

Community Health Needs Assessment

ABILENE MARKET

2022



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Executive Summary

Hendrick Health’s Community Health Needs Assessment (CHNA) for its Abilene market was conducted to help the health system’s leadership and decision-makers to better understand the needs of the community, as they seek to provide health and community-based services and programs that meet the needs of the Greater Abilene community. The CHNA includes a combination of quantitative and qualitative research designed to evaluate the perspectives and opinions of community stakeholders and healthcare consumers – especially those from underserved populations. The methodology of the CHNA helped the Hendrick Health team to identify and prioritize community-wide needs, as well as supported the organization’s continued community engagement.

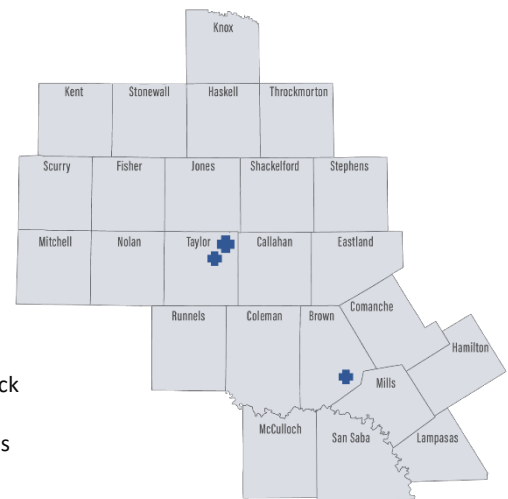
The major sections of the methodology include an overview of the community served, qualitative research including one-on-one interviews and focus groups, a community-wide survey, and an evidence-based needs prioritization process.

About Hendrick Health



Hendrick Medical Center | Hendrick Medical Center Brownwood | Hendrick Medical Center South

Hendrick Health was founded in 1924 as a not-for-profit healthcare institution in response to a community need for quality health care. Throughout the decades, Hendrick has grown with the community, offering a wide range of comprehensive healthcare services to a 24-county area in the Texas Midwest. In 2020, Hendrick Medical Center became Hendrick Health and expanded to three campuses—Hendrick Medical Center and Hendrick Medical Center South in Abilene; and Hendrick Medical Center Brownwood in Brownwood. Through this acquisition, Hendrick Health has increased its capacity, expanded access to quality healthcare in the region and improved continuity of care for Texas Midwest residents. ¹



Hendrick Health Campus

Our Mission

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

Our Vision

To be the leading health care provider of choice, in our region and beyond, recognized for enhancing quality, expanding access, and excelling in patient engagement.

¹ Hendrick Health.

Hendrick Medical Center and Hendrick Medical Center South



Hendrick Medical Center

Hendrick Medical Center, located on Pine Street in north Abilene, is the original hospital campus of Hendrick Health and opened in 1924. Hendrick Medical Center provides inpatient and outpatient services including cardiology, neurosurgery, pediatrics, neonatal and pediatric intensive care, surgical services, orthopedics, oncology, women’s services, intensive care, and emergency care.



Hendrick Medical Center South

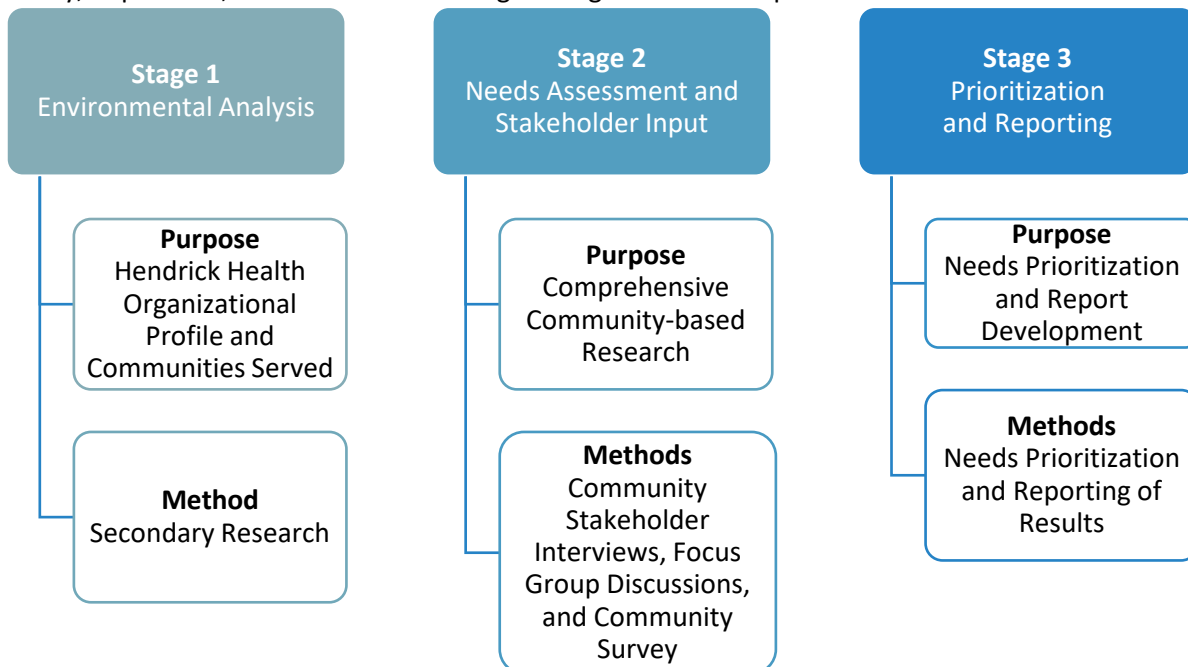
Hendrick Medical Center South, formerly known as Abilene Regional Medical Center, originally opened in 1968. The campus became part of the Hendrick Health system in 2020 and is home to both inpatient and outpatient services including women’s health, neonatal intensive care, cardiology, surgical services, orthopedics, and emergency care.²

² Hendrick Health.

Community Health Needs Assessment Approach

The methodology for this community health needs assessment (CHNA) includes a combination of quantitative and qualitative research methods designed to evaluate the perspectives and opinions of community stakeholders and healthcare consumers – especially those from underserved populations. The methodology used prioritized the community’s needs, supported the organization’s continued community engagement and developed a broad, community-based list of needs. The major sections of the methodology include the following:

This CHNA was completed during the third year of the ongoing COVID-19 pandemic. The pandemic has caused an increase in anxiety, depression, and fear and has brought to light both the importance of and lack of health services and



associated providers. The primary research – both qualitative and quantitative – indicates that the pandemic has caused some residents to delay getting the appropriate care necessary for both management of chronic conditions and some acute conditions. The long-term effects on both health and society will be discovered in the coming years.

Data Limitations

In general, secondary data uses the most current data sets available. The dramatic changes throughout 2020 and 2021 caused by the pandemic may impact some of the traditional projection tools and data collection methodology. For example, the U.S. Census American Community Survey (ACS), which provides detailed population and housing information, revised its messaging, altered mailing strategies, and made sampling adjustments to accommodate the National Processing Center's staffing limitations.³ Where relevant, the impacts or new data due to the COVID-19 pandemic are noted.

³ U.S. Census Bureau. Measuring the Impact of COVID-19 on Businesses and People: Lessons from the Census Bureau's Experience, 2021.

Taylor County

Hendrick Health has one hospital on two campuses in Taylor County – Hendrick Medical Center and Hendrick Medical Center South. Approximately 136,870 people live in Taylor County with a majority residing in the city of Abilene.

Exhibit 1: Taylor County



Source: Texas Almanac ⁴

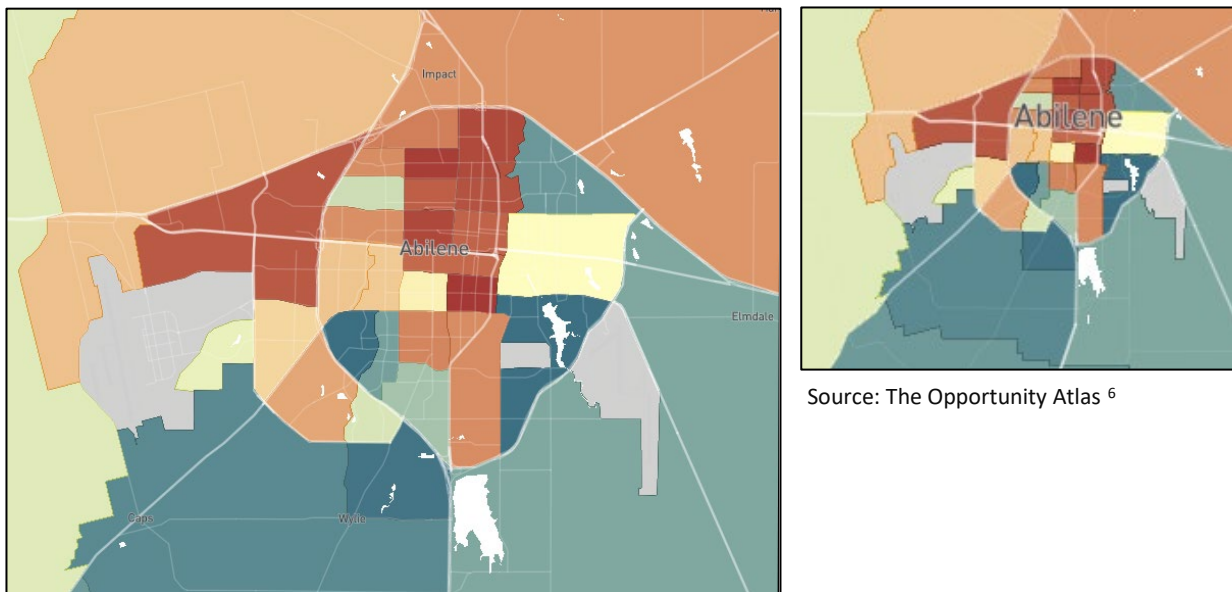
⁴ Texas Almanac.

The Opportunity Atlas

The Opportunity Atlas allows users to analyze census data to track economic and social factors among individuals born in distinct geographic regions. To further illustrate the needs and disparities of Hendrick Health’s Taylor County service area, **Exhibit 2** captures the median household income at age 35 in Abilene, Taylor County. Areas highlighted in blue and green represent higher income opportunities for children raised in those respective area, while orange and brown indicate lower income opportunities. Areas in Abilene and the surrounding communities experience both prosperity and economic strain. Economic hardship may be more common within Original Town, as well as Cobb and Sears Park areas, with the median household income at approximately \$29,000 or less. Neighborhoods within Far South Abilene, Elmwood, River Oaks/Brookhollow, and Lytle Shores earn the highest annual income within Abilene. Far South Abilene, commonly known as the part of the Wylie Independent School District, is one of the fastest-growing areas of Abilene, with rapid development of higher-income housing. Continued growth is also occurring in the greater southern region of the county including Jim Ned Independent School District’s area.

Please note that Abilene is home to more than half a dozen universities, colleges, graduate programs and technical schools. The high concentration of college students residing in each census tract may skew the data slightly resulting, in lower income potential in the reported census tract.⁵

Exhibit 2: Household Income at Age 35



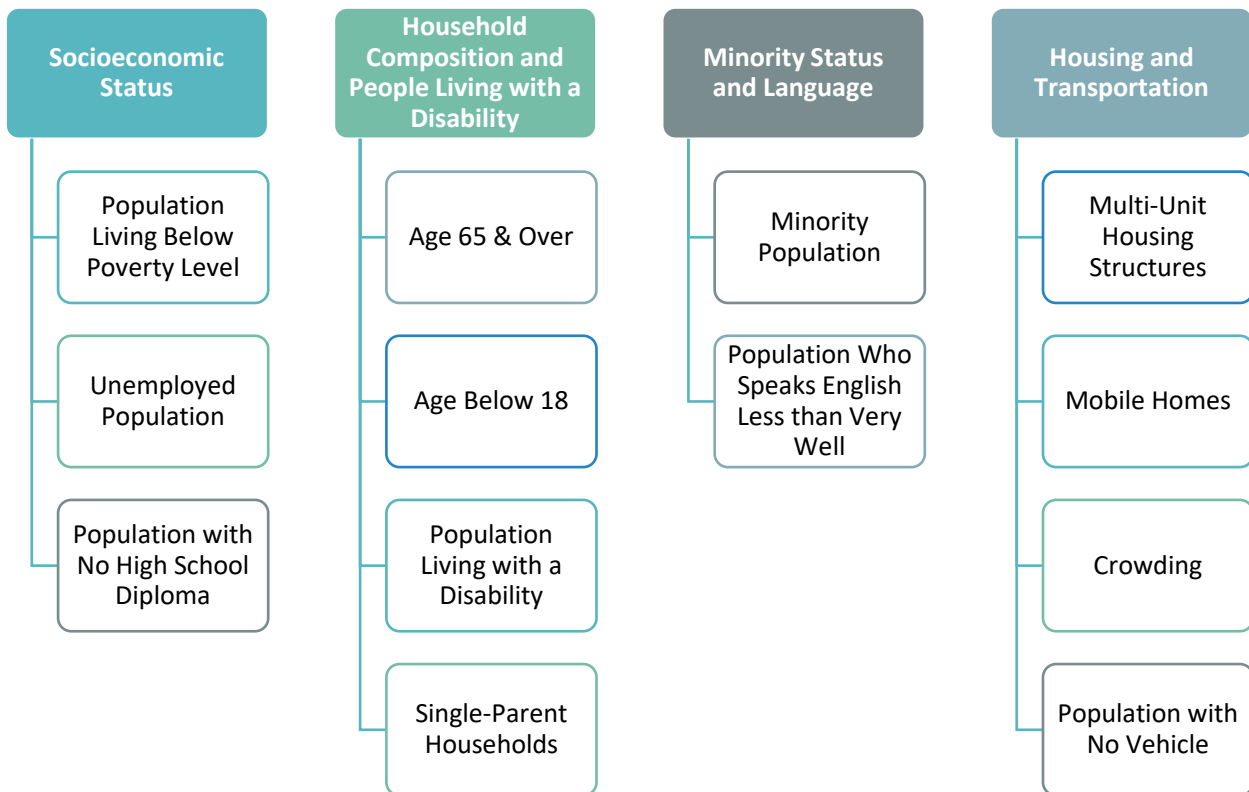
Source: The Opportunity Atlas ⁶

⁵ The Opportunity Atlas calculates estimates on the people that grew up in each Census tract and were born between 1978 and 1983.

⁶ The Opportunity Atlas.

The Social Vulnerability Index

The Social Vulnerability Index (SVI) helps identify areas of need in the community. Developed by the Centers for Disease Control and Prevention (CDC) as a metric for analyzing data to identify vulnerable populations, the measures in the SVI are categorized within the domains of Socioeconomic Status, Household Composition and Disability, Minority Status and Language, Housing, and Transportation. This tool may be used to rank overall population wellbeing and mobility, relative to county and state averages, as well as determine the most vulnerable populations during disaster preparedness and global pandemics.



The following data was gathered from the 2015-2019 American Community Survey 5-Year Estimates. Notable SVI characteristics seen in **Exhibit 3** are compared across the United States, Texas, and Taylor County.

Exhibit 3: Social Vulnerability Index

	United States	Texas	Taylor County
Total Population	324,697,795	28,260,856	136,870
Population Living Below Poverty Level	13.4%	14.7%	15.1%
Unemployed Population ⁷	3.6%	3.8%	2.9%
Median Household Income	\$62,843	\$61,874	\$53,143
Age 65 & Older	15.6%	12.3%	14.2%
Age Under 18	26.0%	26.0%	24.8%
Population Living with a Disability	12.6%	11.5%	15.1%
Single-Parent Households	18.4%	19.1%	26.2%
Minority Population ⁸	39.3%	58.0%	36.6%
Population Who Speaks English Less than Very Well ⁹	8.4%	13.7%	3.9%
Multi-Unit Housing Structures	26.3%	25.0%	21.1%
Mobile Homes	6.2%	7.1%	5.3%
Population with No Vehicle	8.6%	5.3%	5.8%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

⁷ Data from U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics Information & Analysis. State & county data as of April 2022. Rates are not seasonally adjusted.

⁸ Population that does not identify as "White."

⁹ "Speak English less than "very well."

Community Demographics Summary

The following data provides a comprehensive overview of select demographic measures that describe Hendrick Health's Abilene market service area.

The table below indicates the percentage of the population who identified as one race through the U.S. Census Bureau 2015-2019 American Community Survey. Taylor County is predominantly made up of residents identifying as White (63.4%). However, nearly a quarter (24.4%) of the Taylor County population identifies as Hispanic or Latino, predominantly Mexican. This is not a unique trait to Taylor County, as Texas consists of a nearly 40% Hispanic and Latino population versus 18% in the United States.

Exhibit 4: Population by Gender, Race, and Ethnicity

	United States	Texas	Taylor County
Total Population	324,697,795	28,260,856	136,870
Male	49.2%	49.7%	48.8%
Female	50.8%	50.3%	51.2%
Race & Ethnicity			
White	60.7%	42.0%	63.4%
Black or African American	12.3%	11.8%	7.7%
American Indian & Alaska Native	0.7%	0.3%	0.5%
Asian	5.5%	4.7%	2.1%
Native Hawaiian & Other Pacific Islander	0.2%	0.1%	0.0% ¹⁰
Some other race	0.2%	0.2%	0.2%
Hispanic or Latino			
Hispanic or Latino	18.0%	39.3%	24.4%
Mexican	11.2%	33.6%	21.6%
Puerto Rican	1.7%	0.7%	0.7%
Cuban	0.7%	0.3%	0.2%
Other Hispanic or Latino	4.3%	4.7%	2.0%
Not Hispanic or Latino	82.0%	60.7%	75.6%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

¹⁰ The U.S. Census Bureau reports population data to the first decimal point. Abilene is home to persons identifying as Native Hawaiian and Other Pacific Islander. However, since the population is so small, the Census Bureau data does not reflect the true size of the population.

