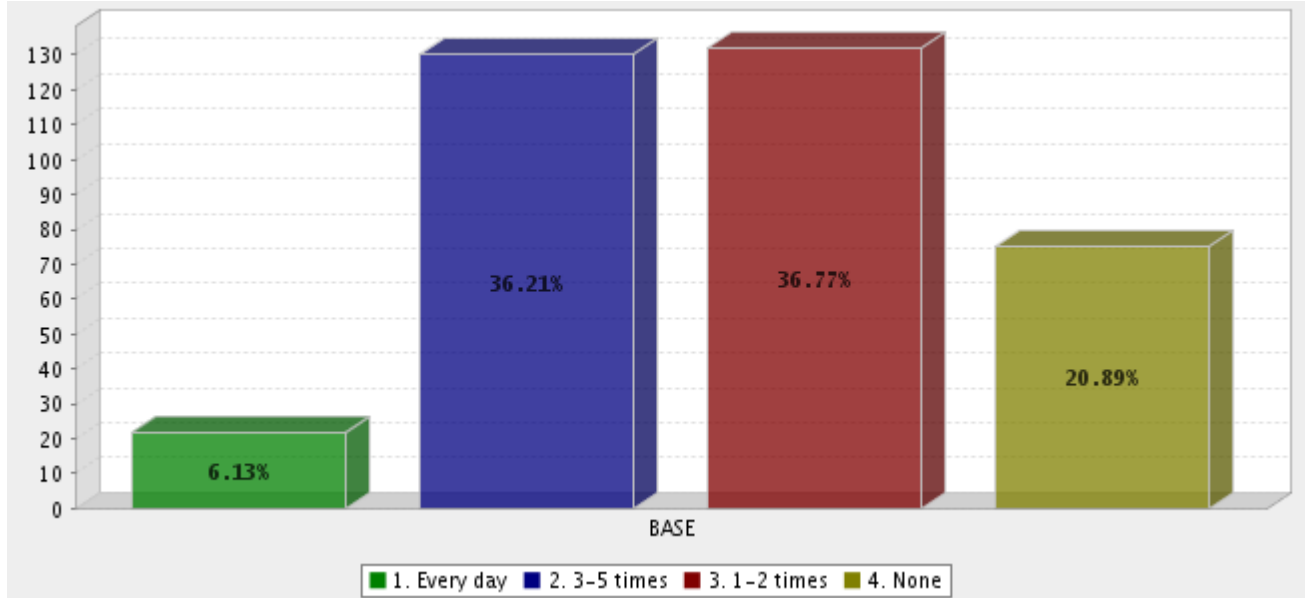
Please mark how you cope with stress (check all that apply):



On a typical day, you would rate your level of stress as:

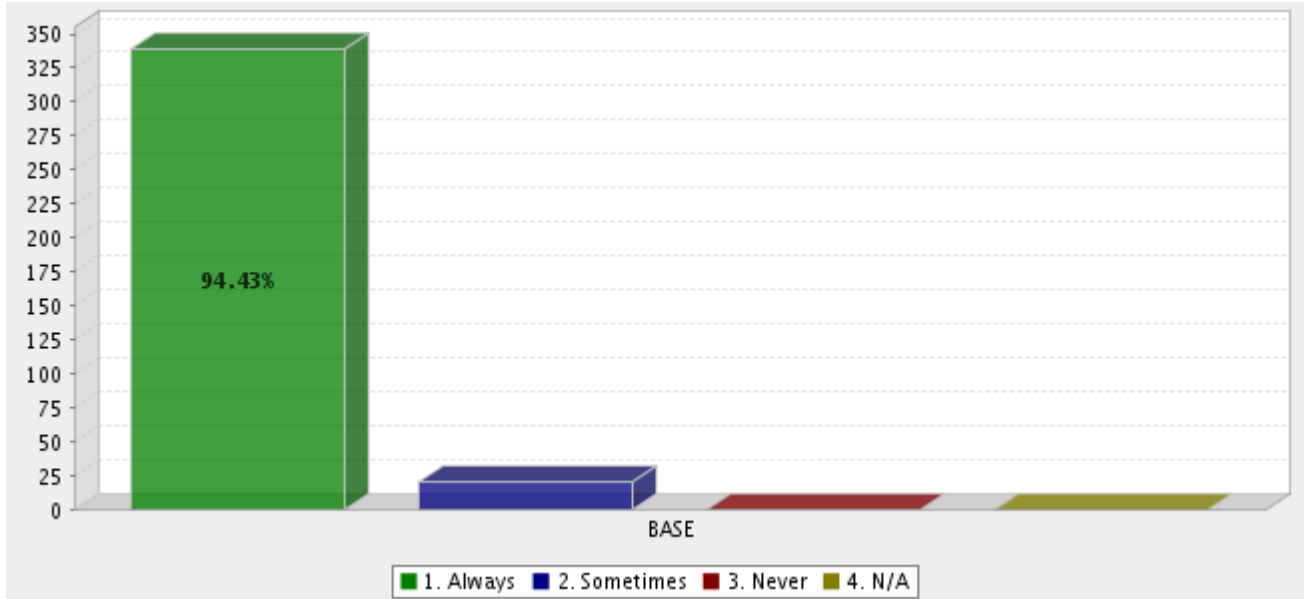


On average, how many times per week do you exercise?

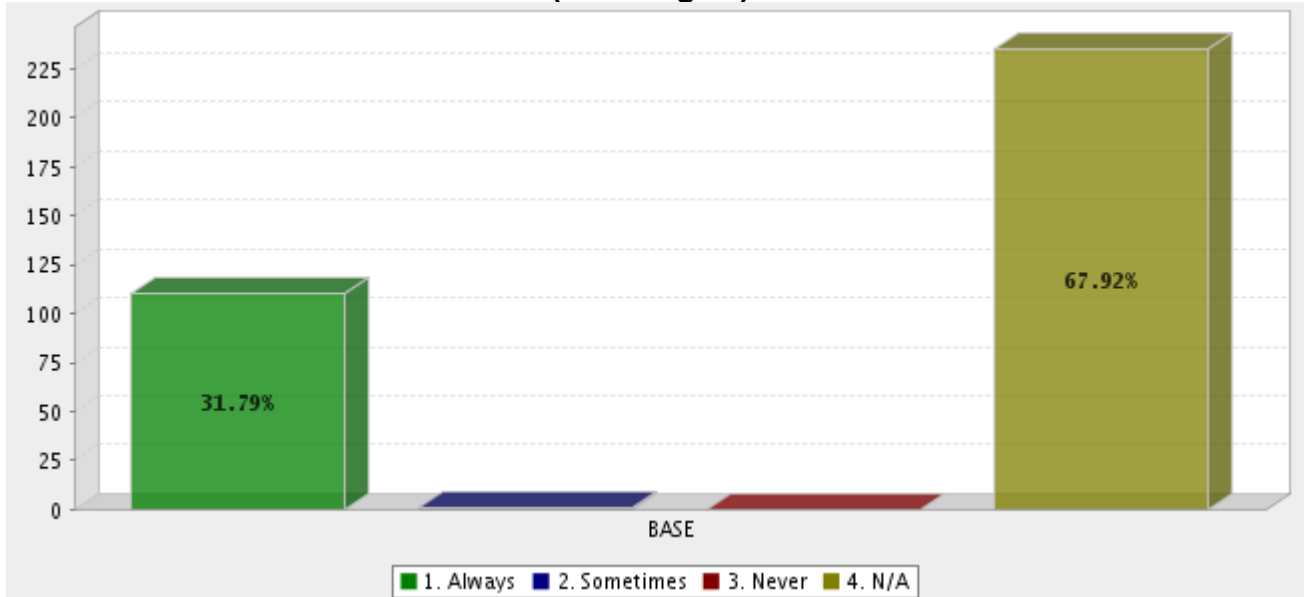


In the following section, select which answer describes you.

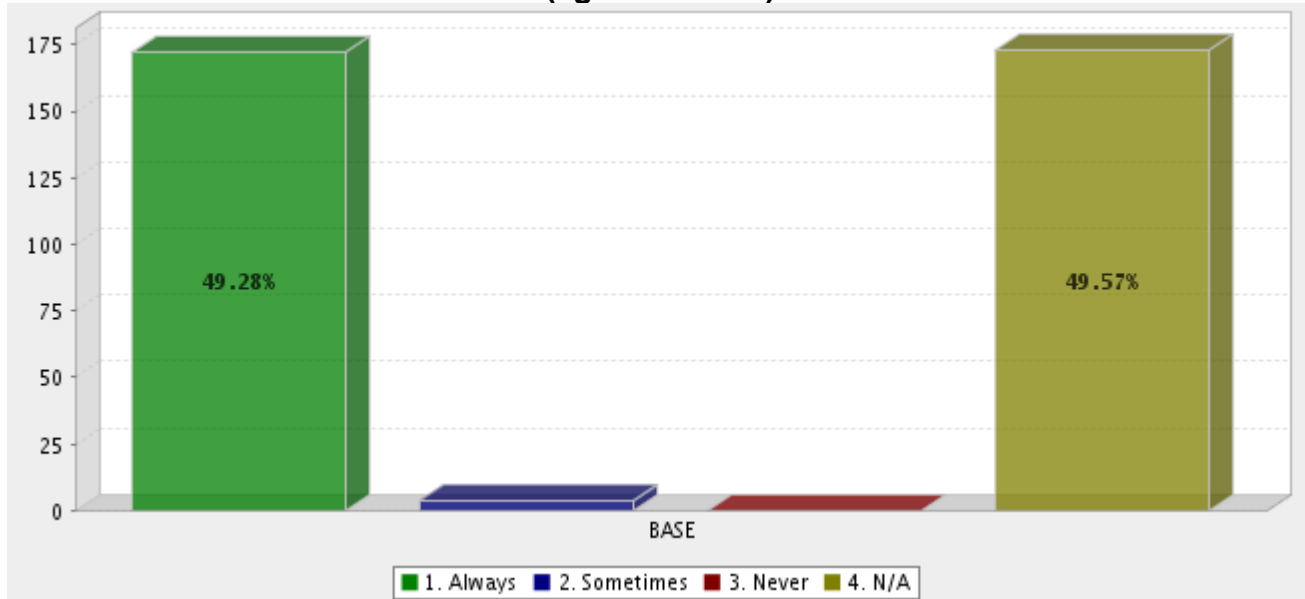
You wear a seat belt:



