



Keeping the  in Hometown

CHRISTUS Mother Frances Hospital – *Winnsboro*

Community Health Needs Assessment and Implementation Plan

June 2016

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Section 1:

Community Health Needs Assessment

CHRISTUS Mother Frances Hospital - *Winnsboro*

Community Health Needs Assessment Overview

CHRISTUS Mother Frances Hospital - *Winnsboro* collaborated with CHRISTUS Mother Frances Hospital - *Tyler*, CHRISTUS Mother Frances Hospital - *Jacksonville*, Tyler ContinueCARE Hospital, CHRISTUS Trinity Mother Frances Rehabilitation Hospital *affiliated with HealthSouth*, and the Tyler Family Circle of Care Clinics and contracted with Community Hospital Consulting (CHC Consulting) to determine the greatest health needs in the communities they serve. These hospitals and clinics serve similar communities and have overlapping study areas.

The overall study area is defined as Cherokee, Smith, and Wood Counties. CHRISTUS Mother Frances Hospital - *Winnsboro's* specific study area is defined as:

- Wood County

Data elements regarding all three counties in the overall study area are included in this report for comparison and are also provided as an opportunity for the hospitals and/or clinics to work together to meet the needs identified in the overlapping counties.



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EXECUTIVE SUMMARY



Executive Summary

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for CHRISTUS Trinity Mother Frances Health System (CHRISTUS Mother Frances Hospital - *Jacksonville*, CHRISTUS Mother Frances Hospital - *Tyler*, CHRISTUS Mother Frances Hospital - *Winnsboro*, and CHRISTUS Trinity Mother Frances Rehabilitation Hospital *affiliated with HealthSouth*) as well as Tyler ContinueCARE Hospital and the Tyler Family Circle of Care Clinics by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Cherokee, Smith, and Wood Counties in Texas. CHRISTUS Mother Frances Hospital - *Winnsboro*’s specific study area is defined as Wood County, but health data for the remaining counties are used for comparison in this CHNA.

The CHNA Team, consisting of leadership from CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital and the Tyler Family Circle of Care Clinics met with staff from CHC Consulting on April 6, 2016 to review the research findings and prioritize the community health needs. Seven significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital’s capacity to address the need. Once this prioritization process was complete, the hospital leadership discussed the results and decided to address six of the prioritized needs in various capacities through hospital specific implementation plans.

The seven most significant needs, as discussed during the April 6th prioritization meeting, are listed below:

1. Access to Primary Care Services
2. Need for Increased Emphasis on a Collaborative Continuum of Care
3. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
4. Access to Specialty Care Services
5. Access to Mental and Behavioral Health Care
6. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
7. Access to Dental Services

CHRISTUS Mother Frances Hospital - *Winnsboro*’s implementation plan addresses the top six of the seven needs. “Access to Dental Services” is not addressed largely due to the fact that it is not a core business function of the hospital and the limited capacity of the hospital to address this need. CHRISTUS Mother Frances Hospital - *Winnsboro* leadership has developed its implementation plan to identify specific activities and services which directly address the top six priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate). Please see the “Implementation Plan” section of this report for further detail.

The CHRISTUS Mother Frances Hospital - *Winnsboro* Board reviewed and adopted the 2016 Community Health Needs Assessment and Implementation Plan on May 25, 2016.



Priority #1: Access to Primary Care Services

- In 2012, the rate of primary care physicians per 100,000 population in Wood County (52.4 per 100,000) was lower than the state (58.5 per 100,000) and national rate (74.5 per 100,000).
- In comparison to peer counties, Wood County (37.9 per 100,000) ranked within the bottom of the two middle quartiles for the rate of primary care providers per 100,000 persons in 2011 and fell below the U.S. median (48.0 per 100,000).
- Between 2012 and 2014, the percent of adults in HSR 4/5N that reported not having a personal doctor increased, while rates in the state remained steady.
- In 2012, the rate of preventable hospital events in the study area (59.7 per 1,000 Medicare Enrollees) was lower than that of the state (62.9 per 1,000) and the nation (59.2 per 1,000). However, rates in Wood County (69.5 per 1,000 Medicare Enrollees) were higher than the state and national rates.
- Wood County is designated as a Medically Underserved Area (MUA). Wood County has an Index of Medical Underservice Score of 58.80, indicating a moderate level of underservice in the area.
- Interviewees across all three counties believe that primary care providers currently located within their communities are the highest quality.
- Three interviewees in Wood County noted that there is a shortage of primary care providers in the community, which leads to long wait times for patients trying to seek primary care. One interviewee stated: "My mom, as a senior citizen, has problems seeing her primary care provider but can get to her nurse practitioner sometimes. So that frustrates her."

Priority #2: Need for Increased Emphasis on Collaborative Continuum of Care

- Many interviewees in all three counties emphasized the need for more coordinated care across facilities to better address the needs of the community.
- A few interviewees in Smith and Wood Counties noted the importance of collaboration and communication between organizations in the community in order to provide better health care for all patients. Many interviewees in Smith and Wood Counties agreed that there should be more communication with the elderly population that struggles with navigating the health care system. One Wood County interviewee stated: "There should be more conversation and working together as far as what the goal is and getting information together."

Priority #3: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

- In 2013, the top two leading causes of death in Wood County and the state were Diseases of the Heart and Malignant Neoplasms.
- Overall mortality rates in Wood County remained higher than the state rate in 2011, 2012, and 2013.
- In 2013, Wood County (199.6 per 100,000) had higher rates of heart disease mortality rates than the state (170.7 per 100,000). While Wood County experienced slight declines in diseases of the heart mortality rates between 2011 and 2013, it remained higher than the state's rates.
- In comparison to peer counties, Wood County (145.7 per 100,000) ranked within the highest portion of the two middle quartiles for coronary heart disease rates between 2005 and 2011, and also ranked above the U.S. median (126.7 per 100,000) and Healthy People 2020 Target (103.4 per 100,000).
- Between 2011 and 2013, Wood County experienced an increase in malignant neoplasms mortality rates. In 2013, Wood County (173.5 per 100,000) had a higher malignant neoplasm mortality rate than the state (156.1 per 100,000).
- In comparison to peer counties, Wood County (183.0 per 100,000) ranked within the two middle quartiles of its peer county grouping for cancer deaths between 2005 and 2011, and also ranked above the Healthy People 2020 Target (161.4 per 100,000), but below the U.S. median (185.0 per 100,000).



Priority #3: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles (continued)

- Between 2008 and 2012, Wood County (72.5 per 100,000) had higher lung and bronchus cancer incidence rates than the state (58.1 per 100,000).
- Wood County (45.8 per 100,000) had higher colon and rectum cancer incidence rates than the state (40.2 per 100,000) (2008-2012).
- Wood County (76.7 per 100,000) ranked within the least favorable quartile for lung and bronchus cancer incidence rates (2006-2010).
- In 2013, Wood County (49.2 per 100,000) had higher rates of chronic lower respiratory disease mortality rates than the state (42.3 per 100,000).
- In comparison to peer counties, Wood County (52.5 per 100,000) ranked within the least favorable quartile for chronic lower respiratory disease mortality rates between 2005 and 2011, and also ranked above the U.S. median (49.6 per 100,000).
- Mortality rates due to accidents in Wood County increased between 2011 and 2013. Accident mortality rates in Wood County (69.0 per 100,000) remained higher than the state (36.8 per 100,000) in 2013. In 2013, motor vehicle accidents, falls, and accidental poisonings were the leading fatal accidents in Wood County.
- In comparison to peer counties, Wood County (62.5 per 100,000) ranked within the least favorable quartile for unintentional injury (including motor vehicle) mortality rates between 2005 and 2011, and also ranked above the U.S. median (50.8 per 100,000) and the Healthy People 2020 Target (36.0 per 100,000).
- In comparison to peer counties, Wood County (40.7 per 100,000) ranked within the middle two quartiles for stroke deaths per 100,000 persons between 2005 and 2011, and above the Healthy People 2020 Target (34.8 per 100,000).
- Wood County has increasing chlamydia rates (although still lower than the state), while rates in Texas have steadily decreased.
- Gonorrhea rates in Wood County slightly increased between 2012 and 2014 (although still lower than the state), while rates in Texas remained relatively steady.
- In 2012, the percent of adults (age 20+) ever diagnosed with diabetes by a doctor in the report area (9.6%) was higher than the state (9.2%) and national (9.1%) rates.
- In 2014, Health Service Region (HSR) 4/5N (12.3%) had a higher prevalence rate of diabetes than the state (11.0%), as well as the majority of other regions.
- In comparison to peer counties, Wood County (9.4%) ranked within the least favorable quartile for adult (age 20+) diabetes prevalence rates between 2005 and 2011, and above the U.S. median (8.1%).
- In 2012, over one-fourth (28.9%) of adults (age 20+) in the report area reported that they have a Body Mass Index (BMI) greater than 30.0 (obese), as compared to 28.2% in the state and 27.1% in the nation.
- In 2014, HSR 4/5N (32.4%) had a higher prevalence rate of obesity than the state (31.9%).
- In comparison to peer counties, Wood County (29.8%) ranked within the upper end of the middle two quartiles for adult (age 20+) obesity prevalence rates between 2006 and 2012.
- In 2011-2012, the percent of adults (age 18+) in the report area (16.0%) that had ever been told by a health professional that they had asthma was higher than the state (11.6%) and national rate (13.4%). More specifically, 29.3% of adults in Wood County had ever been told by a health professional that they had asthma.
- In 2014, HSR 4/5N had the highest prevalence rate of asthma (13.1%) as compared to all other regions and the state (11.1%). Asthma prevalence rates in adults (age 18+) in HSR 4/5N have been steadily increasing, while rates in the state have remained relatively steady (2012-2014).
- In 2014, HSR 4/5N had the highest rate of adult arthritis (27.1%) as compared to all other regions and the state (19.4%).



Priority #3: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles (continued)

- In 2012, the percent of the adult population (age 20+) in the report area (27.7%) that self-reported no leisure time for activity was higher than the state (24.0%) and national rate (22.6%).
- In 2014, the prevalence of adults that do not participate in physical activity HSR 4/5N (35.3%) was significantly higher than the state (27.6%), as well as nearly all other regions in the state. The percent of adults (age 18+) that do not participate in leisure time physical activity in HSR 4/5N increased between 2012 and 2014, while state rates remained steady.
- In comparison to peer counties, Wood County (38.1%) ranked at the top of the least favorable quartile for adult (age 18+) physical inactivity rates, and also ranked above the Healthy People 2020 Target (32.6%) and the U.S. median (25.9%).
- The percent of the adult population (age 18+) in the report area (23.0%) that self-reported currently smoking some days or every day was higher than the state (16.5%) and national rate (18.1%) (2006-2012). More specifically, Wood County had a significantly higher rate of current smokers at 34.5%.
- In 2014, the prevalence of current, every day smokers in HSR 4/5N (16.3%) was significantly higher than all other regions and the state (8.7%).
- In comparison to peer counties, Wood County (34.5%) ranked at the top of the least favorable quartile for adult (age 18+) smoking rates, and also ranked above the Healthy People 2020 Target (12.0%) and the U.S. median (21.7%).
- Between 2011 and 2013, the percentage of low birthweight births in Wood County slightly increased, while rates in Texas remained steady.
- The percentage of the female population that received prenatal care in the first trimester during 2011 to 2013 decreased in Wood County and remained steady in the state.
- The percentage of teen births in Wood County increased between 2011 and 2013, while rates in Texas decreased.
- In 2014, the percent of female adults (age 40+) in HSR 4/5N (33.6%) that did not receive a mammogram in the past 2 years was higher than the state, as well as the majority of other regions.
- In 2014, the percent of adults (age 50-75) in HSR 4/5N (46.0%) that did not have a colonoscopy in the past 10 years was higher than the state (42.6%) as well as the majority of other regions.
- The vast majority of interviewees in all three counties stated that if they were king for a day in their respective communities, they would place an increased emphasis on healthy lifestyle education. Many interviewees in all three counties recommended increased emphasis on preventive care for specific populations.
- A few interviewees in Smith and Wood Counties noted that preventive education and care efforts should be targeted towards specific populations that have limited access. One interviewee in Wood County mentioned focusing preventive efforts towards the older age groups due to the aging population in the area, including nutrition education, as well as the youth population surrounding vaccinations.
- A few interviewees in Cherokee and Wood Counties mentioned that there is a lack of emphasis on preventive care outside of Tyler, which causes their residents to be at risk for an adverse health event or outcome. One Wood County interviewee stated: "The further you get out from Tyler, the more lacking [preventive] services are going to be."

Priority #4: Access to Specialty Care Services

- Between 2010 and 2014, the report area (14.6%) had a higher percent of the total population with a disability than the state (11.6%) and the nation (12.3%). When broken out by county, Wood County (21.4%) has a significantly higher percent of its population with a disability than the state and the nation.

Priority #4: Access to Specialty Care Services (continued)

- In 2014, HSR 4/5N (31.9%) had the highest percent of adults (age 18+) with a disability as compared to all other regions and the state (22.9%).
- Between 2012 and 2014, the percent of adults (age 18+) that reported 5 or more days of poor physical health in HSR 4/5N remained relatively steady, while rates in the state steadily decreased. In 2014, HSR 4/5N (23.0%) had the highest percent of adults (age 18+) that reported 5 or more days of poor physical health, as compared to all other regions and the state (17.4%).
- Between 2012 and 2014, the percent of adults (age 18+) that reported being limited because of physical, mental or emotional problems in HSR 4/5N and the state remained relatively steady. In 2014, HSR 4/5N (21.5%) had the highest percent of adults (age 18+) that reported being limited because of physical, mental, or emotional problems as compared to all other regions and the state (17.0%).
- Between 2012 and 2014, the percent of adults (age 18+) that reported having a health problem that required the use of special equipment in HSR 4/5N and the state slightly increased. In 2014, HSR 4/5N (12.0%) had the highest percent of adults (age 18+) that reported having a health problem that required the use of special equipment as compared to all other regions and the state (8.3%).
- In 2014, HSR 4/5N (18.6%) had one of the highest percentages of adults (age 18+) that reported having serious difficulty walking or climbing stairs as compared to all other regions and the state (14.1%).
- In 2014, HSR 4/5N (5.0%) had one of the highest percentages of adults (age 18+) that reported having serious difficulty dressing or bathing as compared to all other regions and the state (3.9%).
- Interviewees across all three counties agreed that access to specialty care for those who are uninsured or low income is challenging.
- Interviewees in Wood County mentioned a few specific specialty services that are lacking in the area, including: cardiology, endocrinology, ENT, obstetrics and gynecology, oncology, ophthalmology, and urology.
- The majority of interviewees in Cherokee and Wood Counties emphasized that residents typically leave the area to access specialty care in Tyler. Many interviewees in Cherokee and Wood Counties agreed that the rural nature of the areas, as well as the close proximity to Tyler, inhibits any specialists from moving to the communities. One Wood County interviewee stated “Not a lack of specialty services, but they’ll have to go to Tyler to get it. All your specialists are going to be in Tyler.”
- One interviewee in Wood County noted that there is always a wait time associated with seeing a specialist, stating: “I can’t see specialists without a wait.”

Priority #5: Access to Mental and Behavioral Health Care

- Wood County received a Health Professional Shortage Area (HPSA) score of 13 for Mental Health, indicating a greater priority for the assignment of clinicians and providers.
- In 2014, the rate of mental health care providers per 100,000 population in the report area (52.8 per 100,000) was lower than the state (57.2 per 100,000) rate and significantly lower than the national rate (134.1 per 100,000). More specifically, the rate of mental health care providers per 100,000 population in Wood County (11.6 per 100,000) was significantly lower than the state and national rates.
- In 2012, the percentage of Medicare Beneficiaries in the report area (17.5%) with depression was higher than the state (16.2%) and national rate (15.4%).
- In 2014, HSR 4/5N (16.5%) had a higher prevalence rate of diagnosed adult depressive disorders as compared to the state (14.6%) and the majority of other regions.
- The majority of interviewees agreed that mental and behavioral health services are significantly lacking in all three counties. A few interviewees across all three counties believed that health disparities exist across specific populations in accessing mental and behavioral health services.

Priority #5: Access to Mental and Behavioral Health Care (continued)

- A few interviewees in Cherokee and Wood Counties emphasized the need for mental and emotional support services for the elderly population.
- A few interviewees in Smith and Wood Counties noted the greater barrier to seeking mental and behavioral health care services for the veteran population. One Wood County interviewee stated: “With mental health [for veterans]...that’s been an issue because their insurance isn’t accepted by very many counselors here, and there’s not very many counselors anyway.”
- One interviewee in Wood County also mentioned a lack of alcohol and substance abuse programs in the area, but specifically for men, stating: “Huge, huge issue here. We have a facility here in town that helps women who have been battling drug/alcohol addiction. Need one for men.”

Priority #6: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

- The median age in Wood County and the state has steadily increased since 2012. In 2014, Wood County (48.1) had a median age that was higher than the state (33.9). The majority of growth in Wood County and the state is projected to come from the 65 years and older age group over the next five years.
- All racial groups are expected to increase over the next five years in Wood County and the state.
- Wood County (\$42,753) has a lower median household income than Texas (\$53,067) (2014). Median household incomes in both Wood County decreased between 2012 and 2014.
- In 2014, Wood County (5.9%) had a higher unemployment rate than the state (5.1%).
- In 2014, Wood County (25.1%) had a higher percentage of children (<18 years) in poverty than the state (24.5%) and the nation (21.7%).
- Wood County (17.9%) had a lower percentage of the population that has received a bachelors or advanced degree than Texas (27.1%) (2014).
- In 2013-2014, almost two-thirds (62.2%) of public school students were eligible for Free/Reduced Price Lunch in the report area, which is higher than the state (60.1%) and national (52.4%) rates.
- The percentage of children who are food insecure increased between 2011 and 2013 in Wood County, but slightly decreased in the state. Wood County (28.7%) had a higher percent of food insecure children in 2013, as compared to the state (27.4%).
- In comparison to peer counties, Wood County (3.5%) ranked within the two middle quartiles for Medicare Beneficiary (age 65+) asthma prevalence rates in 2012.
- In 2014, HSR 4/5N (42.4%) had one of the highest percentages of adults (age 65+) that did not receive a flu shot in the past year, as compared to all other regions and the state (41.2%).
- Between 2012 and 2014, the percent of adults (age 65+) in HSR 4/5N and the state that had never received a pneumonia shot steadily increased.
- According to Enroll America, as of 2015, Wood County (17.0%) has a higher rate of uninsured adults (age 18-64) than the state (16.0%) and nation (10.7%).
- In comparison to peer counties, Wood County (27.2%) ranked within the least favorable quartile for the percent of adults (under age 65) that are uninsured, and also ranked above the U.S. median (17.7%) (2011).
- In 2014, the percent of adults that reported experiencing a medical cost barrier in the past 12 months in HSR 4/5N (22.4%) was significantly higher than the state rate (17.6%), and was the second highest region as compared to all other regions. Between 2012 and 2014, the percent of adults (age 18+) in HSR 4/5N that needed medical care but could not receive it due to cost increased, while rates in the state decreased.
- In comparison to peer counties, Wood County (27.5%) ranked within the least favorable quartile for the percent of adults (age 18+) that needed to receive medical care but could not due to cost over the past year, and also ranked above the U.S. median (15.6%) and the Healthy People 2020 Target (9.0%) (2006-2012).

Priority #6: Access to Affordable Care and Reducing Health Disparities Among Specific Populations (continued)

-The majority of interviewees in all three counties noted that while there is access to services in the area, health care costs may inhibit residents from seeking care. Interviewees overwhelmingly agreed that poverty was a major determinant of health status in all three counties, and many discussed affordability and cost barriers as major concerns – particularly for the low income and working poor. One Wood County interviewee noted: “We’ve got doctors, we’ve got a hospital, we’ve got a pharmacy, we’ve got health care - it’s just people paying for health care is the biggest issue.”

-Interviewees in all three counties noted that the providers are there, but insurance coverage is another barrier that inhibits residents from accessing those providers, including adolescents. Interviewees in all three counties noted that those without insurance coverage tend to overuse the Emergency Room due to lack of a medical home.

-A couple interviewees in Wood County mentioned that health care policy changes have led to people losing their health care coverage. One specific interviewee noted: “The doctors are here, but with the ACA, I know more who have lost coverage than have found it.”

-Access to transportation was noted as a significant need in all three counties and disproportionately affecting specific populations, including the youth, elderly, veterans, disabled, and low income.

Interviewees in Cherokee and Wood Counties discussed transportation issues for those who are referred to Tyler for care, and must travel outside of the county. Interviewees noted that this is a particular issue for the elderly and veteran populations.

-A few interviewees in Smith and Wood Counties emphasized the transportation issues that exist for those who struggle with getting to and from medical appointments in their own community.



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PROCESS AND METHODOLOGY



Process and Methodology

Background and Objectives

This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released in December 29, 2014. The objectives of the CHNA are to:

- Meet federal government and regulatory requirements
- Research and report on the demographics and health status of the study area, including a review of state and local data
- Gather input, data and opinions from persons who represent the broad interest of the community
- Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by CHRISTUS Mother Frances Hospital - *Winnsboro*
- Document the progress of previous implementation plan activities
- Prioritize the needs of the community served by the hospital
- Create an implementation plan that addresses the prioritized needs for the hospital

Scope of CHNA Report

The CHNA components include:

- A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
- A biography of CHRISTUS Mother Frances Hospital - *Winnsboro*
- A description of the hospital's defined study area
- Definition and analysis of the communities served, including both a demographic and a health data analysis
- Findings from phone interviews that collected input from people who represent a broad interest in the community, including:
 - State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community;
 - Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations
- Findings from community survey that collected input from people who represent a broad interest in the community, including:
 - Select members of the East Texas Human Needs Network (ETHNN) on behalf of CHRISTUS Trinity Mother Frances Health System
- A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
- The prioritized community needs and separate implementation plan, which intend to address the community needs identified
- Documentation and rationalization of priorities not addressed by the implementation plan



Process and Methodology Continued

Scope of CHNA Report Continued

- A description of additional health services and resources available in the community
- A list of information gaps that impact the hospital's ability to assess the health needs of the community served

Methodology:

CHRISTUS Mother Frances Hospital - *Winnsboro* worked with CHC Consulting in the development of its CHNA. CHRISTUS Mother Frances Hospital - *Winnsboro* provided essential data and resources necessary to initiate and complete the process, including the definition of the hospital's study area and the identification of key community stakeholders to be interviewed.

CHC Consulting conducted the following research:

- A demographic analysis of the study area, utilizing demographic data
- A study of the most recent health data available
- Conducted one-on-one phone interviews with individuals who have special knowledge of the communities, and analyzed results
- Conducted community surveys on behalf of CHRISTUS Trinity Mother Frances Health System and analyzed results
- Facilitated the prioritization process during the CHNA Team meeting on April 6, 2016

The methodology for each component of this study is summarized below. In certain cases methodology is elaborated in the body of the report.