Nearly a quarter of Taylor County residents (24.8%) are under the age of 18. The median age of a Taylor County resident is approximately two years younger than the statewide median.

Exhibit 5: Population by Age

	United States	Texas	Taylor County
Median Age	38.1	34.6	32.5
Under 5	6.1%	7.1%	7.4%
5 to 9	6.2%	7.2%	6.6%
10 to 14	6.4%	7.4%	6.9%
15 to 19	6.5%	7.1%	7.6%
Under 18	22.6%	26.0%	24.8%
20 to 24	6.8%	7.1%	10.5%
25 to 34	13.9%	14.7%	14.6%
35 to 44	12.6%	13.5%	11.2%
45 to 54	13%	12.5%	10.0%
55 to 59	6.7%	5.9%	5.6%
60 to 64	6.2%	5.3%	5.4%
65 to 74	9.1%	7.4%	7.7%
75 to 84	4.6%	3.6%	4.7%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

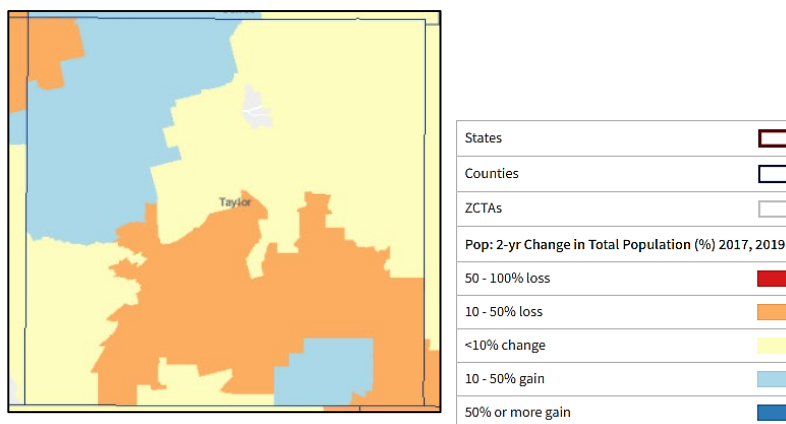
Exhibit 6 indicates the total population change over a two-year period by available zip codes in Taylor County. At least three pockets within Taylor County experienced an 11% to 15% population decline within two years. The largest growth area was in the town of Lawn at nearly 26%. The zip code tabulated areas (ZCTAs) for Abilene display a slight decline in the overall town population. The map below indicates population gain and loss from 2017 to 2019. The shade of orange indicates a 10% or more population loss, while light blue indicates a 10% or more population gain. Yellow indicates a change of less than 10%.

Exhibit 6: Two-Year Change of Total Population

Taylor County	2017 to 2019 Population Change
Blackwell	-7.8%
Buffalo Gap	4.8%
Clyde	7.3%
Lawn	25.7%
Merkel	14.5%
Nolan	0.0%
Ovalo	-14.4%
Trent	-16.4%
Tuscola	-11.4%
Tye	2.1%
Wingate	6.9%
Winters	-2.4%
Zip Code Tabulated Areas in Abilene	
79601	-1.9%
79602	3.5%
79603	-0.5%
79605	0.2%
79606	4.7%

Source: UDS Mapper. U.S. Census Bureau American Community Survey five-year estimates for ZCTAs, 2015-2019

Exhibit 7: Population Gain and Loss, 2017-2019



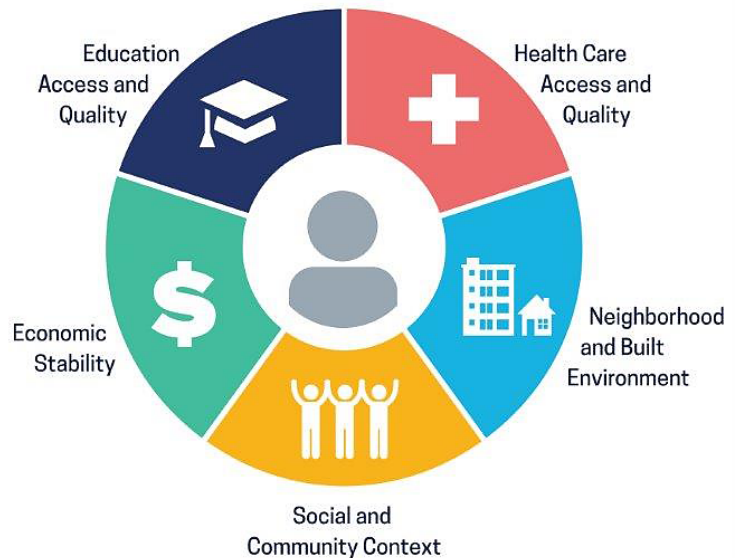
Source: UDS Mapper. U.S. Census Bureau American Community Survey five-year estimates for ZCTAs, 2015-2019

Social Determinants of Health

Social determinants of health (SDoH) are the conditions of the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.¹¹ They are the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. Social determinants have an important influence on health inequities — the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.¹²

Efforts to improve health in the United States have traditionally looked to the healthcare system as the key driver of health and health outcomes. However, there has been increased recognition that improving health and achieving health equity requires broader approaches to address the social, economic, and environmental factors that influence health.¹³

Social Determinants of Health



Source: Healthy People 2030

¹¹ Healthy People 2030, Social Determinants of Health.

¹² World Health Organization, Social Determinants of Health.

¹³ The Kaiser Family Foundation. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity, 2018.

Economic Stability

Economic stability is a known social determinant of health, as people living in poverty are less likely to have access to healthcare, healthy food, stable housing, and opportunities for physical activity. These disparities indicate that people living in poverty are more likely to die from preventable diseases.¹⁴ Research suggests that low-income status is associated with adverse health consequences, including shorter life expectancy, higher infant mortality rates, and other poor health outcomes.¹⁵

Median household income data shares that households in Taylor County earn a lower annual income than compared to Texas and the United States. This is important to note as socioeconomic status can directly impact healthcare by causing inequities in health and resource distribution, and quality of life.¹⁶

Exhibit 8: Median Annual Household Income

	United States	Texas	Taylor County
Total Households	120,756,048	9,691,647	49,868
Less than \$10,000	6.0%	6.1%	6.4%
\$10,000 to \$14,999	4.3%	4.0%	4.9%
\$15,000 to \$24,999	8.9%	8.9%	9.8%
\$25,000 to \$34,999	8.9%	9.3%	10.9%
\$35,000 to \$49,999	12.3%	12.5%	15.4%
\$50,000 to \$74,999	17.2%	17.6%	18.2%
\$75,000 to \$99,999	12.7%	12.5%	12.5%
\$100,000 to \$149,999	15.1%	15.0%	13.7%
\$150,000 to \$199,999	6.8%	6.7%	4.3%
\$200,000 or more	7.7%	7.4%	3.8%
Median Household Income	\$62,843	\$61,874	\$53,143

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

¹⁴ Social Determinants of Health, Economic Stability.

¹⁵ American Academy of Family Physicians, Poverty and Health - The Family Medicine Perspective.

¹⁶ American Psychological Association.

The Massachusetts Institute of Technology (MIT) developed the Living Wage Calculator to estimate the cost of living in communities or region based on typical expenses. This tool helps individuals, communities, and employers determine a local wage rate that allows residents to meet minimum standards of living.¹⁷

In 2019, the living wage in the United States for a family of four is \$16.54, or \$68,808 per year before taxes, a 40-percent increase from \$16.14 in 2018.¹⁸ In 2022, the minimum wage for the state of Texas remains at \$7.25 per hour, which is equal to the federal minimum wage. However, the living wage of Texas is almost double its current minimum wage.

Exhibit 9: Living Wage Calculator and Annual Expenses

Texas	1 Adult, 0 Children	1 Adult, 1 Child	1 Adult, 2 Children	2 Working Adults, No Children	2 Working Adults, 1 Child	2 Adults, 2 Children
Food	\$3,177	\$4,670	\$6,990	\$5,825	\$7,238	\$9,305
Child Care	\$0	\$7,042	\$14,083	\$0	\$7,042	\$14,083
Medical	\$2,760	\$8,866	\$8,554	\$6,270	\$8,554	\$8,694
Housing	\$9,333	\$12,799	\$12,799	\$10,489	\$12,799	\$12,799
Transportation	\$5,113	\$9,378	\$11,672	\$9,378	\$11,672	\$13,896
Civic	\$1,811	\$3,889	\$3,554	\$3,889	\$3,554	\$4,127
Required annual income after taxes	\$21,225	\$44,396	\$54,392	\$40,538	\$56,003	\$69,120
Annual taxes	\$4,064	\$8,321	\$10,180	\$7,937	\$8,243	\$11,205
Required annual income before taxes	\$29,134	\$59,652	\$72,977	\$56,899	\$56,955	\$80,325
Living Wage	\$14.01	\$28.68	\$35.09	\$11.32	\$15.64	\$19.31
Poverty Wage	\$6.13	\$8.29	\$10.44	\$8.29	\$5.22	\$6.30
Minimum Wage	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25

Taylor County	1 Adult, 0 Children	1 Adult, 1 Child	1 Adult, 2 Children	2 Working Adults, No Children	2 Working Adults, 1 Child	2 Adults, 2 Children
Food	\$3,177	\$4,670	\$5,825	\$5,825	\$7,238	\$9,305
Child Care	\$0	\$5,346	\$10,692	\$0	\$5,346	\$10,692
Medical	\$2,760	\$8,866	\$8,554	\$6,270	\$8,554	\$8,694
Housing	\$7,572	\$10,356	\$10,356	\$7,860	\$10,356	\$10,356
Transportation	\$5,113	\$9,378	\$11,672	\$9,378	\$11,672	\$13,896
Civic	\$1,811	\$3,889	\$3,554	\$3,889	\$3,554	\$4,127
Required annual income after taxes	\$23,309	\$47,192	\$56,963	\$37,909	\$51,865	\$63,286
Living Wage	\$13.02	\$26.37	\$31.83	\$11.32	\$15.64	\$19.31
Poverty Wage	\$6.13	\$8.29	\$10.44	\$8.29	\$5.22	\$6.30
Minimum Wage	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25

Source: MIT, Living Wage Calculation for Texas, 2020-2021

Exhibit 10 indicates the total number of people living below 200% of the federal poverty level. Shades of orange, dark orange, and red on the map indicate low-income communities that may face more barriers to accessing healthcare. Zip code tabulated areas exhibit the percentage of the population within specific towns of Taylor County that are considered to be low-income.

¹⁷ MIT. Living Wage Calculator

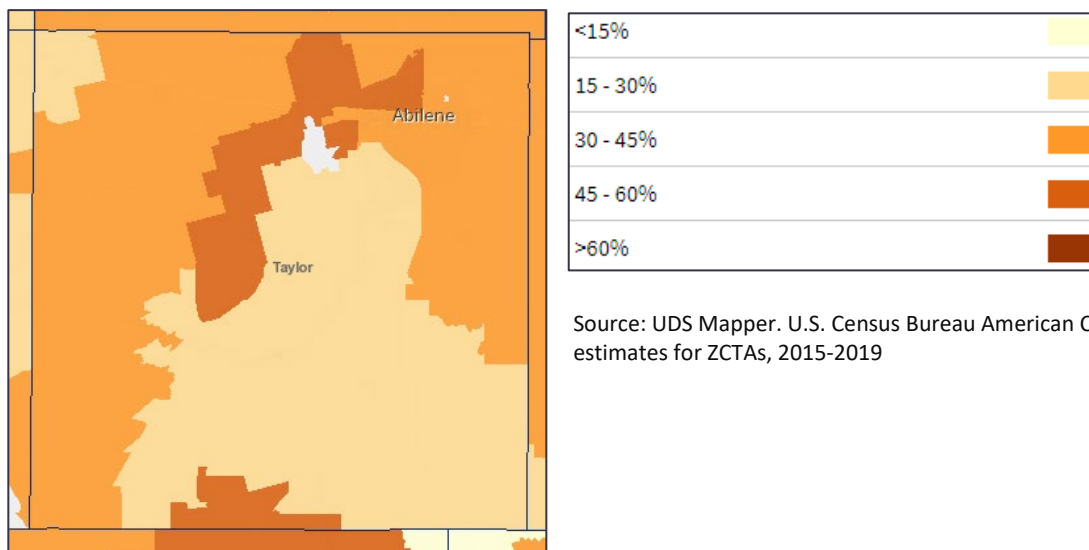
¹⁸ A family of four is defined as two working adults and two children.

Exhibit 10: Low-Income Communities in Taylor County

	Percent of Low-Income Population
Blackwell	36.7%
Buffalo Gap	23.9%
Clyde	32.3%
Lawn	23.4%
Merkel	34.0%
Nolan	20.0%
Ovalo	16.8%
Trent	22.0%
Tuscola	16.8%
Tye	50.7%
Wingate	43.0%
Winters	49.0%
Zip Code Tabulated Areas in Abilene	
79601	44.6%
79602	30.6%
79603	47.7%
79605	39.8%
79606	25.3%

Source: UDS Mapper. U.S. Census Bureau American Community Survey five-year estimates for ZCTAs, 2015-2019

Exhibit 11: Map of Low-Income Communities



Source: UDS Mapper. U.S. Census Bureau American Community Survey five-year estimates for ZCTAs, 2015-2019

Poverty indicators share that Taylor County has a slightly higher poverty rate than compared to Texas (15.1% and 14.7%, respectively). More residents in Taylor County have earned a high school diploma compared to Texas. In total, 19% of children under the age of 18 and approximately 15% of the total population, including children, are living in poverty in Taylor County.

Exhibit 12: Select Poverty-related Indicators

	United States	Texas	Taylor County
Population Living Below Poverty	13.4%	14.7%	15.1%
Children Living in Poverty (>18)	18.5%	20.9%	19.1%
Unemployed Population ¹⁹	3.6%	3.8%	2.9%
No High School Diploma	12.6%	14.6%	8.8%
Population Living with a Disability	12.6%	11.5%	15.1%
Population Who Speaks English Less than Very Well	8.4%	13.7%	3.9%
Population with No Vehicle	8.6%	5.3%	5.8%
Uninsured Population	8.8%	17.2%	14.0%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

¹⁹ Data from U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics Information & Analysis. State & county data as of April 2022. Rates are not seasonally adjusted.

Neighborhood and Built Environment

The neighborhood and community environments where people live have a major impact on an individual’s health and well-being. Many people in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks.²⁰

Housing and Basic Needs

The U.S. Department of Housing and Urban Development (HUD) defines cost burden as when a household is spending 30% to 50% of their household income on housing and severely cost-burdened as when a household is spending more than 50% of their household income on housing expenses.²¹

Approximately 18% of all homeowners in Taylor County spend 35% or more of their household income on monthly housing payments. Housing-related cost-burden is expected to grow if US economic trends worsen. Trends are slightly worse for renters, as approximately 38% of all renters in Taylor County spend 35% or more of their household income on monthly rental payments.

Exhibit 13: Selected Monthly Owner Costs as a Percentage of Household Income

	United States	Texas	Taylor County
Housing Units with A Mortgage²²	48,182,974	3,431,098	14,689
Less than 20.0%	45.9%	46.9%	50.5%
20.0 to 24.9%	15.7%	16.2%	14.9%
25.0 to 29.9%	10.5%	10.4%	9.7%
30.0 to 34.9%	6.9%	6.8%	6.8%
35.0% or more	20.9%	19.7%	18.2%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Exhibit 14: Gross Rent as a Percent of Household Income

	United States	Texas	Taylor County
Occupied Units Paying Rent²³	40,366,338	3,420,397	19,085
Less than 15.0%	13.1%	13.2%	12.2%
15.0 to 19.9%	12.9%	13.6%	17.4%
20.0 to 24.9%	12.9%	13.6%	12.4%
25.0 to 29.9%	11.6%	11.8%	10.7%
30.0 to 34.9%	9.1%	9.1%	9.1%
35.0% or more	40.5%	38.6%	38.3%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

A housing unit is vacant if no one is living in the unit at the time of the U.S. Census Bureau American Community Survey interview, unless its occupants are only temporarily absent. In addition, a vacant unit may be one which is entirely occupied by individuals who have a usual residence elsewhere. New units not yet occupied are classified as vacant housing units if construction has reached a point where all exterior windows and doors are installed, and

²⁰ Social Determinants of Health, Neighborhood and Built Environment.

²¹ United States Department of Housing and Urban Development. Rental Burdens, Rethinking Affordability Measures.

²² Excluding units where percentage cannot be computed.

²³ Excluding units where percentage cannot be computed.

final usable floors are in place. Vacant units are excluded if they are exposed to the elements – if the roof, walls, windows, or doors no longer protect the interior from the elements, or if there is positive evidence (such as a sign on the house or block) that the unit is to be demolished or is condemned. Also excluded are quarters being used entirely for nonresidential purposes, such as a store or an office, or quarters used for the storage of business supplies or inventory, machinery, or agricultural products. Vacant sleeping rooms in lodging houses, transient accommodations, barracks, and other quarters not defined as housing units are not included in the data.²⁴

Exhibit 15: Select Housing Indicators

	United States	Texas	Taylor County
Total housing units	137,428,986	10,937,026	57,456
Occupied housing units	87.9%	88.6%	86.8%
Vacant housing units	12.1%	11.4%	13.2%
Homeowner vacancy rate	1.6	1.6	2.0
Rental vacancy rate	6.0	7.8	6.9

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Exhibit 16: Access to a Vehicle

	United States	Texas	Taylor County
Households with No Vehicle Available	8.6%	5.3%	5.8%
1 vehicle available	32.7%	32.7%	33.6%
2 vehicles available	37.2%	40.2%	42.6%
3 or more vehicles available	21.4%	21.8%	18.0%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

²⁴ U.S. Census Bureau, Definitions & Explanations.