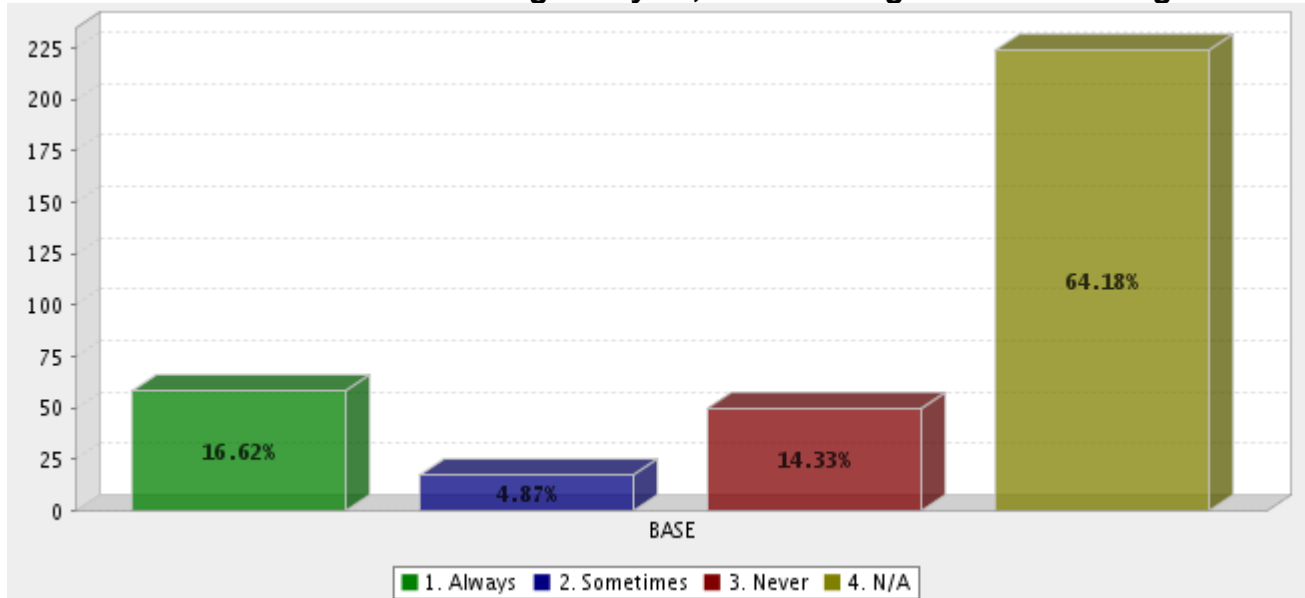
Your child/children (under age 4) use a child seat:



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

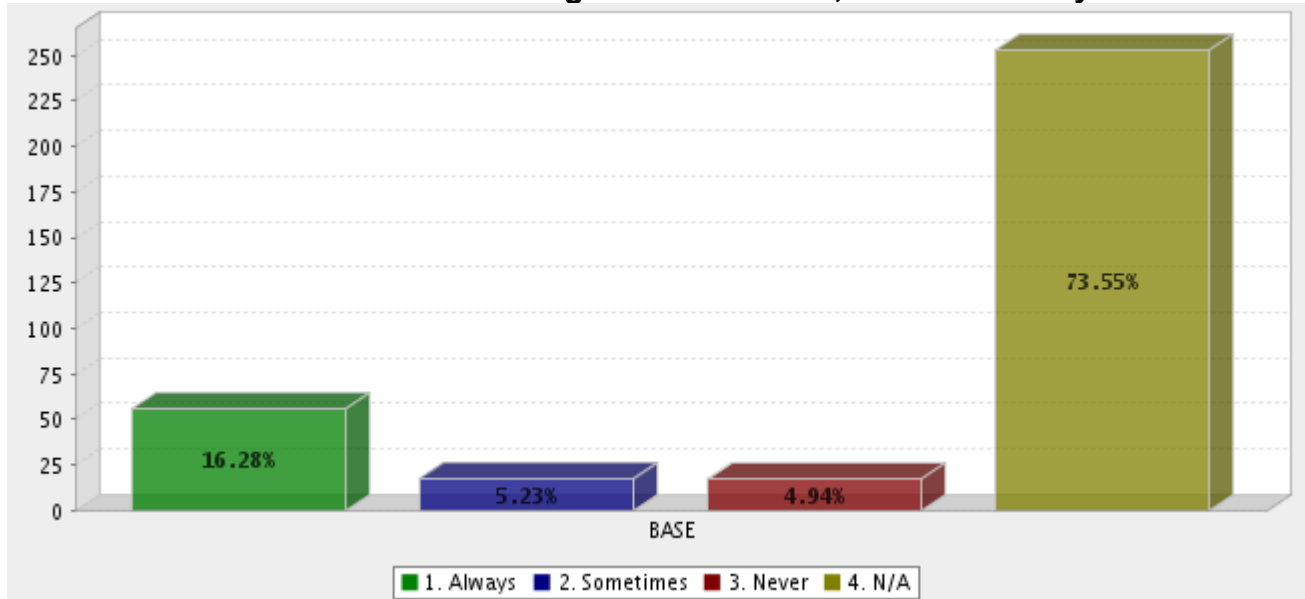


**You wear a helmet when riding a bicycle, rollerblading or skateboarding:**

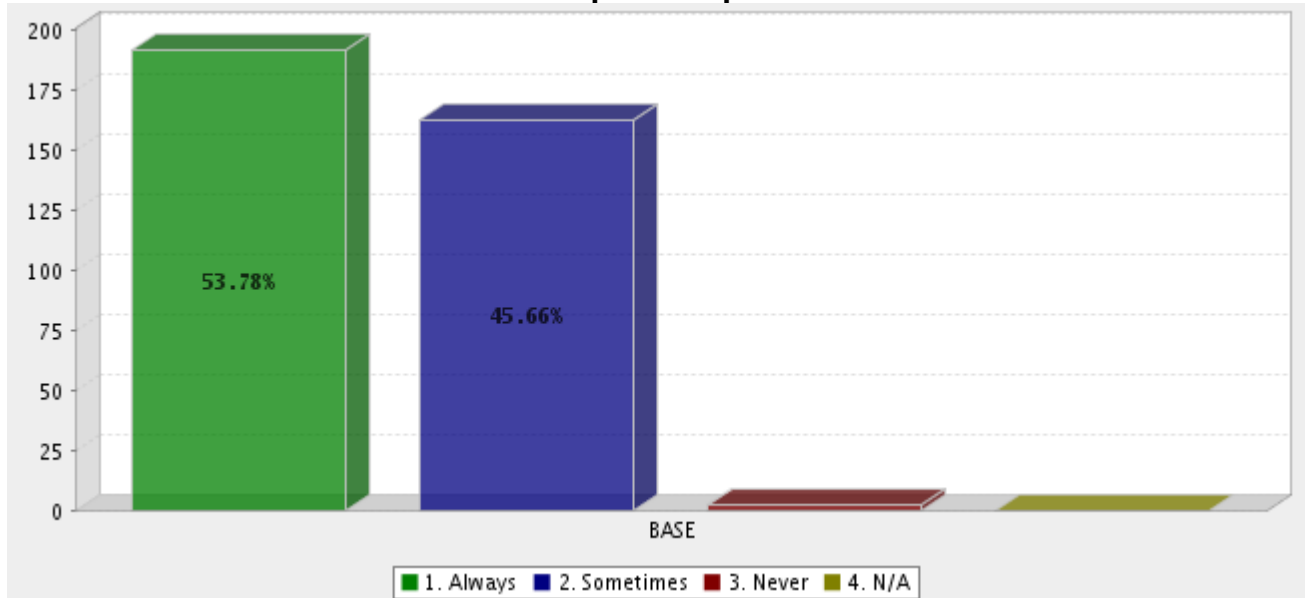




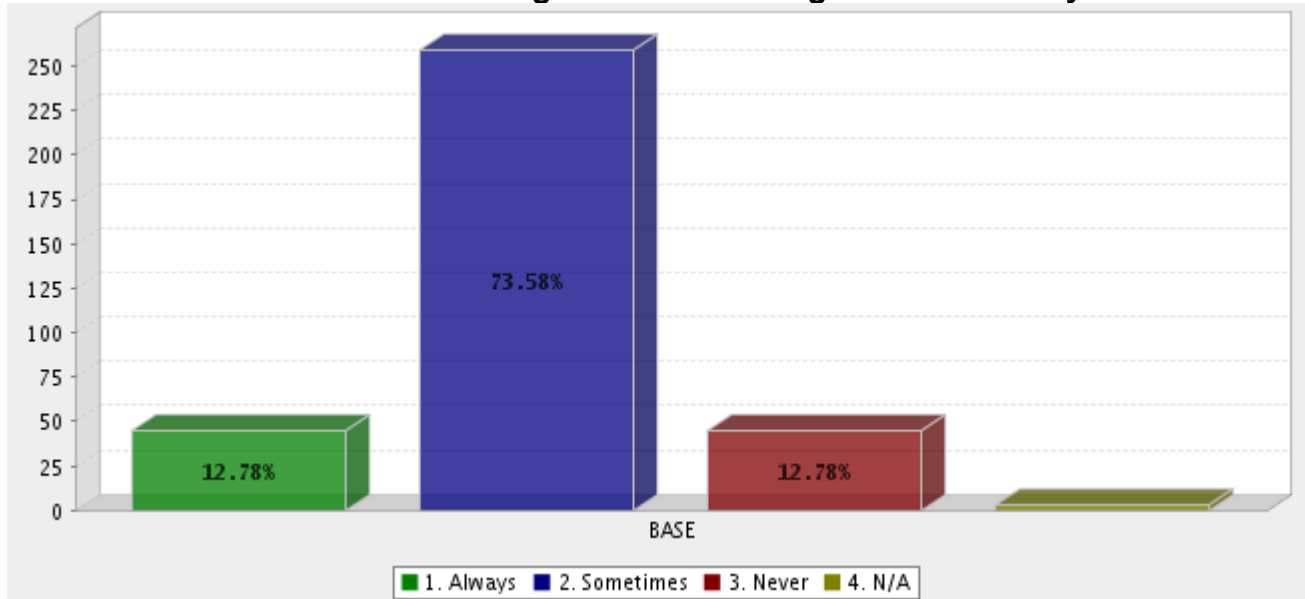
**You wear a helmet when riding a motor scooter, ATV or motorcycle:**