- **CHRISTUS Mother Frances Hospital - *Winnsboro* Biography**
 - Background information about CHRISTUS Mother Frances Hospital - *Winnsboro*, mission, vision, values and services provided were provided by the hospital or taken from its website
- **Study Area Definition**
 - The study area for CHRISTUS Mother Frances Hospital - *Winnsboro* is based on hospital inpatient discharge data from July 2014 – June 2015 and discussions with hospital staff
- **Demographics of the Study Area**
 - Population demographics include population change by race, ethnicity, age, median household income, unemployment and economic statistics in the study area
 - Demographic data sources include, but are not limited to, Texas Department of State Health Services, the U.S. Census Bureau and the United States Bureau of Labor Statistics

Process and Methodology Continued

- Health Data Collection Process

- A variety of sources, which are all listed in the reference section of this report, were utilized in the health data collection process
- Health data sources include, but are not limited to, the Robert Wood Johnson Foundation, Texas Department of State Health Services, Community Commons, Enroll America, United States Census Bureau, and the Centers for Disease Control and Prevention

- Interview Methodology

- CHRISTUS Mother Frances Hospital - *Winnsboro* provided CHC Consulting with a list of persons with special knowledge of public health in Wood County, including public health representatives and other individuals who focus specifically on underrepresented groups
- From that list, 48 in depth interviews (11 specifically from Wood County) were conducted using a structured interview guide
- Extensive notes were taken during each interview and then quantified based on responses, communities and populations (minority, elderly, un/underinsured, etc.) served, and priorities identified by respondents. Qualitative data from the interviews was also analyzed and reported.

- Survey Methodology

- CHC Consulting developed an electronic survey tool distributed by ETHNN on behalf of the CHRISTUS Trinity Mother Frances Health System that was conducted between March 1, 2016 and March 10, 2016. The survey was sent to a select group of 940 individuals or organizations who are members of the ETHNN. Out of the 940 individuals or organizations, 120 (12.8%) responses were collected and analyzed.

- Evaluation of Hospital's Impact

- A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
- CHRISTUS Mother Frances Hospital - *Winnsboro* provided CHC Consulting with a report of community benefit activity progress since the previous community health needs assessment

- Prioritization Strategy

- Seven significant needs were determined by assessing the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the interviews
- Three factors were used to rank those needs during the CHNA Team April 6, 2016
- See the prioritization section for a more detailed description of the prioritization methodology



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HOSPITAL BIOGRAPHY

About CHRISTUS Mother Frances Hospital - *Winnsboro*

CHRISTUS Mother Frances Hospital - *Winnsboro*

Winnsboro Memorial Hospital was built by civic-minded citizens in 1960 to serve the people of northeast Texas and particularly those in Wood, Franklin, Hopkins, Rains and Camp counties. Over the years the hospital has worked with rural clinics and physicians to the community to better serve people. In December 1983 the hospital merged with Presbyterian Medical Center, Dallas, and two years later a new facility opened which has served the community for over 20 years. The mission of the hospital remained the same: to serve the community's needs in a non-profit environment.

In 2010, the hospital joined the Trinity Mother Frances Hospitals and Clinics. On May 1, 2016, Trinity Mother Frances Hospitals and Clinics became CHRISTUS Trinity Mother Frances Health System. The commitment to Camp, Franklin, Hopkins, Rains and Wood counties and surrounding areas is apparent in the 25-bed full service hospital, where highly skilled health care providers offer services that include cardiology, gastroenterology, general surgery, physical therapy, sleep medicine, urology, vascular and wound care. CHRISTUS Mother Frances Hospital - *Winnsboro* has received the status of critical access hospital.

Services Offered:

- Anesthesiology
- Blood Services
- Breast Health
- Cardiology
- Coronary Calcium Scoring
- Diabetes
- Emergency Medicine
- Family Medicine
- Gastroenterology, Hepatology and Endoscopy
- Hospitalist
- Infusion Therapy
- Lab Services
- Lung Nodule Screening
- Nutrition Services
- Orthopedics
- Physical Therapy
- Rehabilitation
- Sleep Medicine
- Sports Medicine
- Surgery
- Tests and Imaging
- Urology
- Vascular Care
- WoundCARE

Source: CHRISTUS Trinity Mother Frances Health System, Hospital Biographies, information received June 9, 2016

Source: CHRISTUS Trinity Mother Frances Health System, Maps and Locations, <http://www.tmfhc.org/maps-and-locations/>; accessed May 12, 2016.



HELP WHERE HOSPITALS NEED IT

Mission, Vision, and Values

Our Mission

WHY WE EXIST.

To extend the healing ministry of Jesus Christ.

Our Vision

WHAT WE ARE STRIVING TO DO.

CHRISTUS HEALTH, a Catholic health ministry, will be a leader, a partner and an advocate in the creation of innovative health and wellness and an advocate in the creation of innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God's healing presence and love.

Our Core Values

WHAT WE BELIEVE IN.

DIGNITY

Respect for the worth of every person, recognition and commitment to the value of diverse individuals and perspectives, and special concern for the poor and underserved.

INTEGRITY

Honesty, justice, and consistency in all relationships.

EXCELLENCE

High standards of service and performance.

COMPASSION

Service in a spirit of empathy, love, and concern.

STEWARDSHIP

Wise and just use of talents and resources in a collaborative manner.



HELP WHERE HOSPITALS NEED IT



Mission, Vision, and Values Continued

Our Name and Symbol

WHO WE ARE.

CHRISTUS is Latin for “Christ,” and proclaims publicly the core of our mission.

OUR NAME also recognizes the heritage of our additional founding sponsoring congregations, the Sisters of Charity of the Incarnate Word of Houston and San Antonio, and our sponsoring congregation, the Sisters of the Holy Family of Nazareth. Jesus Christ is the Incarnate Word, the Word of God made flesh, and is central to the holy family. It is, therefore, only fitting that it is in another form of His name that our health ministries are called together.

OUR SYMBOL reflects the healing ministry of Jesus Christ – a combination of a medical cross and religious cross. The flowing banner on the cross is a common symbol of the risen Jesus Christ, while the royal purple signifies Christ. The flowing banner also conveys a sense of motion as we move forward into a new era of service to our communities.



HELP WHERE HOSPITALS NEED IT



STUDY AREA

Facility Locations and Study Area



Cherokee, Smith, and Wood Counties

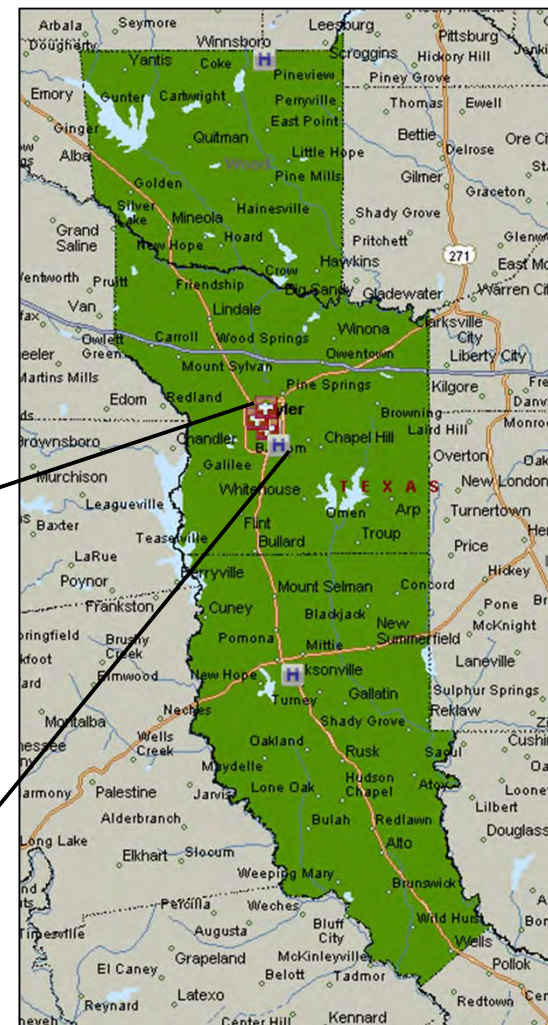


Indicates the hospitals



Indicates Tyler Family Circle of Care Clinics locations

Hospital/Clinic Name	State	Cherokee County	Smith County	Wood County
CHRISTUS Mother Frances Hospital - Jacksonville	TX	X		
CHRISTUS Mother Frances Hospital - Tyler	TX		X	
CHRISTUS Mother Frances Hospital - Winnsboro	TX			X
CHRISTUS Trinity Mother Frances Rehabilitation Hospital <i>affiliated with HealthSouth</i>	TX		X	
Tyler ContinueCARE Hospital	TX		X	
Tyler Family Circle of Care Clinics	TX		X	



Source: CHRISTUS Mother Frances Hospital - Jacksonville, CHRISTUS Mother Frances Hospital - Tyler, CHRISTUS Mother Frances Hospital - Winnsboro, Tyler ContinueCARE Hospital FY 2015 (July 2014-June 2015) hospital inpatient discharge data by DRG; Normal Newborns MSDRG 795 excluded in CHRISTUS Mother Frances Hospital - Jacksonville and CHRISTUS Mother Frances Hospital - Tyler.

Source: CHRISTUS Trinity Mother Frances Rehabilitation Hospital *affiliated with HealthSouth* CY 2015 (January 2015-December 2015) inpatient discharge data by county.

Source: Tyler Family Circle of Care Clinics CY 2015 (January 2015-December 2015) clinic visit data based on date of service by county. Includes all 3 clinic locations.

CHRISTUS Mother Frances Hospital - *Winnsboro*

Study Area

 Wood County makes up 70.1% of inpatient discharges

 Indicates the hospital

CHRISTUS Mother Frances Hospital - *Winnsboro*
Patient Origin by County FY 2015

County	State	FY 2015 Discharges	% of Total	Cumulative % of Total
Wood	TX	406	70.1%	70.1%
Other		173	29.9%	100.0%
Total		579	100.0%	

Source: Hospital inpatient discharge data by DRG; July 2014 – June 2015.



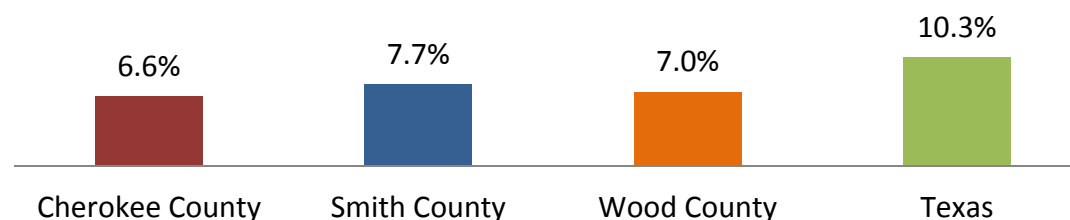
HELP WHERE HOSPITALS NEED IT



DEMOGRAPHIC OVERVIEW

Overall Population Change

Projected Population Growth (2016 - 2021)



Overall Population Growth					
Geographic Location	2013	2016	2021	2016 - 2021 Change	2016 - 2021 % Change
Cherokee County	52,733	54,785	58,403	3,618	6.6%
Smith County	219,098	229,067	246,767	17,700	7.7%
Wood County	43,983	46,000	49,226	3,226	7.0%
Texas	26,640,165	28,240,245	31,148,299	2,908,054	10.3%

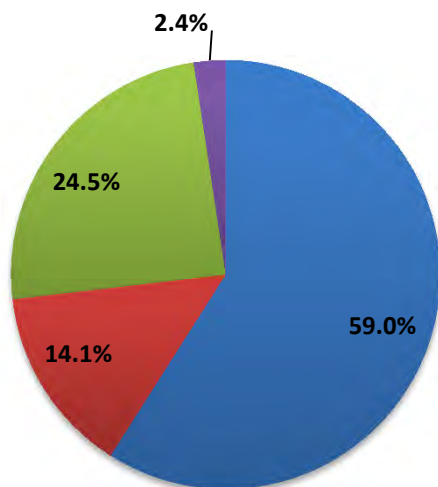


HELP WHERE HOSPITALS NEED IT

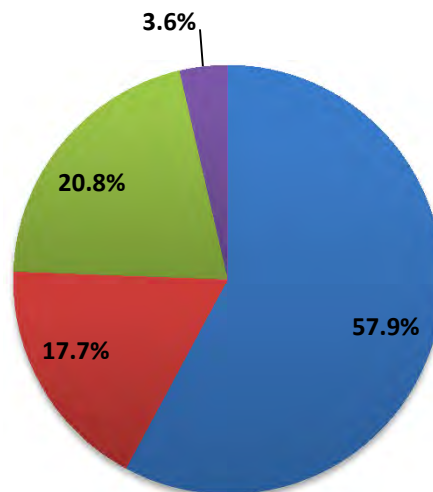
Source: Texas Department of State Health Services, <http://healthdata.dshs.texas.gov/Population>; data accessed February 10, 2016.

Population by Race/Ethnicity 2016

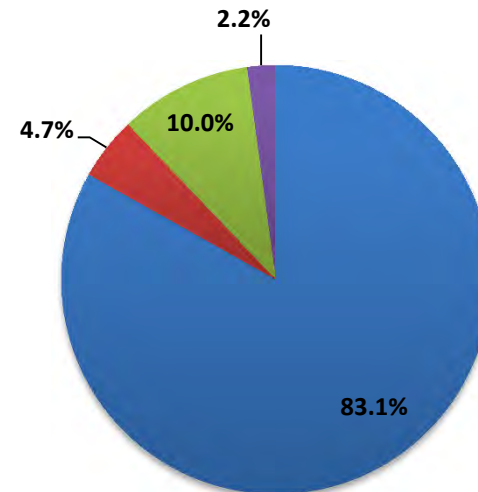
Cherokee County



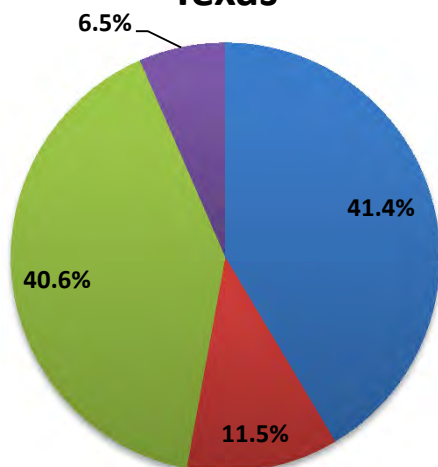
Smith County



Wood County



Texas



■ Anglo
 ■ Black
 ■ Hispanic
 ■ All Others

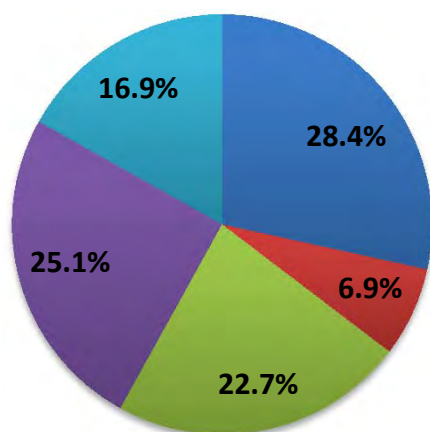


HELP WHERE HOSPITALS NEED IT

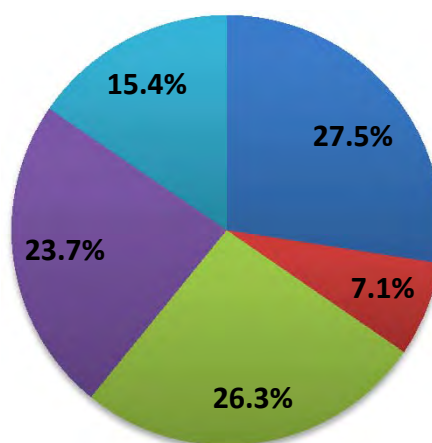
Source: Texas Department of State Health Services, <http://healthdata.dshs.texas.gov/Population>; data accessed February 10, 2016.

Population by Age 2016

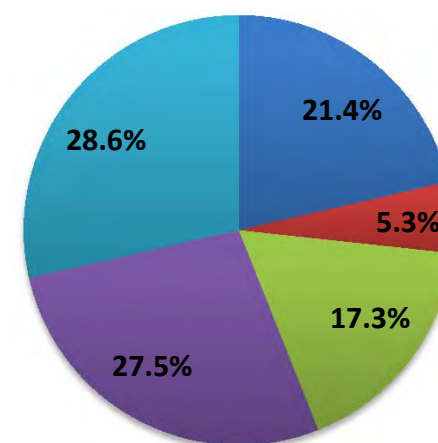
Cherokee County



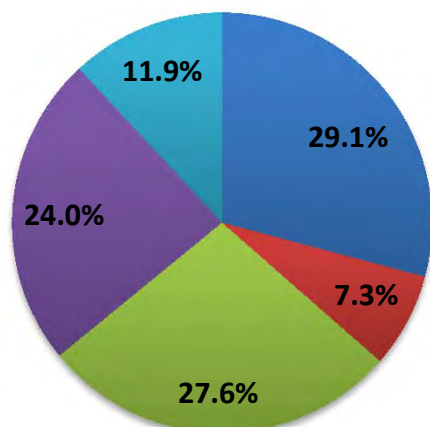
Smith County



Wood County



Texas



■ 19 and Under ■ 20 - 24 ■ 25 - 44 ■ 45 - 64 ■ 65+

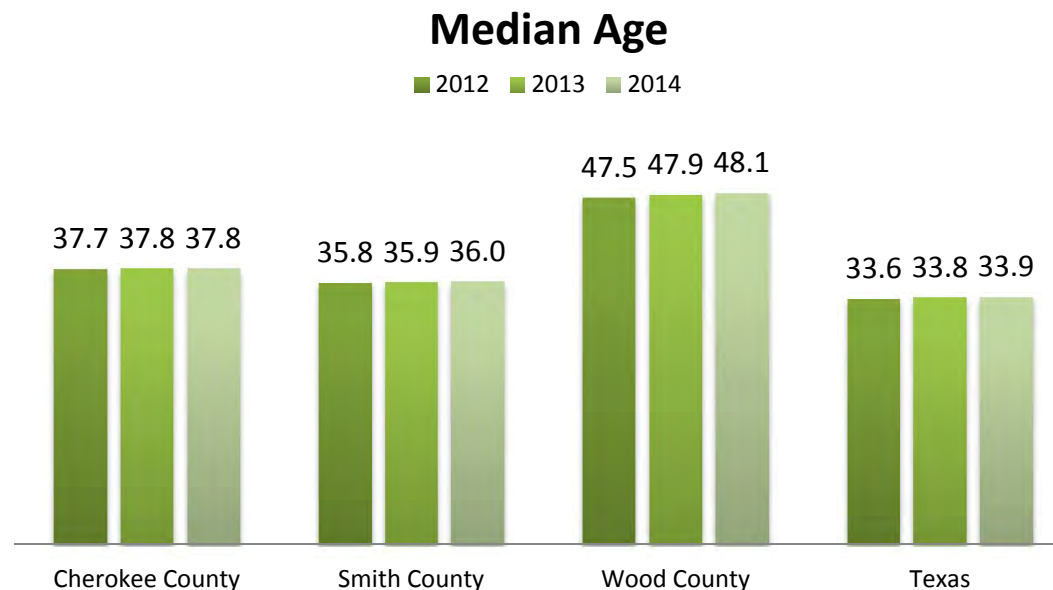


HELP WHERE HOSPITALS NEED IT

Source: Texas Department of State Health Services, <http://healthdata.dshs.texas.gov/Population>; data accessed February 24, 2016.

Median Age

- The median age across all counties and the state has steadily increased since 2012.
- In 2014, Cherokee, Smith, and Wood Counties all had a median age that was higher than the state. Wood County (48.1) had the highest median age, as compared to Cherokee (37.8) and Smith (36.0) Counties and the state (33.9).



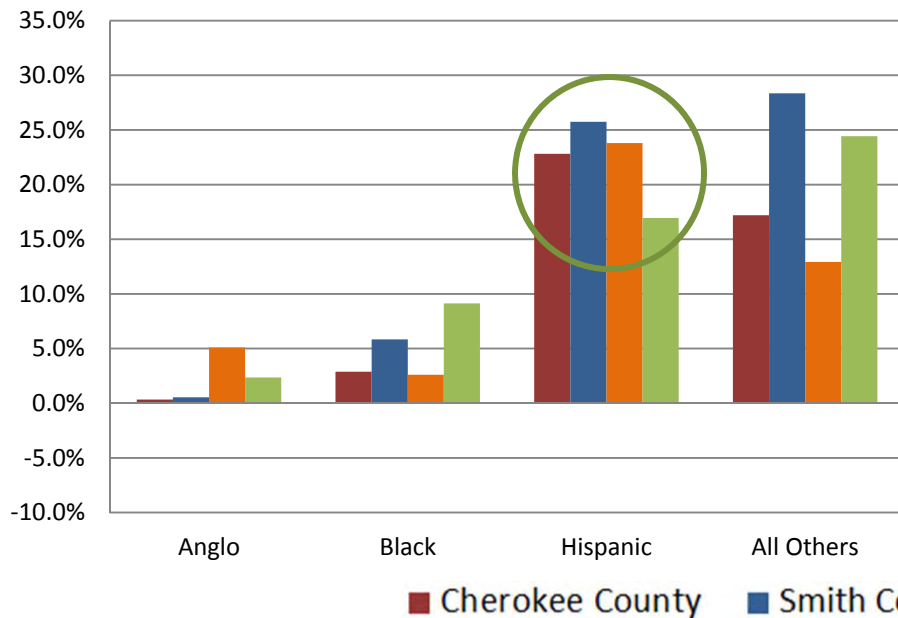
HELP WHERE HOSPITALS NEED IT

Source: U.S. Census Bureau, Small Area Estimates Branch; <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>; data accessed February 24, 2016.

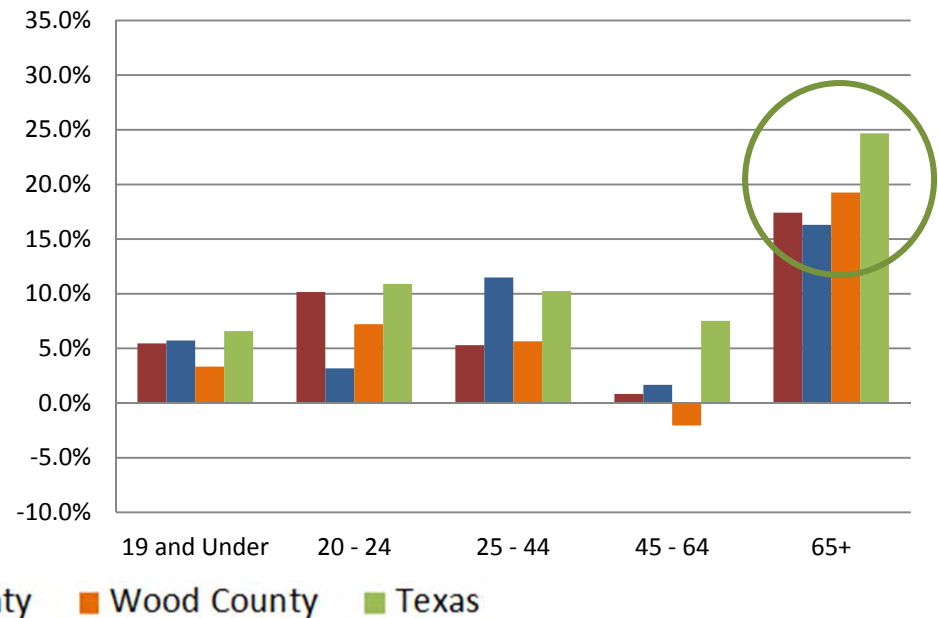
Race/Ethnicity and Age Projections

- All racial groups are expected to increase over the next five years in all three counties and the state.
- The majority of growth in all three counties and the state is projected to come from the 65 years and older age group over the next five years.