Food insecurity in children can lead to complicated health outcomes. Research suggests that “food-insecure children are at least twice as likely to report being in fair or poor health and at least 1.4 times more likely to have asthma, compared to food-secure children; and food-insecure seniors have limitations in activities of daily living comparable to those of food-secure seniors fourteen years older.”²⁵

The pandemic has significantly changed the food landscape for many Americans, as high unemployment produced long lines at food banks, lockdowns prompted some consumers to stockpile shelf-stable groceries, and interruptions in supply chains are leaving shelves empty.²⁶

Exhibit 17: Food Insecurity

2019	United States	Texas	Taylor County
Food Insecurity Rate	10.9%	14.1%	15.9%
Child Food Insecurity Rate	14.6%	19.6%	20.6%

2021	United States	Texas	Taylor County
Food Insecurity Rate	ND	19.6%	17.8%
Child Food Insecurity Rate	ND	23.6%	23.8%

Source: Feeding America, Map the Meal Gap

- Between 2019 and 2021, the food insecurity rate in Taylor County increased from 15.9% to approximately 17.8%.
- Child food insecurity rates increased in Taylor County, from 20.6% in 2019 to 23.8% in 2021.

Exhibit 18: Supplemental Nutritional Assistance Program (SNAP) Enrollment

	Texas	Taylor County
Total Cases²⁷	1,510,709	7,377
Eligible Individuals ²⁸	3,402,068	15,932
Age Groups		
Under 5	484,468	2,042
5 – 17	1,242,193	5,240
18 – 59	1,265,360	6,861
60 – 64	120,479	676
65 & Older	289,519	1,113
Total SNAP Payments	\$502,316,183	\$2,177,794
Average Payment / Case²⁹	\$333	\$295

Source: Texas Human Services Programs, Office of Data, Analytics. Data as of November 2021

²⁵ Gunderson, Ziliak, “Food Insecurity & Health Outcomes, 2015.

²⁶ New York University. COVID-19 Pandemic Exacerbated Food Insecurity, Especially in Families with Children, 2021.

²⁷ Case = designated group of people determined eligible to receive the SNAP benefit (can be more than one person). Counts include cases with \$0 authorized benefits.

²⁸ Eligible Individual = individual determined eligible for SNAP. Counts include all eligible individuals, regardless of receipt of benefit.

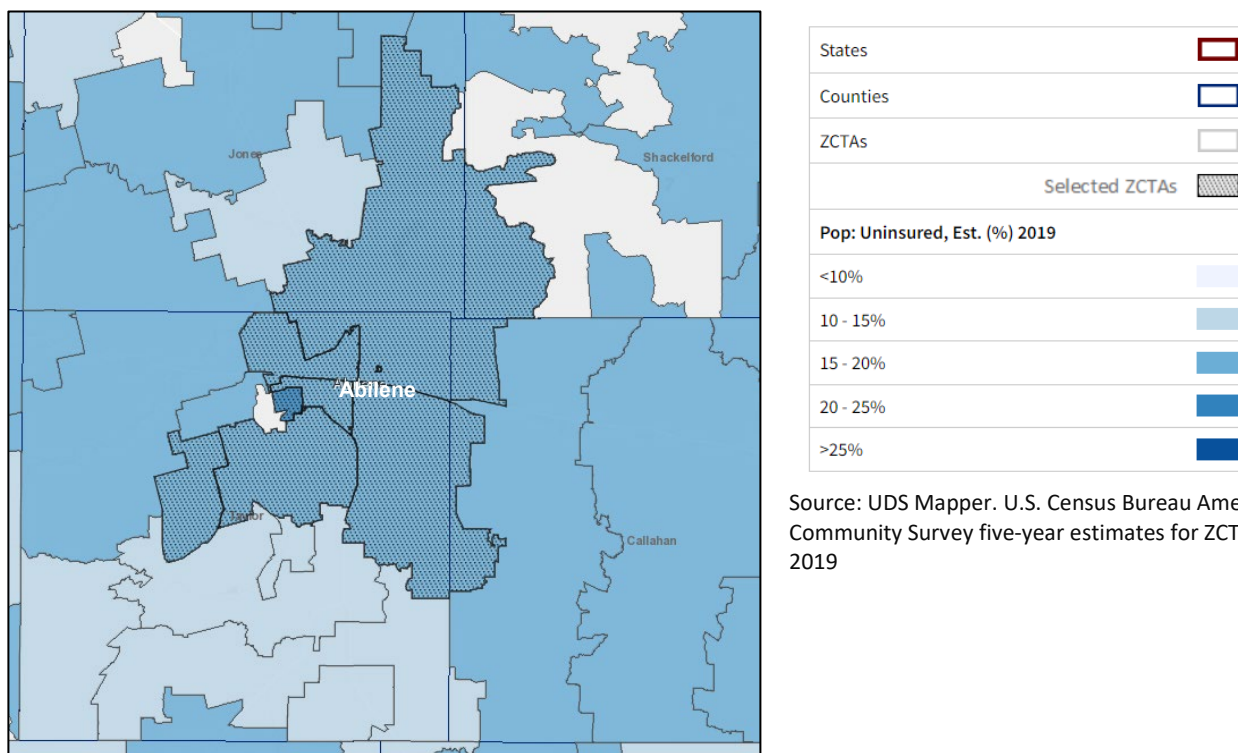
²⁹ Average Payment / Case = average dollar benefits available to the case (shared by the eligible individuals on that case).

Healthcare Access and Quality

People without health insurance are less likely to have a primary care provider, and they may not be able to afford the necessary healthcare services and medications. Strategies to increase insurance coverage rates are critical to ensure more residents receive important health care services, like preventive care and treatment for chronic illnesses.²¹ In 2020, Texas had the greatest number of uninsured adults under 65 in the United States, at least 29% of adults statewide.³⁰

The map below displays an estimate for the percentage of the Taylor County civilian, non-institutionalized population who do not have health insurance and for whom poverty status is determined. To further highlight the Abilene area, zip code areas are shaded. In 2019, approximately 15.8% of Taylor County’s population between the age of 18 and 64 did not have health insurance, according to the US Census Bureau.³¹ See the darker blue/gray area in **Exhibit 19** below.

Exhibit 19: Map of Impoverished Uninsured Population



Source: UDS Mapper. U.S. Census Bureau American Community Survey five-year estimates for ZCTAs, 2015-2019

³⁰ National Center for Coverage Innovation at Families USA. The COVID-19 Pandemic & Resulting Economic Crash, 2020.

³¹ National Center for Chronic Disease Prevention & Health Promotion, Division of Population Health. PLACES Data.

Exhibit 20 indicates the percentage of children ages 18 or younger with no health insurance as well as children without health insurance who are living at or below 200% of the federal poverty level and do not have health coverage through either private (e.g., private purchase or employer-sponsored) or public (e.g., Medicaid or CHIP) insurance, according to the Census Bureau’s Small Area Health Insurance Estimates.

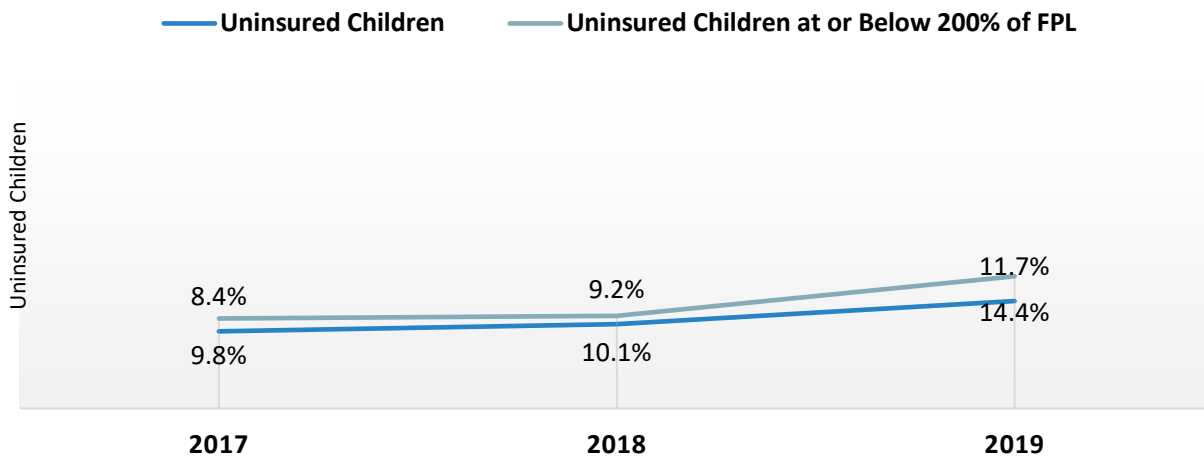
Between 2017 and 2019, the percentage of uninsured children in Taylor County increased from 8.4% to approximately 11.7%. Uninsured children living at or below 200% of the federal poverty level also increased from 9.8% to 14.4%.

Exhibit 20: Child Healthcare Access

	Texas		Taylor County	
	Uninsured Children	At Or Below 200% Of FPL	Uninsured Children	At Or Below 200% Of FPL
2019	12.7%	16.0%	11.7%	14.4%
2018	11.1%	13.8%	9.2%	10.1%
2017	10.7%	13.4%	8.4%	9.8%

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

Exhibit 21: Uninsured Children in Taylor County



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

Healthcare Workforce

The ratio of primary care physicians and dentists represents the number of individuals served by one provider, if the population was equally distributed across providers within a country, state, or county. For example, if a county has a population of 50,000 and has 20 primary care physicians, the ratio would be 2,500:1. The value on the right side of the ratio is always 1 or 0; 1 indicates that there is at least one provider in the county, and 0 indicates there are no providers in the county.

In Texas, there are approximately 1,630 residents per primary care physicians overall. Taylor County presents a lower ratio of 1,390 residents per primary care physician.

Exhibit 22: Residents per Healthcare Provider Ratio³²

	United States	Texas	Taylor County
Primary Care Physicians ³³	1,010:1	1,630:1	1,390:1
Dentists	1,210:1	1,660:1	1,190:1

Source: County Health Rankings & Roadmaps

Exhibit 23: Proportion of Registered Nurses by Practice Setting in Texas

Inpatient Hospital Care	57.2%
Outpatient Hospital Care	8.0%
Other	7.3%
Home Health Agency	6.0%
Physician or Dentist/Private Practice	3.8%
School/College Health	3.1%
Nursing Home/Extended Care Facility	2.9%
Freestanding Clinic	2.9%
Business Industry	2.6%
Community/Public Health	2.4%
School of Nursing	1.4%
Self-employed/Private Practice	1.0%
Military Installation	0.7%
Rural Health Clinic	0.4%
Temporary Agency/Nursing Pool	0.3%

Source: Texas Department of State Health Services. Health care Workforce, 2019

- A majority of registered nurses (RNs) in Texas are in the inpatient hospital care setting, followed by outpatient hospital care.

The Texas Department of State Health Services Workforce Supply and Demand Projections data tool indicates the estimated number of select healthcare providers who will be in the workforce (supply) and how many in each region Texas communities will need (demand) at various point in time over the next eight years (2022 to 2030).³⁴ The following data highlights North Texas and West Texas. Please note that North Texas refers to public health region two and three, while West Texas covers region four and five.³⁵

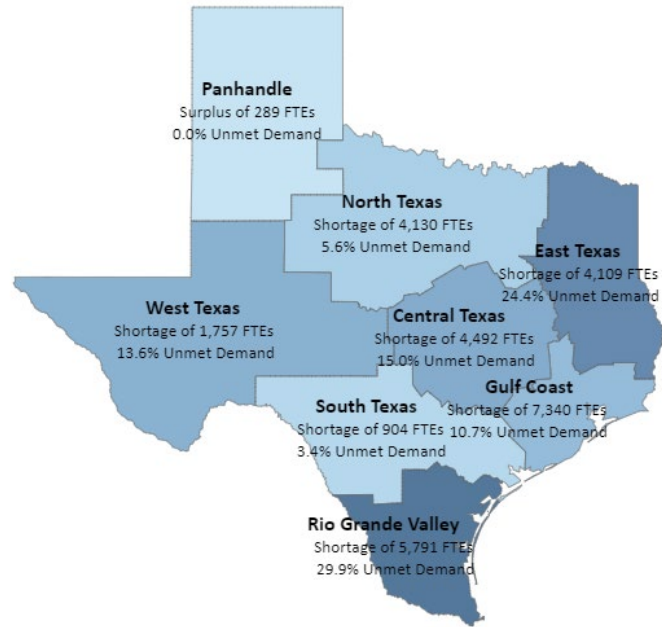
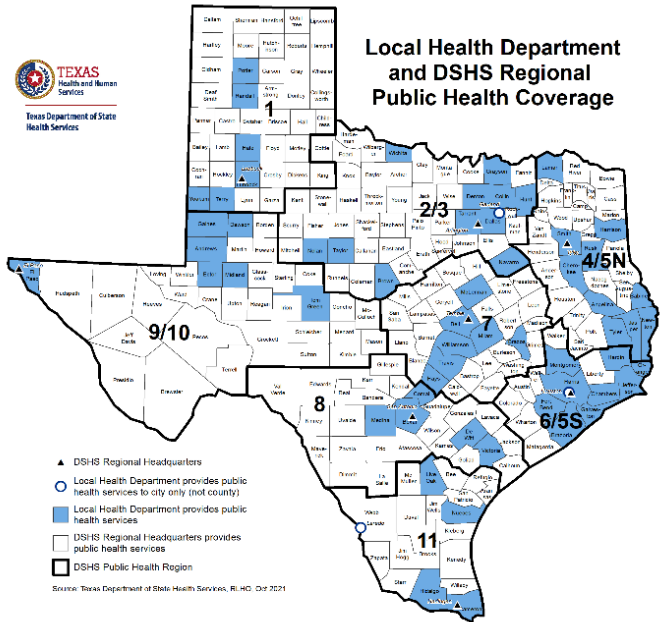
³² Primary Care Providers, 2019 data.
Dentists, 2020 data.

³³ Primary Care Physicians include both MD and Dos and does not include obstetrics/gynecology.

³⁴ Texas Department of State Health Services Texas Health Data website's Workforce Supply & Demand Projections.

³⁵ Texas Health & Human Services, Texas Public Health Regions.

Exhibit 24: Texas Public Health Regions



Source: Texas Health & Human Services

As of 2019, there was no current unmet need for Nurse Practitioners in North Texas. Projections indicate that Texas will have 7,569 full-time Nurse Practitioners in the workforce, leaving a surplus of more than 5,000.

By 2030, Texas will need almost 50,000 more registered nurses (RNs) than the projected supply, leaving this sector of the workforce needing at least 15% more RNs. North and West Texas are also estimated to have a shortage of at least a 12.8% to 4.2% shortage of RNs, as well.

Exhibit 25: Projected Nurse Practitioner and Physician Supply and Demand

2030	Texas		North Texas		West Texas	
	Supply	Demand	Supply	Demand	Supply	Demand
All Nurse Practitioners	42,417	25,139	12,999	7,569	1,990	1,155
Primary Care NP	36,073	6,694	10,465	2,024	1,606	310
Registered Nurse	283,656	333,602	86,731	99,470	14,928	15,575
All Physicians	68,362	77,703	20,614	23,734	2,893	3,473

Source: Texas Department of State Health Services. Texas Health Data, Health Care Workforce Supply & Demand Projections

Exhibit 26: Projected Unmet Need of Healthcare Work Force

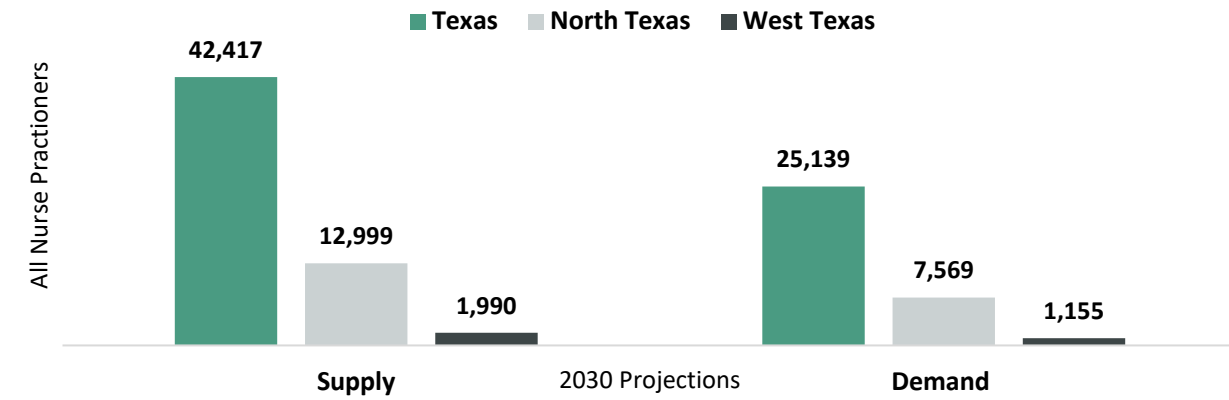
2030	Texas		North Texas		West Texas	
	FTE Unmet Need	% Unmet Need	FTE Unmet Need	% Unmet Need	FTE Unmet Need	% Unmet Need
All Nurse Practitioners	-17,277	0.0%	-5,430	0.0%	-745	0.0%
Primary Care NP	-29,379	0.0%	-8,441	0.0%	-1,296	0.0%
Registered Nurse	49,946	15.0%	12,739	12.8%	647	4.2%
All Physicians	9,341	12.0%	3,120	13.1%	580	16.7%

Source: Texas Department of State Health Services. Texas Health Data, Health Care Workforce Supply & Demand Projections

- Texas will need an estimated 9,341 more physicians than what is projected in the workforce. North Texas will need at least 3,100 more primary care physicians than the current projections expect by 2030, leaving a 13.1% unmet need.
- West Texas will experience the most severe shortage of physicians (16.7%). While the Health Care Workforce Supply & Demand Projections report classifies Taylor County as North Texas, in reality, Taylor County likely is more similar to West Texas, since North Texas includes the Dallas/Fort Worth metro area.