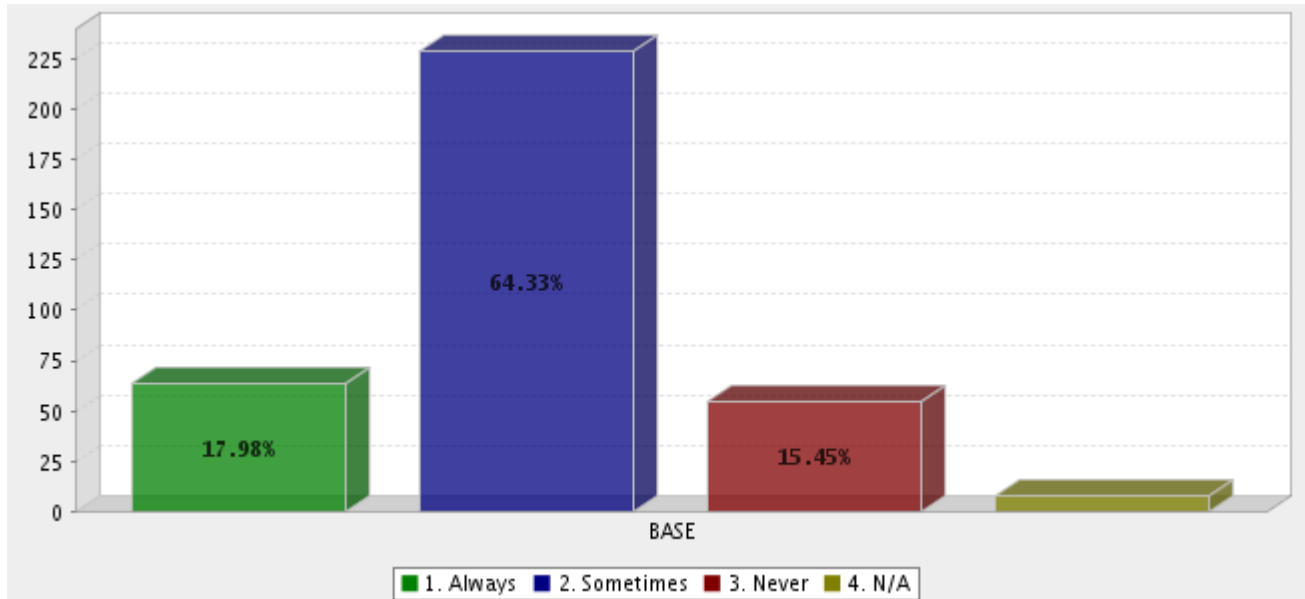
**You drive the posted speed limit:**



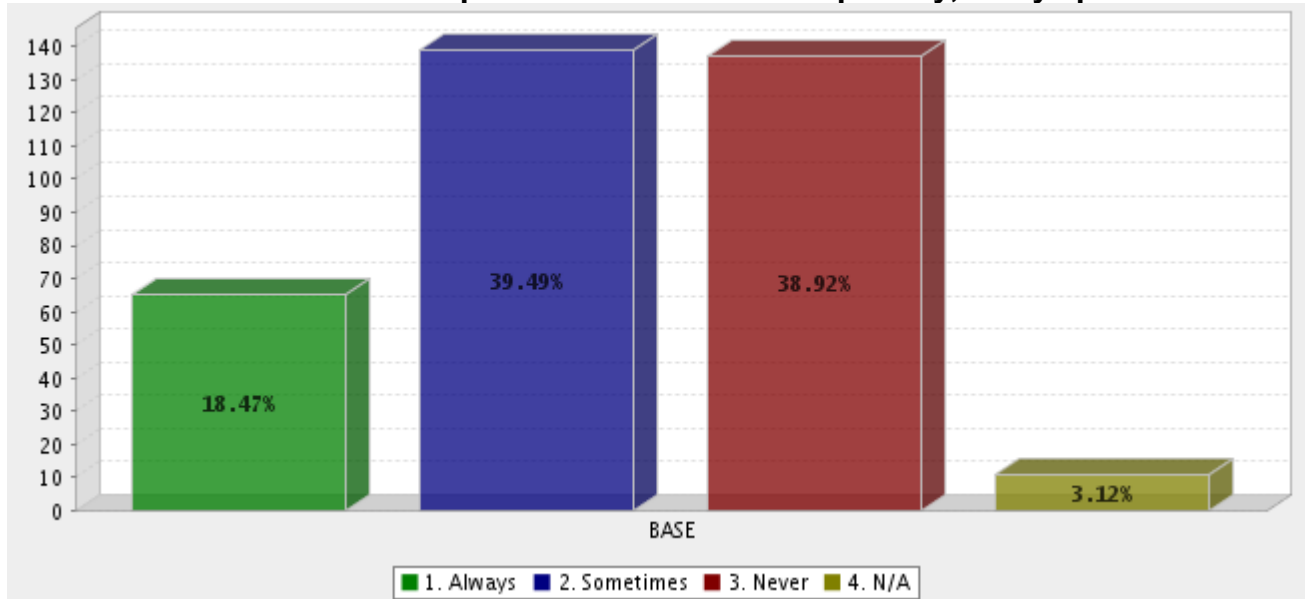
**You eat at least 5 servings of fruits and vegetables each day:**



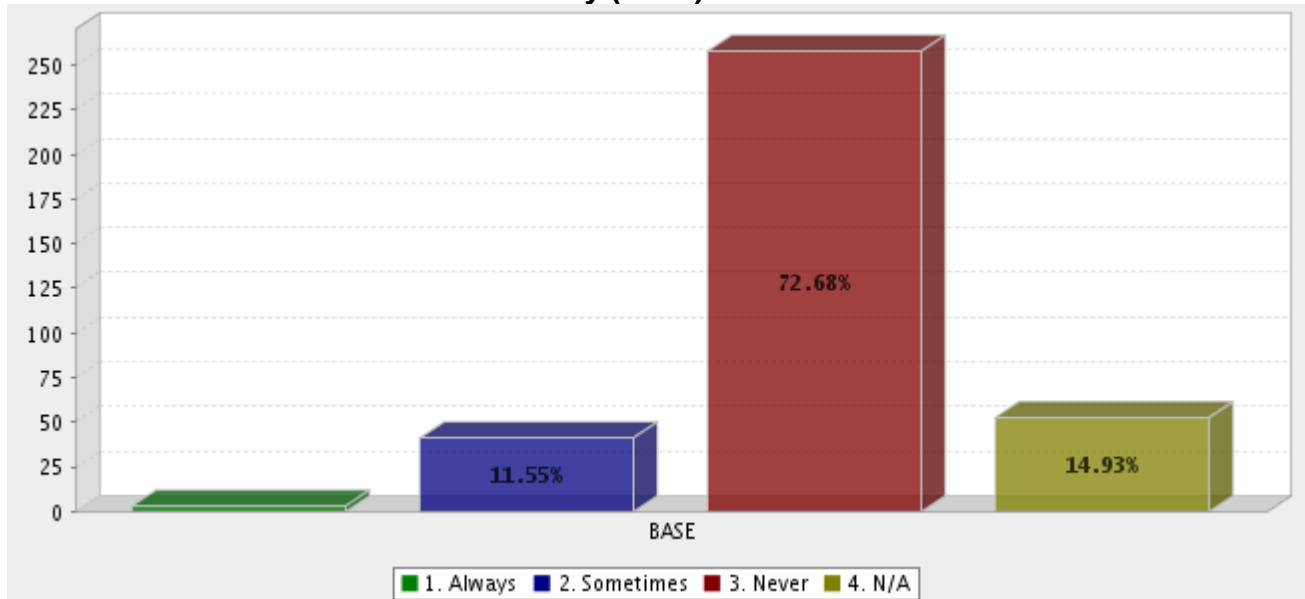
**You eat fast food more than once a week:**



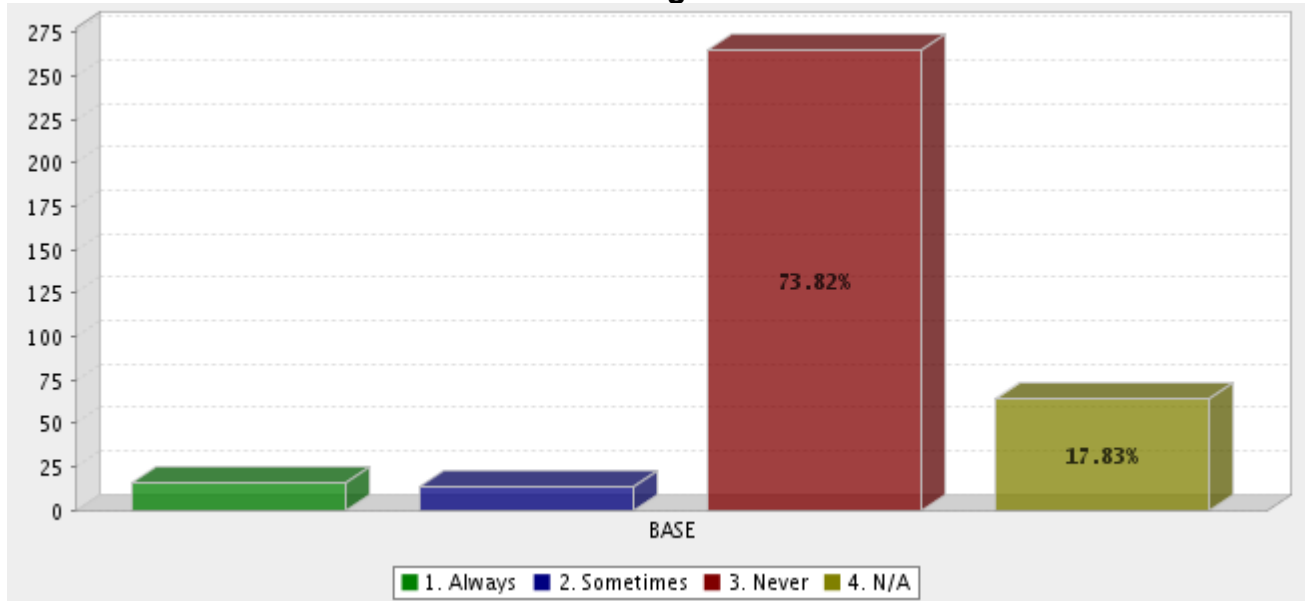
**You exercise at a moderate pace at least 30 minutes per day, 5 days per week:**