**Race/Ethnicity Projected Growth
(2016-2021)**



**Age Projected Growth
(2016-2021)**

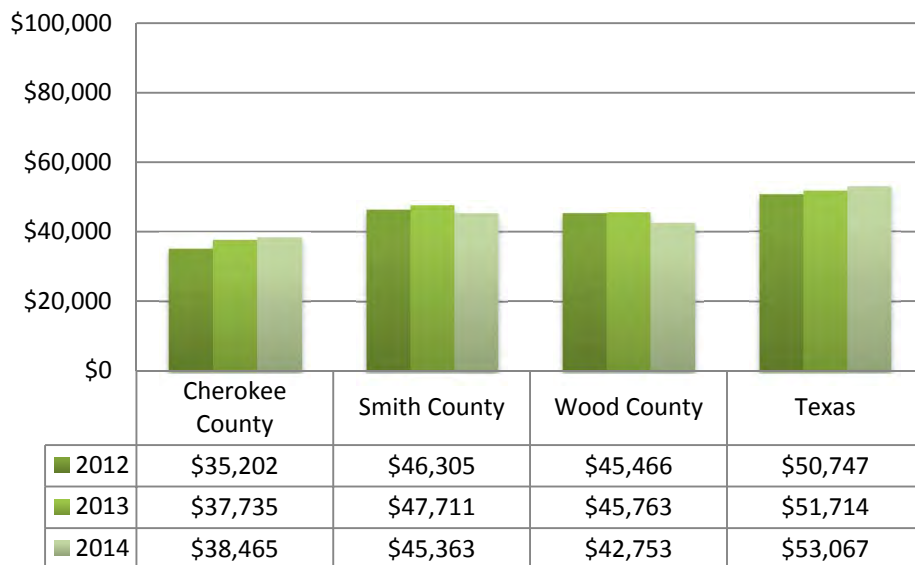


Source: Texas Department of State Health Services, <http://healthdata.dshs.texas.gov/>; data accessed February 10, 2016.

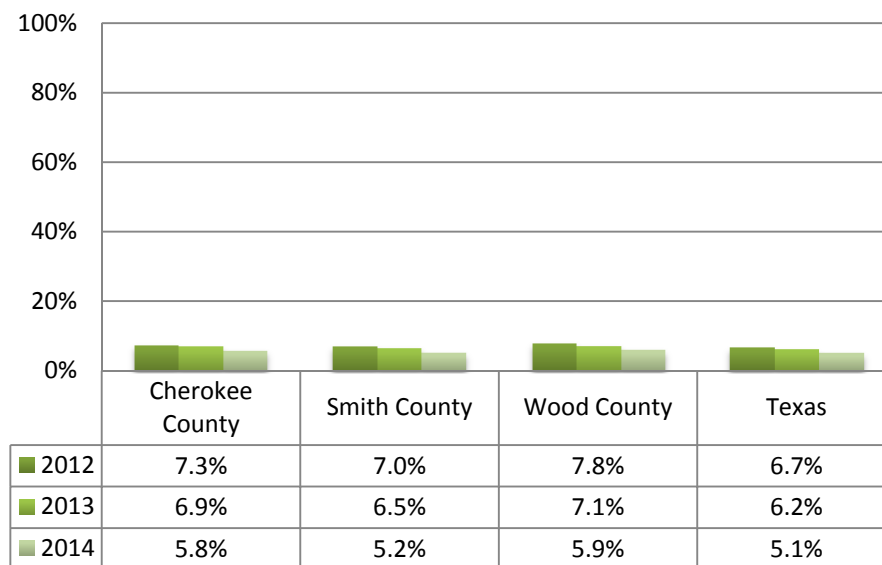
Income and Unemployment

- Cherokee County has a much lower median household income than both Smith and Wood Counties.
- All three counties have a lower median household income than Texas.
- Median household incomes in both Smith and Wood Counties decreased between 2012 and 2014.
- Unemployment rates in Cherokee, Smith, and Wood Counties decreased between 2012 and 2014.
- In 2014, Smith County has the lowest unemployment rate out of the three counties in the study area, but all counties ranked above the state rate (5.1%).

Median Household Income



Unemployment Rates



Source: U.S. Census Bureau, Small Area Estimates Branch; <http://www.census.gov/did/www/saie/data/statecounty/data/2012.html>; data accessed February 24, 2016.

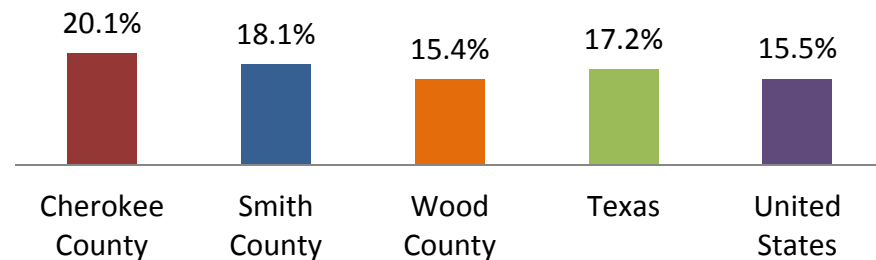
Source: Bureau of Labor Statistics, Local Area Unemployment Statistics; Rates shown are a percentage of the labor force; <http://data.bls.gov/map/MapToolServlet>; data accessed February 26, 2016.

Poverty

- In 2014, Cherokee County (20.1%) had the highest percent of persons living below poverty as compared to Smith (18.1%) and Wood (15.4%) Counties, as well as Texas (17.2%) and the United States (15.5%).
- Wood County had the lowest percent of persons living in poverty as compared to Cherokee and Smith Counties, as well as Texas and the United States.
- In 2014, Cherokee (29.2%), Smith (25.9%) and Wood (25.1%) Counties had a higher percentage of children (<18 years) in poverty than the state and the nation.
- Wood County had the lowest percentage of children in poverty as compared to Smith and Cherokee Counties.

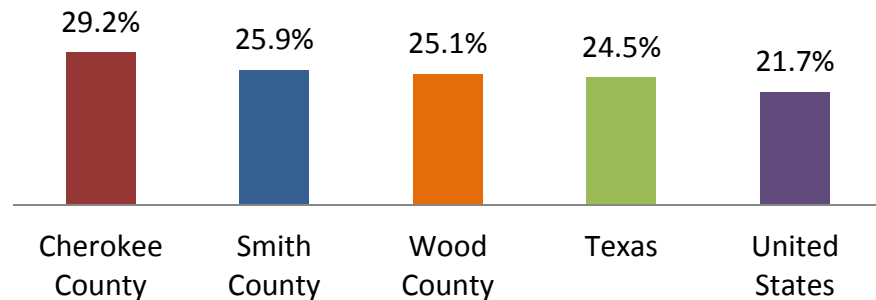
Persons Below Poverty

Percent, All Ages, 2014



Children Below Poverty

Percent, Children <18 Years, 2014



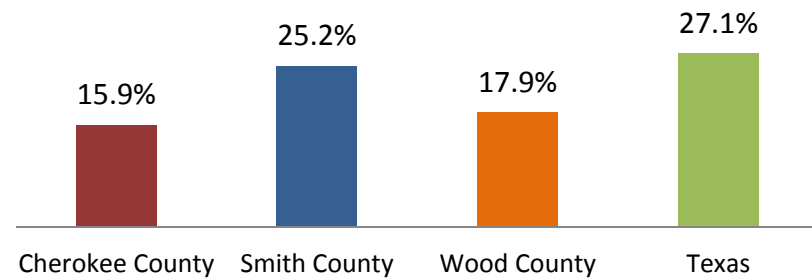
HELP WHERE HOSPITALS NEED IT

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates; <http://www.census.gov/did/www/saie/data/>; data accessed February 24, 2016.

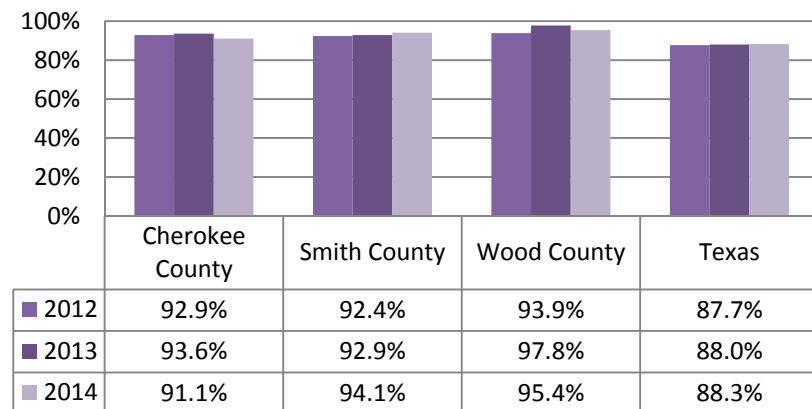
Educational Attainment

- Cherokee County (15.9%) had the lowest percentage of the population that received a bachelors or advanced degree as compared to Smith (25.2%) and Wood (17.9%) Counties, as well as Texas (27.1%) (2014).
- In 2014, Smith County had a higher percentage of educational attainment than Cherokee and Wood Counties.
- The percent of ninth grade students who graduate within four years in Cherokee, Smith and Wood Counties remains higher than the state (2012-2014).

Educational Attainment
Percent, Residents with a Bachelor/Advanced Degree, 2014



High School Graduation Rates



Source: U.S. Census Bureau, Educational Attainment in the United States <http://www.census.gov/hhes/socdemo/education/data/cps/2014/tables.html>; data accessed February 26, 2016.
Source: Kids Count Data Center (utilizing data from the Texas Education Agency); datacenter.kidscount.org; data accessed January 19, 2016.
Definitions: The number and percent of students from a class of ninth graders who graduated four years later. Year indicates the graduating year of the cohort.

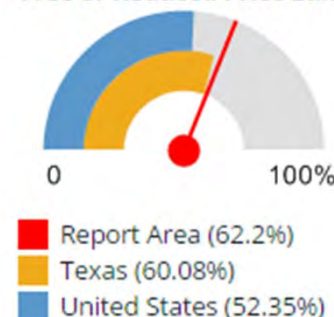


HELP WHERE HOSPITALS NEED IT

Children in the Study Area

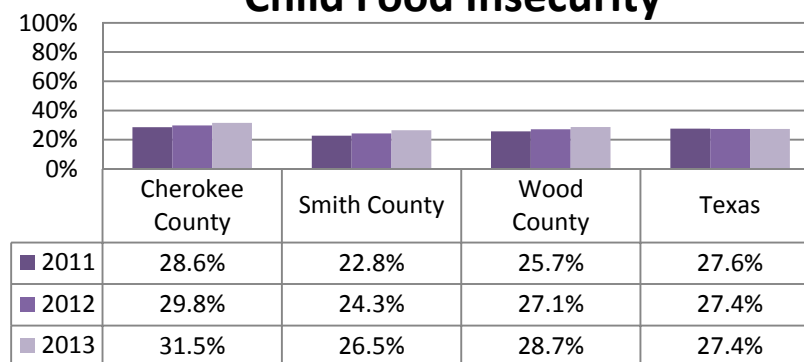
- In 2013-2014, almost two-thirds (62.2%) of public school students were eligible for Free/Reduced Price Lunch in the report area, which is higher than the state (60.1%) and national (52.4%) rates.
- The percentage of children who are food insecure increased between 2011 and 2013 in all three counties, but slightly decreased in the state.
- Cherokee County (31.5%) had the highest percent of food insecure children in 2013, as compared to Smith (26.5%) and Wood (28.7%) Counties and the state (27.4%).

Percent Students Eligible for Free or Reduced Price Lunch



Note: the Report Area is defined as Cherokee, Smith, and Wood Counties. A green dial indicates that the report area has a better rate than the state, and a red dial indicates that the report area has a worse rate than the state.

Child Food Insecurity



Source: Community Commons, Health Indicator Report, logged in and filtered for Cherokee, Smith, and Wood Counties, TX, www.communitycommons.org; data accessed March 14, 2016.

Source: Kids Count Data Center (utilizing data from Feeding America's analysis of Current Population Survey data on food-insecure households, as well as American Community Survey data); datacenter.kidscount.org; data accessed January 18, 2016.

Definitions: Number and percentage of children estimated to be food insecure. A child (under 18 years old) is defined as being food insecure if he or she lives in a household having difficult meeting basic food needs, as defined by the Census Bureau's Current Population Survey.

Note: Feeding America analysis of Current Population Survey data on food-insecure households and American Community survey data on household income, unemployment, poverty, homeownership, race and ethnicity. State totals do not reflect the sum of all counties in Texas. State totals are aggregated from congressional district data.



HELP WHERE HOSPITALS NEED IT



HEALTH DATA OVERVIEW



Introduction

Various counties are included in the health data section. While this hospital's individual study area does not include each of the counties listed below, it is important to consider health needs in comparison to other localities.

For comparison, this section of the report includes a health data analysis for the following counties:

- Cherokee County, TX
- Smith County, TX
- Wood County, TX



HELP WHERE HOSPITALS NEED IT

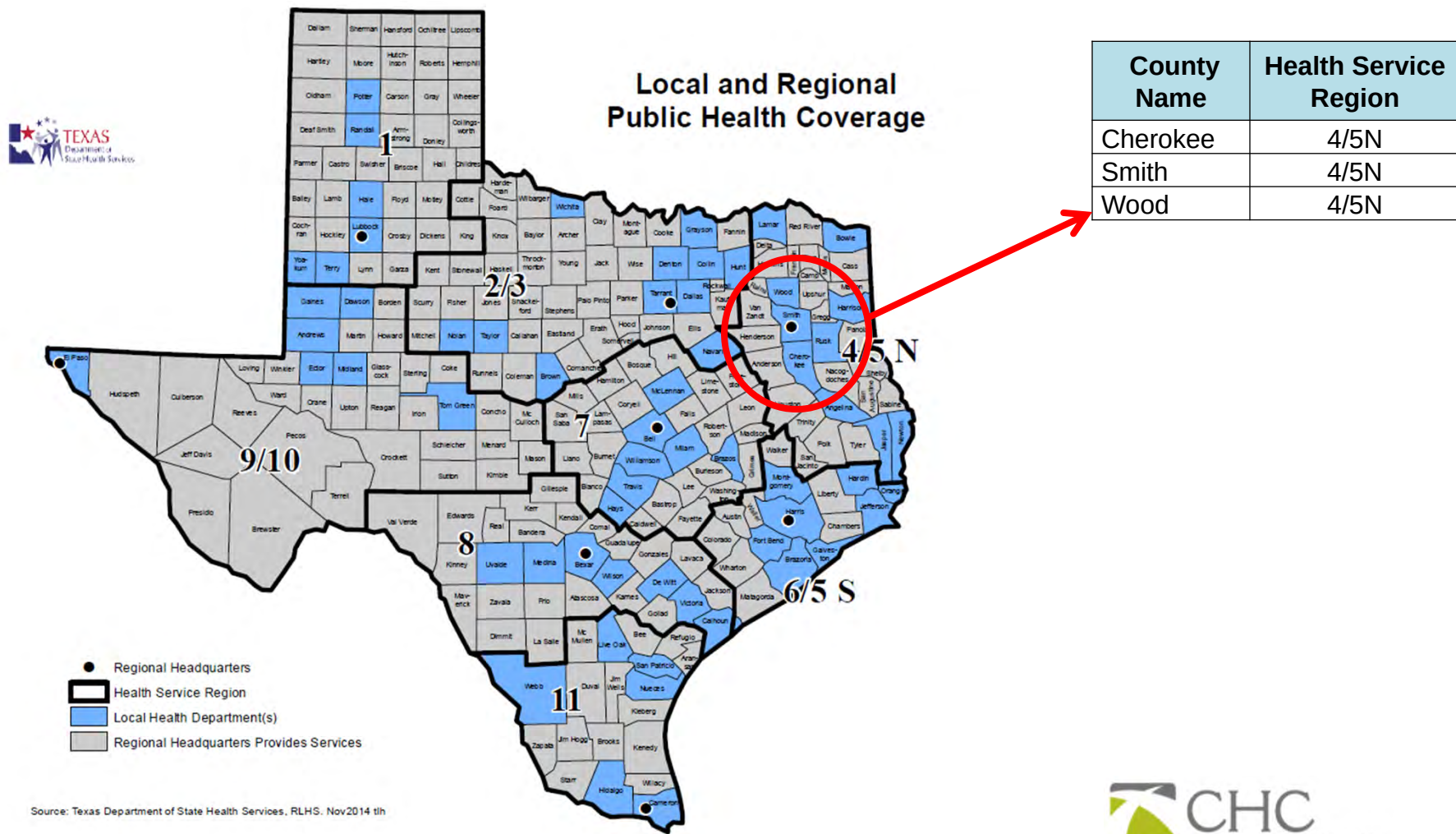
Data Methodology

- **The following information outlines specific health data:**
 - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and healthcare access
- **Data Sources include, but are not limited to:**
 - Texas Department of State Health Services
 - Texas Cancer Registry
 - Enroll America
 - Community Commons
 - Community Health Status Indicators (CHSI)
 - The Behavioral Risk Factor Surveillance System (BRFSS)
 - The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.
 - It is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.
 - States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.
 - The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
 - United States Census Bureau
- **Data Levels:** Nationwide, state, health service region and county level data



HELP WHERE HOSPITALS NEED IT

County and Health Region Map



Source: Texas Department of State Health Services, Center for Health Statistics; Last updated July 31, 2015; <http://www.dshs.state.tx.us/chs/vstat/annrpts.shtm>; data accessed March 29, 2016.



HELP WHERE HOSPITALS NEED IT

County Health Rankings (2016)

- The County Health Rankings rank 241 counties in Texas (1 being the best, 241 being the worst).
- Many factors go into these rankings. A few examples include:
 - Health Behaviors:
 - Adult smoking
 - Adult obesity
 - Physical inactivity
 - Excessive drinking
 - Sexually transmitted infections
 - Teen births
 - Physical Environment:
 - Air pollution – particulate matter
 - Drinking water violations
 - Severe housing problems
 - Driving alone to work

Category	Cherokee County	Smith County	Wood County
Health Outcomes	179	76	138
Length of Life	185	94	210
Quality of Life	154	84	43
Health Factors	222	88	90
Health Behaviors	229	139	45
Clinical Care	148	16	91
Social & Economic Factors	191	98	119
Physical Environment	198	223	210

Note: Green represents the best ranking for the county, and red represents the worst ranking.

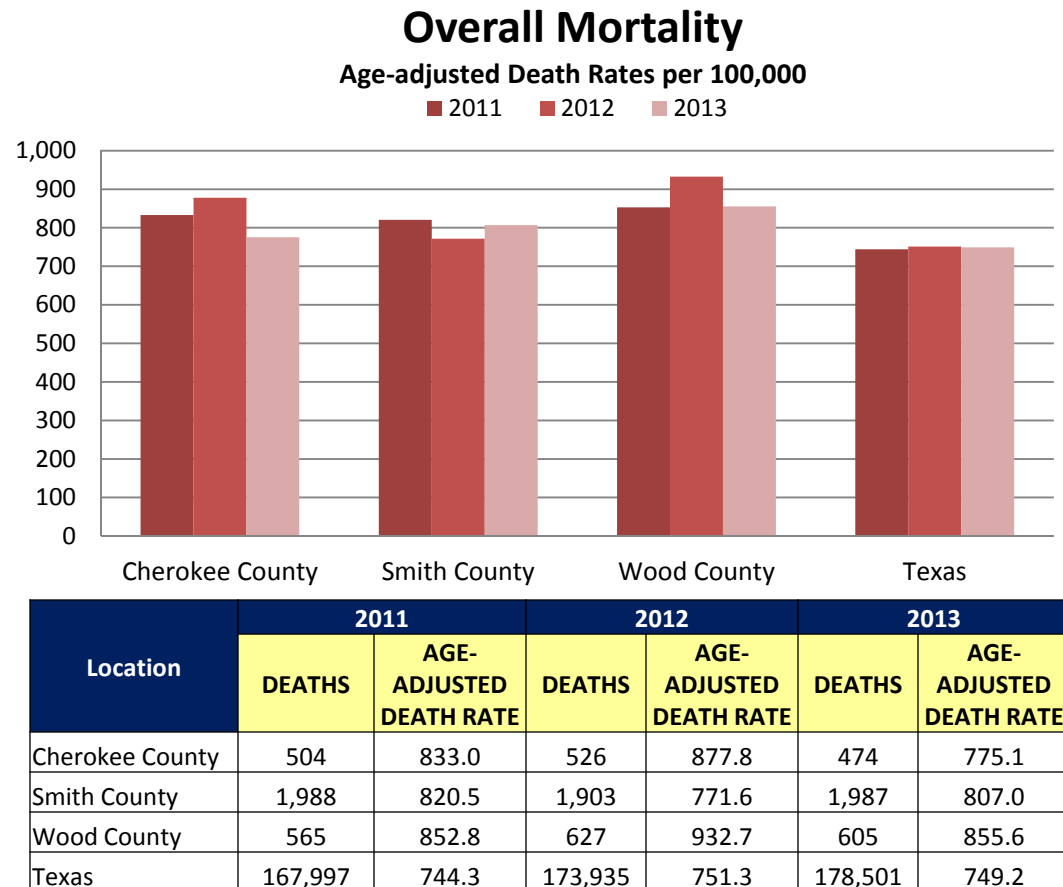
Source: County Health Rankings and Roadmaps; www.countyhealthrankings.org; data accessed March 25, 2016.
 Note: Please see the appendix for full methodology.
 Note: County Health Rankings rank 241 of the 254 counties in Texas.



HELP WHERE HOSPITALS NEED IT

Mortality

- Overall mortality rates in Cherokee, Smith, and Wood Counties remained higher than the state rate in 2011, 2012, and 2013.
- Between 2011 and 2013, Wood County experienced the highest overall mortality rates as compared to Cherokee and Wood Counties as well as Texas.



Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm>; data accessed January 16, 2016.



HELP WHERE HOSPITALS NEED IT

Leading Causes of Death (2013)

Rank	Cherokee County	Smith County	Wood County	Texas
1	Diseases of the Heart (I00-I09, I11, I13, I20-I51)	Diseases of the Heart (I00-I09, I11, I13, I20-I51)	Diseases of the Heart (I00-I09, I11, I13, I20-I51)	Diseases of the Heart (I00-I09, I11, I13, I20-I51)
2	Malignant Neoplasms (C00-C97)	Malignant Neoplasms (C00-C97)	Malignant Neoplasms (C00-C97)	Malignant Neoplasms (C00-C97)
3	Chronic Lower Respiratory Diseases (J40-J47)	Chronic Lower Respiratory Diseases (J40-J47)	Accidents (V01-X59, Y85-Y86)	Chronic Lower Respiratory Diseases (J40-J47)
4	Cerebrovascular Diseases (I60-I69)	Accidents (V01-X59, Y85-Y86)	Chronic Lower Respiratory Diseases (J40-J47)	Cerebrovascular Diseases (I60-I69)
5	-	Cerebrovascular Diseases (I60-I69)	Cerebrovascular Diseases (I60-I69)	Accidents (V01-X59, Y85-Y86)
6	-	In Situ Neoplasms, Benign Neoplasms and Neoplasms of Uncertain or Unknown Behavior (D00-D48)	-	Alzheimer's Disease (G30)
7	-	Influenza and Pneumonia (J09-J18)	-	Diabetes Mellitus (E10-E14)
8	-	Alzheimer's Disease (G30)	-	Septicemia (A40-A41)
9	-	Nephritis, Nephrotic Syndrome and Nephrosis (N00-N07, N17-N19, N25-N27)	-	Nephritis, Nephrotic Syndrome and Nephrosis (N00-N07, N17-N19, N25-N27)
10	-	Diabetes Mellitus (E10-E14)	-	Influenza and Pneumonia (J09-J18)

Note: Age-adjusted rates use the 2000 population standard; "-" indicates that the numerator is too small for rate calculation. Use caution when interpreting rates based on low numbers.