Exhibit 27: Projected Nurse Practitioner Supply and Demand

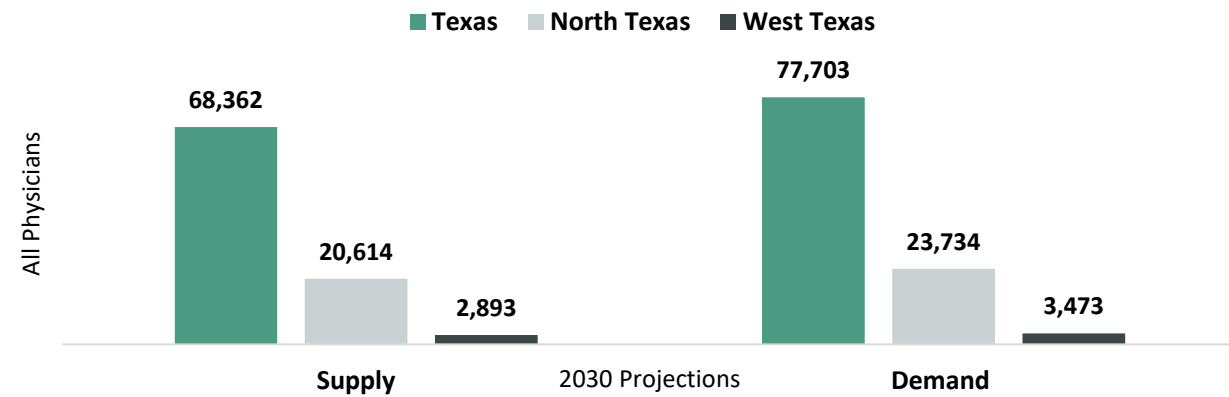
Source:
Texas



Department of State Health Services. Texas Health Data, Health Care Workforce Supply & Demand Projections

Exhibit 28: Projected Physicians Supply and Demand

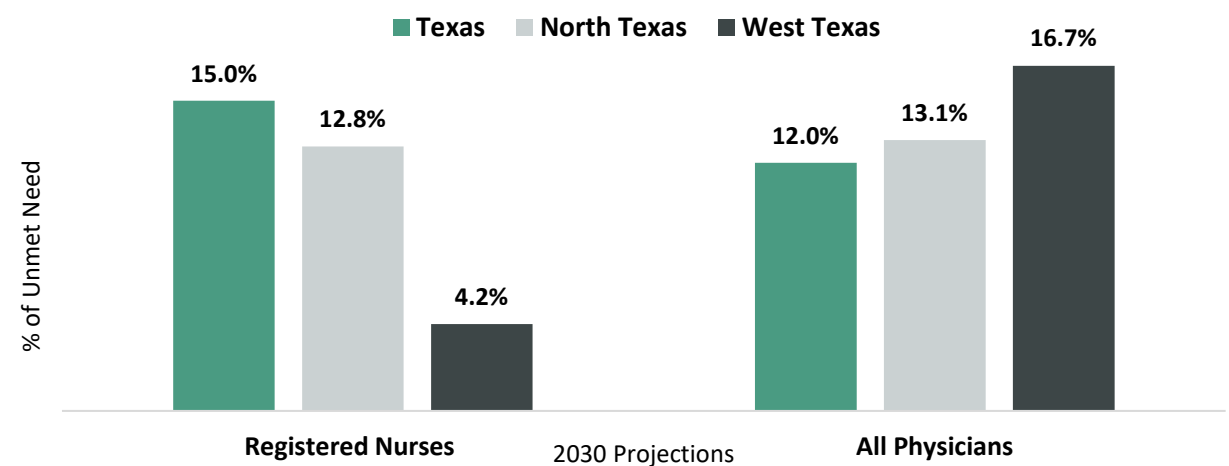
Source:
Texas



Department of State Health Services. Texas Health Data, Health Care Workforce Supply & Demand Projections

Exhibit 29: Projected Unmet Need of Healthcare Work Force

Source:
Texas



Department of State Health Services. Texas Health Data, Health Care Workforce Supply & Demand Projections

Emergency Care Profile

Exhibit 30: Emergency Department Visits

	Texas	Taylor County
Outpatient		
Total Outpatient Visits	8,452,193	71,869
% of ED Visits Not Admitted	84.5%	85.0%
Inpatient		
Total Admitted Visits	1,548,845	12,645
% of ED Visits Admitted	15.5%	15.0%

Source: Hendrick Health, FY 2021 Data

Exhibit 31: Outpatient Emergency Department Visits in by Gender and Age

	0-17	18-44	45-64	65-74	75 +
Female	5,288	19,357	10,789	4,717	5,926
Male	5,455	13,438	10,263	4,731	4,550

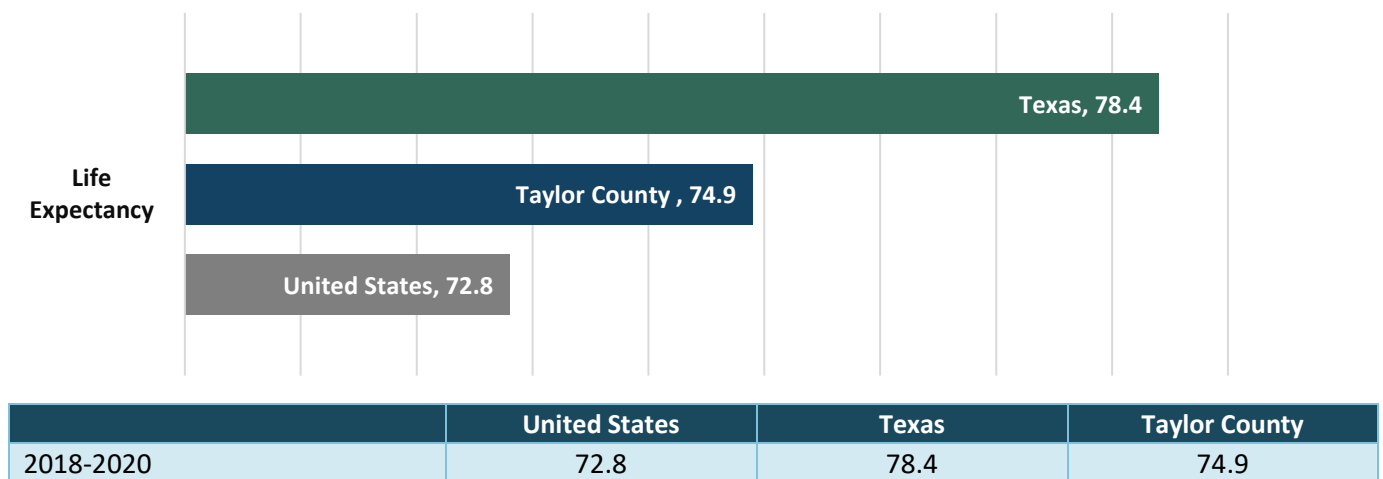
Source: Hendrick Health, FY 2021 Data

Population Health

Population health focuses on improving health outcomes for large groups of people by identifying and monitoring individual patients within groups of people or communities.³⁶ Examining life expectancy, chronic disease prevalence, risk factors, and other health-related data is vital to understanding the full picture of the overall health of populations.

In Texas, the average number of years a person can expect to live ranges from 72.0 to 87.6 years, depending on location and community group. The 2018-2020 average life expectancy of Taylor County residents is 74.9 years, lower than the statewide average age of 78.4.

Exhibit 32: Average Life Expectancy



Source: County Health Rankings & Roadmaps

Exhibit 33: Premature Deaths

Per 100,000 Population	United States	Texas	Taylor County
2018-2020	5,600	7,000	9,700

Source: County Health Rankings & Roadmaps

- The premature death rate measures the age-adjusted rate of years of potential life lost before age 75 per 100,000 population.
- Taylor County has a higher premature death rate than compared to the Texas rate and much higher compared to the United States (total).

³⁶ HealthIT.Gov, Population & Public Health.

In 2019, 22% of residents in Taylor County self-reported their health status as poor or fair, compared to the 21% in Texas and 15% nationwide. Additionally, Taylor County residents self-reported experiencing more poor physical health days in the past 30 days.

Exhibit 34: Self-Reported Health Status

2019	United States	Texas	Taylor County
Poor or Fair Health	15.0%	21.0%	22.0%
Poor Physical Health Days	3.4	3.8	4.1

Source: County Health Rankings & Roadmaps

Self-Reported Health Status Indicator Key

POOR OR FAIR HEALTH

The percentage of adults in a county who consider themselves to be in poor or fair health.

POOR PHYSICAL HEALTH DAYS

The average number of physically unhealthy days reported in the past 30 days, based on responses to the Behavioral Risk Factor Surveillance Survey question: *“Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?”*

Preventable hospital stays may be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care sensitive conditions primarily as a proxy for access to primary healthcare.³⁷ The COVID-19 pandemic has decreased the delivery of preventive care services, which may cause delayed diagnoses, increased mortality, and increased health care costs.

Exhibit 35: Preventable Hospital Stays³⁸

2019	United States	Texas	Taylor County
Preventable Hospital Stays	ND	4,255	4,177

Source: County Health Rankings & Roadmaps

Exhibit 36: Preventative Health

2019	United States	Texas	Taylor County
Mammogram Screening ³⁹	52.0%	39.0%	42.0%
Influenza Vaccinations ⁴⁰	55.0%	46.0%	45.0%

Source: County Health Rankings & Roadmaps

³⁷ County Health Roadmaps & Rankings, Preventable Hospital Stays.

³⁸ Preventable hospital stays Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.

³⁹ Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.

⁴⁰ Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.

Chronic Disease Indicators

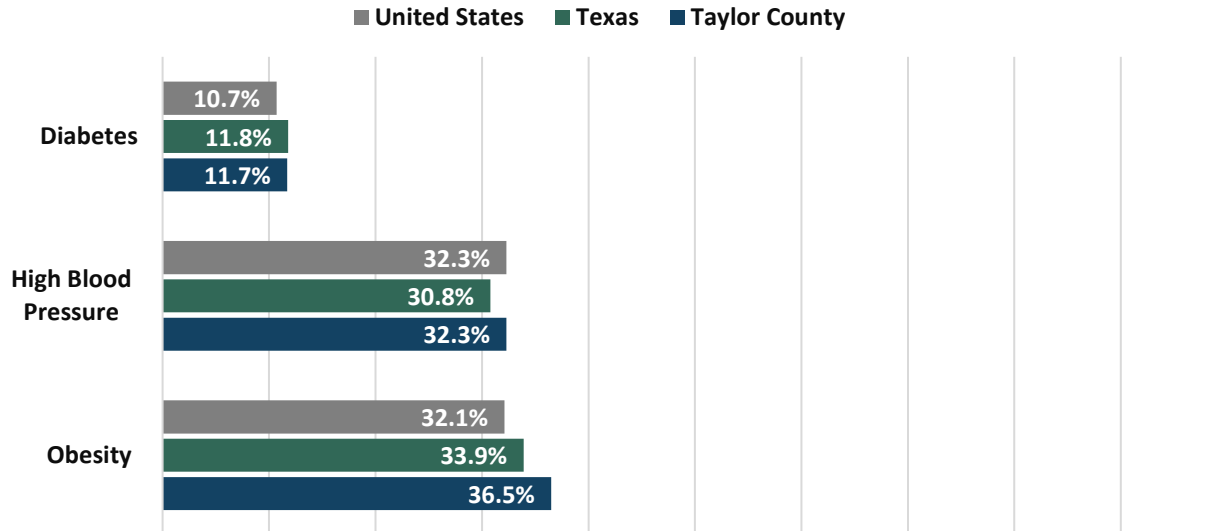
Exhibit 37 displays the prevalence of select chronic diseases with an additional column to indicate the difference between state and county-wide figures. The rates of self-reported chronic diseases in Taylor County are predominantly in line to slightly above statewide rates. Please note, that negative numbers indicate prevalence is lower than the statewide rates.

Exhibit 37: Chronic Disease Summary

2019	United States ⁴¹	Texas ⁴²	Taylor County	County Variance (%) to Texas
Arthritis	26.0%	20.0%	22.4%	2.4%
Asthma	9.7%	7.0%	8.6%	1.6%
Chronic Obstructive Pulmonary Disease	6.5%	5.0%	6.4%	1.4%
Chronic Kidney Disease	2.9%	3.3%	3.0%	-0.3%
Coronary Heart Disease	3.9%	3.1%	5.7%	2.6%
Diabetes	10.7%	11.8%	11.7%	-0.1%
High Blood Pressure	32.3%	30.8%	32.3%	1.5%
Obesity	32.1%	33.9%	36.5%	2.6%

Source: National Center for Chronic Disease Prevention & Health Promotion, Division of Population Health. PLACES Data

Exhibit 38: Leading Chronic Diseases Comparison



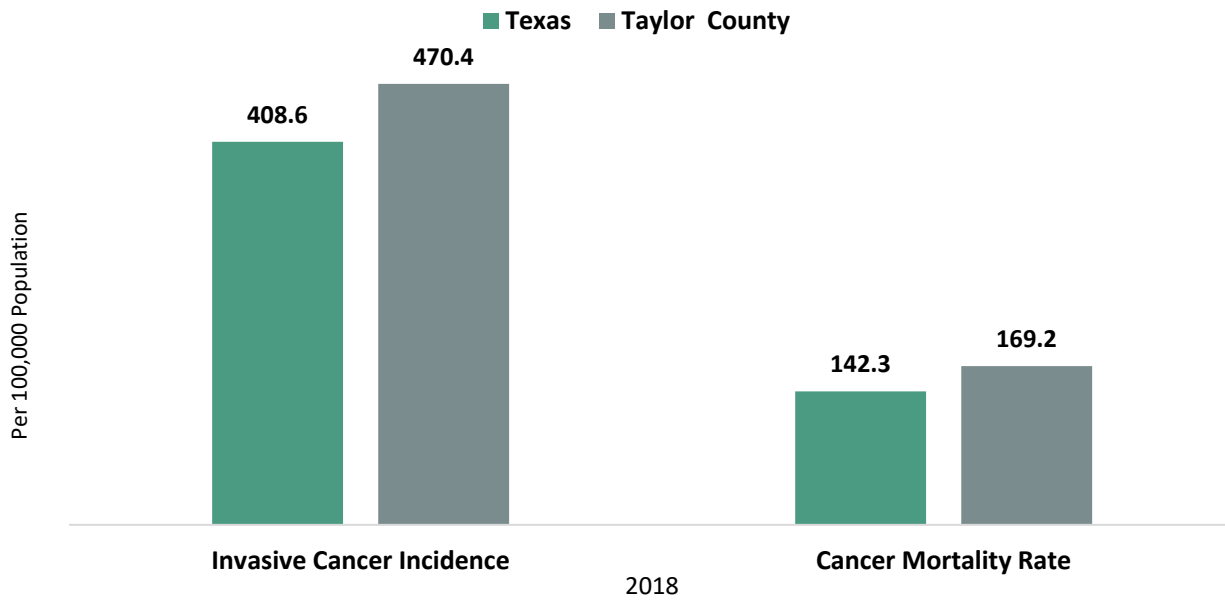
Source: National Center for Chronic Disease Prevention & Health Promotion, Division of Population Health. PLACES Data

⁴¹ All States & DC (median). Data from National Center for Chronic Disease Prevention & Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data, 2019.

⁴² Texas Statewide Data from National Center for Chronic Disease Prevention & Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data, 2019.

In 2018, the age-adjusted cancer-related mortality rate was approximately 169 deaths per 100,000 population in Taylor County, higher than the state rate. Additionally, lung cancer presents the highest mortality rate out of the selected types below, nearly 31 deaths per 100,000 people, followed by breast cancer (**Exhibit 40**).

Exhibit 39:



Cancer-Related Indicators

Per 100,000 Population	Texas	Taylor County
Invasive Cancer Incidence	408.6	470.4
Cancer Mortality Rate	142.3	169.2

Source: Texas Cancer Registry Annual Report, 2018

Exhibit 40: Cancer-Related Deaths in Texas

Cancer Type	Mortality Rate Per 100,000 Population	Case Count
Lung and Bronchus	30.6	8,725
Female Breast	20.1	3,117
Prostate	17.5	1,979
Colon and Rectum	13.7	3,901
Pancreas	10.1	2,905
Liver and Intrahepatic Bile Duct	8.4	2,509
Ovary	6.0	942
Leukemias	5.9	1,614
Non-Hodgkin Lymphoma	5.1	1,402
Corpus and Uterus	4.3	685

Source: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, 2018

Similar to preventive screenings and routine check-ups, sexually transmitted infection (STI) testing was hindered in early 2020. Healthcare clinics closed entirely or limited in-person visits to symptomatic patients only; while at the

same time, decreased routine healthcare visits, increased unemployment and loss of health insurance, as well as STI test kit and laboratory supply shortages, may have contributed to reduced screening during the pandemic.⁴³

Exhibit 41: Sexually Transmitted Infections⁴⁴

Per 100,000	Texas		Taylor County	
	2019	2020	2019	2020
Gonorrhea	152.5	200.9	126.1	239.1
Chlamydia	445.1	466.0	370.9	479.6
Primary and Secondary Syphilis	8.1	9.3	1.4	5.8

Source: National Center for HIV, Viral Hepatitis, STD & TB Prevention

Exhibit 42: HIV and AIDS Indicators⁴⁵

Per 100,000	Texas		Taylor County	
	2019	2020	2019	2020
HIV prevalence	400.9	405.3	210.8	202.9
HIV diagnoses	18.3	14.8	6.2	ND

Source: National Center for HIV, Viral Hepatitis, STD & TB Prevention

⁴³ Centers for Disease Control & Prevention. Division of STD Prevention, National Center for HIV, Viral Hepatitis, STD & TB Prevention, 2022.