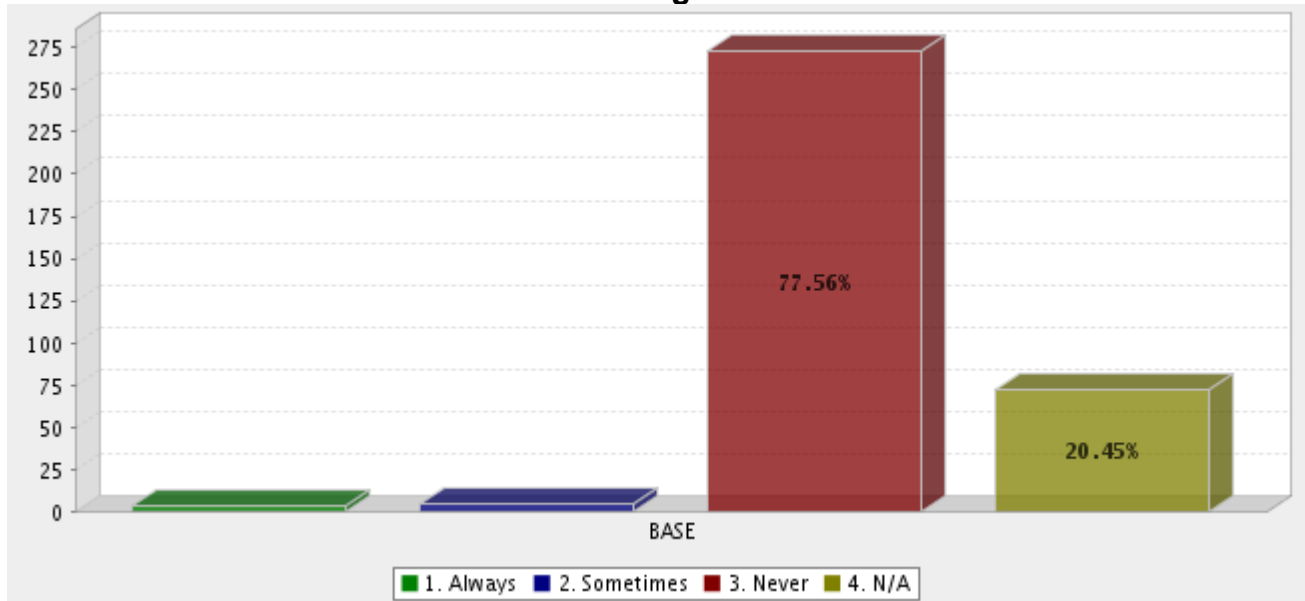
**You consume more than 3 alcoholic drinks per day (female) or more than 5 per day (male):**



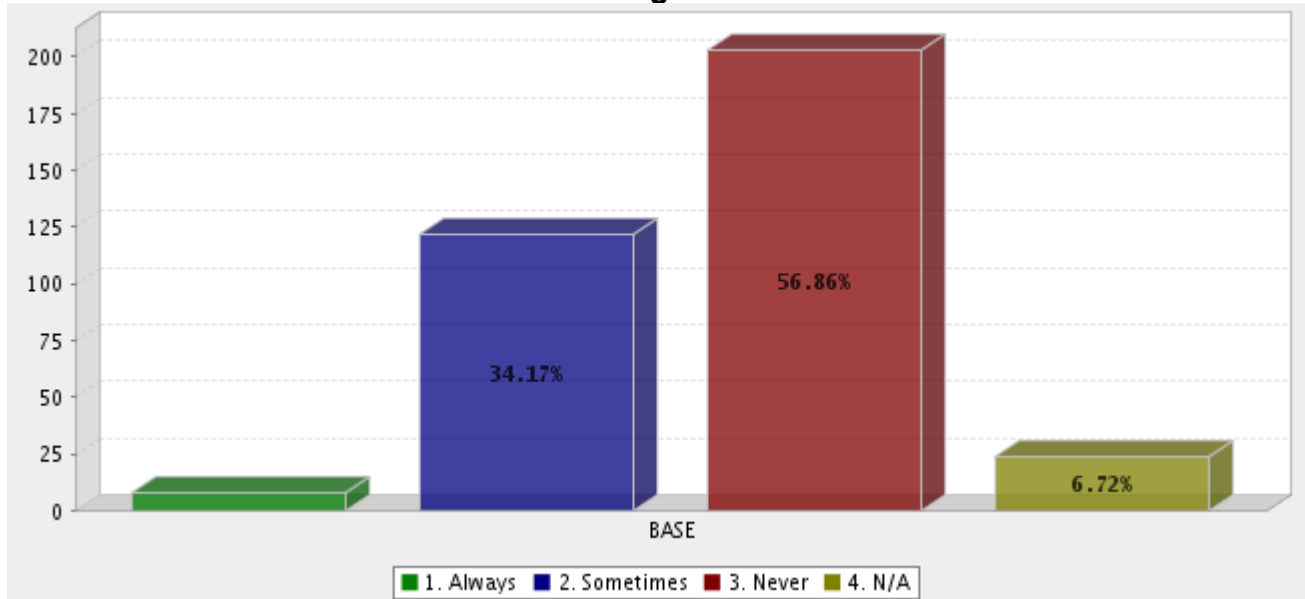
**You smoke cigarettes:**



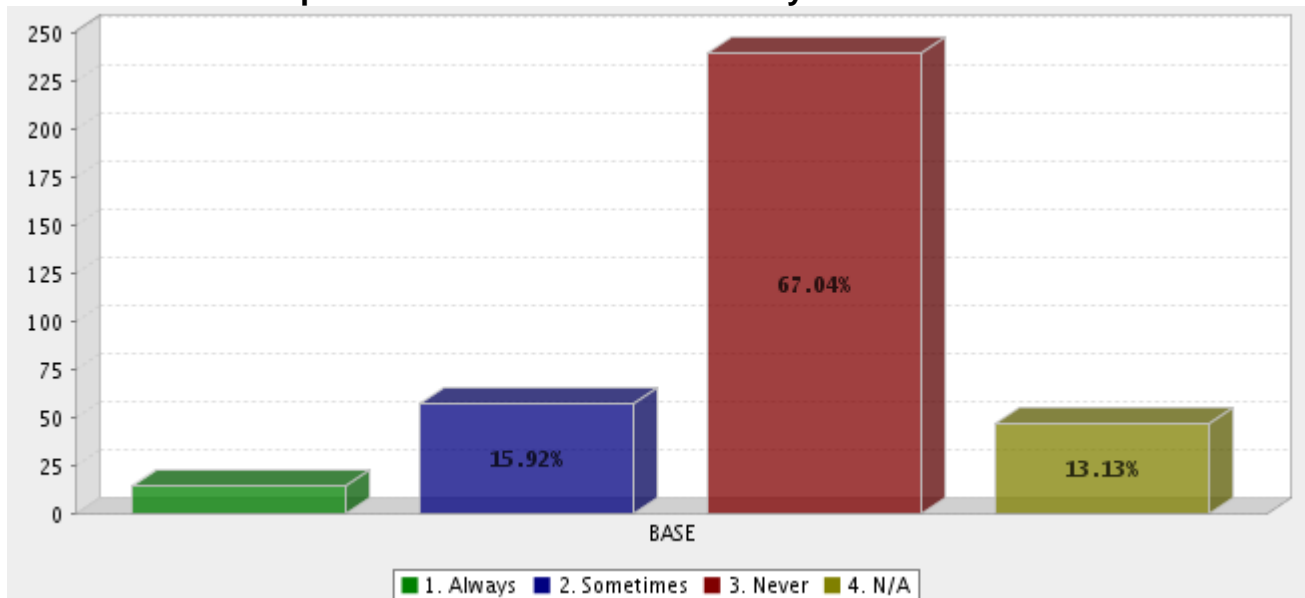
**You use chewing tobacco:**



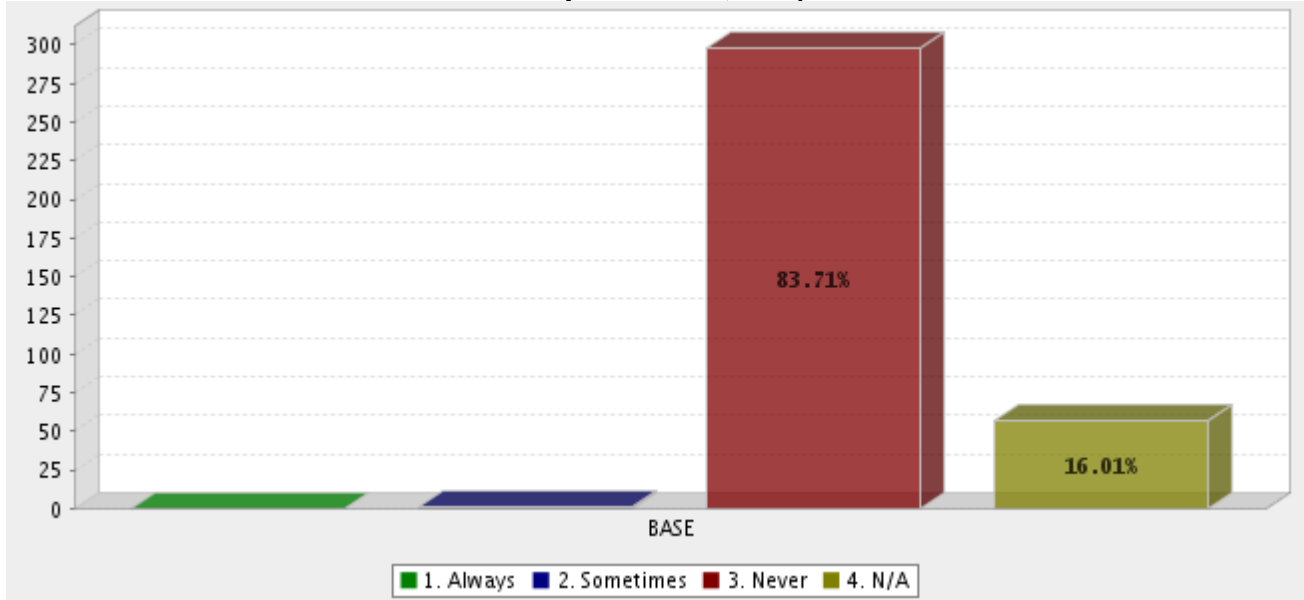
**You text while driving a motor vehicle:**