HELP WHERE HOSPITALS NEED IT

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupsfin.tdh.state.tx.us/death10.htm>; data accessed January 16, 2016.

Selected Causes of Death

State/County Comparison, Age-Adjusted Death Rate, 2013

Selected Causes of Death (2013)				
Cause of Death	Cherokee County	Smith County	Wood County	Texas
Diseases of the Heart (I00-I09, I11, I13, I20-I51)	207.8	215.0	199.6	170.7
Malignant Neoplasms (C00-C97)	140.1	137.4	173.5	156.1
Chronic Lower Respiratory Diseases (J40-J47)	49.7	55.1	49.2	42.3
Accidents (V01-X59, Y85-Y86)	-	42.0	69.0	36.8
Cerebrovascular Diseases (I60-I69)	49.3	37.6	26.4	40.1
In Situ Neoplasms, Benign Neoplasms and Neoplasms of Uncertain or Unknown Behavior (D00-D48)	-	25.1	-	4.3
Influenza and Pneumonia (J09-J18)	-	22.3	-	14.4
Alzheimer's Disease (G30)	-	19.7	-	24.4
Nephritis, Nephrotic Syndrome and Nephrosis (N00-N07, N17-N19, N25-N27)	-	19.4	-	15.9
Diabetes Mellitus (E10-E14)	-	19.2	-	21.6

-  Green indicates that the county's rate is *lower* than the state's rate for that disease category.
  Red indicates that the county's rate is *higher* than the state's rate for that disease category.

*Note: Age-adjusted rates use the 2000 population standard; "-" indicates that the numerator is too small for rate calculation.
 Use caution when interpreting rates based on low numbers*

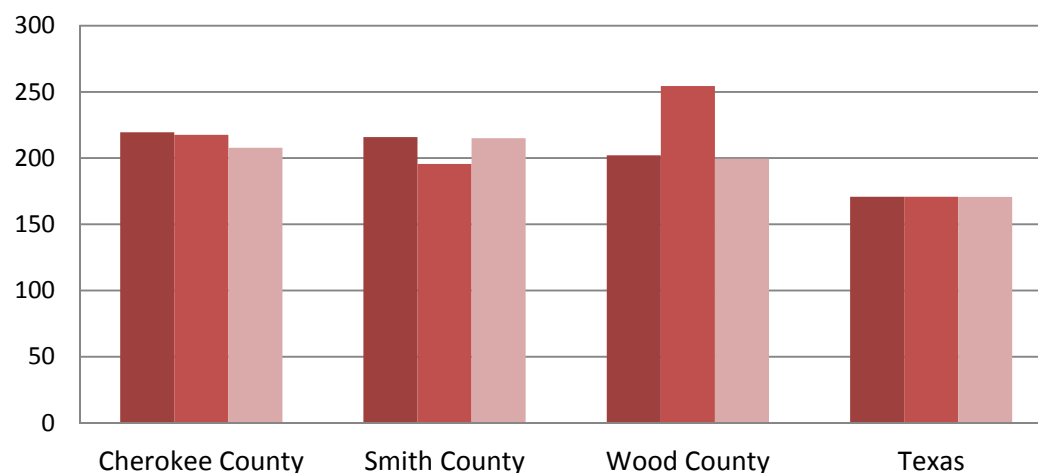


HELP WHERE HOSPITALS NEED IT

Diseases of the Heart Mortality

- Heart disease is the leading cause of death in all three counties and the state (2013).
- In 2013, heart disease mortality rates in Cherokee (207.8 per 100,000), Smith (215.0 per 100,000), and Wood (199.6 per 100,000) Counties were significantly higher than mortality rates in Texas (170.7 per 100,000).
- While all three counties experienced slight declines in diseases of the heart mortality rates between 2011 and 2013, all counties remained higher than the state's rates.

Diseases of the Heart
Age-adjusted Death Rate per 100,000
■ 2011 ■ 2012 ■ 2013



Location	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Cherokee County	136	219.5	132	217.6	129	207.8
Smith County	528	215.9	491	195.6	540	215.0
Wood County	142	202.1	182	254.4	152	199.6
Texas	37,955	170.8	38,987	170.8	40,150	170.7



HELP WHERE HOSPITALS NEED IT

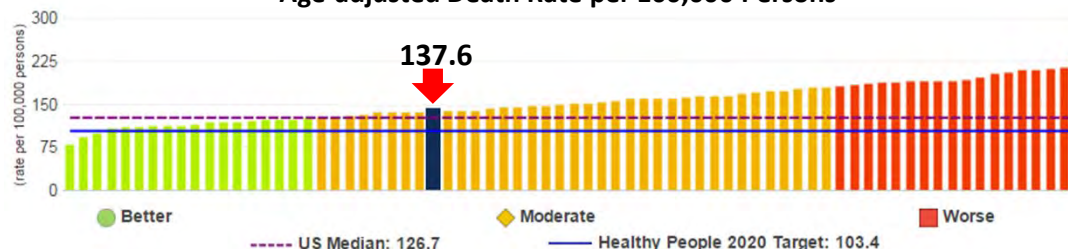
Disease of the Heart Mortality

Peer County Rankings

- In comparison to their respective peer county groupings, all three counties ranked within the two middle quartiles for coronary heart disease mortality rates between 2005 and 2011, and also ranked above the U.S. median and Healthy People 2020 Target.
- Wood County (145.7 per 100,000) ranked within the highest portion of the two middle quartiles of their peer county grouping, and also had the highest rate in comparison to Cherokee (137.6 per 100,000) and Smith (129.4 per 100,000) Counties.

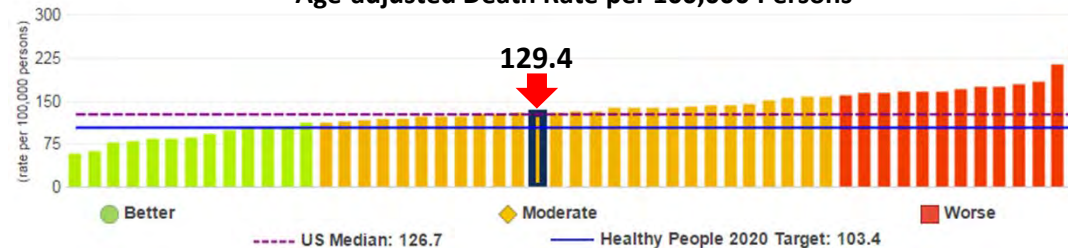
Coronary Heart Disease Deaths, Cherokee County (2005-2011)

Age-adjusted Death Rate per 100,000 Persons



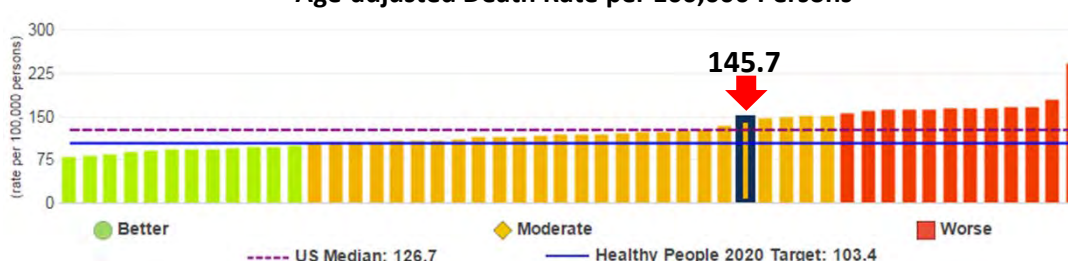
Coronary Heart Disease Deaths, Smith County (2005-2011)

Age-adjusted Death Rate per 100,000 Persons



Coronary Heart Disease Deaths, Wood County (2005-2011)

Age-adjusted Death Rate per 100,000 Persons



Note: Cherokee, Smith, and Wood Counties are within different peer county groups.

Source: Centers for Disease Control and Prevention, Community Health Status Indicators, <http://wwwn.cdc.gov/CommunityHealth/>; data accessed January 19, 2016.

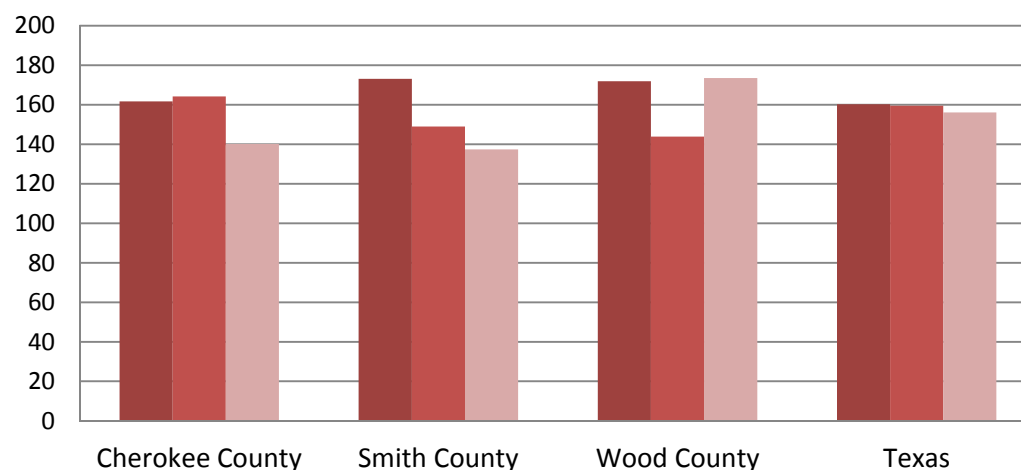
Malignant Neoplasms Mortality

- Malignant Neoplasms are the second leading cause of death in all three counties and the state (2013).
- Between 2011 and 2013, Cherokee and Smith Counties, as well as the state, experienced declines in malignant neoplasms mortality rates, while Wood County experienced a slight increase.
- In 2013, Wood County (173.5 per 100,000) had a higher malignant neoplasm mortality rate than Cherokee (140.1 per 100,000) and Smith (137.4 per 100,000) Counties as well as the state (156.1 per 100,000).

Malignant Neoplasms

Age-adjusted Death Rate per 100,000

■ 2011 ■ 2012 ■ 2013



Location	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Cherokee County	100	161.7	100	164.2	89	140.1
Smith County	426	173.1	370	149.0	339	137.4
Wood County	124	171.9	108	143.9	132	173.5
Texas	37,121	160.2	38,096	159.5	38,289	156.1



HELP WHERE HOSPITALS NEED IT

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm>; data accessed January 16, 2016.

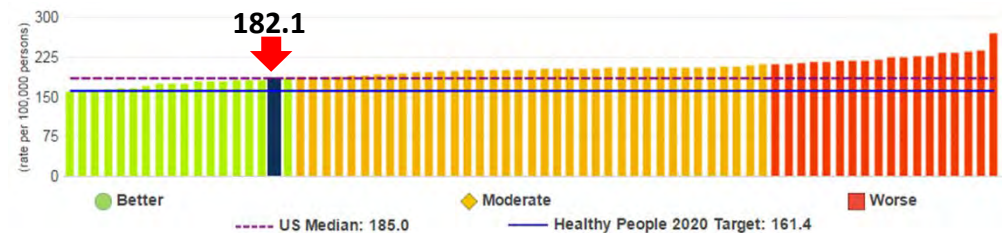
Malignant Neoplasms Mortality

Peer County Rankings

- In comparison to their respective peer county groupings, Cherokee and Smith Counties ranked within the most favorable quartiles for cancer death rates between 2005 and 2011.
- Wood County (183.0 per 100,000) ranked within the two middle quartiles of their peer county grouping, and also had the highest rate in comparison to Cherokee (182.1 per 100,000) and Smith (166.8 per 100,000) Counties.
- All three counties ranked above the Healthy People 2020 Target (161.4 per 100,000), but below the U.S. median (185.0 per 100,000).

Cancer Deaths, Cherokee County (2005-2011)

Age-adjusted Death Rate per 100,000 Persons



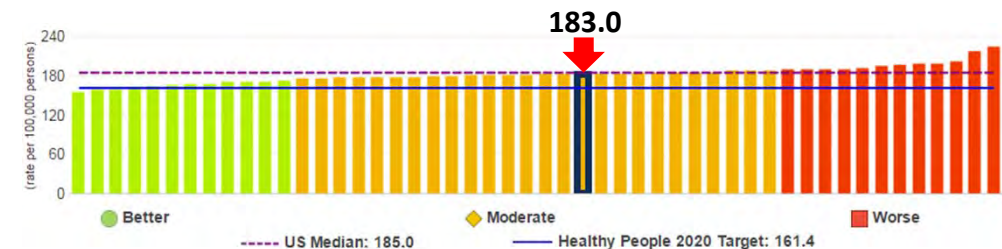
Cancer Deaths, Smith County (2005-2011)

Age-adjusted Death Rate per 100,000 Persons



Cancer Deaths, Wood County (2005-2011)

Age-adjusted Death Rate per 100,000 Persons



Note: Cherokee, Smith, and Wood Counties are within different peer county groups.

Source: Centers for Disease Control and Prevention, Community Health Status Indicators, <http://wwwn.cdc.gov/CommunityHealth/>; data accessed January 19, 2016.



HELP WHERE HOSPITALS NEED IT

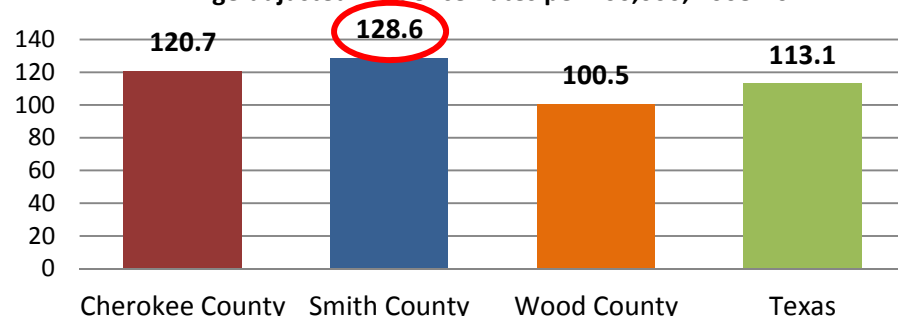
Cancer Incidence by Type

Age-Adjusted Rates per 100,000, 2008-2012

- Cherokee (120.7 per 100,000) and Smith (128.6 per 100,000) Counties had higher female breast cancer incidence rates than Wood County (100.5 per 100,000) and the state (113.1 per 100,000) between 2008 and 2012.
- All counties had lower prostate cancer incidence rates than the state (115.7 per 100,000) between 2008 and 2012.
- Between 2008 and 2012, Cherokee (86.8 per 100,000), Smith (67.4 per 100,000), and Wood (72.5 per 100,000) Counties had higher lung and bronchus cancer incidence rates than the state (58.1 per 100,000).
- Smith (41.3 per 100,000) and Wood (45.8 per 100,000) Counties had higher colon and rectum cancer incidence rates than Cherokee County (33.8 per 100,000) and the state (40.2 per 100,000) (2008-2012).

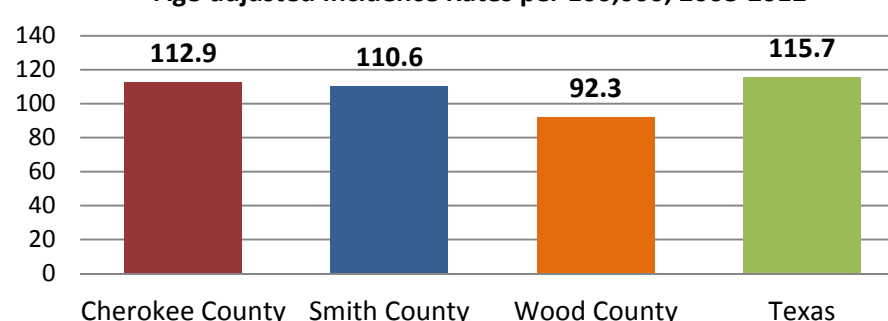
Female Breast Cancer

Age-adjusted Incidence Rates per 100,000; 2008-2012



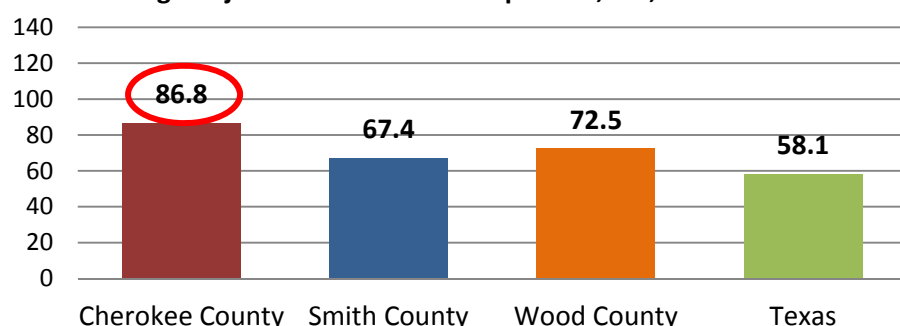
Prostate Cancer

Age-adjusted Incidence Rates per 100,000; 2008-2012



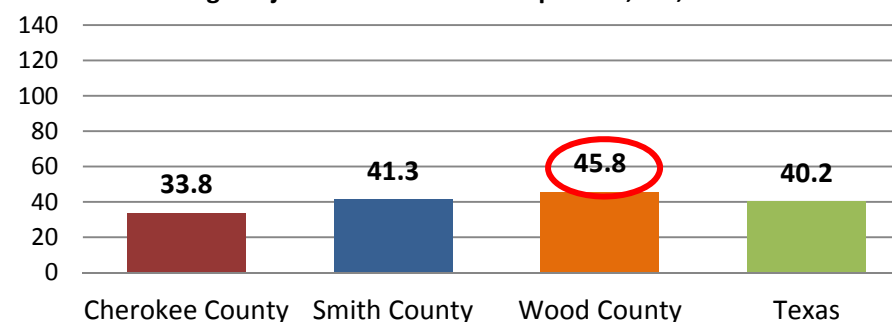
Lung and Bronchus Cancer

Age-adjusted Incidence Rates per 100,000; 2008-2012



Colon and Rectum Cancer

Age-adjusted Incidence Rates per 100,000; 2008-2012



Source: Texas Cancer Registry, Cancer Incidence File, <http://www.cancer-rates.info/tx/index.php>; data accessed January 18, 2016.
Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population.

Cancer Incidence by Type

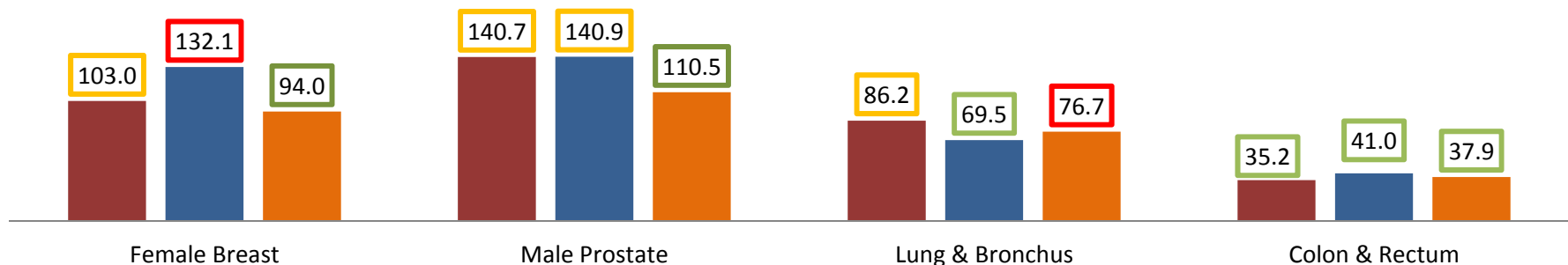
Peer County Rankings

- While Wood County (94.0 per 100,000) fell within the most favorable quartile for female breast cancer incidence rates, Smith County (132.1 per 100,000) fell within the least favorable quartile and Cherokee County (103.0 per 100,000) ranked within the two middle quartiles.
- Wood County (110.5 per 100,000) ranked within the most favorable quartile for male prostate cancer incidence rates, while Cherokee (140.7 per 100,000) and Smith (140.9 per 100,000) Counties ranked within the two middle quartiles.
- Wood County (76.7 per 100,000) ranked within the least favorable quartile for lung and bronchus cancer incidence rates, while Cherokee County (86.2 per 100,000) ranked within the two middle quartiles, and Smith County (69.5 per 100,000) ranked within the most favorable quartile.
- In comparison to peer counties, all counties within the study area ranked within the most favorable quartile for colon and rectum cancer incidence rates per 100,000 population between 2006 and 2010.

Cancer Incidence by Type, Peer County Ranking

Age-Adjusted Incidence Rates per 100,000, 2006-2010

■ Cherokee County ■ Smith County ■ Wood County



Note: Cherokee, Smith, and Wood Counties are within different peer county groups.



Source: Centers for Disease Control and Prevention Community Health Status Indicators, data from the State Cancer Registry and the CDC's National Program of Cancer Registries Cancer Surveillance System, <http://www.cdc.gov/CommunityHealth>; data accessed March 14, 2016.

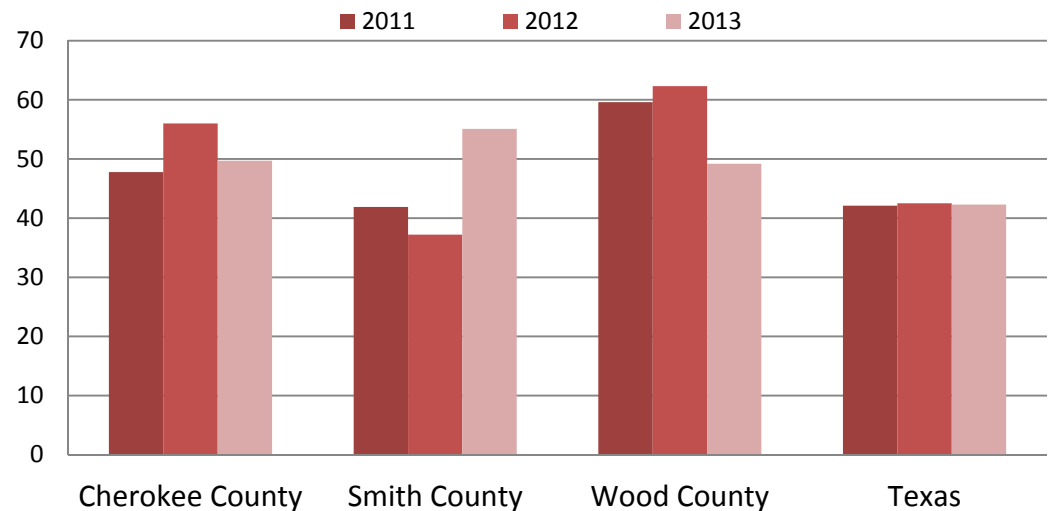
HELP WHERE HOSPITALS NEED IT

Chronic Lower Respiratory Disease Mortality

- Chronic lower respiratory disease mortality rates are the 3rd leading cause of death for Cherokee and Smith Counties and the state, and the 4th leading cause of death for Wood County (2013).
- While chronic lower respiratory disease mortality rates in Wood County decreased between 2011 and 2013, rates in Smith and Cherokee Counties have increased.
- In 2013, chronic lower respiratory disease mortality rates in Smith County (55.1 per 100,000) were higher than Cherokee (49.7 per 100,000) and Wood (49.2 per 100,000) Counties as well as the state (42.3 per 100,000). All three counties remained higher than the state in 2013.