⁴⁴ Due to the impact of the COVID-19 pandemic, data for 2020 and 2021 should be interpreted with caution.

⁴⁵ A data suppression rule is applied if the population denominator is less than 100 or total case count is one to four (technical notes).

Maternal Health

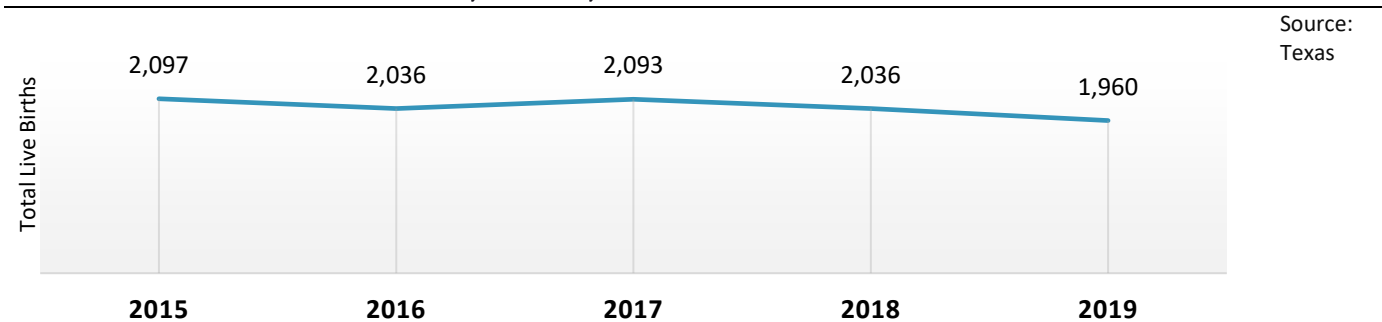
Maternal health is the health of women during pregnancy, childbirth, and the postpartum period. Optimizing maternal health is an important public health goal nationwide, crucial to the well-being of future generations. The urgency of this goal is even more apparent during challenging times, like the current pandemic, which has highlighted striking health disparities within communities.⁴⁶ The five-year trend in Texas and Taylor County indicates a slight decline in total births per year.

Exhibit 43: Trend of Annual Births

Year	Texas	Taylor County
2019	377,710	1,960
2018	376,354	2,036
2017	381,876	2,093
2016	396,999	2,036
2015	403,439	2,097

Source: Texas Department of State Health Services, Texas Health Data. Live Births, 2019

Exhibit 424: Trend of Annual Births in Taylor County



Source:
Texas

Department of State Health Services, Texas Health Data. Live Births, 2019

Exhibit 43: Percentage of Births by Race and Ethnicity⁴⁷

2019	Texas	Taylor County
White	32.4%	59.5%
Black / African American	12.3%	9.4%
Hispanic	47.6%	26.8%
Other	7.7%	4.3%

Source: Texas Department of State Health Services, Texas Health Data. Live Births

- In 2019, more than a quarter of all mothers who gave birth in Taylor County identified as Hispanic (26.8%), compared to nearly half of all mothers statewide (47.6%).

⁴⁶ U.S. Department of Health & Human Services, Office of Surgeon General. The Surgeon General's Call to Action to Improve Maternal Health, 2020.

⁴⁷ Texas Vital Statistics data excludes unknown values and masks low counts with "—". If a geographic area has no counts for one or more of the selected variables, that row will not show in the table. The location variables (region, county, ZIP) refer to the mother's residence.

Exhibit 44: Percentage of Infant Fatalities by Race and Ethnicity in Texas

	Number	Percent of Total Deaths
Hispanic	908	43.8%
Non-Hispanic Black	498	24.0%
Non-Hispanic Other	103	5.0%
Non-Hispanic White	564	27.2%

Source: Texas Department of State Health Services, Texas Health Data. Infant Deaths, 2019

Exhibit 46 indicates five leading causes of death for infants, from birth to one year, statewide. The leading cause of death in 2019 was in the category of Congenital Malformations, Deformations, and Chromosomal Abnormalities, accounting for approximately 22.7% of all infant fatalities (471).

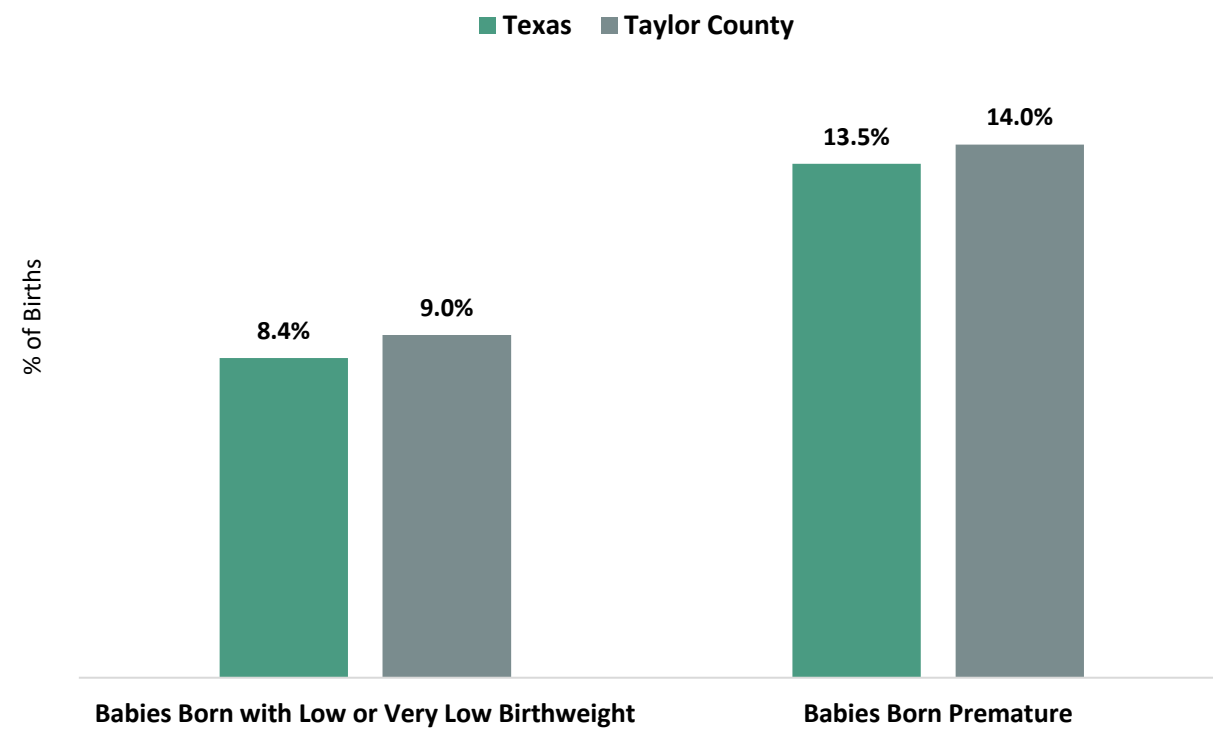
Exhibit 46: Leading Causes of Infant Fatalities in Texas

2019	Number	Percent of Total Deaths
Congenital Malformations, Deformations, & Chromosomal Abnormalities	471	22.7%
Disorders Related to Short Gestation & Low Birthweight (Not elsewhere classified)	301	14.5%
Newborn Affected by Maternal Complications of Pregnancy	122	5.9%
Sudden Infant Death Syndrome	113	5.5%
Accidents (Unintentional injuries)	87	4.2%

Source: Texas Department of State Health Services, Texas Health Data. Infant Deaths

Taylor County has slightly higher rates of babies born underweight and babies born prematurely compared to Texas.

Exhibit 47: Infant Characteristics⁴⁸



2019	Texas	Taylor County
Newborn Birthweight		
Low or Very Low Birthweight	8.4%	9.0%
Newborn Gestation		
Premature	13.5%	14.0%

Source: Texas Department of State Health Services, Texas Health Data. Live Births

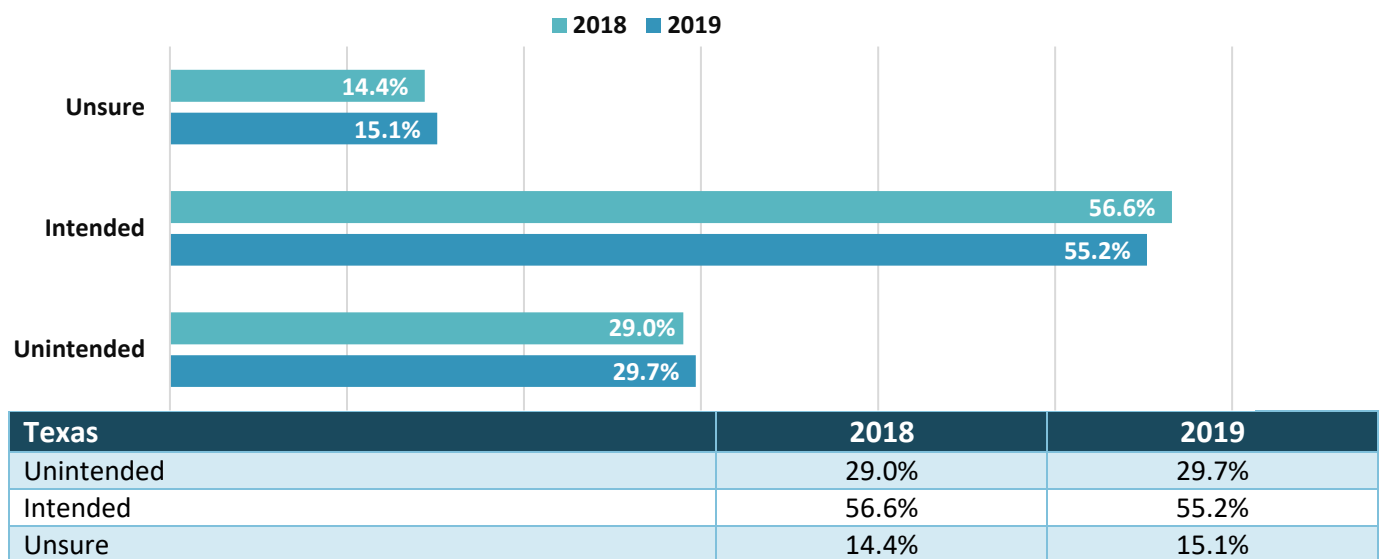
⁴⁸ Newborn's birthweight – low or very low birthweight includes birthweights under 2,500 grams, and normal birthweight includes birthweights 2,500 grams or greater. This data excludes unknown values and masks low counts with “—”. Newborn's gestation – whether the newborn was premature or not. Premature births include those of 36 weeks gestational age (the length of pregnancy) and below.

Pregnancy Risk Assessment Monitoring System

The following data was collected from the Pregnancy Risk Assessment Monitoring System (PRAMS), a surveillance system designed to monitor maternal attitudes and behaviors before, during, and after pregnancy. Conducted in partnership with the Centers for Disease Control and Prevention (CDC) and the Texas Department of State Health Services (DSHS), Texas PRAMS is a population-based assessment that monitors the health and behaviors of new mothers in Texas.⁴⁹

The 2018 and 2019 PRAMS statewide data indicates a slight decline in intended pregnancies and a very small increase in unsure or unintended pregnancies.

Exhibit 48: Intention of Pregnancies



Source: Texas Department of State Health Services, Texas Health Data. Pregnancy Risk Assessment Monitoring System Survey

Exhibit 49: Intention of Pregnancy by Race and Ethnicity

Texas	Intended		Unintended		Unsure	
	2018	2019	2018	2019	2018	2019
Black / African American	39.4%	40.3%	38.3%	32.8%	22.2%	26.9%
Hispanic	51.5%	49.6%	33.6%	37.1%	14.9%	13.2%
Other	65.0%	70.7%	18.2%	21.0%	9.3%	8.3%
White	66.5%	64.4%	22.8%	20.2%	7.8%	15.4%

Source: Texas Department of State Health Services, Texas Health Data. Pregnancy Risk Assessment Monitoring System Survey

- In 2019, approximately one-third of Black/African American (32.8%) and Hispanic (37.14%) mothers having unintentional pregnancies. Among Hispanic mothers, the data point represents a large increase in unintended pregnancies between 2018 and 2019.

The Special Supplemental Nutrition Program for Women, Infants, and Children, popularly known as WIC, is a nutrition program for pregnant, breastfeeding women and families with children younger than five.⁵⁰ Among

⁴⁹ Texas Department of State Health Services. Texas Health Data, Pregnancy Risk Assessment Monitoring System.

⁵⁰ Texas Health & Human Services, About WIC.

mothers not experiencing intentional pregnancy, enrollment in the WIC program statewide increased between 2018 and 2019.

Exhibit 50: Intention of Pregnancy by WIC Program Status

Texas	Intended		Unintended		Unsure	
	2018	2019	2018	2019	2018	2019
Enrolled in WIC	49.1%	46.0%	34.7%	35.3%	16.3%	18.8%

Source: Texas Department of State Health Services, Texas Health Data. Pregnancy Risk Assessment Monitoring System Survey

Exhibit 51: Intention of Pregnancy by Payer of Delivery

Texas	Intended		Unintended		Unsure	
	2018	2019	2018	2019	2018	2019
Medicaid	47.2%	45.0%	34.4%	37.0%	18.3%	18.0%
Private Insurance	67.2%	69.0%	38.3%	19.7%	11.1%	11.4%
Self-Pay, Other, Unknown	55.8%	56.3%	33.6%	30.7%	10.1%	13.0%

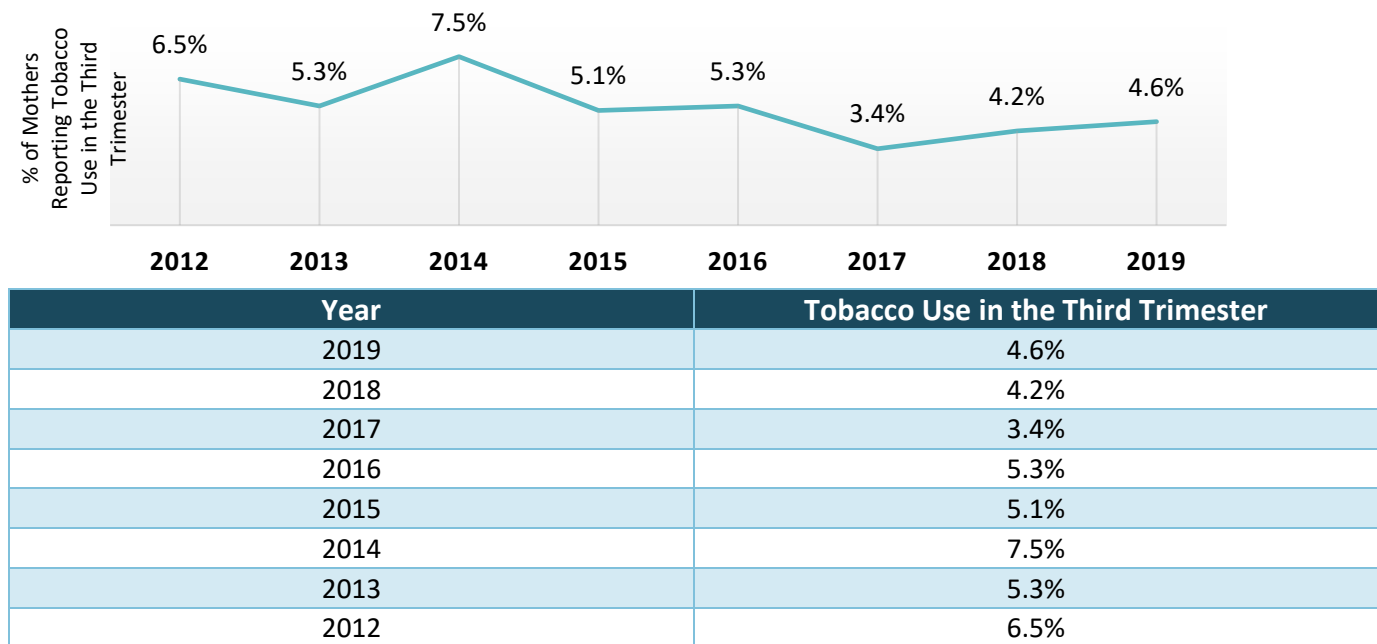
Source: Texas Department of State Health Services, Texas Health Data. Pregnancy Risk Assessment Monitoring System Survey

- Among 2019 new mothers covered by private health insurance, nearly 70% had intentional pregnancies.
- Medicaid is a more common health insurance provider among women with unintended pregnancies than others in 2018 and 2019.
- Unintended pregnancies among women with private insurance decreased by nearly half from 2018 to 2019 (38.3% to 19.7%).

Mothers who smoke tobacco are more likely to deliver their babies preterm, which is a leading cause of death, disability, and disease among newborns. One in every five babies born to mothers who smoke during pregnancy has low birthweight and mothers who are exposed to secondhand smoke while pregnant are more likely to have lower birthweight babies.⁵¹

Exhibit 52 indicates the percentage of mothers in Texas who self-reported tobacco use through the 2019 PRAMS survey by answering the question, “In the last three months of your pregnancy, how many cigarettes did you smoke on an average day? (presented as yes/no response).” In 2017, this indicator hit a low but increased since then.

Exhibit 52: Trend of Tobacco Use in the Third Trimester in Texas



Source: Texas Department of State Health Services, Texas Health Data. Pregnancy Risk Assessment Monitoring System Survey

Exhibit 53: Tobacco Use in the Third Trimester by Maternal Race and Ethnicity

2019	Tobacco Use in the Third Trimester
Total	4.6%
Hispanic	2.5%
Black / African American	7.3%
White	7.3%
Other	ND

Source: Texas Department of State Health Services, Texas Health Data. Pregnancy Risk Assessment Monitoring System Survey

- The percentage of mothers statewide who reported using tobacco in the third trimester of their pregnancy predominantly identify as Black / African American or White; rates among Hispanics are notably lower.