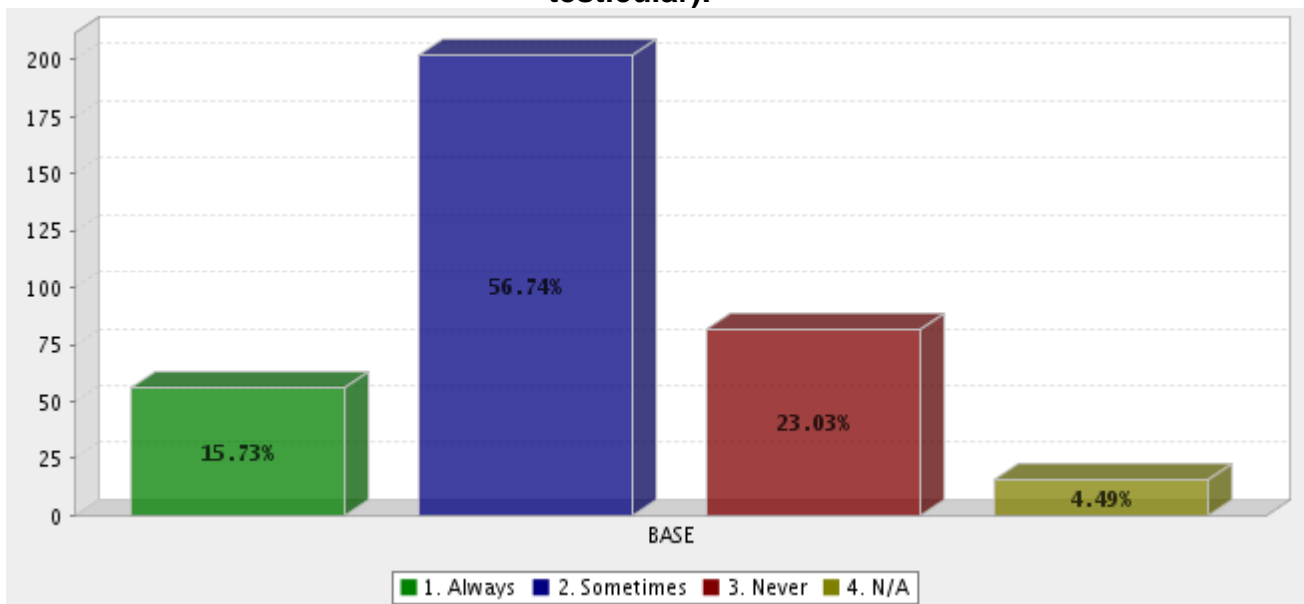
**You are exposed to secondhand smoke in your home or at work:**



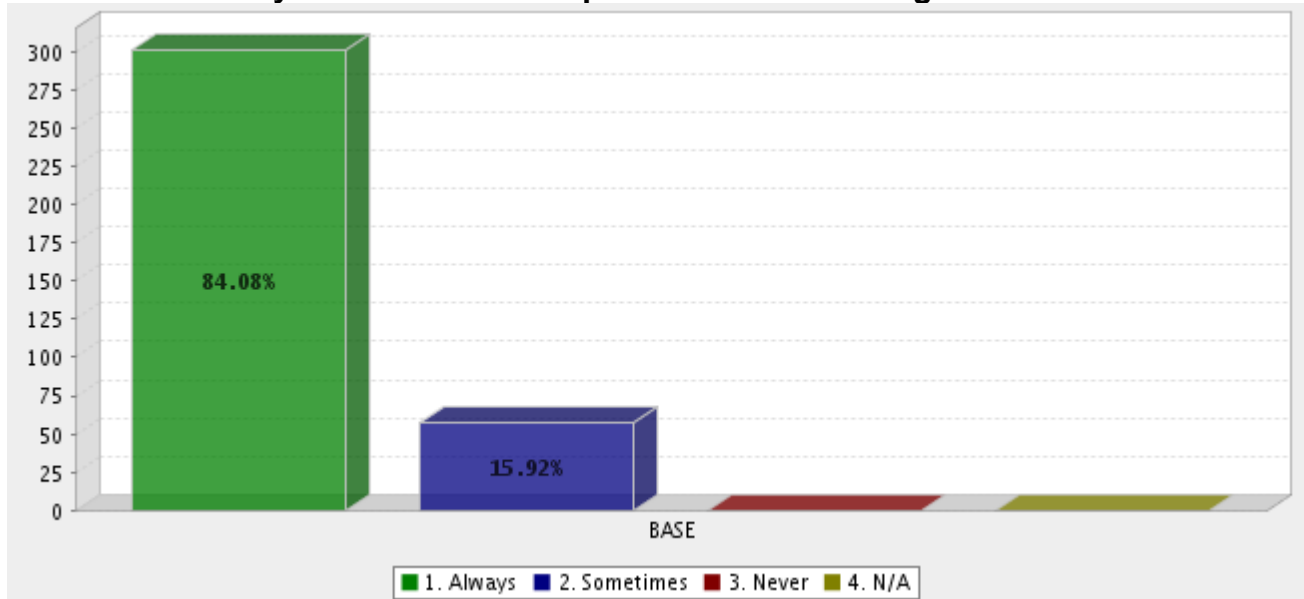
**You use illegal drugs (marijuana, cocaine, methamphetamine, etc.):**



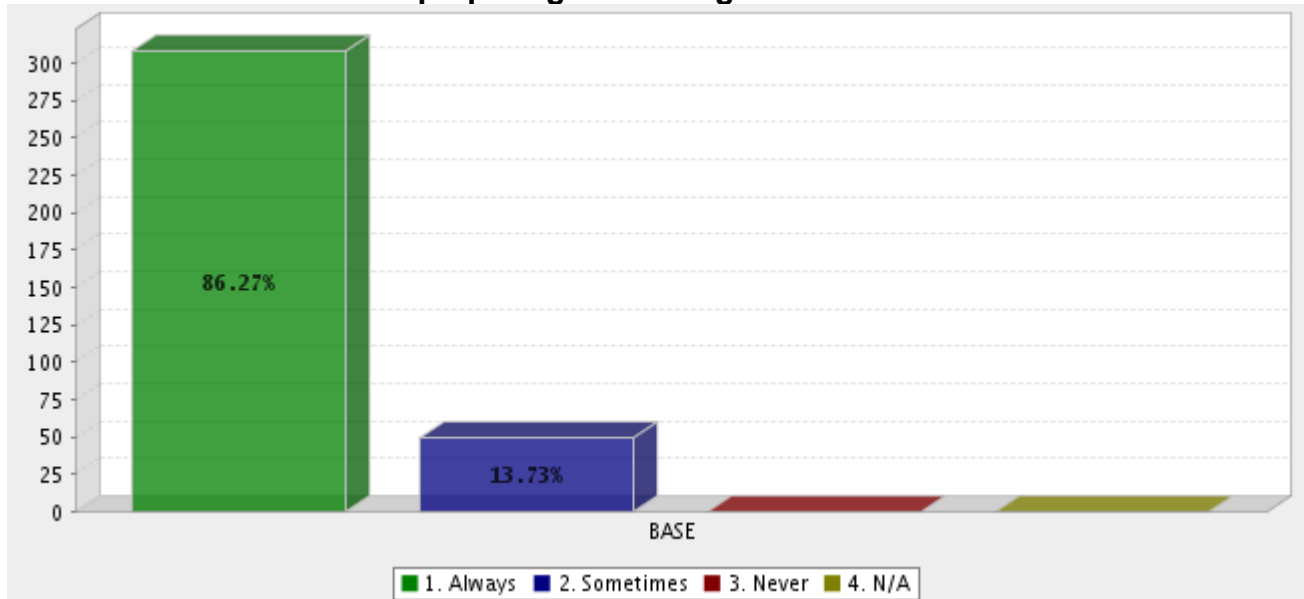
**You perform self-exams for cancer (breast or testicular):**