Chronic Lower Respiratory Disease

Age-adjusted Death Rate per 100,000



Location	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Cherokee County	29	47.8	35	56.0	31	49.7
Smith County	103	41.9	93	37.2	138	55.1
Wood County	43	59.6	48	62.3	38	49.2
Texas	9,115	42.1	9,520	42.5	9,787	42.3



HELP WHERE HOSPITALS NEED IT

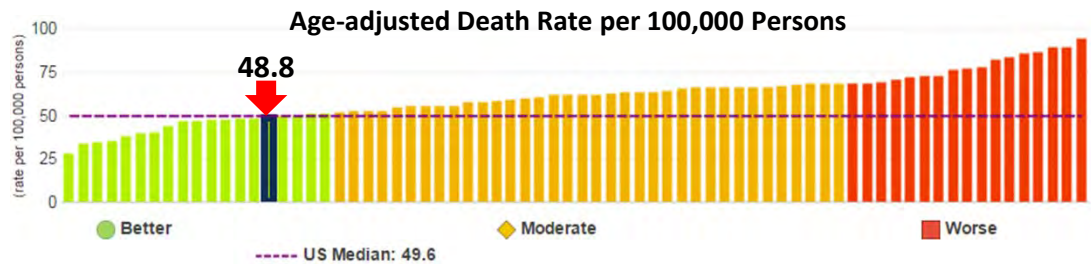
Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm>; data accessed January 16, 2016.

Chronic Lower Respiratory Disease Mortality

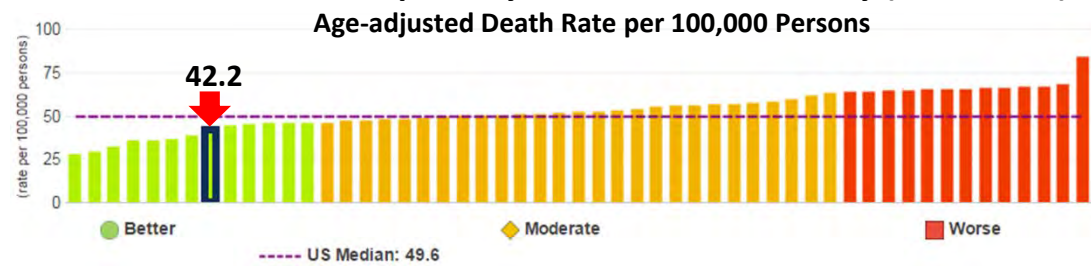
Peer County Rankings

- In comparison to their respective peer county groupings, Cherokee (48.8 per 100,000) and Smith (42.2 per 100,000) Counties ranked within the most favorable quartiles for chronic lower respiratory disease mortality rates between 2005 and 2011.
- Wood County (52.5 per 100,000) ranked within the least favorable quartile of their peer county grouping, and also had the highest rate in comparison to Cherokee and Smith Counties.

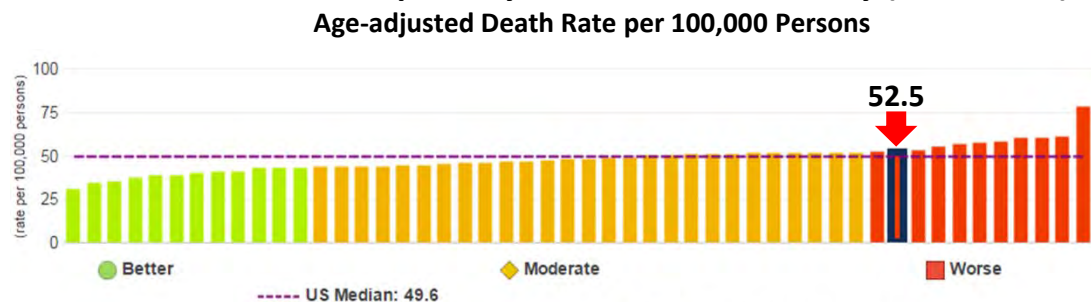
Chronic Lower Respiratory Disease, Cherokee County (2005-2011)



Chronic Lower Respiratory Disease, Smith County (2005-2011)



Chronic Lower Respiratory Disease, Wood County (2005-2011)



Note: Cherokee, Smith, and Wood Counties are within different peer county groups.

Source: Centers for Disease Control and Prevention, Community Health Status Indicators, <http://wwwn.cdc.gov/CommunityHealth/>; data accessed January 19, 2016.

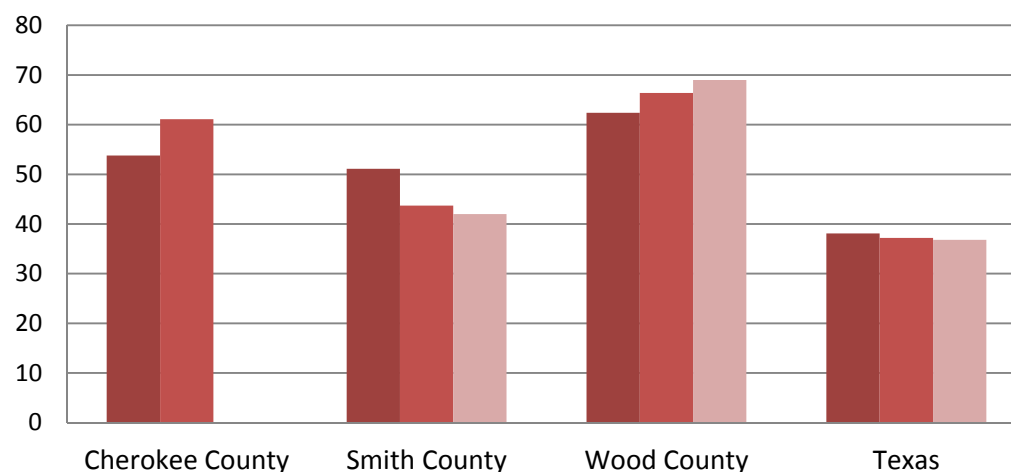


HELP WHERE HOSPITALS NEED IT

Accidents Mortality

- Mortality rates due to accidents in Smith County and Texas steadily decreased between 2011 and 2013. Rates in Wood County increased.
- Accident mortality rates in Wood County (69.0 per 100,000) remained higher than Smith County (42.0 per 100,000) and the state (36.8 per 100,000) in 2013.
- In 2013, motor vehicle accidents, falls, and accidental poisonings were the leading fatal accidents in Cherokee, Smith, and Wood Counties.

Accidents*
Age-adjusted Death Rate per 100,000
■ 2011 ■ 2012 ■ 2013



*Note: Use caution when interpreting rates based on low numbers for Cherokee and Wood Counties.

Location	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Cherokee County	28	53.8	31	61.1	19	-
Smith County	115	51.1	97	43.7	93	42.0
Wood County	29	62.4	28	66.4	31	69.0
Texas	9,301	38.1	9,267	37.2	9,341	36.8

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm>; data accessed January 16, 2016.
Accident mortality rates include: motor vehicle crashes, other land transport accidents, water transport accidents, air and space transport accidents, falls, accidental shootings, drownings, fire and smoke exposures, poisonings, suffocations, and all other unintentional injuries.



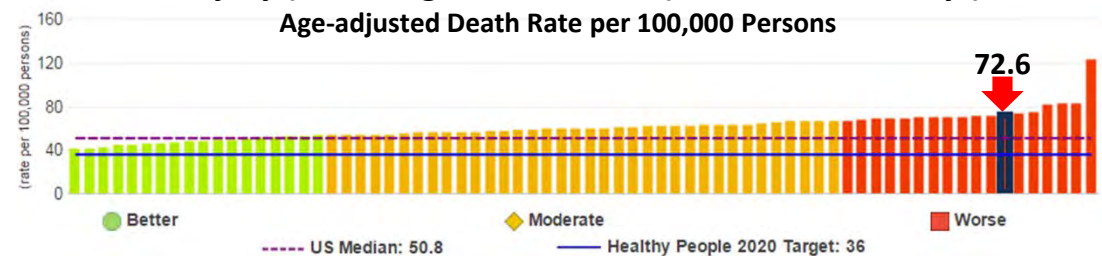
HELP WHERE HOSPITALS NEED IT

Unintentional Injury (Including Motor Vehicle) Mortality

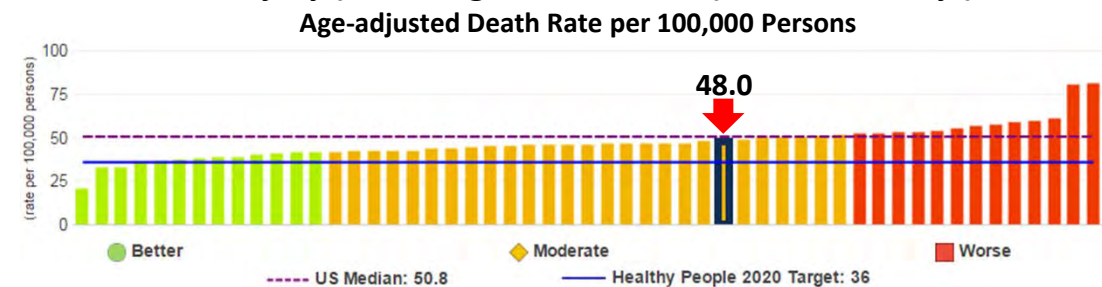
Peer County Rankings

- In comparison to their respective peer county groupings, Cherokee and Wood Counties ranked within the least favorable quartiles for unintentional injury (including motor vehicle) mortality rates between 2005 and 2011.
- Cherokee County (72.6 per 100,000) had the highest rate in comparison to Smith (48.0 per 100,000) and Wood (62.5 per 100,000) Counties.

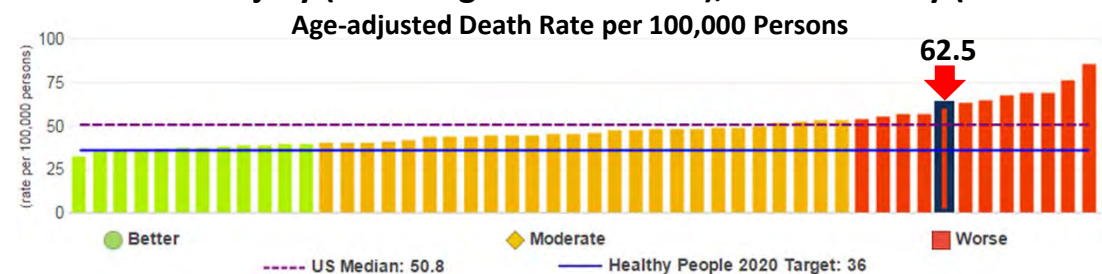
Unintentional Injury (Including Motor Vehicle), Cherokee County (2005-2011)



Unintentional Injury (Including Motor Vehicle), Smith County (2005-2011)



Unintentional Injury (Including Motor Vehicle), Wood County (2005-2011)



Note: Cherokee, Smith, and Wood Counties are within different peer county groups.

Source: Centers for Disease Control and Prevention, Community Health Status Indicators, <http://wwwn.cdc.gov/CommunityHealth/>; data accessed January 19, 2016.



HELP WHERE HOSPITALS NEED IT

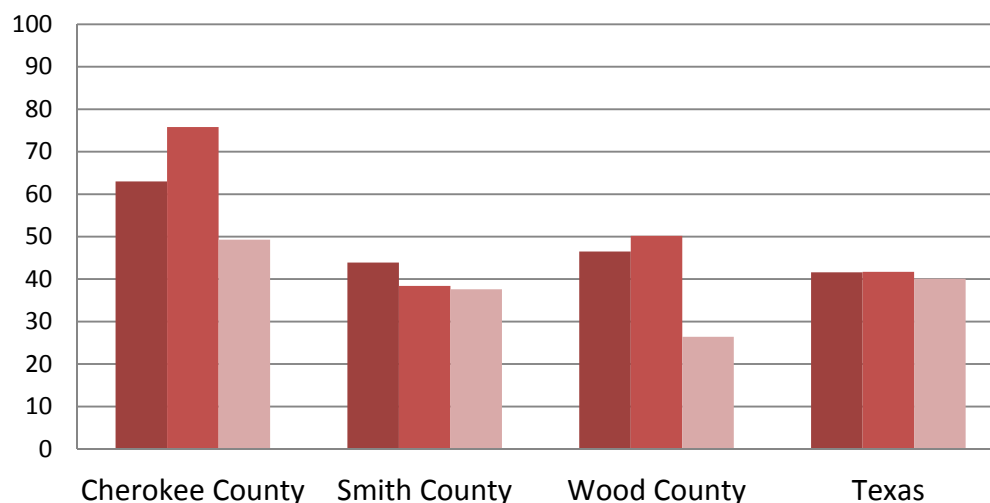
Cerebrovascular Disease Mortality

- Cerebrovascular disease mortality rates decreased in all three counties and the state between 2011 and 2013.
- In 2013, Cherokee County had the highest cerebrovascular disease mortality rate (49.3 per 100,000) as compared to Smith (37.6 per 100,000) and Wood (26.4 per 100,000) Counties and the state (40.1 per 100,000).

Cerebrovascular Disease

Age-adjusted Death Rate per 100,000

■ 2011 ■ 2012 ■ 2013



Location	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Cherokee County	39	63.0	46	75.8	31	49.3
Smith County	109	43.9	97	38.4	93	37.6
Wood County	32	46.5	31	50.2	21	26.4
Texas	9,058	41.6	9,297	41.7	9,238	40.1



HELP WHERE HOSPITALS NEED IT

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm>; data accessed January 16, 2016.

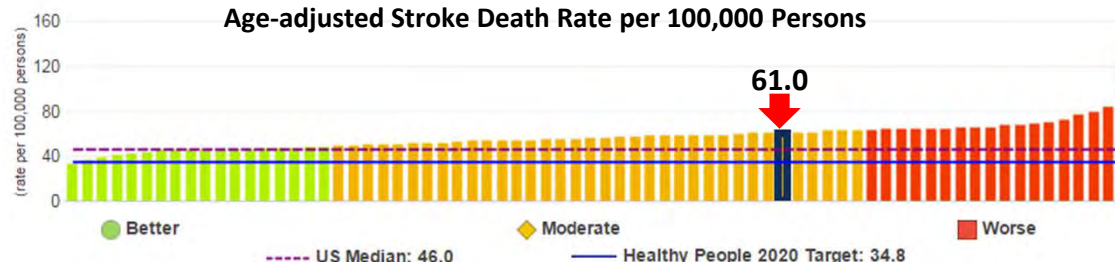
Cerebrovascular Disease Mortality

Peer County Rankings

- In comparison to their respective peer county groupings, Cherokee (61.0 per 100,000) and Wood (40.7 per 100,000) Counties ranked within the middle two quartiles for stroke deaths per 100,000 persons between 2005 and 2011.
- Smith County (40.3 per 100,000) ranked within the most favorable quartile for stroke deaths per 100,000 persons.

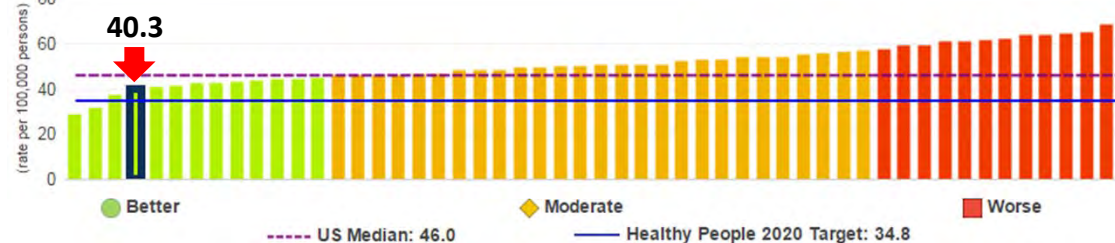
Stroke Deaths, Cherokee County (2005-2011)

Age-adjusted Stroke Death Rate per 100,000 Persons



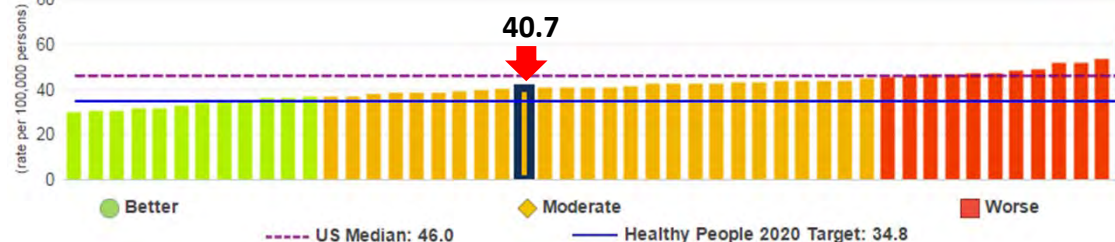
Stroke Deaths, Smith County (2005-2011)

Age-adjusted Stroke Death Rate per 100,000 Persons



Stroke Deaths, Wood County (2005-2011)

Age-adjusted Stroke Death Rate per 100,000 Persons



Note: Cherokee, Smith, and Wood Counties are within different peer county groups.

Source: Centers for Disease Control and Prevention, Community Health Status Indicators, <http://wwwn.cdc.gov/CommunityHealth/>; data accessed March 14, 2016.



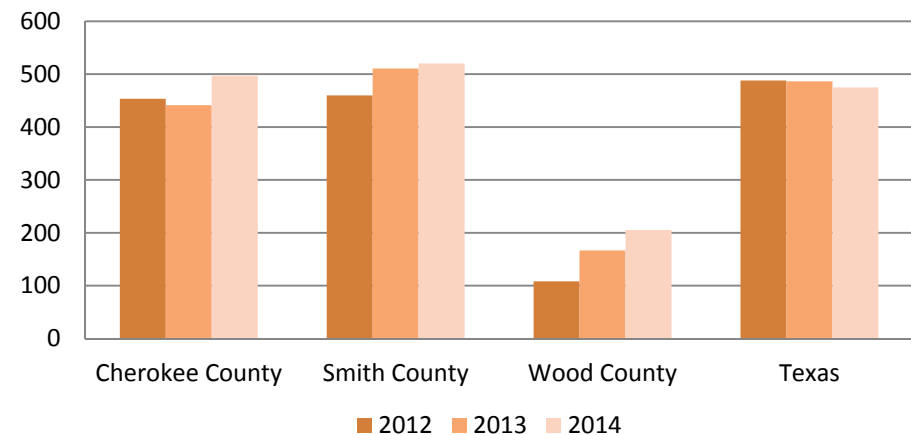
HELP WHERE HOSPITALS NEED IT

Communicable Diseases

- Cherokee, Smith, and Wood Counties have increasing chlamydia rates, while rates in Texas have steadily decreased.
- Gonorrhea rates in Cherokee, Smith and Wood Counties slightly increased between 2012 and 2014, while rates in Texas remained relatively steady.
- In 2014, Smith County was listed as one of the 25 counties in Texas with the highest STD case numbers for Chlamydia and Gonorrhea. Chlamydia and Gonorrhea rates in Smith County (520.5 and 165.9 per 100,000, respectively) remain higher than Cherokee (497.0 and 137.5 per 100,000, respectively) and Wood (205.4 and 79.3 per 100,000, respectively) Counties, as well as the state (475.0 and 127.7 per 100,000, respectively) rates (2014).

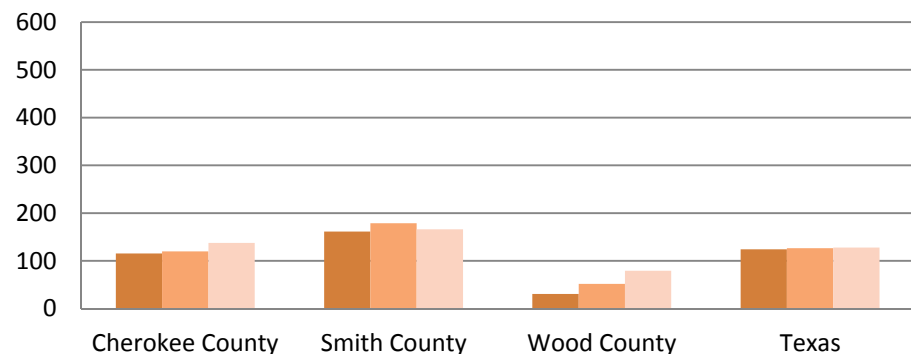
Chlamydia Rates

Rates per 100,000 Population



Gonorrhea Rates

Rates per 100,000 Population

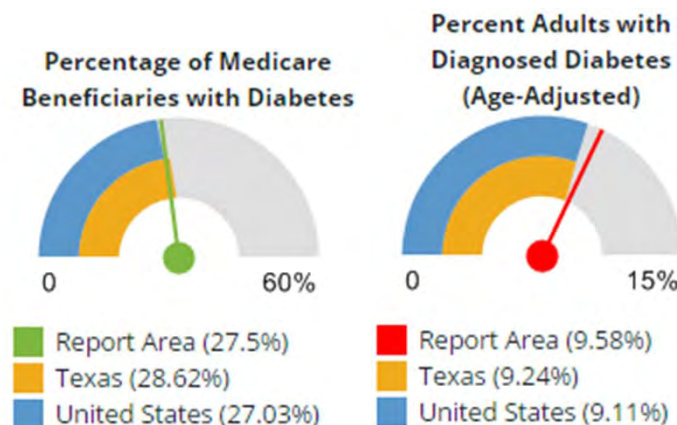


Source: Texas Department of State Health Services, 2014 STD Surveillance Report, <https://www.dshs.state.tx.us/hivstd/reports/>; data accessed January 18, 2016.

Chronic Conditions

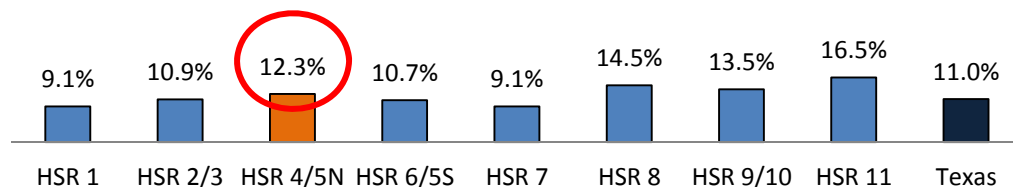
Diabetes Mellitus

- In 2012, the percent of adults (age 20+) ever diagnosed with diabetes by a doctor in the report area (9.6%) was higher than the state (9.2%) and national (9.1%) rates.
- In 2012, the percentage of **Medicare Beneficiaries** with diabetes in the report area (27.5%) was slightly lower than the state (28.6%), but slightly higher than the national level (27.0%).
- In 2014, Health Service Region (HSR) 4/5N (12.3%) had a higher prevalence rate of diabetes than the state (11.0%), as well as the majority of other regions.
- Diabetes prevalence rates in adults (age 18+) in both HSR 4/5N and the state have remained relatively steady between 2012 and 2014.