⁵¹ Office on Smoking and Health, National Center for Chronic Disease Prevention & Health Promotion.

Behavioral Health

Behavioral health includes the emotions and behaviors that affect overall wellbeing. Just like physical health, behavioral health has trained providers who can help patients much like a physical healthcare provider would.⁵²

Exhibit 54 measures the age-adjusted average number of mentally unhealthy days reported in the past 30 days. Taylor County residents reported more poor mental health days compared to the state and national response.

Exhibit 54: Poor Mental Health Days

United States	Texas	Taylor County
4.0	3.9	4.6

Source: County Health Rankings & Roadmaps, 2019

A State Mental Health Authority refers to one of the 37 local mental health or behavioral health facilities that deliver mental health services in communities across Texas.⁵³ Please note, this data defines mental illness as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder.

State Mental Health Authorities in Texas served 16,184 more residents in 2019 compared to 2018 but did not see a notable increase in any specific age groups. Nearly one-fourth (23.2%) of mental health services treated individuals under the age of 18, while the most prevalent adult age range was between 25 and 44.

*Exhibit 55: Mental Health Service Trends by Age*⁵⁴

2019										
United States	Total	0 - 12	13 - 17	18 - 20	21 - 24	25 - 44	45 - 64	65 - 74	75 +	Unk
Served by the State Mental Health Authority	8,131,606	16.0%	12.2%	4.7%	5.7%	31.4%	24.5%	3.7%	1.6%	0.1%
Adults with SMI and Children with SED Served by the State Mental Health Authority	5,638,887	16.0%	12.9%	4.4%	5.3%	5.3%	30.6%	25.7%	3.7%	0.1%
Texas	Total	0 - 12	13 - 17	18 - 20	21 - 24	25 - 44	45 - 64	65 - 74	75 +	Unk
Served by the State Mental Health Authority	416,338	11.6%	11.6%	5.0%	6.6%	35.6%	25.5%	3.1%	1.1%	0.0%
Adults with SMI and Children with SED Served by the State Mental Health Authority	394,529	11.5%	11.7%	5.0%	6.5%	35.5%	25.9%	3.7%	1.3%	0.9%

Source: Texas Mental Health National Outcome Measures, Substance Abuse & Mental Health Services Administration

- Nearly 20,000 more adults with a Serious Mental Illness (SMI) and children with a Serious Emotional Disturbance (SED) sought State Mental Health Authority services compared to 2018 (2019, 394,529).

⁵² U.S. Centers for Medicare & Medicaid Services.

⁵³ Texas Health & Human Services, Find Your Local Mental Health or Behavioral Health Authority.

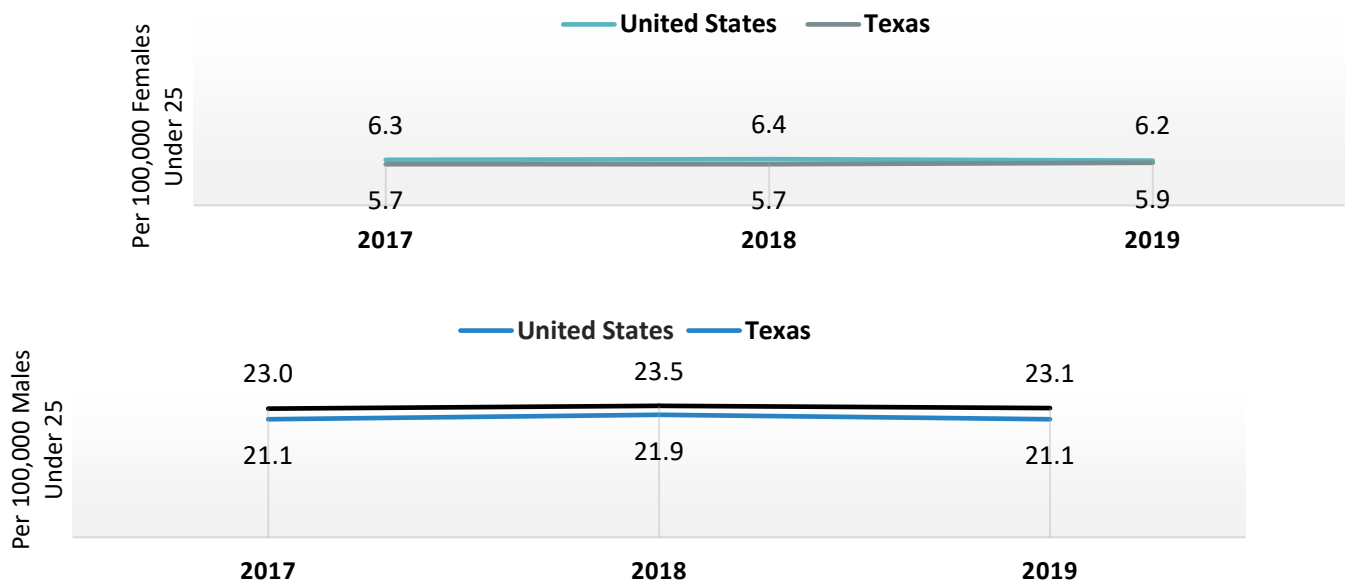
⁵⁴ Reporting Period: 9/1/2018 - 8/31/2019.

In 2021, the American Academy of Pediatrics declared a state of emergency regarding child and adolescent mental health.⁵⁵ While the figures below are not reflective of the COVID-19 pandemic, this data helps to provide a baseline as persistent data focusing on the mental health of youth.

The line graphs below indicate the trend of crude suicide rates for both females and males under the age of 25. While suicide rates for both female and male youth have remained relatively steady between 2017 and 2019. Males under 25 have alarmingly higher rates compared to females.

It is important to note that preliminary data on the impact of COVID-19 found that in the early months of 2021, visits to emergency departments for suspected suicide attempts increased roughly 50% for adolescent girls compared with the same period in 2019. Additionally, during 2020, the proportion of mental health-related emergency department visits among adolescents aged 12 to 17 years increased by 31% compared with that period during 2019.⁵⁶

Exhibit 56: Youth Suicide Rates by Gender



Per 100,000 Population	2017		2018		2019	
	Female	Male	Female	Male	Female	Male
United States	6.3	23.0	6.4	23.5	6.2	23.1
Texas	5.7	21.1	5.7	21.9	5.9	21.1

Source: Centers for Disease Control & Prevention, National Centers for Injury Prevention and Control. Web-based Injury Statistics Query & Reporting System

The ratio of mental health providers represents the number of individuals served by one provider, if the population was equally distributed across providers within a country, state, or county. Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care.⁵⁷

As of 2019, there are approximately 760 residents per mental health provider statewide, and 530 residents per mental health provider in Taylor County.

⁵⁵ Pediatricians, Child & Adolescent Psychiatrists & Children’s Hospitals Declare National Emergency in Children’s Mental Health, 2021.
⁵⁶ Yard E, Radhakrishnan L, Ballesteros MF, et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021. MMWR Morb Mortal Wkly Rep 2021; 70:888–894.
⁵⁷ County Health Rankings & Roadmaps, Mental Health Providers Description.

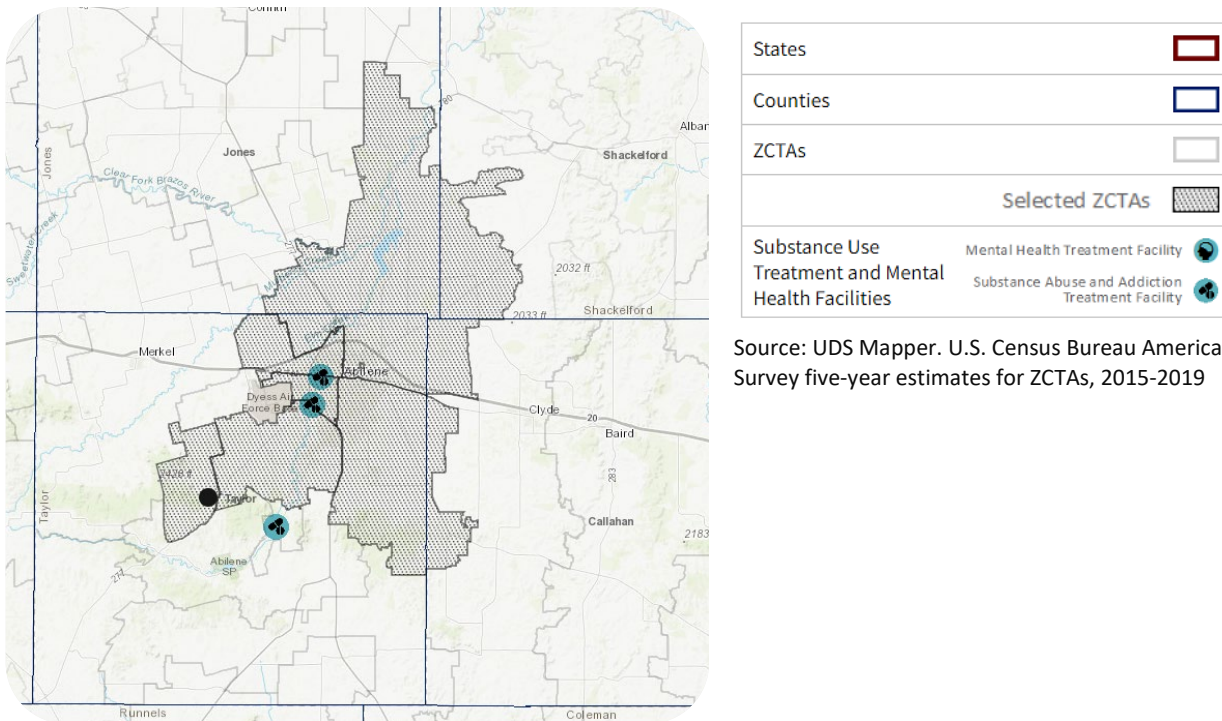
Exhibit 57: Ratio of Mental Health Providers

United States	Texas	Taylor County ⁵⁸
250:1	760:1	530:1

Source: County Health Rankings & Roadmaps

Exhibit 58 indicates locations within Taylor County and outlying areas where substance use treatment and mental health facilities are located. To further highlight the Abilene area, zip code areas are shaded.

Exhibit 58: Map of Substance Use Treatment and Mental Health Facilities



Source: UDS Mapper. U.S. Census Bureau American Community Survey five-year estimates for ZCTAs, 2015-2019

⁵⁸ Please note: The ratio of mental health providers is the same in Brown County.

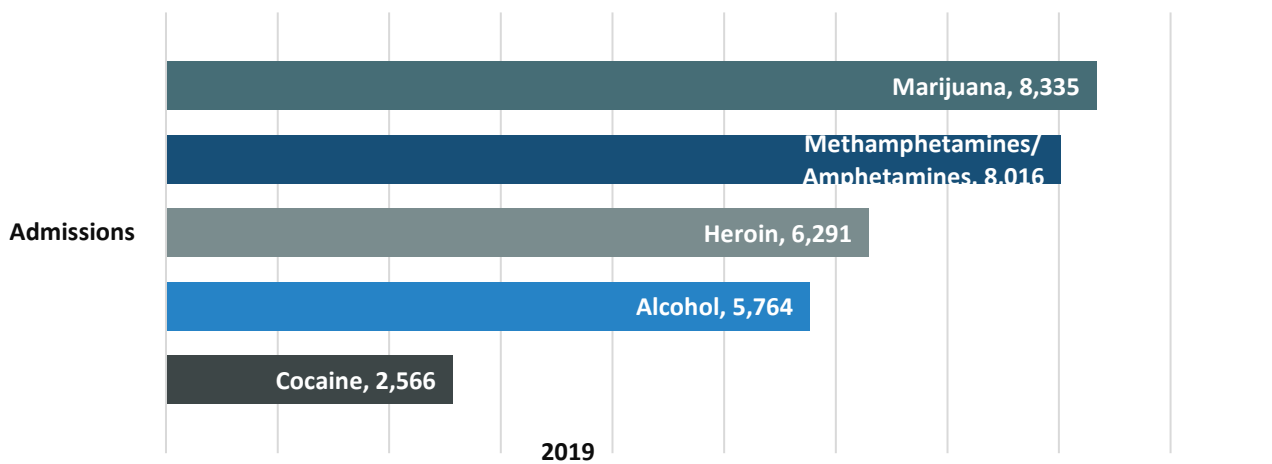
Admissions due to alcohol use increased in nearly every age group – a 17% increase for those between the ages of 30 to 34 and an 18% increase for those 40 to 44 years old. Alcohol and use of methamphetamines is highest within the 30 to 34 age group, while marijuana use is higher (crude admissions) among younger adults ages 25 to 29.

Exhibit 59: Admissions to Publicly Funded Substance Use Treatment in Texas

2019	Alcohol	Heroin	Cocaine	Marijuana	Methamphetamines/Amphetamines
Total	5,764	6,291	2,566	8,335	8,016
Age					
0-12	1	0	0	22	0
13 - 17	29	11	45	3,015	136
18 - 20	40	64	52	638	206
21 - 24	248	488	174	1,211	692
25 - 29	636	1,549	402	1,377	1,635
30 - 34	897	1,372	401	941	1,860
35 - 39	885	1,136	372	546	1,568
40 - 44	821	693	274	280	851
45 - 49	732	348	243	143	546
50 - 54	613	255	277	86	314
55 - 59	501	212	192	52	156
60 - 64	265	109	97	21	44
65 - 69	69	21	34	3	7
70 - 74	21	23	2	0	1
75 +	6	0	1	0	0

Source: Center for Behavioral Health Statistics & Quality, Substance Abuse & Mental Health Services Administration, Treatment Episode Data Set

Exhibit 60: Admissions to Publicly Funded Substance Use Treatment in Texas



Qualitative Research Approach

The qualitative primary research methodology consisted of stakeholder interviews and focus group discussions with key community stakeholders, policymakers, and residents. More than **45** individuals were invited to participate in the qualitative research, resulting in **15** community stakeholders and members participating.

Community Stakeholder Interviews and Focus Group Discussions

Eleven one-on-one or small group interviews that lasted approximately 30 minutes were conducted and provided the opportunity to have in-depth and private conversations about community-wide strengths, barriers to getting care, impacts of the COVID-19 pandemic, and ideas to improve their communities, as well as in-depth discussions about healthcare, social service, mental health, and other service issues with Hendrick Health leaders, community partners, and individuals from the community. Although an interview guide was used to help facilitate the conversation, participants were encouraged to speak about his or her particular areas of concern, interest, or experience (Appendix B). Many of their opinions and observations were grounded in both personal and professional experiences. The groups began with introductions, followed by broad discussion about the topic areas. Topics were then narrowed into the subjects participants identified as the biggest concerns facing their community and what possible solutions they envisioned.

Qualitative Discussion Themes

Through both the qualitative individual interviews and focus group discussions, several themes about areas of need, or Qualitative Themes, were revealed. These Qualitative Themes which cut across, impact the subsequent needs and action areas. The themes identified in the following section are supported by the High-Level Action Areas, using de-identified illustrative observations in italics to represent respondents' consensus perspectives. In many cases, the observations highlight examples of potential interventions.

High-Level Action Areas

The following High-Level Action Areas are mostly representative of respondents' consensus in both the qualitative interviews and the focus group discussion. These key action areas and some associated observations that are representative of respondents' consensus perspectives gathered from the interviews are included on the following pages.

Please note that the Action Areas are in alphabetical (not prioritized) order.



Behavioral Health Services for Children and Adults

Mental health was identified as one of the top needs for the Greater Abilene community by the majority stakeholders and focus group participants. The Kaiser Family Foundation has reported that during the COVID-19 pandemic, approximately four in 10 U.S. adults have experienced symptoms of anxiety or depressive disorder, an increase from one in ten adults in 2019.⁵⁹ While many recognized the increased access to services since the last community health needs assessment in 2019, the need for more services and providers remains. Stressors from the ongoing COVID-19 pandemic likely has led to an increased need in the community, as well.

Psychiatry was mentioned as a need by several stakeholders, because access to a psychiatrist is very limited in Abilene. While there are inpatient behavioral health providers in the community, access is limited largely due to payor source. If a person is uninsured or underinsured, then they often have challenges accessing affordable services.

Chronic Disease Management

The Center for Disease Control and Prevention (CDC) reports that six in ten U.S. adults have at least one chronic disease, while four in ten adults have two or more.⁶⁰ Stakeholders indicated that there is a high percentage of chronic diseases in the community for a variety of reasons, like lack of affordability and ability to pay for services, cultural differences, and mindset. Diabetes, obesity, hypertension, and COPD are all common in the Greater Abilene community. While Hendrick Health and others in the community offer prescription medication assistance programs, patients are often non-compliant with their medications.

Health Equity

According to the CDC, health equity is achieved when every person, regardless of race, ethnicity, gender, socioeconomic status, and more, has the opportunity to attain their “full health potential” and no one experiences disadvantages because of social position or other socially determined circumstances.⁶¹ The COVID-19 pandemic brought health equity to the forefront in the United States, and some health inequalities also exist in the Greater Abilene community. Many of the challenges are related to financial hardships or lack of insurance. Abilene has increasingly become more diverse, and some who are new to the U.S., including refugees, may not be familiar with the U.S. healthcare system and culture.

“Our local behavioral health provider provides some services that are very good. The crisis prevention team has helped a lot. There is a psych nurse practitioner by telehealth available at the FQHC. But we need more mental health and substance use providers for the uninsured. We’re desperate for psychiatrists.”

“There’s a high rate of diabetes and COPD is very high here too. There’s also a lot of end stage kidney disease, which is likely due to uncontrolled diabetes.”

“There are pockets of inequality and more of that has come to light during COVID.”

⁵⁹ Kaiser Family Foundation. The Implications of COVID-19 for Mental Health and Substance Use.