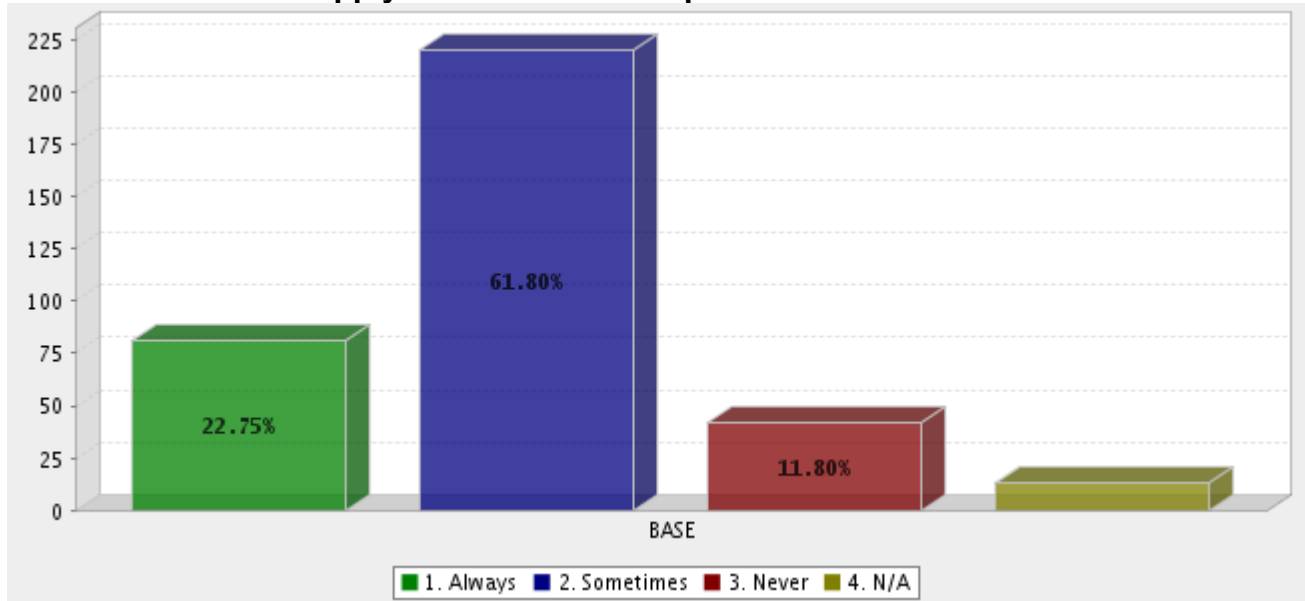
**You wash your hands with soap and water after using the restroom:**



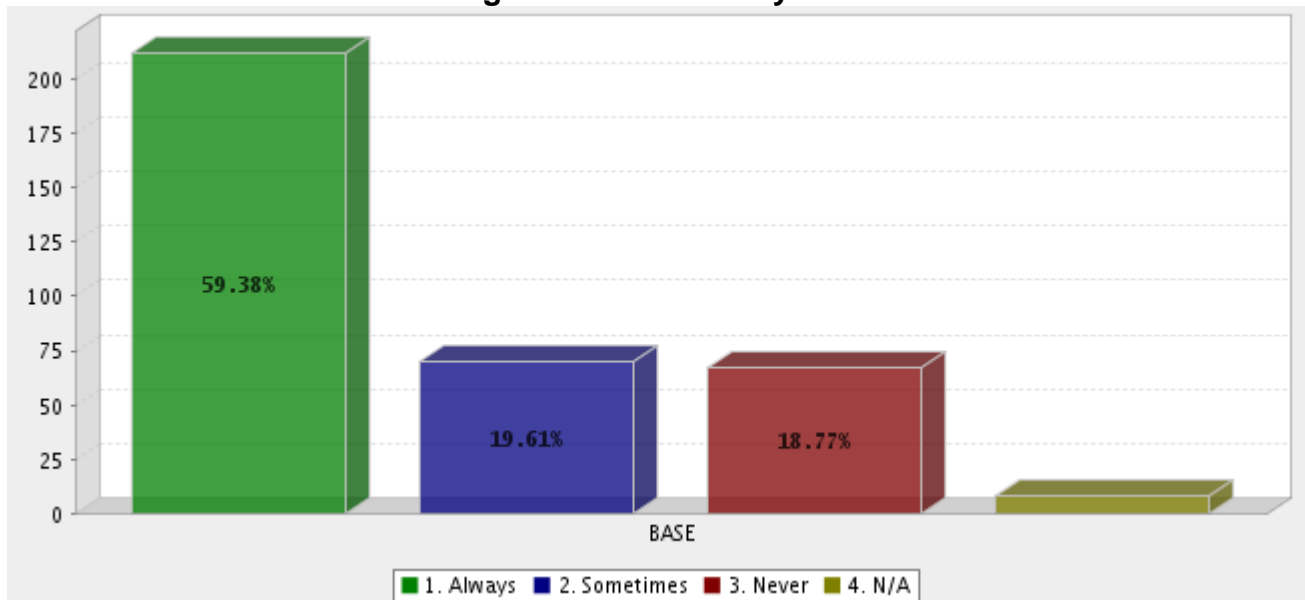
**You wash your hands with soap and water before preparing and eating meals:**