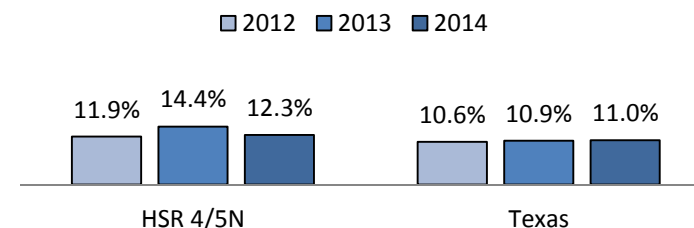
Diabetes

Prevalence Rates, Adults (age 18+), 2014



Diabetes

Prevalence Rates, Adults (age 18+), 2012-2014



Source: Community Commons, Health Indicator Report, logged in and filtered for Cherokee, Smith, and Wood Counties, TX, www.communitycommons.org; data accessed March 14, 2016.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.

Definition: Has a doctor, nurse, or other health professional ever told you that you have diabetes?



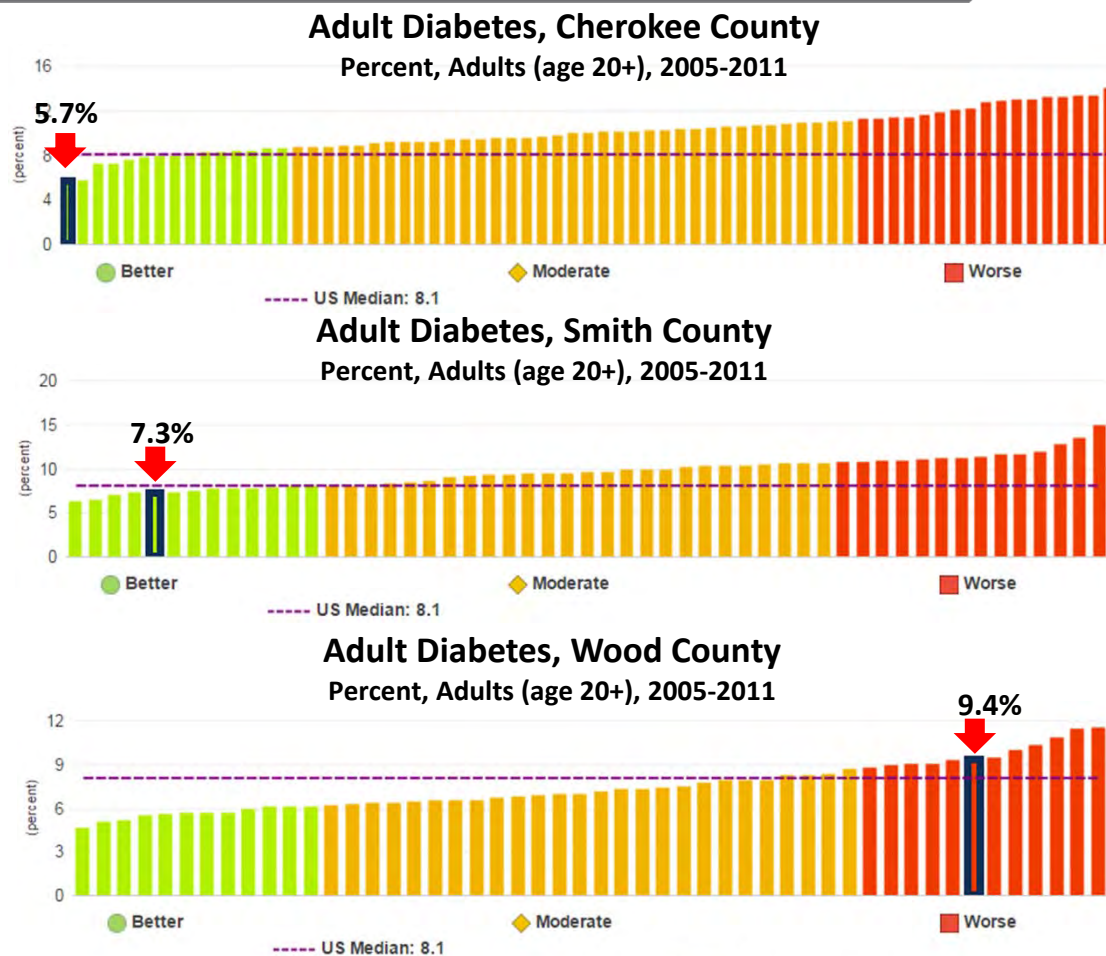
HELP WHERE HOSPITALS NEED IT

Adult Diabetes

Peer County Rankings

- In comparison to their respective peer county groupings, Cherokee (5.7%) and Smith (7.3%) Counties ranked within the most favorable quartiles for adult (age 20+) diabetes prevalence rates between 2005 and 2011, and also ranked below the U.S. median (8.1%).
- Wood County (9.4%) ranked within the least favorable quartile for adult diabetes prevalence rates, and above the U.S. median.

Note: Cherokee, Smith, and Wood Counties are within different peer county groups.



HELP WHERE HOSPITALS NEED IT

Chronic Conditions

Obesity

- In 2012, over one-fourth (28.9%) of adults (age 20+) in the report area reported that they have a Body Mass Index (BMI) greater than 30.0 (obese), as compared to 28.2% in the state and 27.1% in the nation.
- In 2014, HSR 4/5N (32.4%) had a higher prevalence rate of obesity than the state (31.9%), but was lower than the majority of other regions.
- Obesity prevalence rates in adults (age 18+) in HSR 4/5N have been steadily decreasing, while rates in the state appear to be increasing (2012-2014).

Percent Adults with BMI > 30.0 (Obese)



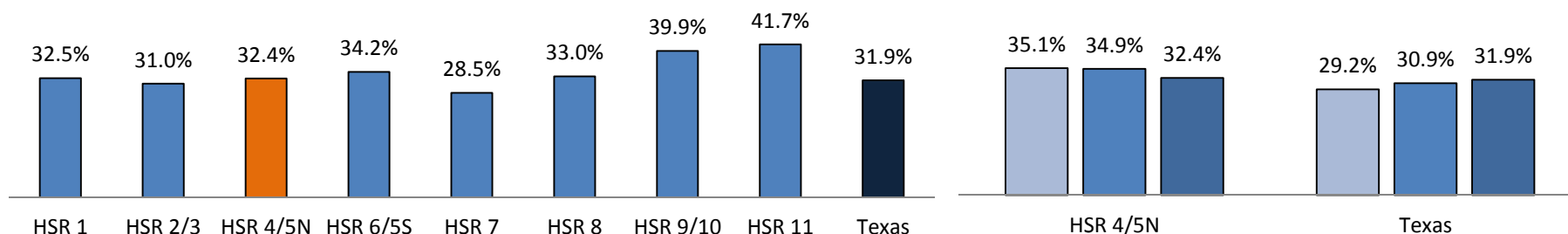
Report Area (28.9%)
Texas (28.2%)
United States (27.1%)

Note: the Report Area is defined as Cherokee, Smith, and Wood Counties. A green dial indicates that the report area has a better rate than the state, and a red dial indicates that the report area has a worse rate than the state.

Obesity

Prevalence Rates, Adults (age 18+), 2012-2014

2012 2013 2014



Source: Community Commons, Health Indicator Report, logged in and filtered for Cherokee, Smith, and Wood Counties, TX, www.communitycommons.org; data accessed March 14, 2016.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.

Definition: BMI is (weight in lbs. divided by (height in inches squared)) times 703. Recommended BMI is 18.5 to 24.9 Overweight is 25.0 to 29.9 Obese is => 30.0.



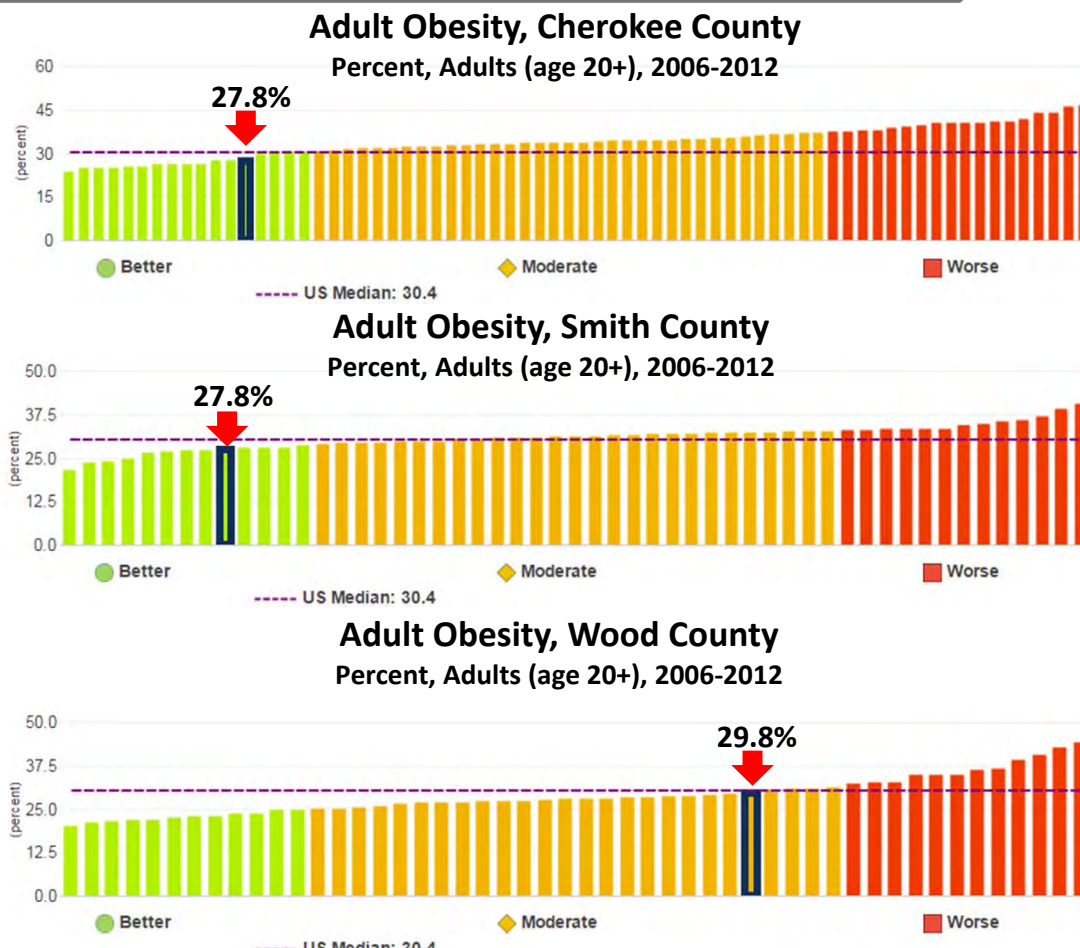
HELP WHERE HOSPITALS NEED IT

Adult Obesity

Peer County Rankings

- In comparison to their respective peer county groupings, Cherokee (27.8%) and Smith (27.8%) Counties ranked within the most favorable quartiles for adult (age 20+) obesity prevalence rates between 2006 and 2012.
- Wood County (29.8%) ranked within the upper end of the middle two quartiles for adult obesity prevalence rates.
- All counties remained below the U.S. median (30.4%).

Note: Cherokee, Smith, and Wood Counties are within different peer county groups.



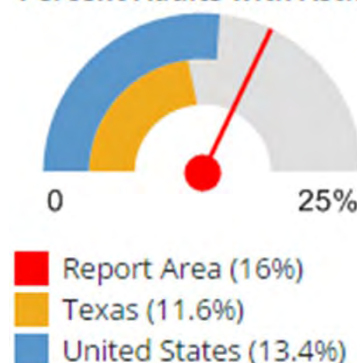
HELP WHERE HOSPITALS NEED IT

Chronic Conditions

Asthma

- In 2011-2012, the percent of adults (age 18+) in the report area (16.0%) that had ever been told by a health professional that they had asthma was higher than the state (11.6%) and national rate (13.4%).
- In 2014, HSR 4/5N had the highest prevalence rate of asthma (13.1%) as compared to all other regions and the state (11.1%).
- Asthma prevalence rates in adults (age 18+) in HSR 4/5N have been steadily increasing, while rates in the state have remained relatively steady (2012-2014).

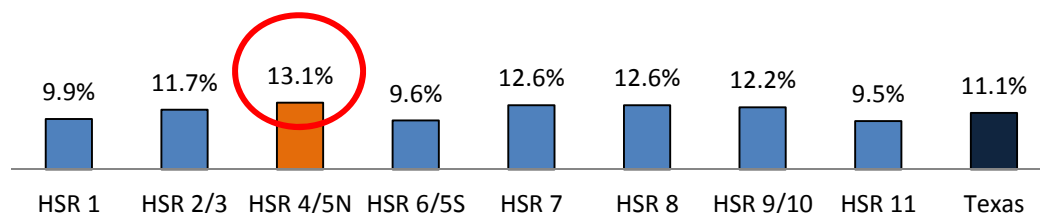
Percent Adults with Asthma



Note: the Report Area is defined as Cherokee, Smith, and Wood Counties. A green dial indicates that the report area has a better rate than the state, and a red dial indicates that the report area has a worse rate than the state.

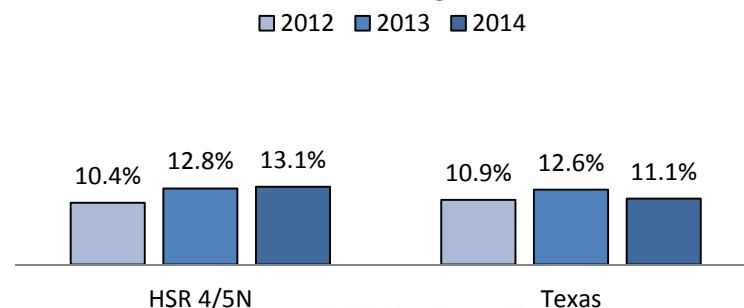
Asthma

Prevalence Rates, Adults (age 18+), 2014



Asthma

Prevalence Rates, Adults (age 18+), 2012-2014



Source: Community Commons, Health Indicator Report, logged in and filtered for Cherokee, Smith, and Wood Counties, TX, www.communitycommons.org; data accessed March 14, 2016.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.

Definition: Has a doctor, nurse, or other health professional ever told you that you had asthma?



HELP WHERE HOSPITALS NEED IT

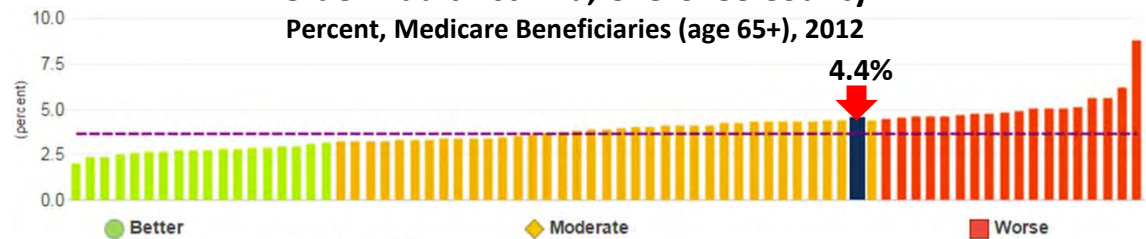
Asthma

Peer County Rankings

- In comparison to their respective peer county groupings, Cherokee (4.4%) and Wood (3.5%) Counties ranked within the two middle quartiles for **Medicare Beneficiary** (age 65+) asthma prevalence rates in 2012, and Cherokee County ranked above the U.S. median (3.6%).
- Smith County (3.7%) ranked within the most favorable quartile for **Medicare Beneficiary** asthma prevalence rates, and ranked very slightly above the U.S. median.

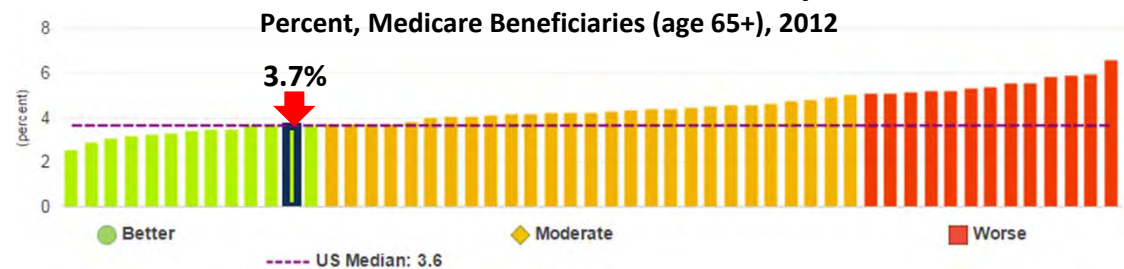
Older Adult Asthma, Cherokee County

Percent, Medicare Beneficiaries (age 65+), 2012



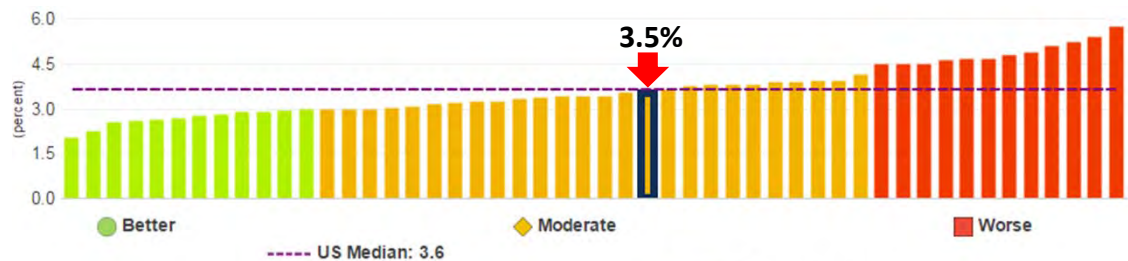
Older Adult Asthma, Smith County

Percent, Medicare Beneficiaries (age 65+), 2012



Older Adult Asthma, Wood County

Percent, Medicare Beneficiaries (age 65+), 2012



Note: Cherokee, Smith, and Wood Counties are within different peer county groups.



HELP WHERE HOSPITALS NEED IT

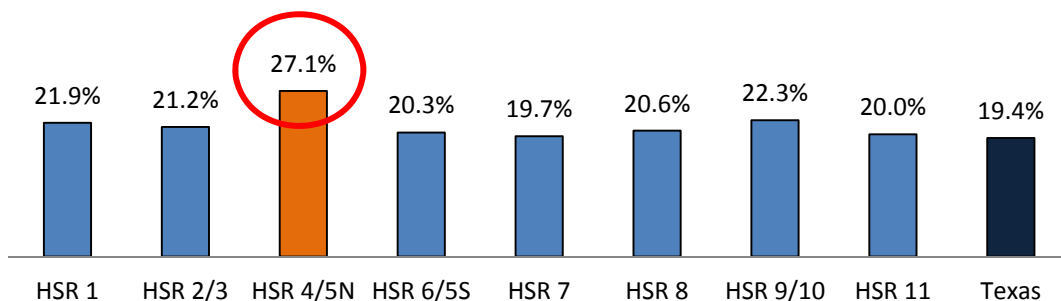
Chronic Conditions

Arthritis

- In 2014, HSR 4/5N had the highest rate of adult arthritis (27.1%) as compared to all other regions and the state (19.4%).
- Between 2012 and 2014, arthritis prevalence rates in adults (age 18+) in HSR 4/5N overall slightly decreased, while rates in the state steadily decreased.

Arthritis

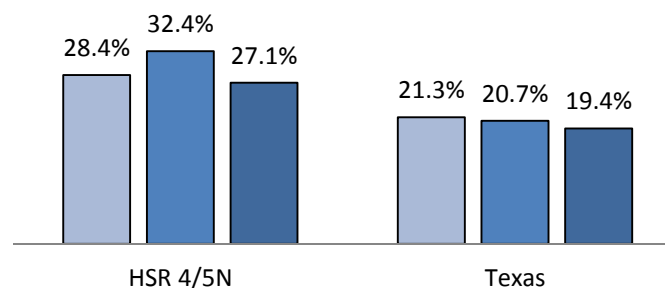
Prevalence Rates, Adults (age 18+), 2014



Arthritis

Prevalence Rates, Adults (age 18+), 2012-2014

■ 2012 ■ 2013 ■ 2014



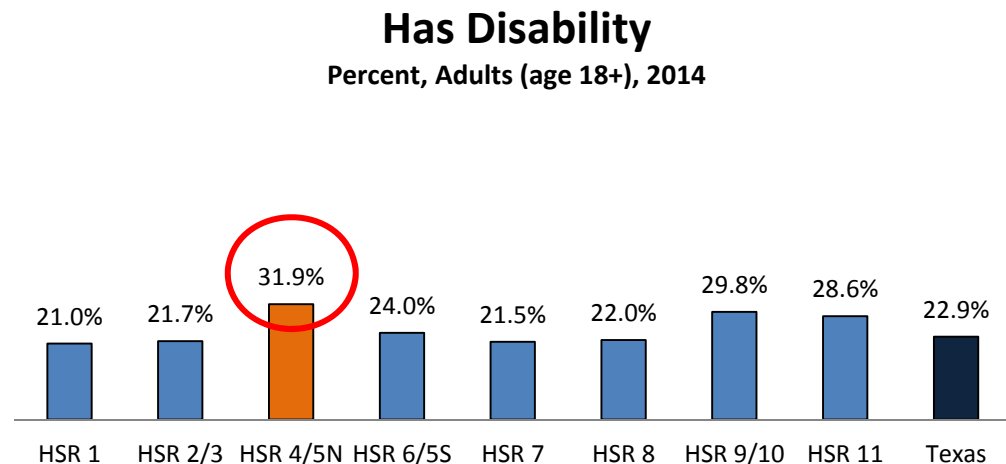
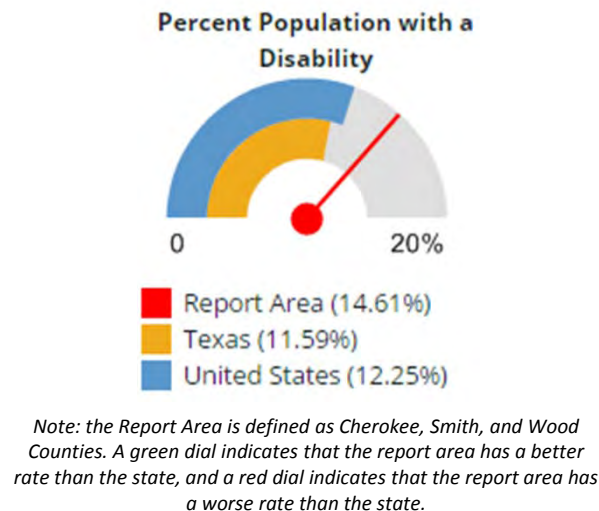
HELP WHERE HOSPITALS NEED IT

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
Definition: Has a doctor, nurse, or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

Chronic Conditions

Disability

- Between 2010 and 2014, the report area (14.6%) had a higher percent of the total population with a disability than the state (11.6%) and the nation (12.3%).
- In 2014, HSR 4/5N (31.9%) had the highest percent of adults (age 18+) with a disability as compared to all other regions and the state (22.9%).