⁶⁰ Centers for Disease Control & Prevention. About Chronic Disease.

⁶¹ Centers for Disease Control & Prevention, Health Equity.

Housing, Child Care, and Basic Needs

Social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.⁶² Social determinants of health can often negatively impact an individual's health or be barriers and bring challenges to receiving adequate healthcare services. Housing and childcare are two of the top social determinants of health in the Greater Abilene community, because they are limited and expensive. Many local agencies and churches in Abilene help with food and other needs for people experiencing homelessness.

"We have so many things in the community. It's a very giving community. A lot of churches are involved in helping with basic needs, but people fall through the cracks."

Impact of COVID-19

Impacts of the ongoing COVID-19 pandemic have been felt around the world and locally in Taylor County. Many stakeholders stated that the true long-term impacts from the community – healthcare or non-health-related – are still unknown. However, during the early days of the pandemic, many people, especially those of lower income, felt the impacts more directly through job and income loss. Healthcare employers also experienced the impacts after pausing vital programs during the height of the pandemic, as well as ongoing staff shortages.

"I don't think we'll see long-term impacts for another four to five years. A lot of people missed [medical] appointments and [went] off medications."

Staff Shortages and Recruitment

Staff shortages plague healthcare providers across the United States and also in the Greater Abilene community. The health system continues to encounter the nursing shortage that was magnified during the pandemic. Additionally, the lack of affordable housing and childcare can be a barrier to attracting to new staff and retaining current staff.

"The nursing [shortage] [was] huge even before COVID. Many nurses left to do travel nursing because they can make more money. We're spending triple to quadruple for staffing. We are working closer with our nursing schools to provide more access."

⁶² Healthy People 2030. Social Determinants of Health.

Community Health Needs Assessment Survey

A community survey was conducted in the Hendrick Health service area. Of the 307 individuals who completed the survey, 239 respondents (77.9%) lived in Taylor County. Approximately 77% of the respondents were female. Approximately 20% of the survey respondents were between the ages of 25 to 34, 21% were 35 to 44, and 19% were 65 to 74 years old. The remaining 40% were in other age groups.

Of the number of Taylor County residents who completed the survey, 88.7% reported having a family doctor, while the remaining almost 12% reported having no provider or seeking care at the emergency room or walk-in urgent care.

When asked if a survey respondent or someone in their home has needed care but not received it within the past 12 months, almost 33% reported needing medical care. Nearly a third of respondents indicated they needed mental health services but did not receive care.

Exhibit 62: Reasons Why Survey Respondents Who Needed Care Did Not Receive Care

	Reason for Not Receiving Care
Unable to afford to pay	56.1%
Unable to schedule an appointment when needed	33.3%
Do not have insurance to cover medical care	29.8%
Cannot take time off work	19.3%
Doctor's office does not have convenient hours	14.0%
Unable to find a doctor who takes my insurance	8.8%
Am not sure how to find a doctor	7.0%
Transportation challenges	7.0%
Unable to find a doctor who knows or understands my culture, identity, beliefs, or language	5.3%
Cannot take child out of class	1.8%
Other	29.8%

Source: Community Survey

- Survey respondents were also asked the causes of why they did not receive the care they needed. Respondents were able to check more than one reason and most respondents reported the inability to afford to pay for care and by being unable to schedule an appointment when needed.
- Other reasons survey respondents cited for not receiving the necessary care included difficulty accessing local providers, either because of full schedules, inability to accept new patients or lack of healthcare staff.

Exhibit 63: Top Needs that Need More Focus Identified by Survey Respondents

Rank	Taylor County
1	Affordable prescription drugs
2	Counseling services for mental health issues such as depression, anxiety, and others for adults
3	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children
4	Affordable quality childcare
5	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers
6	Affordable healthcare services for individuals or families with low income
7	Crisis or emergency care programs for mental health
8	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare
9	Drug and other substance abuse early intervention services
10	Support services for children with developmental disabilities
11	Drug and other substance abuse treatment services
12	Long-term care or dementia care for seniors
13	Special care (for example, case workers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others
14	Drug and other substance abuse education and prevention
15	Programs to help recovering drug and other substance use disorder patients stay healthy
16	Support services for adults with developmental disabilities
17	Social services (other than healthcare) for people experiencing homelessness
18	Healthcare services for people experiencing homelessness
19	Healthcare services for seniors
20	Services or education to help reduce teen pregnancy
21	Education and job training
22	Primary care services (such as a family doctor or other provider of routine care)
23	Women's health services
24	Secure sources for affordable, nutritious food
25	Programs for obesity prevention, awareness, and care
26	Crisis or emergency care services for medical issues
27	Parenting classes for the "new Mom" or the "new Dad"
28	Programs for heart health or cardiovascular health
29	Transportation services for people needing to go to doctor's appointments or the hospital
30	General public transportation
31	Programs for diabetes prevention, awareness, and care
32	Emergency care and trauma services
33	HIV/AIDS education and screening
34	HIV/AIDS treatment services

Community Needs Prioritization Methodology

Prioritizing the community needs helps guide Hendrick Health’s leadership and facilitates consensus on program development and implementation, collaboration, and advocacy. Hendrick Health worked with community service leaders and providers, county leaders, patients, and others and used the following research to inform the list of needs:

- Secondary Research
- Qualitative Interviews and Focus Group Discussions
- Quantitative Community Survey

The results identified **34** community needs. A significant, common challenge faced by communities at this point is that the final prioritization is often based on positional authority, non-representative quantitative ranking, or some other process that does not fully incorporate disparate insights or build consensus among the stakeholders.

To address this potential challenge, Crescendo worked with Hendrick Health’s leadership to implement a needs prioritization process. The results: 1) identify the core impact areas, 2) create a prioritized list of needs to be addressed, and 3) develop a sense of ownership of the ongoing initiatives developed to address the needs.

There were two steps or “rounds” in the process. The **first round** involved a short survey disseminated



electronically and completed anonymously with comments. The **second step** was a virtual prioritization session to draw conclusions that would be consistent with the organization’s strategic planning process. The following table contains the final list of top needs for Hendrick Health’s Abilene market.

Exhibit 64: Prioritized Community Needs

Rank	Abilene Market Needs
1	Community awareness of available services and programs
2	Programs for heart health or cardiovascular health
3	Emergency care and trauma services, including critical care beds
4	Hospital and healthcare staff shortages including staff recruitment and provider retirement planning
5	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers
6	Women's health services
7	Transportation services for people needing to go to doctor's appointments or the hospital
8	Mental health services for adults and children
9	Chronic disease case management or "navigators"
10	Education and referrals for financial support and community affordable health care services and programs
11	Chronic disease screenings (e.g., heart disease, stroke, high blood pressure)
12	Programs for diabetes prevention, awareness, and care
13	Affordable prescription drugs
14	Primary care services (such as a family doctor or other provider of routine care)
15	Domestic violence and sexual assault prevention, intervention, and care services
16	Crisis or emergency care programs for mental health
17	Affordable quality childcare
18	Mental health stigma reduction
19	Healthcare services for seniors
20	Health care and social services for people experiencing homelessness
21	Drug and other substance abuse treatment, education, and prevention programs
22	Programs for obesity prevention, awareness, and care
23	Long-term care or dementia care for seniors
24	Secure sources for affordable, nutritious food
25	Support services for children and adults with developmental disabilities
26	Affordable housing

Appendices

Appendix A: Hendrick Staff Survey Results

Appendix B: Stakeholder Interview Guide

Appendix C: Community Survey Questions

Appendix D: Community Benefits Summary and 2019 Implementation Plan Update

Appendix A: Hendrick Staff Survey Results

Please note that due to low numbers of responses from people working in locations other than Hendrick Medical Center, cross-tabulation of responses was not helpful (n = 134). The majority of staff members who completed the survey reported working at Hendrick Medical Center.

Exhibit 65: Staff Location

Facility	Percent
Hendrick Medical Center	65.9%
Hendrick Medical Center South	13.2%
Hendrick Medical Center Brownwood	14.0%
Non-hospital facilities in Abilene	5.4%
Non-hospital facilities in Brownwood	1.6%

Source: Hendrick Staff Survey

Exhibit 66: Quality of Service

Rank the quality of service for each Hendrick Health						
Service	Needs major improvement	Needs improvement	Neutral	Good or very good	Excellent	Good or better
Asthma Care	4.7%	2.3%	24.2%	14.1%	9.4%	23.4%
Cancer Care	3.1%	3.9%	14.1%	21.1%	26.6%	47.7%
Diabetes Care	4.7%	7.0%	14.0%	20.9%	22.5%	43.4%
Dialysis	2.4%	2.4%	12.6%	22.8%	17.3%	40.2%
Emergency Care	15.3%	13.0%	29.0%	21.4%	15.3%	36.6%
Gastroenterology	10.2%	11.8%	16.5%	17.3%	12.6%	29.9%
Heart and Vascular	2.4%	3.1%	16.5%	27.6%	27.6%	55.1%
Home Health	3.9%	3.1%	13.4%	19.7%	14.2%	33.9%
Laboratory Services	5.4%	6.2%	20.9%	27.1%	25.6%	52.7%
Neurosciences	7.1%	10.2%	11.8%	17.3%	14.2%	31.5%
Occupational Health Services	3.1%	4.6%	15.4%	14.6%	8.5%	23.1%
Orthopedics	1.6%	10.9%	22.7%	34.4%	30.5%	64.8%
Palliative Care	1.6%	4.7%	7.0%	14.1%	35.9%	50.0%
Pastoral Care	1.6%	0.8%	16.4%	19.5%	35.2%	54.7%
Pediatrics	6.3%	4.7%	11.7%	20.3%	23.4%	43.8%
Pharmacy	5.5%	2.3%	12.5%	21.9%	38.3%	60.2%
Pregnancy and Birth	6.4%	2.4%	9.6%	24.0%	31.2%	55.2%
Primary Care	7.8%	6.2%	22.5%	23.3%	21.7%	45.0%
Radiology and Diagnostic Imaging	3.9%	4.7%	19.4%	20.9%	27.9%	48.8%
Rehabilitation and Therapy	1.6%	4.7%	11.6%	23.3%	22.5%	45.7%
Sleep Disorder Treatment	1.6%	7.0%	11.7%	14.8%	12.5%	27.3%
Surgery	3.1%	2.3%	19.5%	23.4%	23.4%	46.9%
Transitional Services	4.7%	5.4%	12.4%	10.9%	6.2%	17.1%
Women's Health	3.9%	6.3%	9.4%	35.2%	21.9%	57.0%
Wound Care	0.8%	1.6%	10.2%	19.5%	22.7%	42.2%

Source: Hendrick Staff Survey

The main issues that survey respondents reported needs much more focus includes capacity (hiring more nurses and other non-physician direct care providers, 73.0%), staff retention initiatives (73.0%), and services to educate the community about financial resource assistance programs (51.4%).

Exhibit 67: Service Improvement

To what degree do the following areas need more focus or attention?			
Issue	No more focus needed	More focus needed	Much more focus needed
Chronic disease education and prevention initiatives in the community	7.9%	46.5%	45.5%
Capacity – hiring more primary care providers	8.7%	47.6%	43.7%
Capacity – hiring more nurses and other non-physician direct care providers	2.5%	24.6%	73.0%
Care coordination, caseworker, or navigation services	6.5%	50.0%	43.5%
Electronic Medical Records (EMR) system efficiency	19.4%	42.9%	37.8%
Opportunities to be involved with clinical trials	14.7%	44.1%	41.2%
Linkages with doctors and others who may refer patients to Hendrick for services	17.1%	54.6%	28.4%
Linkages with doctors and others to whom Hendrick may refer patients for FOLLOW-UP care	17.2%	51.6%	31.2%
Quality initiatives that support consistent use of best practices	15.5%	50.5%	34.0%
Services to educate the community about financial resource assistance programs	11.0%	37.6%	51.4%
Staff retention initiatives, such as salary review, incentives, workplace policies, etc.	4.8%	22.2%	73.0%

Source: Hendrick Staff Survey

Thinking about the past 18 + months, have you experienced any of the following due to the ongoing COVID-19 pandemic?			
Issue	Rarely	Sometimes	Frequently
Burnout	17.4%	34.9%	47.7%
Anxiety	19.6%	40.6%	39.9%
Depression	43.2%	31.1%	25.8%
Considered changing professions	41.7%	27.3%	31.1%
Felt unsafe in the workplace	62.9%	26.5%	10.6%

Source: Hendrick Staff Survey

- Almost half of all respondents reported frequently feeling burnout in the past 18 months, and nearly 40% reported feeling anxiety frequently.

Appendix B: Stakeholder Interview Guide

Hendrick Health

Stakeholder Interview Guide

INTRODUCTION

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with Hendrick Health in [Abilene or Brownwood] to conduct a community health needs assessment.

The purpose of this conversation is to learn more about the strengths and resources in the community as well as collect your insights regarding health care-related needs, ways that people seek services, ongoing impacts of the COVID-19 pandemic, and to identify service gaps and ways to better meet the needs of the community. We are also very interested to hear your insights about equal access to health care services and challenges or advantages that some communities may experience, if any.

We will describe our discussion in a written report; however, individual names will not be used. Please consider what you say in our conversation to be anonymous.

Do you have any questions for me before we start?

ICE-BREAKER / SELF-INTRODUCTION QUESTION

Please tell me a little about yourself and ways that you like to interact with the community where you live [where appropriate, "... and the populations your organization (or you) serves."].

ACCESS AND AVAILABILITY OF SERVICES

1. When you think of the good things about living in this community, what are the first things that come to mind? [PROBE: things to do, green spaces, strong sense of family, cultural diversity]
2. Generally, what are some of the challenges to living here?
3. What would you say are the two or three most urgent health care-related needs in the (these) community/communities? [PROBE: obesity, diabetes, depression]

AFFORDABILITY OF HEALTH CARE AND BASIC NEEDS

4. To what degree are community members or families struggling with finding and accessing quality health care? [PROBE: are there certain types of care that are more difficult to find?]
 - a. To what degree is quality primary care and/or specialty care available?
 - b. Do people struggle to find quality mental health care or treatment for substance use disorders?
 - c. How are people accessing care, for example, virtual/telemedicine, face-to-face?
 - d. Are health care services equally available to everyone? Are there any barriers in access to services based on economic, race / ethnicity, gender, or other factors?

- e. To what degree do health care providers care for patients in a culturally sensitive manner?
5. Do people in the community struggle with accessing other basic needs besides health care such as accessing nutritious/healthy food, hygiene and sexual health products, or affordable prescription medications
 - a. What are some resources or services in the community that work really well? What doesn't work?
 6. For women of reproductive age, what is access to pre-natal, OBGYN, and perinatal care like in your community? Are there any barriers in access to services?
 7. What are some of the health care challenges that seniors may experience in your community? (Probe: hospice, end of life care, specialists, etc.).

HEALTH EQUITY

8. Health equity is an important consideration. First, what does health equity mean to you?
9. How can you improve current services for marginalized or hard-to-reach populations – Priority Populations -- in your community?
10. What are some of the community-level actions that can be done to provide for community health and well-being more equitably?
 - a. Are there any “low hanging fruit” that could be addressed quickly?

SOCIAL DETERMINANTS OF HEALTH

11. How difficult is it to find safe and affordable housing in your community? Name some of the greatest challenges.
12. Describe the job market in the area before the pandemic and currently. [*PROBES: Generally, are “good” jobs here, and can people get them? Is it easy to find a full-time job with good pay, benefits, and retirement?*]
13. Do you feel there is good access to broadband and high-speed internet in the region? What are some of the challenges to not having good, reliable internet?

If transportation has not come up yet.

14. Does everyone typically have reliable transportation to work, the grocery store, doctors, school? If not, are there services in the community that help those without a vehicle?
15. How easy is it for families to find affordable and safe childcare in the area? What are some of the challenges or barriers?

VULNERABLE POPULATIONS

16. What are some of the biggest needs for those who are more vulnerable than others? How does the community support them? [*PROBE: veterans, new Americans, seniors, people living with disabilities*]

IMPACT OF COVID-19

17. What are one or two ways that COVID-19 has impacted the community the most? [*PROBE: community well-being, social impacts, education, or the economy*]
 - a. Which of these do you think will be short-term effects (e.g., “After COVID is behind us, so will the effects”) or long-term effects (e.g., “The impact will be long-lasting.”)?
18. How do you think COVID-19 will impact health behaviors and how people interact with the health care system or providers, such as for screenings or routine services, vaccine perceptions, virtual health care, or others?
 - b. How, if at all, has COVID-19 affected trust of health care providers or systems and the public health system?
19. How has the pandemic affected mental health or substance misuse issues?

ENHANCING OUTREACH AND DISSEMINATING INFORMATION

20. To what degree is health literacy a community advantage or challenge? Is there adequate health information available – especially in diverse or marginalized communities? How do you think health organizations can improve health literacy of the community?
21. How do community members generally learn about access to and availability of services in the area (e.g., on-line directory; social media; hotline; word of mouth)? What method tends to work the best or worst?
 - a. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

MAGIC WAND

22. If you had a magic wand, what is the one thing you would do to make your community a better place?

Appendix C: Community Survey Questions

Every three years, Hendrick Health System conducts a Community Health Needs Assessment to learn more about community health and issues that need more focus and attention. This short survey is designed to learn your thoughts and ideas on these important topics.

Thank you for being willing to share your thoughts!

The survey will take less than 6 minutes, and your comments will be kept confidential.