**You apply sunscreen before planned time outside:**

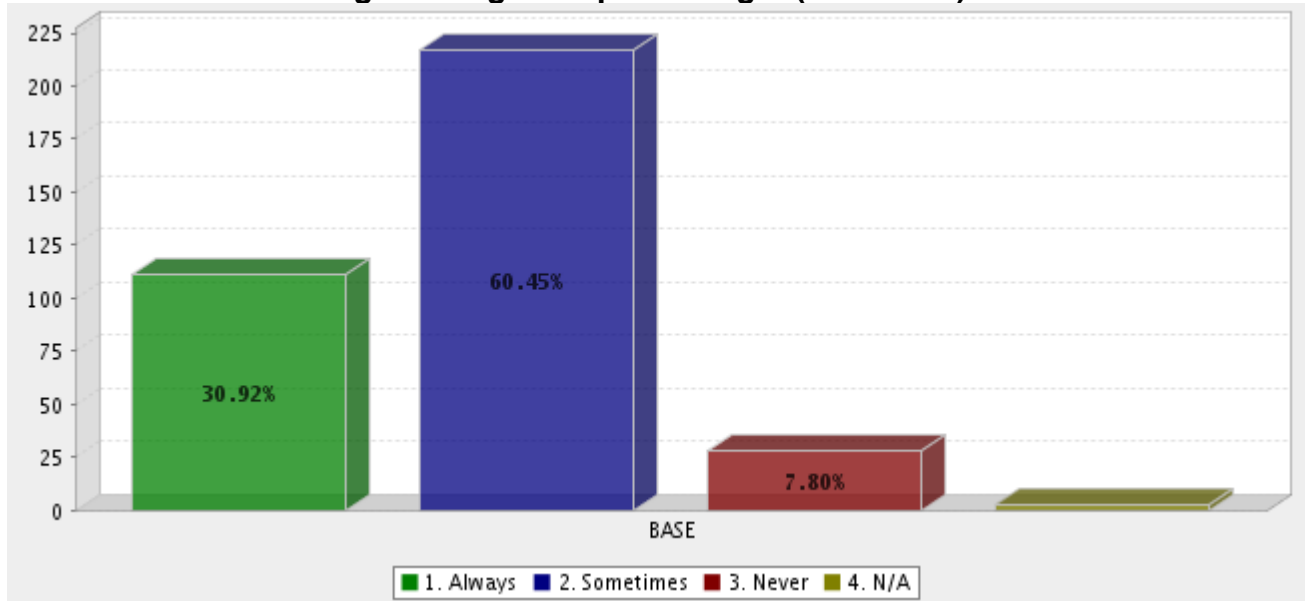


**You get a flu shot each year:**

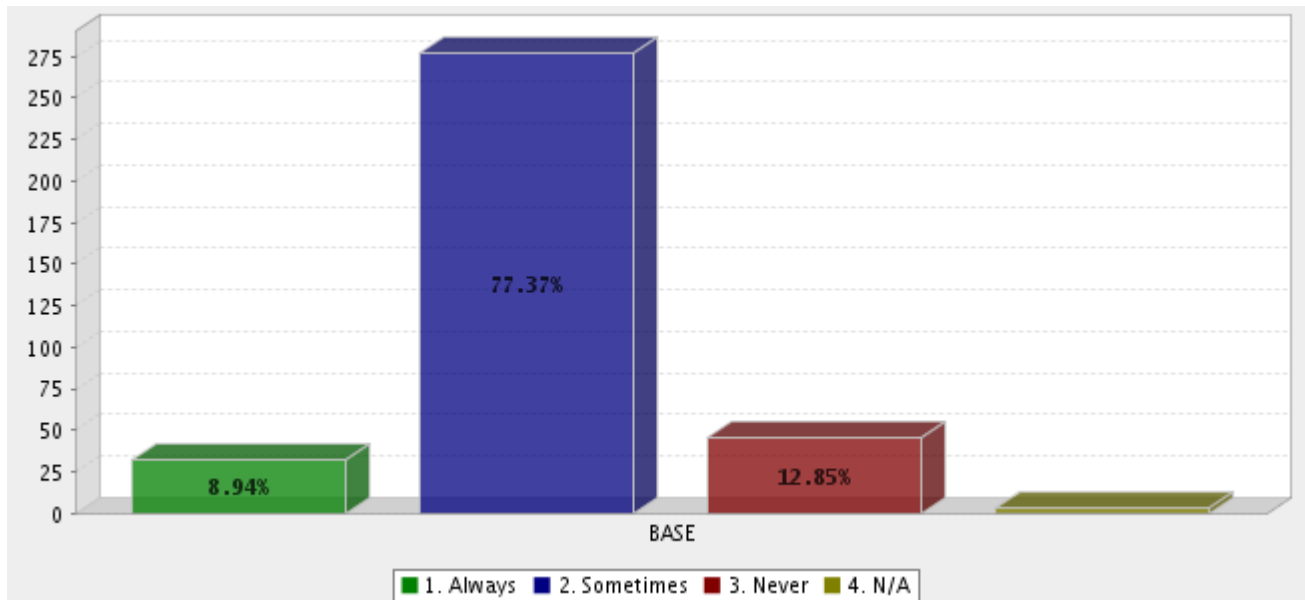




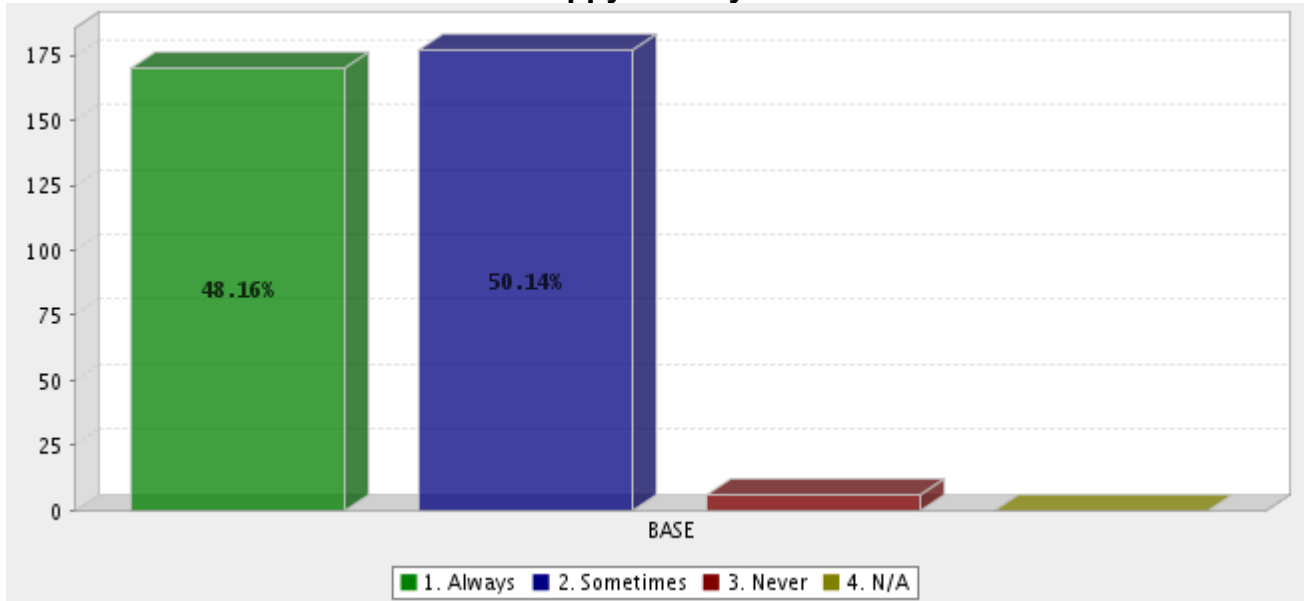
**You get enough sleep each night (7–9 hours):**