Source: Community Commons, Health Indicator Report, logged in and filtered for Cherokee, Smith, and Wood Counties, TX, www.communitycommons.org; data accessed May 12, 2016.
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
Calculated Variable: Disability status



HELP WHERE HOSPITALS NEED IT

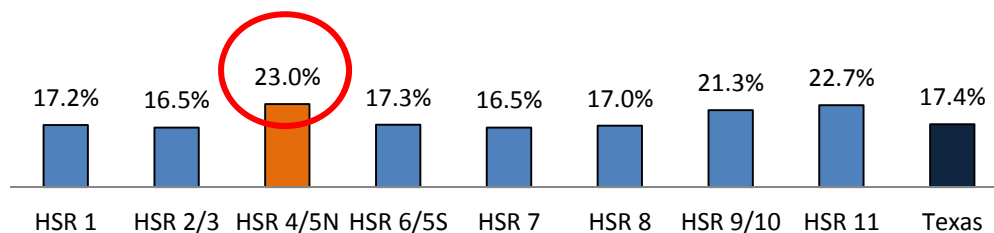
Chronic Conditions

Poor Physical Health

- In 2014, HSR 4/5N (23.0%) had the highest percent of adults (age 18+) that reported 5 or more days of poor physical health, as compared to all other regions and the state (17.4%).
- Between 2012 and 2014, the percent of adults (age 18+) that reported 5 or more days of poor physical health in HSR 4/5N remained relatively steady, while rates in the state steadily decreased.

Days of Poor Physical Health (5+ Days)

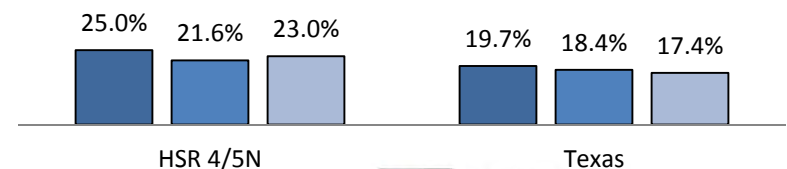
Percent, Adults (age 18+), 2014



Days of Poor Physical Health (5+ Days)

Percent, Adults (age 18+), 2014

■ 2012 ■ 2013 ■ 2014



HELP WHERE HOSPITALS NEED IT

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
Calculated Variable: Days physical health not good - 5+ days

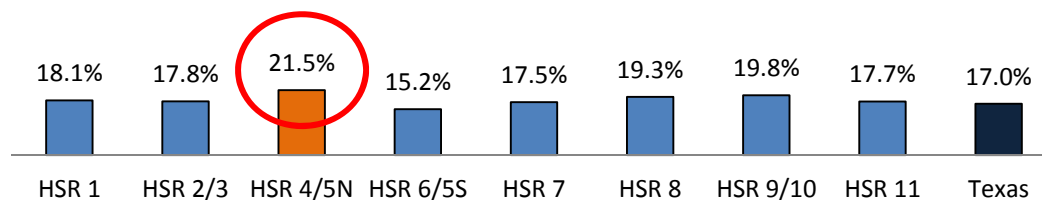
Chronic Conditions

Limited Due to Health Problems

- In 2014, HSR 4/5N (21.5%) had the highest percent of adults (age 18+) that reported being limited because of physical, mental, or emotional problems as compared to all other regions and the state (17.0%).
- Between 2012 and 2014, the percent of adults (age 18+) that reported being limited because of physical, mental or emotional problems in HSR 4/5N and the state remained relatively steady.

Limited Because of Physical, Mental or Emotional Problems

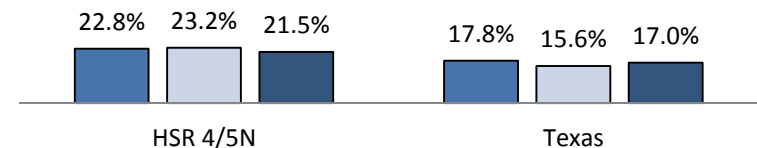
Percent, Adults (age 18+), 2014



Limited Because of Physical, Mental or Emotional Problems

Percent, Adults (age 18+), 2012-2014

■ 2012 ■ 2013 ■ 2014



Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
Questionnaire: Are you limited in any way in any activities because of physical, mental, or emotional problems?



HELP WHERE HOSPITALS NEED IT

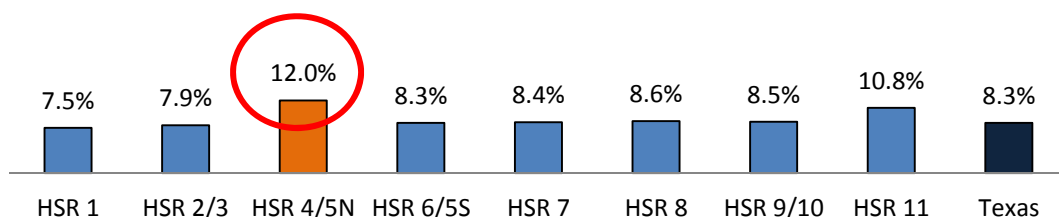
Chronic Conditions

Use of Special Equipment

- In 2014, HSR 4/5N (12.0%) had the highest percent of adults (age 18+) that reported having a health problem that required the use of special equipment as compared to all other regions and the state (8.3%).
- Between 2012 and 2014, the percent of adults (age 18+) that reported having a health problem that required the use of special equipment in HSR 4/5N and the state slightly increased.

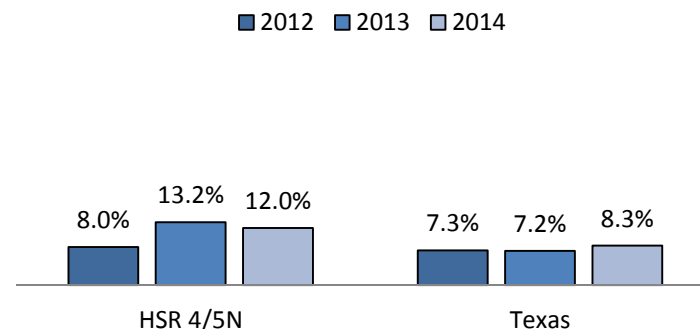
Health Problem Requires Use of Special Equipment

Percent, Adults (age 18+), 2014



Health Problem Requires Use of Special Equipment

Percent, Adults (age 18+), 2014



HELP WHERE HOSPITALS NEED IT

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
Questionnaire: Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

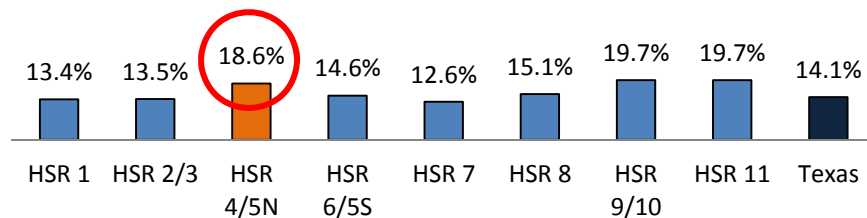
Chronic Conditions

Difficulty with Daily Activities and Self Care

- In 2014, HSR 4/5N (18.6%) had one of the highest percentages of adults (age 18+) that reported having serious difficulty walking or climbing stairs as compared to all other regions and the state (14.1%).
- In 2014, HSR 4/5N (5.0%) had one of the highest percentages of adults (age 18+) that reported having serious difficulty dressing or bathing as compared to all other regions and the state (3.9%).

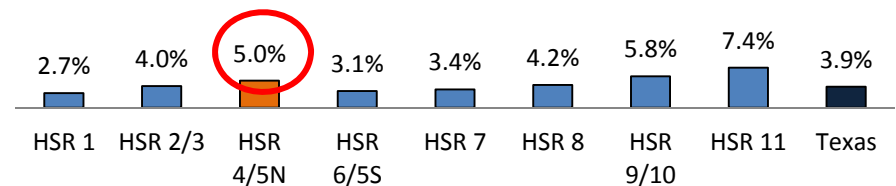
Have Serious Difficulty Walking or Climbing Stairs

Percent, Adults (age 18+), 2014



Have Serious Difficulty Dressing or Bathing

Percent, Adults (age 18+), 2014



Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
Questionnaire: Do you have serious difficulty walking or climbing stairs?
Questionnaire: Do you have difficulty dressing or bathing?



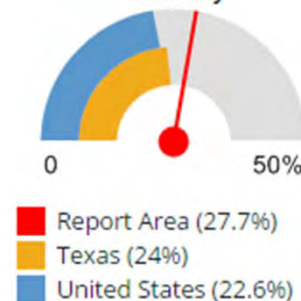
HELP WHERE HOSPITALS NEED IT

Health Behaviors

Physical Inactivity

- In 2012, the percent of the adult population (age 20+) in the report area (27.7%) that self-reported **no leisure time for physical activity** was higher than the state (24.0%) and national rate (22.6%).
- In 2014, the prevalence of adults that **do not** participate in physical activity HSR 4/5N (35.3%) was significantly higher than the state (27.6%), as well as nearly all other regions in the state.
- The percent of adults (age 18+) that **do not** participate in leisure time physical activity in HSR 4/5N increased between 2012 and 2014, while state rates remained steady.

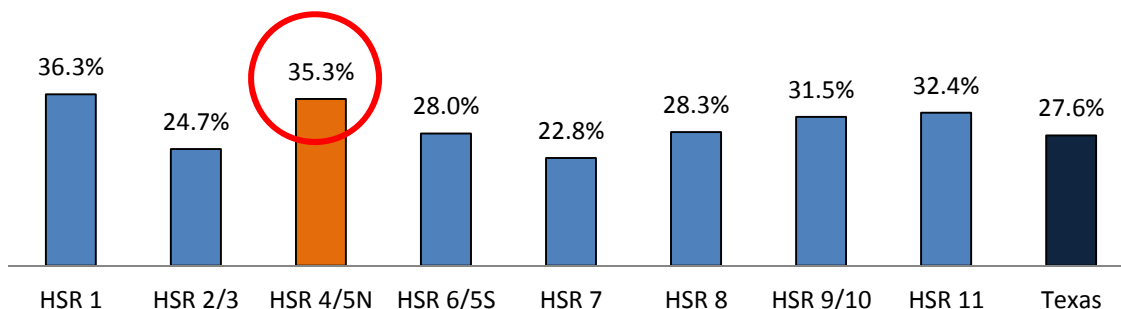
Percent Population with no Leisure Time Physical Activity



Note: the Report Area is defined as Cherokee, Smith, and Wood Counties. A green dial indicates that the report area has a better rate than the state, and a red dial indicates that the report area has a worse rate than the state.

No Leisure Time Physical Activity

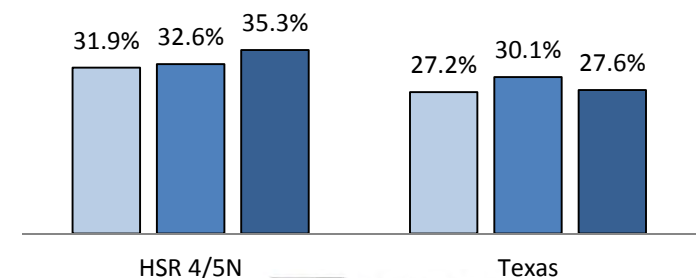
Percent, Adults (age 18+), 2014



No Leisure Time Physical Activity

Percent, Adults (age 18+), 2012-2014

2012 2013 2014



Source: Community Commons, Health Indicator Report, logged in and filtered for Cherokee, Smith, and Wood Counties, TX, www.communitycommons.org; data accessed March 14, 2016.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.

Definition: During the past month, did you participate in any physical activities or exercises such as running, golf, gardening or walking for exercise?

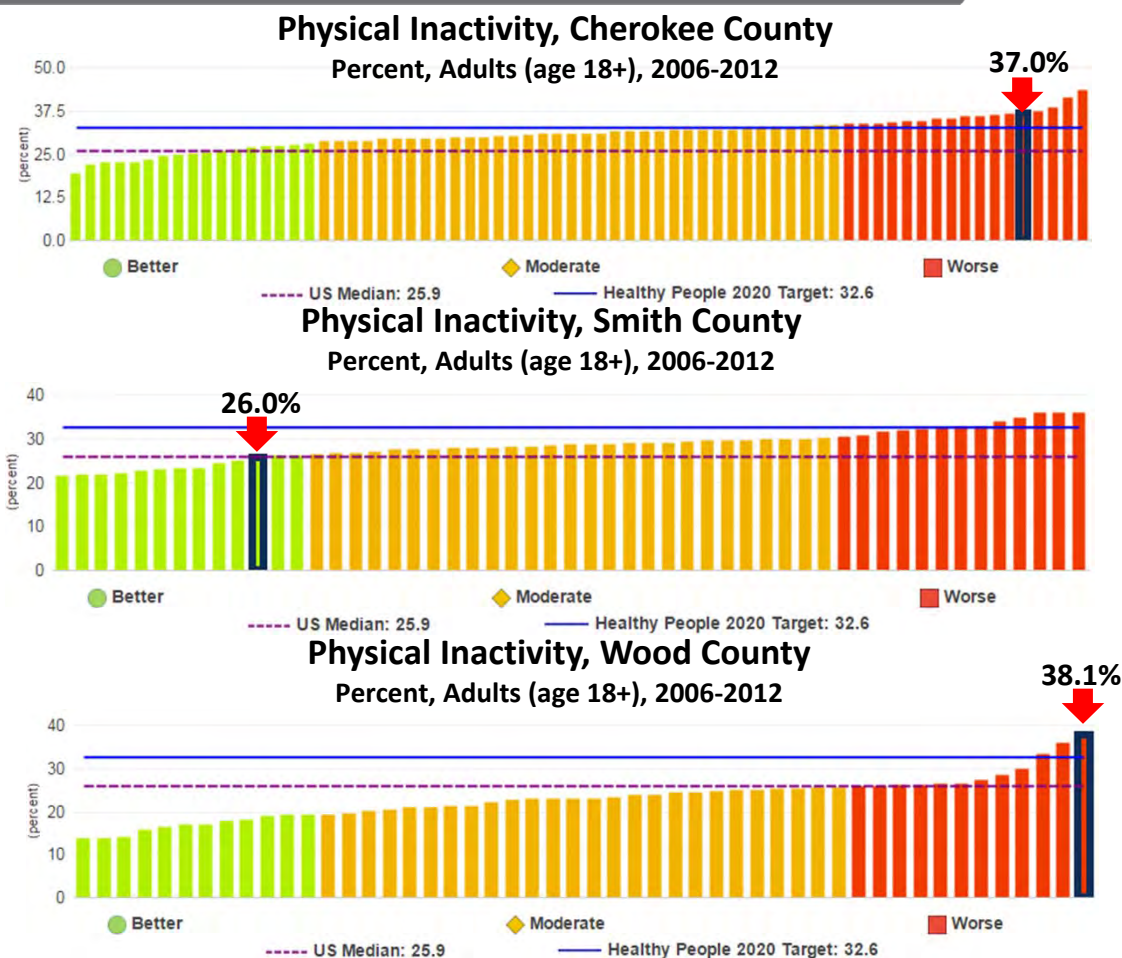


HELP WHERE HOSPITALS NEED IT

Physical Inactivity

Peer County Rankings

- In comparison to their respective peer county groupings, Smith County (26.0%) ranked within the most favorable quartile for adult (age 18+) physical inactivity rates, while Cherokee (37.0%) and Wood (38.1%) Counties ranked at the top of the least favorable quartiles.
- Smith County ranked below the Healthy People 2020 Target (32.6%) but very slightly above the U.S. median (25.9%), while Cherokee and Wood Counties both ranked above the Healthy People 2020 Target and the U.S. median.



Note: Cherokee, Smith, and Wood Counties are within different peer county groups.

Source: Centers for Disease Control and Prevention, Community Health Status Indicators, <http://wwwn.cdc.gov/CommunityHealth/>; data accessed March 14, 2016.



HELP WHERE HOSPITALS NEED IT

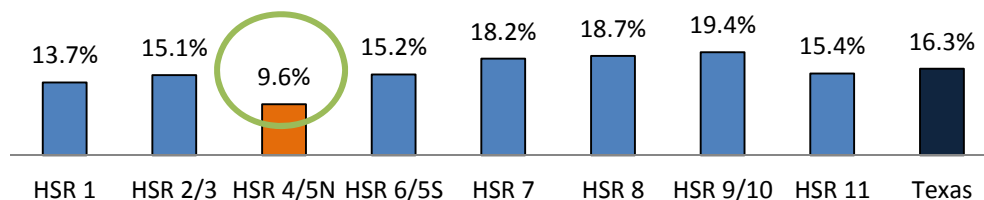
Health Behaviors

Binge Drinking

- In 2014, HSR 4/5N (9.6%) had the lowest percent of adults at risk of binge drinking, as compared to all other regions and the state (16.3%).
- The percent of adults (age 18+) at risk for binge drinking in HSR 4/5N decreased between 2012 and 2014, while rates in the state remained steady.

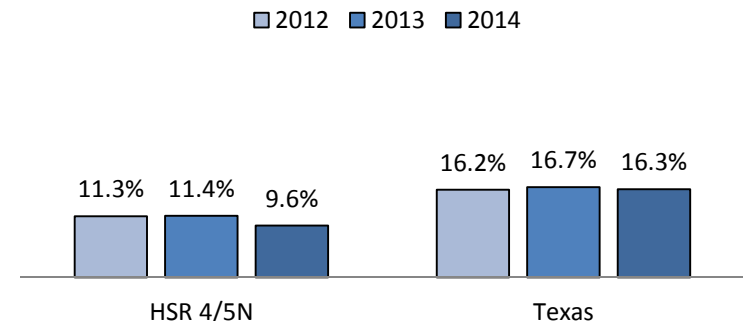
Binge Drinking

Percent At Risk, Adults (age 18+), 2014



Binge Drinking

Percent At Risk, Adults (age 18+), 2012-2014



Source: Community Commons, data from the National Center for Chronic Disease Prevention and Health Promotion, www.communitycommons.org; data accessed March 14, 2016.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.

Definition: During the past 30 days, what is the largest number of drinks you had on any occasion? Being 'at risk' for binge drinking is defined as having 5 or more drinks (for males) or 4 or more drinks (for females) at one time during the past 30 days.



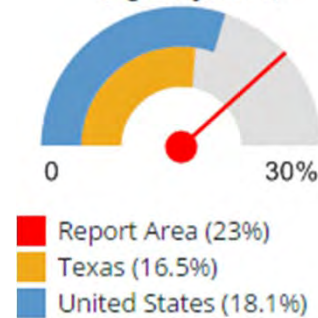
HELP WHERE HOSPITALS NEED IT

Health Behaviors

Smoking

- The percent of the adult population (age 18+) in the report area (23.0%) that self-reported currently smoking **some days or every day** was higher than the state (16.5%) and national rate (18.1%) (2006-2012).
- In 2014, the prevalence of current, **every day** smokers in HSR 4/5N (16.3%) was significantly higher than all other regions and the state (8.7%).
- In 2012-2014, the percent of adults (age 18+) that self-reported being a current smoker that smokes **every day** in HSR 4/5N slightly decreased, while rates in the state steadily decreased.

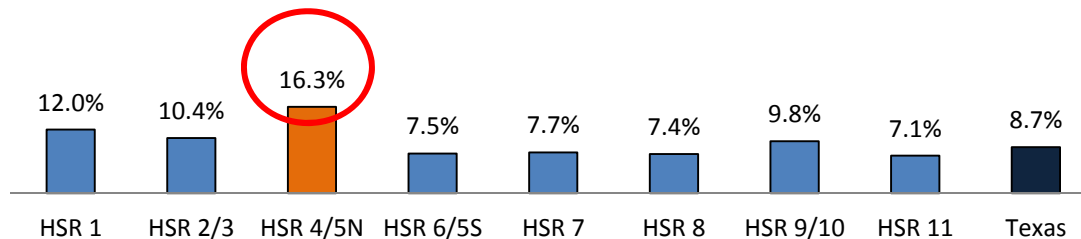
Percent Population Smoking Cigarettes (Age-Adjusted)



Note: the Report Area is defined as Cherokee, Smith, and Wood Counties. A green dial indicates that the report area has a better rate than the state, and a red dial indicates that the report area has a worse rate than the state.

Smoking

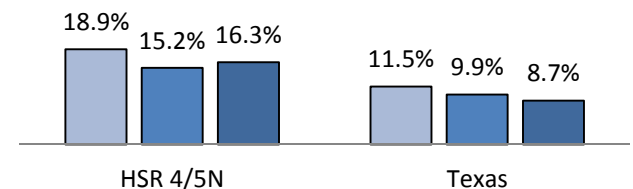
Prevalence of Everyday Smokers, Adults (age 18+), 2014



Smoking

Prevalence of Everyday Smokers, Adults (age 18+), 2012-2014

2012 2013 2014



Source: Community Commons, Health Indicator Report, logged in and filtered for Cherokee, Smith, and Wood Counties, TX, www.communitycommons.org; data accessed March 14, 2016.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.