1. What is your age?

- | | |
|--------------------------------|-----------------------------------|
| <input type="radio"/> 18 to 24 | <input type="radio"/> 55 to 64 |
| <input type="radio"/> 25 to 34 | <input type="radio"/> 65 to 74 |
| <input type="radio"/> 35 to 44 | <input type="radio"/> 75 or older |
| <input type="radio"/> 45 to 54 | |

2. What is the highest grade or year in school you completed?

- | | |
|---|--|
| <input type="radio"/> Less than high school | <input type="radio"/> Completed a 2-year college degree or a vocational training program |
| <input type="radio"/> Graduated high school | <input type="radio"/> Graduated college (4-year Bachelor Degree) |
| <input type="radio"/> Some college or vocational training | <input type="radio"/> Completed Graduate or Professional school (Masters, PhD, Lawyer) |

3. What is your race? [Check all that apply]

- African-American
- American Indian
- Asian
- Caucasian
- Hispanic
- Mixed Race
- Other

4. Which of the following ranges best describes your total annual household income last year?

- | | |
|--|---|
| <input type="radio"/> Less than \$25,000 | <input type="radio"/> \$75,001 to \$100,000 |
| <input type="radio"/> \$25,001 to \$50,000 | <input type="radio"/> More than \$100,000 |
| <input type="radio"/> \$50,001 to \$75,000 | |

5. What is your gender?

- Male
- Female
- Other

6. Do you have a family doctor or a place where you go for routine care?

- Yes, family doctor, family health center, or clinic
- Yes, emergency room, or walk-in urgent care
- No
- Other (please specify)

A "healthy" community can include a variety of things such as the availability of healthcare services (including behavioral health), social services, economic vibrancy and good jobs, environmental factors, lifestyle topics (such as obesity, smoking, substance abuse, and healthy living issues), and others. The next few questions ask you about your opinions on these issues.

7. Which of the following community and health-related issues do you feel need more focus or attention for improvement?

	No More Focus Needed	Somewhat More Focus Needed	Much More Focus Needed	Don't Know
Transportation services for people needing to go to doctor's appointments or the hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secure sources for affordable, nutritious food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable quality child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare services for people experiencing homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social services (other than healthcare) for people experiencing homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education and job training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary care services (such as a family doctor or other provider of routine care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency care and trauma services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term care or dementia care for seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable healthcare services for individuals or families with low income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling services for mental health issues such as depression, anxiety, and others for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support services for children with developmental disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support services for adults with developmental disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug and other substance abuse education and prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug and other substance abuse early intervention services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug and other substance abuse treatment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs to help recovering drug and other substance use disorder patients stay healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis or emergency care programs for <u>mental</u> health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis or emergency care services for <u>medical</u> issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Special care (for example, case workers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs for diabetes prevention, awareness, and care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs for heart health or cardiovascular health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs for obesity prevention, awareness, and care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare services for seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services or education to help reduce teen pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting classes for the "new Mom" or the "new Dad"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV / AIDS education and screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV / AIDS treatment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there an OTHER issue that is a HIGH NEED that requires much more focus and attention? (If YES, please specify)

8. Of all the issues on the previous list, what do you think are the top one or two greatest health issues in the community?

1

2

9. What sources do you normally use to find out about healthcare providers, hospitals, your own health, or to monitor your own health? (Check your top three)

- | | |
|--|--|
| <input type="checkbox"/> Social media | <input type="checkbox"/> A fitness tracker website like Fitbit or My Fitness Pal |
| <input type="checkbox"/> A hospital's website | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> A physicians website | <input type="checkbox"/> Television |
| <input type="checkbox"/> Medical websites such as WebMD or Mayo Clinic | <input type="checkbox"/> Radio |
| <input type="checkbox"/> A patient portal | <input type="checkbox"/> A physician or other healthcare worker |
| <input type="checkbox"/> Healthcare.gov | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> Healthcare rating sites like HealthGrades or US News & World Report | <input type="checkbox"/> Friends and relatives |

Thank you for your participation!

Appendix D: Community Benefits Summary and 2019 Implementation Plan Update

Community Benefits Summary

Community benefit is at the core of the mission of Hendrick Health. Hendrick collaborates with many local organizations to achieve its mission to deliver high quality healthcare emphasizing excellence and compassion consistent with the healing ministry of Jesus Christ. Hendrick is committed to providing exemplary medical care to all those in need while supporting community-based efforts to keep people healthy once they leave our facilities.

Since the last Community Health Needs Assessment conducted in 2019 and, in addition to meeting the medical needs of patients experiencing COVID-19, Hendrick invested in community impact activities such as services for low-income individuals, assistance related to the COVID-19 pandemic, training for health professionals, community health education and community grants. The organization also expanded access to healthcare through its acquisition of Hendrick Medical Center South in 2020, which was crucial in efforts to combat COVID-19.

2019 Implementation Plan Update

Hendrick Medical Center (“Hendrick”) conducted its third Community Health Needs Assessment (“CHNA”) in March through June of 2019, with the assistance of the Crescendo Consulting Group. The assessment determined the most pressing health needs of Taylor County and provided the data and community feedback to create an Implementation Plan for 2020-2022.

This plan included three core areas of focus. Since that time, Hendrick has actively worked to address needs identified in the 2019 CHNA. They are listed below:

- Increase access to healthcare
- Improve through education and disease management the health of our community and surrounding areas
- Serve as a partner and collaborator to build community healthcare partnerships

The 2019 Implementation Plan and activities conducted to address areas of focus and goals are shown below.

Implementation Plan Priorities

PRIORITY 1: Primary Care Services

- Hendrick recruited 10 primary care physicians (Family Medicine or Internal Medicine) with a start date to commence their practice in Abilene, Texas within FY 2020 –FY 2022. These practices are located throughout the city of Abilene.
- Two urgent care clinics were opened, one in North Abilene and one in South Abilene to provide increased services and fill gaps for after hour and weekend care needs and to aid in mitigating emergency patient volume, increase access to care, and create even more cost-effective care locations for patients.

- Hendrick Clinic places specific focus on providing Medicare annual wellness visits to ensure seniors receive appropriate, timely care.
- To help establish care for patients who come through the ED the Social Work and RN Case Management Team coordinate referring patients without PCPs to the FQHC, Medical Care Mission, through the access line at Hendrick Clinic or independent practices. The FQHC has reserved slots available to Hendrick patients that are being discharged.

PRIORITY 2: Coordination of Patient Care

- Hendrick Clinic created a patient access center beginning May 2020, currently serving the patient population of 47 Hendrick Clinic providers.
- Hendrick Health opened a new outpatient retail pharmacy, in a location with increased visibility and access for customers with hours mirroring those of the Hendrick Urgent Care clinics, to better serve patients who need prescriptions filled.
- The system implemented a centralized patient transfer center, which has streamlined patient transfers and increased access to care in the community and across the region.
- Through community health education and support, outreach activities help meet identified community health needs. Patients receive education both in the hospital and through outpatient services through support groups and education offerings provided by Hendrick Health to include:
 - Diabetes Education and Support Group
 - Stroke Support Group
 - Ostomy Support Group
 - Breast Cancer Support Group
 - Better Breathers Support Group
 - Club and Camp Courage youth loss Support Group
 - Through Loss to Life Bereavement Support Group
 - Perinatal and Breastfeeding Education
- Hendrick partners with rural hospitals and clinics to increase access to health-care specialties for individuals living in rural areas. Hendrick provides the following specialty care outreach clinics: Cardiology, Hematology/Oncology, Orthopedics, Endocrinology, Nephrology, Neurosurgery, Pain Management care, Urology.
- The CHF clinic coordinates care with the Hendrick pharmacy to ensure patients are able to receive needed medications at the lowest cost.
- Hendrick has partnered with Texas Tech University Health Sciences Center and the Laura W. Bush Institute for Women’s Health to provide breast and cervical cancer screenings through the Access to Breast and Cervical Cancer Screenings for West Texas (ABC24WT) program funded by a grant from the Cancer Prevention Research Institute of Texas (CPRIT).

- Professional Pharmacy services were added to the South campus emergency department and ICU. Services in the ED provide medications prior to discharge and can assist with low cost options for patients with financial hardships.
- Transportation services were established through a shared ride program (Lyft) to ensure patients have access to hospital, physician visits or other medical appointments.

Dollars spent on Lyft:

2020	\$14,295
2021	\$26,051
2022	\$17,715 (year to date)

Hendrick is increasing the use of Lyft to other ancillary/outpatient department visits to ensure patients with transportation needs have appropriate access to their health care visits. Also of note, the Abilene FQHC has purchased a van that will be placed in service to provide transportation of their patients to and from appointments.

PRIORITY 3: Chronic Disease Prevention and Intervention

- Hendrick Diabetes Services
 - Hendrick promotes diabetes prevention by extending no cost prediabetes education to at-risk populations. Hendrick initiated an inpatient prediabetes awareness program for the elective orthopedic patients where general education is provided to ensure patients awareness of prevention of development of Type 2 diabetes.
 - Although COVID-19 limited in person attendance, a web-based “Diabetes Expo” was offered and open to the community, and an Expo is scheduled for fall 2022. Web-based diabetes support group meetings were also conducted.
 - The Hendrick Diabetes Center attends community health fairs as they occur throughout the year.
- Hendrick Clinic Oncology Services
 - All cancer patients who are starting a new treatment are seen by a nurse navigator who assesses for barriers to treatment, educational needs, and provides interventions as needed coordinating with the multi-disciplinary team as well as outside community resources.
 - All new unfunded patients are identified by an intake coordinator and are referred to a social worker on their first office visit to assess for funding opportunities and coordination with Hendrick Medical Center Resource Assistance. A social worker meets with each patient who is beginning a new treatment to identify any financial needs for medication/infusions working to obtain drug assistance for non-funded or under-funded cancer patients.
 - Cancer patients starting a new treatment through the Hendrick Clinic receive Chemo Class before their treatment begins.
 - Through the Hope Fund for Breast Cancer, mammograms, lymphedema therapy visits and supplies and overnight stays were offered to patients in need at low or no cost.
- Hendrick Cancer Center began “A Taste for Better Living” nutrition class for cancer patients and caregivers.

- Hendrick established an automatic consult for Hendrick pharmacy and Pulmonary rehab for all patients admitted with COPD, which will help identify the patients needing assistance.
- Hendrick Health significantly expanded Respiratory Services to the South campus.
- Hendrick Health expanded palliative care to HMCS to assist patients, families and physicians with chronic conditions, end of life discussions and transitions to other levels of care.
- Peripheral Artery Disease (PAD) Rehab services were expanded to HMCS.
- The Hendrick Heart Failure Program ensures a specialized nurse visit at admission and follow up to the congestive heart failure (CHF) clinic at discharge.
- New heart procedures were initiated at Hendrick (TAVR, LAOO closure and PFO closures) to ensure patients do not have to leave the community for care.
- To ensure patients receive their medications at the lowest (or at no) cost, Hendrick Pharmacy filled more than 35,000 scripts for patients seen through the chronic disease management program. Through the MedAssist program, more than 55,000 scripts were filled at no cost to patients.
- Patients enrolled in the chronic disease management program receive comprehensive medication reviews. In addition, the pharmacy offers one-on-one sessions and medication education to community members at our retail pharmacy, heart failure clinic, pulmonary rehab clinic, diabetes clinic, and upon referral.
- While the COVID-19 pandemic restricted many in-person activities, and delayed the implementation of live sessions at retirement communities, pharmacy did provide community educational programming to the following groups:
 - Critical Limb Ischemia Group (2020)
 - Hendrick Stroke Survivor Group (2021)
 - Diabetes Support Group (2021)
 - Lions Club (2021)
 - McMurry University Wellness Event (2022)
 - Breast Cancer Survivor Group (2022)

PRIORITY 4: Mental Health

- Through Hendrick Clinic, cancer patients who have completed treatment complete a self-administered questionnaire that assesses for common mental health issues, including depression, as well as an assessment for 10 common symptoms including pain and anxiety at three-months and 12-months. Follow up is provided as needed.
- Hendrick Health leadership participates actively in the community wide Behavioral Advisory Team (BAT) to address system needs.
- Hendrick established an Employee Assistance Program (EAP) to connect employees and families to therapy and mental health services at low and no cost.
- Hendrick assisted with the planning and funding of the first vehicle to implement the community Crisis Response Team (CRT) program.

- Hendrick leadership staff sits on the CRT Community Partner Committee to discuss the ongoing processes for the CRT and be a collaborative member to implement change in the mental health arena. CRT teams have direct access to our ED and inpatient social work members and are able provide a collaborative approach to the care of the mental health patients.
- Hendrick leadership sits on the board of directors for the local MHMR, as well as the West Texas Homeless Coalition, to be a part of the movement to combat homelessness in our community, which many times involves neighbors with mental health needs.
- Hendrick leadership team is involved with ongoing discussions and strategic planning with the local mental health authority, the local behavioral health hospital, and other entities to improve coordination of care for those in need.

Additional Priorities

In 2020 (October 27, 2020), Hendrick Health purchased Abilene Regional Medical Center, now Hendrick Medical Center South, and began integrating services between two campuses in Abilene, Texas, to increase patient access and further the mission and the health impact to the community. This occurred at the height of the COVID-19 pandemic. Some community initiatives include:

- COVID-19
 - The health system invested in additional equipment to increase capacity of inpatient services supporting the increasing bed demands for intensive and progressive care throughout the pandemic. Due to the integration and shared staffing models, Abilene operated as high as 170% of ICU capacity during the height of the pandemic.
 - A joint physician led COVID-19 Medicine Committee was established to monitor issues related to the pandemic and recommend appropriate treatment and care pathways throughout the pandemic for our community.
 - Hendrick Health organized vaccination clinics at both HMC and HMCS campuses and at other community gathering places to support COVID vaccine distribution. Hendrick Health pharmacy and nursing staff volunteered and administered more than 28,000 doses to community members.
 - Hendrick Health created a community safety dial and remained consistent in alerting and educating the community of the growing COVID-19 positivity rate, hospital bed status and other pertinent information.
 - A screening clinic was established providing seven-day/week live and virtual triage screenings.
 - As the COVID-19 pandemic continued, the shortage of health professionals in the Hendrick service area continues to be a community need. As a way to combat the shortage of healthcare and nursing professionals, Hendrick Health partners with area colleges and universities to provide real-world experience and observation opportunities with the ultimate goal of recruiting and retaining student nurses and health professionals to work within the Hendrick service area.
- Various system-wide committees were established or expanded, including the Evidence-Based Medicine Committee, the Performance Improvement Committee and Physician Review Committee, the Clinical Policy, Committee, and the Joint Quality Committee of the Board of Trustees.

- Cardiology Governance Committee was expanded to include HMCS. This committee creates and implements a shared strategic vision for the service line (including quality, efficiencies, and growth/access) and invites broad physician engagement and collaboration for cardiology services.
- Secure building access controls and 24-hour security services were implemented to HMCS to ensure maximum safety of patients, visitors, and employees.
- A dedicated patient relations representative was assigned to the South campus to ensure consistency of communication with patients, provide advocacy and handle complaints/grievances in a streamlined and efficient manner.
- Hendrick completed total funding and opening of a new Pediatric Therapy Gym to provide increased rehabilitation services to children in the community.
- Hendrick established a team to address racial and ethnic diversity, and equity initiatives to address care provision disparities. A scholarship fund for minority employees seeking health education opportunities was established with the first scholarship awarded to a patient care tech, who is currently pursuing a degree in nursing.
- Hendrick Health is in the process of creating a Patient/Family Advisory Council made up of diverse population in our community to better serve our patients.
- In 2019 and 2020, Hendrick began a relationship with Day Nursery of Abilene through a partnership of facility and land to create a new, much needed day care facility adjacent to the north campus to provide increased options for families as well as Hendrick employees on the north side of Abilene.
- Hendrick Health further serves the community through established partnerships with community organizations working to improve access to healthcare within the region. These partnerships include:
 - Abilene Community Health Center (ACHC) – ACHC is a Federally Qualified Health Center operated by Texas Tech Health Sciences Center. ACHC provides primary care and other health services to patients of all ages, serving insured and uninsured populations. Services available include primary care, prescription assistance, behavioral health, and counseling services.
 - Presbyterian Medical Care Mission (PMCM) – PMCM provides access to affordable, quality primary medical to low-income and uninsured adults.
 - Abilene Taylor County Public Health Department (ATCPHD) – Throughout the COVID-19 pandemic Hendrick partnered with ATCPHD on public information campaigns related to testing and vaccination.
 - Betty Hardwick Center – Betty Hardwick Center is the Mental Health and Intellectual and Developmental Disability Authority for Callahan, Jones, Shackelford, Stephens and Taylor counties. Services include outpatient mental health, services for children and adult, outpatient residential services to persons with intellectual and developmental disabilities, and early childhood intervention services to infants ages 0-3 and their families.
 - United Way of Abilene – United Way of Abilene and Hendrick maintain a close partnership, sharing resources and information.
- Hendrick leadership participates on the ThriveABI steering committee and Cause Area Working Groups (CAWGs). ThriveABI is a collaborative project to improve areas such as: Education, Needs and

Transportation, Health and Wellness, Arts and Culture, Family Well-Being and Neighborhoods, Workforce and Economic Development.

- Hendrick Health counsels uninsured patients about Marketplace insurance plans. From 2019-2022, 202 patients were enrolled in marketplace plans. Additional opportunities for community members to receive free education and enrollment assistance were offered in the months preceding the enrollment deadline. Community members are able to schedule appointments with certified Hendrick application counselors who answer questions and assist with enrollment.
- Hendrick CARES is an initiative created to give employees an opportunity to volunteer and give back to the community. Some of the activities have included:
 - Boots on the Ground Ministry-Home accessible ramp builds
 - Beds 4 Kids –Beltway Church
 - Little League Baseball State Tournament – yearly, medical volunteers
 - Kids Eat Free Summer Program – supporting the community with meals during the gap in school years
 - World’s Largest Barbecue – supporting active military at Dyess Air Force Base
 - HEB Feast of Sharing
 - Big Brothers, Big Sisters
 - COVID Vaccine Administration – onsite, throughout the community in several locations (local churches, Paramount)
 - Children’s Arts and Literacy Festival