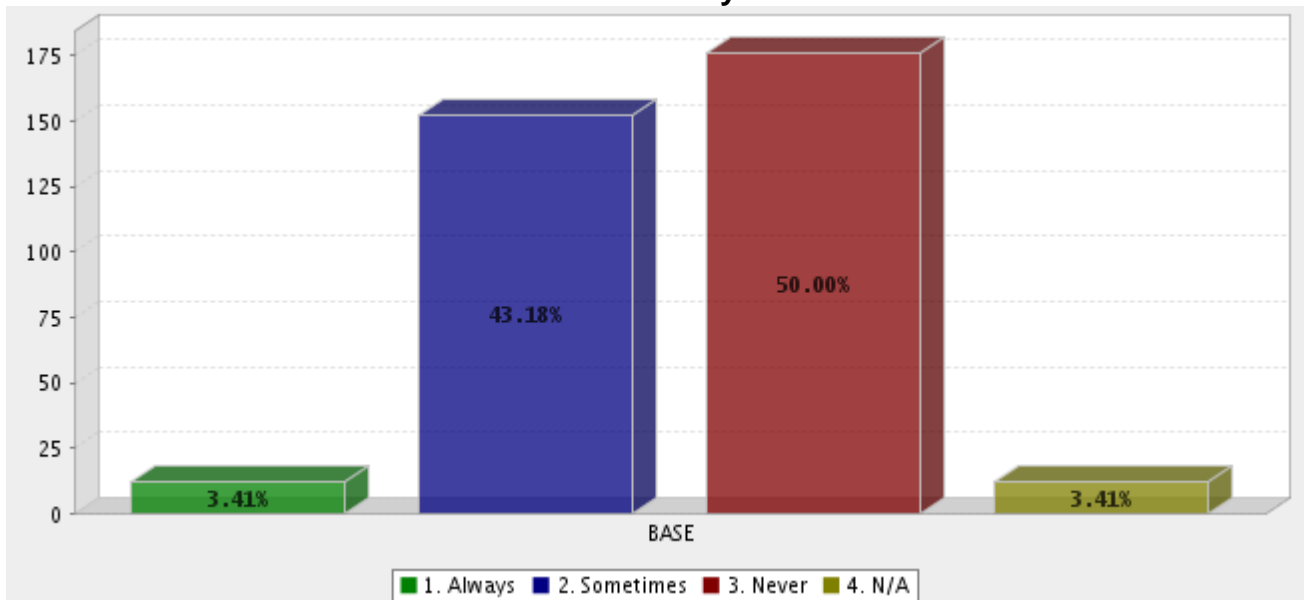
**You feel stressed out:**



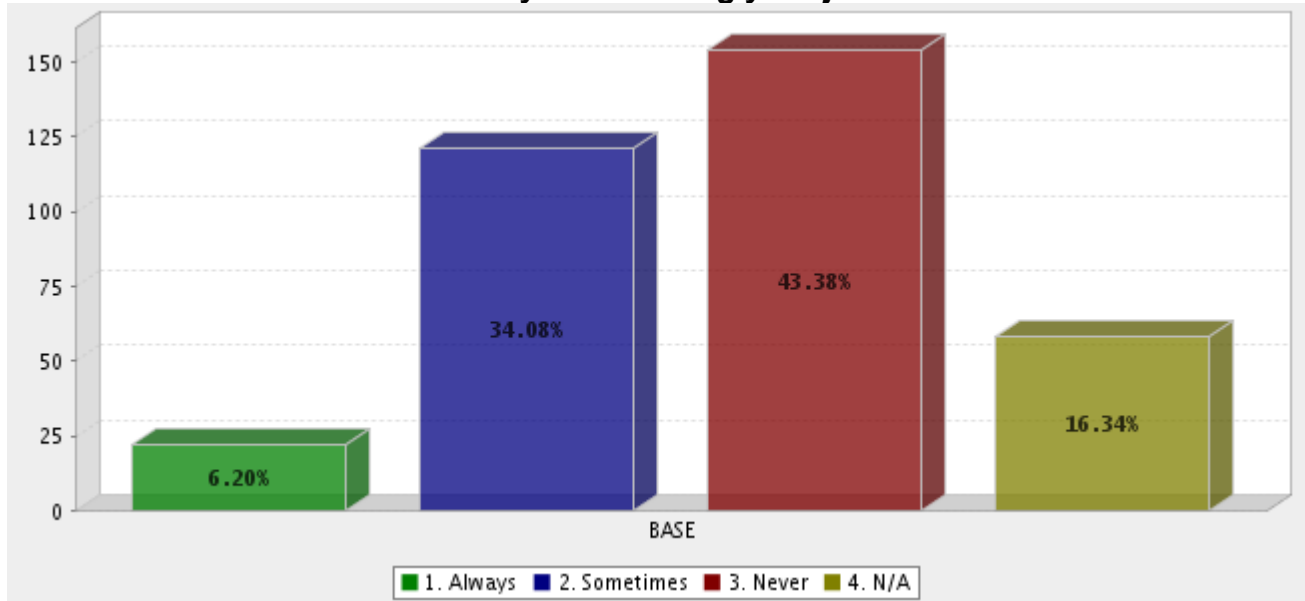
**You feel happy about your life:**



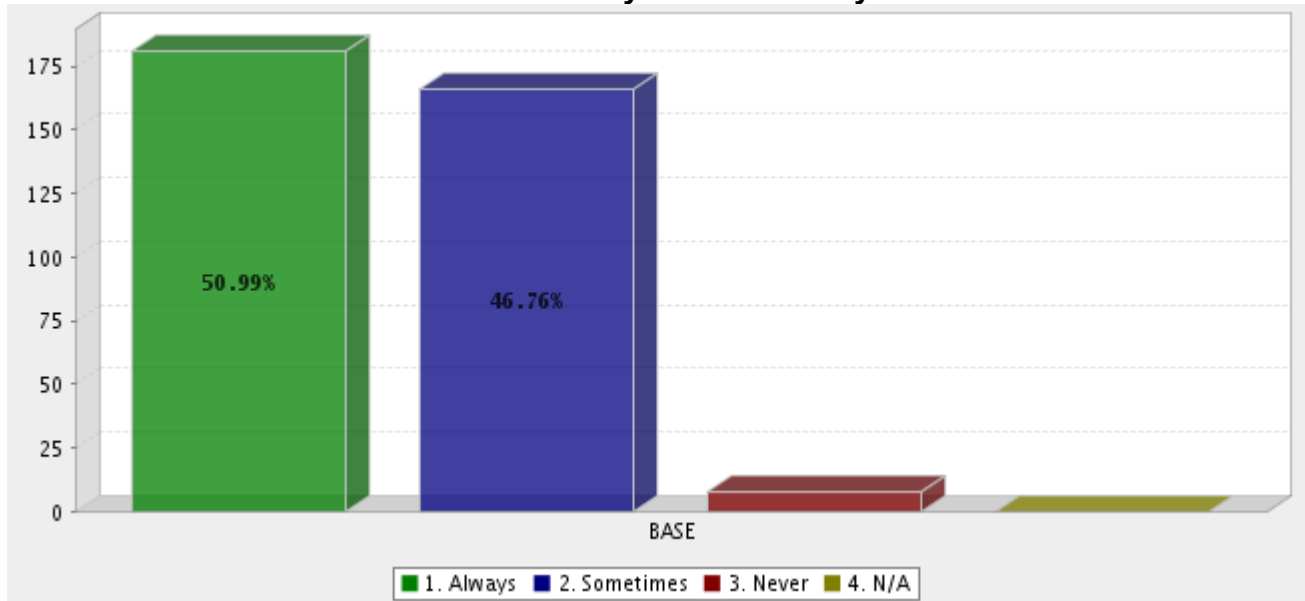
**You feel lonely:**



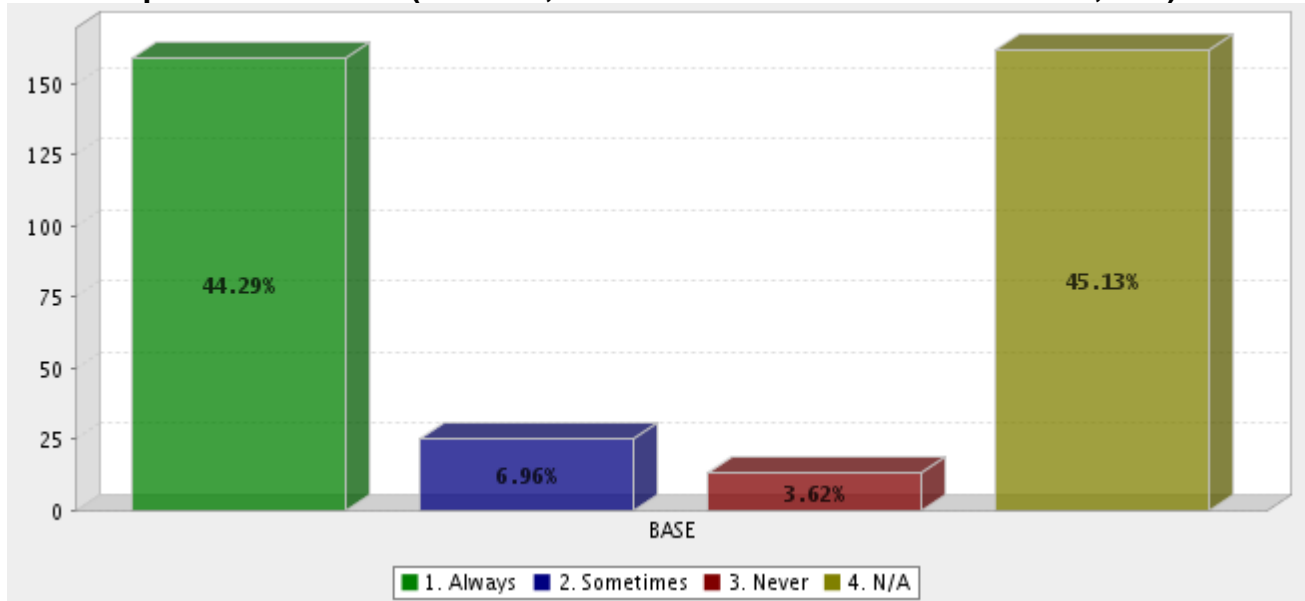
**You worry about losing your job:**



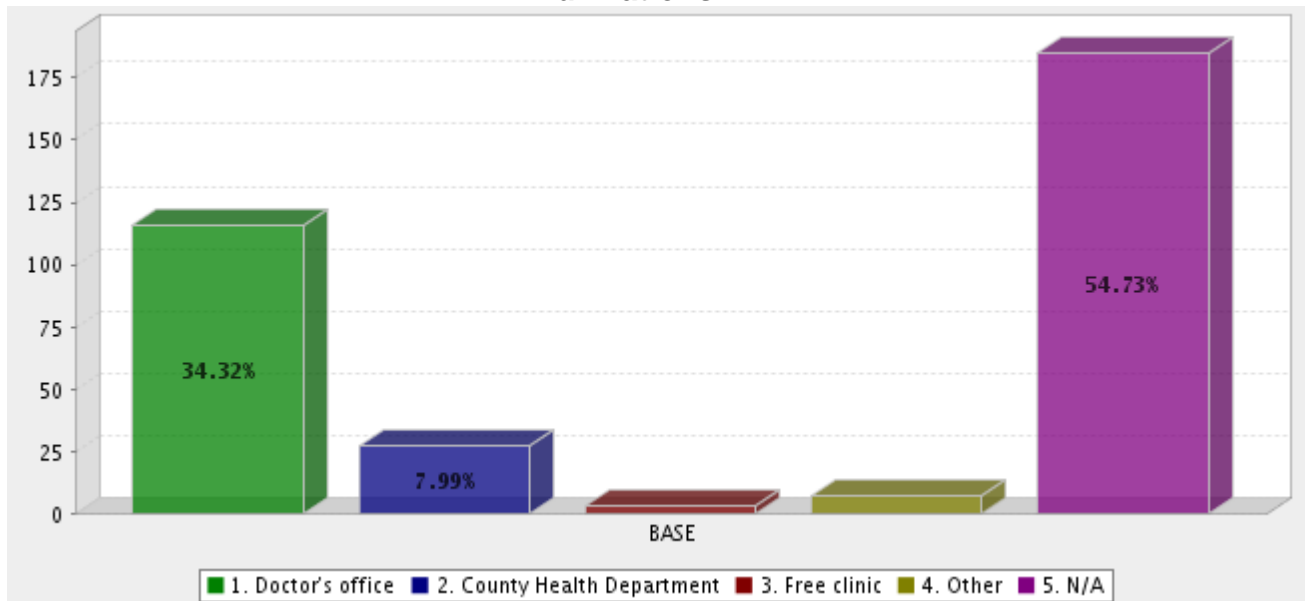
**You feel safe in your community:**



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



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



## **ANALYSIS OF DATA**

**Hendrick Medical Center  
Analysis of CHNA Data**

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

	(A)		(B)		
	U.S. Age Adjusted Death Rates	10% of U.S. Adjusted Death Rate	County Rate	County Rate Less U.S. Adjusted Death Rate	If (B)>(A), then "Health Need"
<u>Callahan County</u>					
Cancer	173.6	17.4	236.6	63.0	Health Need
Heart Disease	179.8	18.0	179.8	0.0	
<u>Jones County</u>					
Cancer	173.6	17.4	201.4	27.8	Health Need
Heart Disease	179.8	18.0	244.6	64.8	Health Need
<u>Taylor County</u>					
Cancer	173.6	17.4	216.4	42.8	Health Need
Heart Disease	179.8	18.0	241.9	62.1	Health Need
Chronic Lower Respiratory Disease	42.2	4.2	48.3	6.1	Health Need
Stroke/Cerebrovascular Disease	38.9	3.9	75.4	36.5	Health Need

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

Women's and Children's Services - Low birth rate/pre term births  
 Orthopedic Services  
 Cardiovascular Services

**Analysis of Health Outcomes and Factors**

	(A)		(B)		
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark	If (B)>(A), then "Health Need"
<b>Callahan County</b>					
Adult Smoking	14.0%	4.2%	0.00%	-14.00%	
Adult Obesity	25.0%	7.5%	31%	6.00%	
Physical Inactivity	21.0%	6.3%	25%	4.00%	
Excessive Drinking	8.0%	2.4%	0.00%	-8.00%	
Motor Vehicle Crash Rate	12	4	24	12	Health Need
Sexually transmitted infections	84	25	126	42	Health Need
Teen Birth Rate	22	7	44	22	Health Need
Uninsured	11.0%	3.3%	25.00%	14.00%	Health Need
Primary Care Physicians	631	189	6671	6040	Health Need
Diabetic Screen Rate	89.0%	26.7%	85.00%	4.00%	
Mammography screening	74.0%	22.2%	61.00%	13.00%	
Violent Crime Rate	73	22	78	5	
Children in Poverty	13.0%	3.9%	25.00%	12.00%	Health Need
Children in single-parent households	20.0%	6.0%	30.00%	10.00%	Health Need
Limited access to Healthy Foods	0.0%	0.0%	33.00%	33.00%	Health Need
<b>Jones County</b>					
Adult Smoking	14.0%	4.2%	0.00%	-14.00%	
Adult Obesity	25.0%	7.5%	31.00%	6.00%	
Physical Inactivity	21.0%	6.3%	30.00%	9.00%	Health Need
Excessive Drinking	8.0%	2.4%	0.00%	-8.00%	
Motor Vehicle Crash Rate	12	4	0	-12	
Sexually transmitted infections	84	25	198	114	Health Need
Teen Birth Rate	22	7	62	40	Health Need
Uninsured	11.0%	3.3%	31.00%	20.00%	Health Need
Primary Care Physicians	631	189	4767	4136	Health Need
Diabetic Screen Rate	89.0%	26.7%	79.00%	10.00%	
Mammography screening	74.0%	22.2%	48.00%	26.00%	Health Need
Violent Crime Rate	73	22	340	267	Health Need
Children in Poverty	13.0%	3.9%	30.00%	17.00%	Health Need
Children in single-parent households	20.0%	6.0%	24.00%	4.00%	
Limited access to Healthy Foods	0.0%	0.0%	22.00%	22.00%	Health Need
<b>Taylor County</b>					
Adult Smoking	14.0%	4.2%	26.00%	12.00%	Health Need
Adult Obesity	25.0%	7.5%	29%	4.00%	
Physical Inactivity	21.0%	6.3%	33%	12.00%	Health Need
Excessive Drinking	8.0%	2.4%	10.0%	2.00%	
Motor Vehicle Crash Rate	12	4	20	8	Health Need
Sexually transmitted infections	84	25	473	389	Health Need
Teen Birth Rate	22	7	66	44	Health Need
Uninsured	11.0%	3.3%	22.00%	11.00%	Health Need
Primary Care Physicians	631	189	1242	611	Health Need
Diabetic Screen Rate	89.0%	26.7%	81.00%	8.00%	
Mammography screening	74.0%	22.2%	67.00%	7.00%	
Violent Crime Rate	73	22	523	450	Health Need
Children in Poverty	13.0%	3.9%	24.00%	11.00%	Health Need
Children in single-parent households	20.0%	6.0%	34.00%	14.00%	Health Need
Limited access to Healthy Foods	0.0%	0.0%	14.00%	14.00%	Health Need



**Analysis of Primary Data**

**Key Informant Interviews**

- Obesity
- High Blood Pressure
- Diabetes
- Poor Nutrition
- Physical Inactivity
- Lack of Mental Health Services
- Lack of access to services (Cost)
- Services for Refugees
- Shortage of Primary Care Physicians
- Utilization of Emergency Room for Episodic care
- Lack of Health Education
- Transportation
- Cultural Barriers

**Community Survey**

- Obesity
- Alcohol Abuse
- Heart Disease
- Diabetes
- Cancer
- Affordable Healthcare
- Emergency Response Services
- Poor Nutrition
- Physical Inactivity

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

**Elderly**

- Transportation
- Access to primary care physicians
- High cost of healthcare prevents needs from being met

**Hispanic**

- Language and cultural barriers
- Access to primary care physicians
- Barriers associated with preventative screenings and health education related to where and how this information is distributed

**Refugee**

- Language and cultural barriers
- Access to primary care physicians
- Lack of Insurance
- Utilization of Emergency Room for Episodic care



## **SOURCES**



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