Definition: Four-level smoker status: Current Smoker - Every Day, Current Smoker - Some Days, Former Smoker, Never Smoker



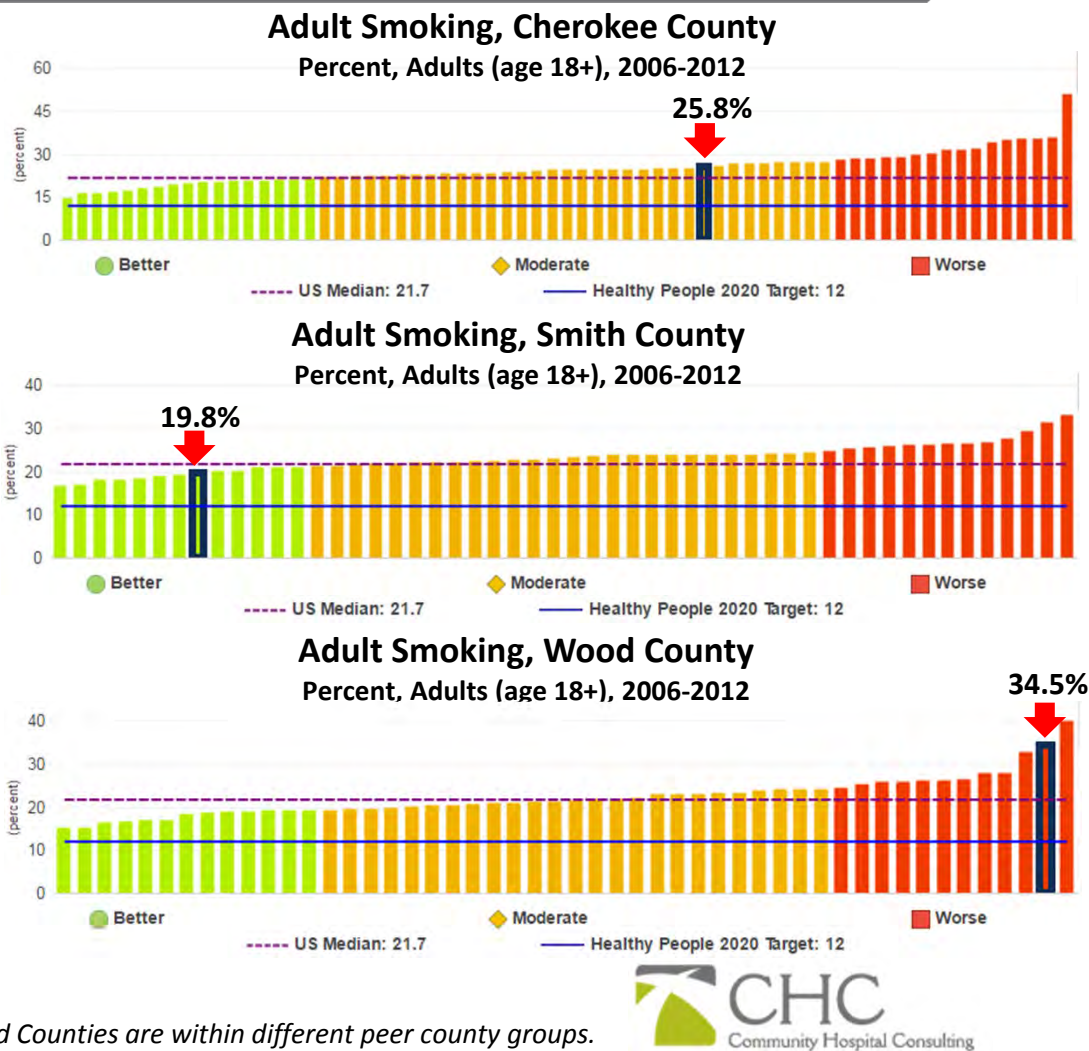
HELP WHERE HOSPITALS NEED IT

Adult Smoking

Peer County Rankings

- In comparison to their respective peer county groupings, Smith County (19.8%) ranked within the most favorable quartile for adult (age 18+) smoking rates, while Cherokee County (25.8%) ranked within the two middle quartiles and Wood (34.5%) County ranked at the top of the least favorable quartile.
- Smith County ranked above the Healthy People 2020 Target (12.0%) but very slightly below the U.S. median (21.7%), while Cherokee and Wood Counties both ranked above the Healthy People 2020 Target and the U.S. median.

Note: Cherokee, Smith, and Wood Counties are within different peer county groups.



Source: Centers for Disease Control and Prevention, Community Health Status Indicators, <http://wwwn.cdc.gov/CommunityHealth/>; data accessed March 30, 2016.
Definition: Do you now smoke cigarettes every day, some days, or not at all? Persons are considered smokers if they reported smoking every day or some days.

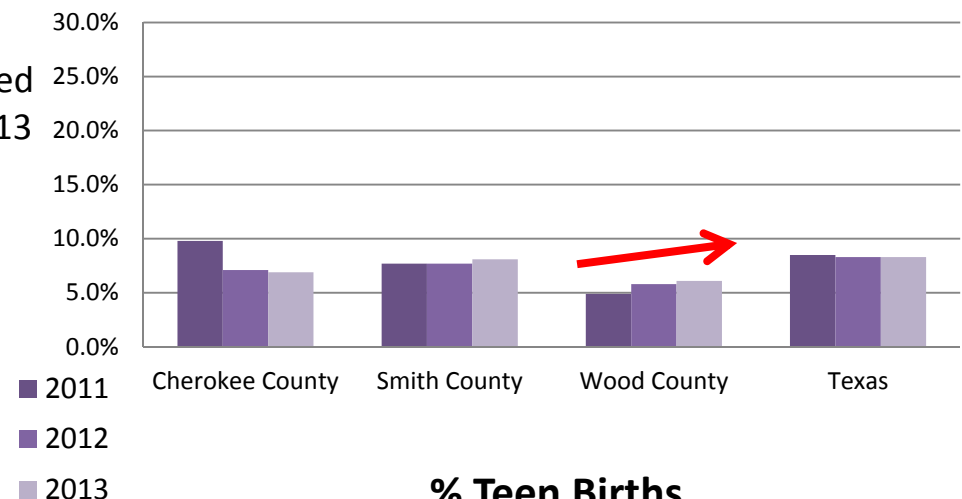
HELP WHERE HOSPITALS NEED IT

Natality

Low Birthweight Births, Teen Births, and Onset of Prenatal Care

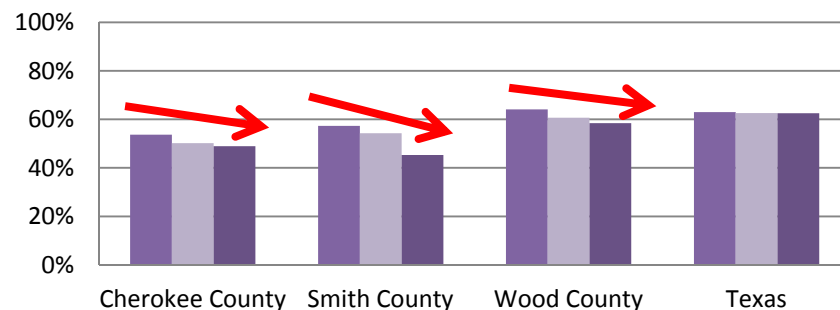
- Between 2011 and 2013, the percentage of low birthweight births in Wood County slightly increased, while rates in Smith County and Texas remained steady and rates in Cherokee County decreased.
- The percentage of the female population that received prenatal care in the first trimester during 2011 to 2013 decreased in all counties and remained steady in the state.
- The percentage of teen births in Wood County increased between 2011 and 2013, while rates in Cherokee and Smith Counties and Texas decreased.

% Low Birth Weight Births
(<2,500 Grams)



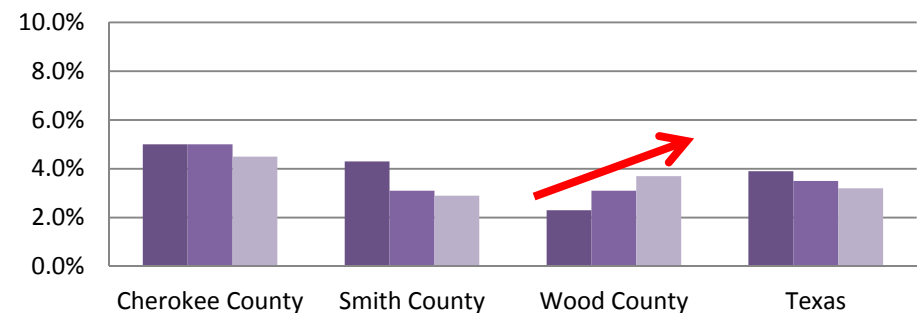
% Received Prenatal Care in the First Trimester

Onset of Prenatal Care within First Trimester



% Teen Births

Live Births to Mothers 17 Years of Age and Younger



Source: Texas Department of State Health Services, Center for Health Statistics; Last updated July 31, 2015; <http://www.dshs.state.tx.us/chs/vstat/annrpts.shtm>; data accessed January 19, 2016.

Note: *Percent is not computed if denominator is less than or equal to 20. "-" = Percent is not computed if numerator is equal to 0.

Natality

Infant Mortality, WIC-Authorized Food Stores

- Infant mortality rates in the report area (6.2 per 1,000 Births) are consistent with the state rate (6.2 per 1,000 Births) but lower than the national rate (6.5 per 1,000 Births) (2006-2010).
- The number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits and that carry designated WIC foods and food categories in the report area (9.4 per 100,000) is slightly higher than the state rate (9.1 per 100,000) but below the national rate (15.6 per 100,000) (2011).

Infant Mortality Rate (Per 1,000 Births)



■ Report Area (6.2)
■ Texas (6.2)
■ United States (6.5)

WIC-Authorized Food Stores, Rate (Per 100,000 Population)



■ Report Area (9.4)
■ Texas (9.1)
■ United States (15.6)

Note: the Report Area is defined as Cherokee, Smith, and Wood Counties. A green dial indicates that the report area has a better rate than the state, and a red dial indicates that the report area has a worse rate than the state.

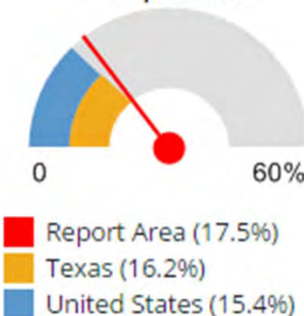


HELP WHERE HOSPITALS NEED IT

Mental Health

- In 2012, the percentage of **Medicare Beneficiaries** in the report area (17.5%) with depression was higher than the state (16.2%) and national rate (15.4%).
- In 2014, HSR 4/5N (16.5%) had a higher prevalence rate of diagnosed adult depressive disorders as compared to the state (14.6%) and the majority of other regions.
- Between 2012 and 2014, the prevalence of adults (age 18+) in HSR 4/5N that have been diagnosed with a depressive disorder steadily decreased, while rates in the state remained steady.

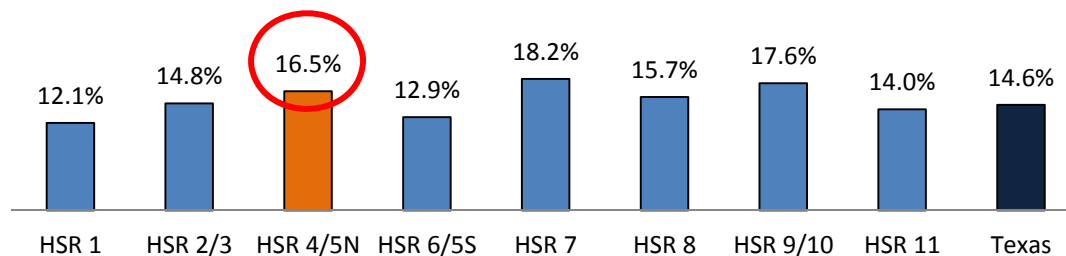
Percentage of Medicare Beneficiaries with Depression



Note: the Report Area is defined as Cherokee, Smith, and Wood Counties. A green dial indicates that the report area has a better rate than the state, and a red dial indicates that the report area has a worse rate than the state.

Depressive Disorders

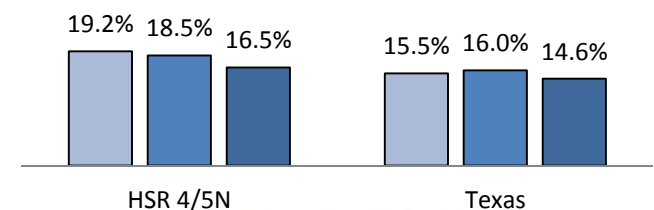
Prevalence Rates, Adults (age 18+), 2014



Depressive Disorders

Prevalence Rates, Adults (age 18+), 2012-2014

2012 2013 2014



Source: Community Commons, Health Indicator Report, logged in and filtered for Cherokee, Smith, and Wood Counties, TX, www.communitycommons.org; data accessed March 14, 2016.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.

Definition: Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder including depression, major depression, dysthymia, or minor depression?



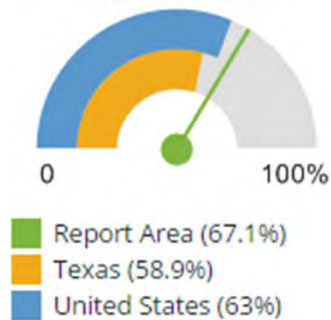
HELP WHERE HOSPITALS NEED IT

Preventive Care

Screenings - Mammography

- In 2012, the percent of female **Medicare Enrollees** (age 67-69) in the report area (67.1%) that received one or more mammograms in the past two years was higher than the state (58.9%) and national (63.0%) rates.
- In 2014, the percent of female adults (age 40+) in HSR 4/5N (33.6%) that **did not** receive a mammogram in the past 2 years was higher than the state, as well as the majority of other regions.

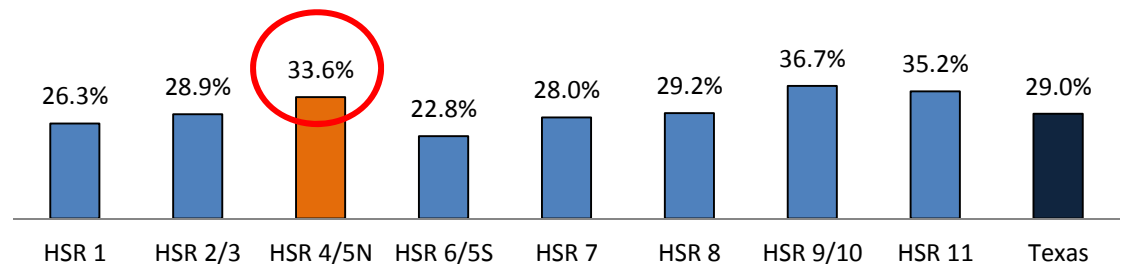
Percent Female Medicare Enrollees with Mammogram in Past 2 Year



Note: the Report Area is defined as Cherokee, Smith, and Wood Counties. A green dial indicates that the report area has a better rate than the state, and a red dial indicates that the report area has a worse rate than the state.

No Mammogram in the Past 2 Years

Percent, Female Adults (age 40+), 2014



Source: Community Commons, Health Indicator Report, logged in and filtered for Cherokee, Smith, and Wood Counties, TX, www.communitycommons.org; data accessed March 14, 2016.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.

Definition: Females 40 years and older who had a mammogram within the past 2 years



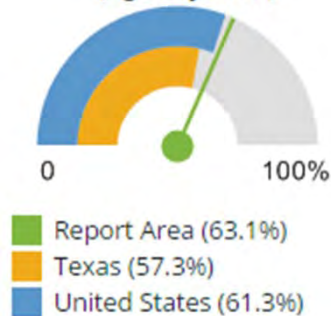
HELP WHERE HOSPITALS NEED IT

Preventive Care

Screenings - Colonoscopy

- Between 2006 and 2012, the percentage of adults (age 50+) who self-reported that they have **ever** had a sigmoidoscopy or colonoscopy in the report area (63.1%) was higher than the state (57.3%) and national rate (61.3%).
- In 2014, the percent of adults (age 50-75) in HSR 4/5N (46.0%) that **did not** have a colonoscopy in the past 10 years was higher than the state (42.6%) as well as the majority of other regions.

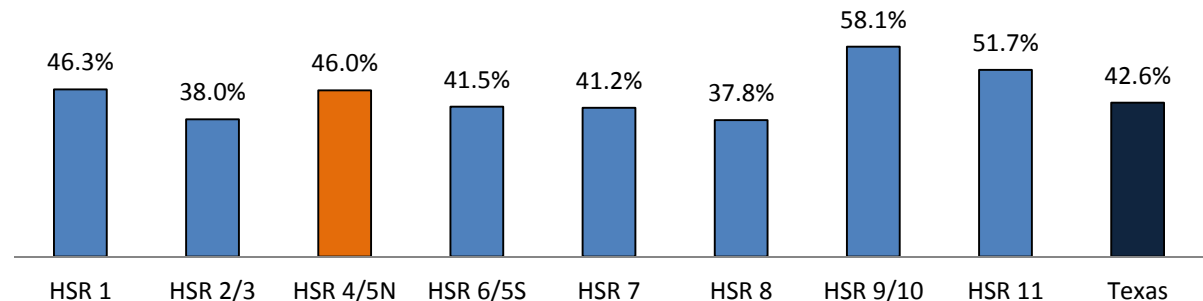
Percent Adults Screened for
Colon Cancer
(Age-Adjusted)



Note: the Report Area is defined as Cherokee, Smith, and Wood Counties. A green dial indicates that the report area has a better rate than the state, and a red dial indicates that the report area has a worse rate than the state.

No Colonoscopy in the Past 10 Years

Percent, Adults (age 50-75), 2014



Source: Community Commons, Health Indicator Report, logged in and filtered for Cherokee, Smith, and Wood Counties, TX, www.communitycommons.org; data accessed March 14, 2016.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.

Definition: Males and females 50-75 years who have not had a colonoscopy in the past 10 years - Used to calculate CRCREC



HELP WHERE HOSPITALS NEED IT

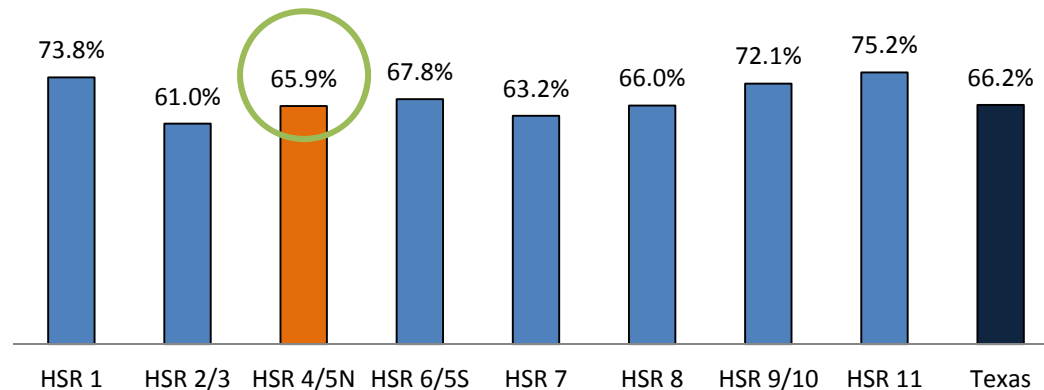
Preventive Care

Immunizations – Influenza Vaccine (18-64 Years)

- In 2014, the percent of adults in HSR 4/5N (65.9%) that **did not** receive a flu shot in the past year was slightly lower than the state (66.2%) and lower than the majority of other regions.
- Between 2012 and 2014, the percent of adults (age 18-64 years) that **did not** receive a flu shot in the past year remained stable in HSR 4/5N, while rates in the state steadily decreased.

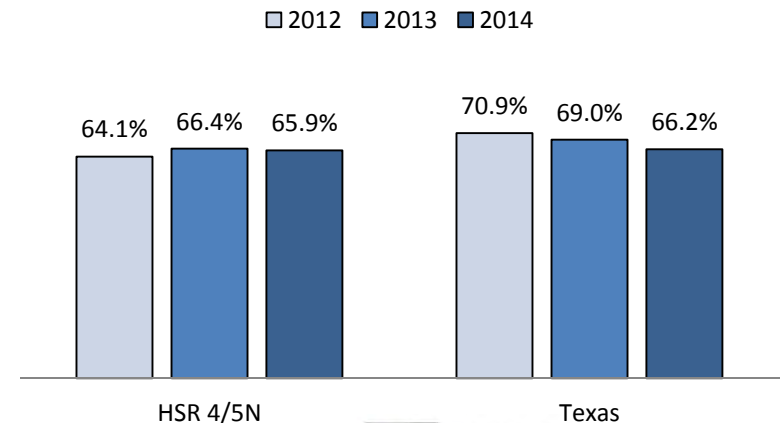
No Flu Shot in the Past Year

Percent, Adults (age 18-64), 2014



No Flu Shot in the Past Year

Percent, Adults (age 18-64), 2012-2014



HELP WHERE HOSPITALS NEED IT

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
Definition: During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

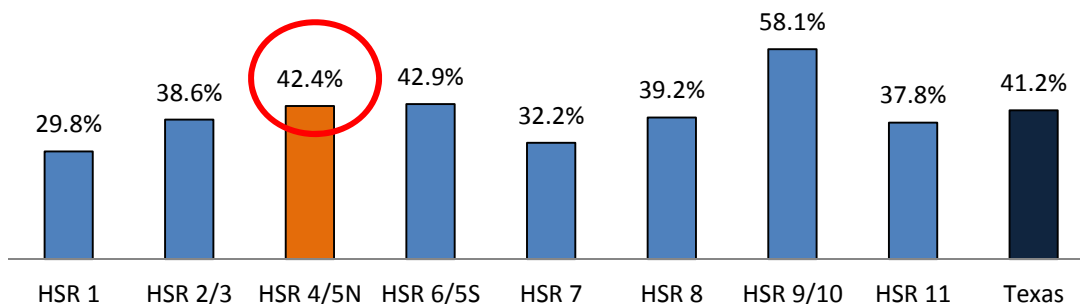
Preventive Care

Immunizations – Influenza Vaccine (65+ Years)

- In 2014, HSR 4/5N (42.4%) had one of the highest percentages of adults (age 65+) that **did not** receive a flu shot in the past year, as compared to all other regions and the state (41.2%).
- Between 2012 and 2014, the percent of adults (age 65+) that **did not** receive a flu shot in the past year in HSR 4/5N decreased, while rates in the state remained steady.

No Flu Shot in the Past Year

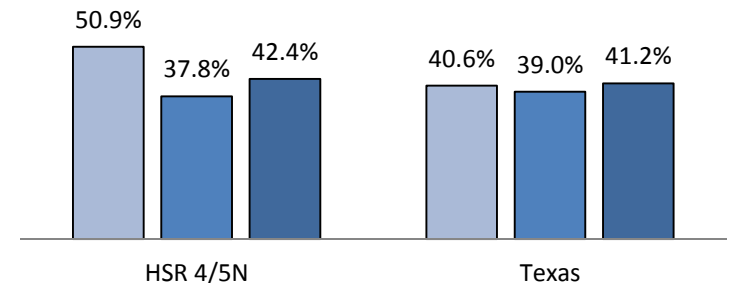
Percent, Adults (age 65+), 2014



No Flu Shot in the Past Year

Percent, Adults (age 65+), 2012-2014

2012 2013 2014



HELP WHERE HOSPITALS NEED IT

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
Definition: During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

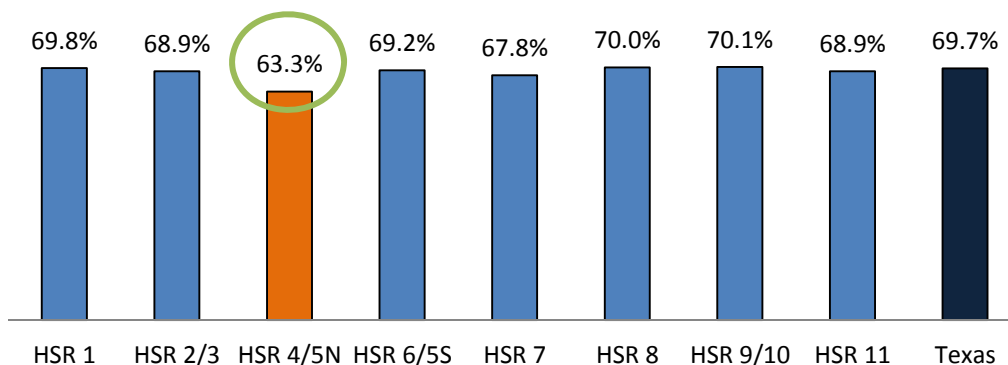
Preventive Care

Immunizations – Pneumococcal Vaccine (18-64 Years)

- In 2014, the percent of adults that had **never** received a pneumonia shot in HSR 4/5N (63.3%) was the lowest rate as compared to all other regions and the state (69.7%).
- Between 2012 and 2014, the percent of adults (age 18-64 years) that reported **never** having received a pneumococcal vaccination in HSR 4/5N and the state remained stable.

No Pneumonia Shot Ever

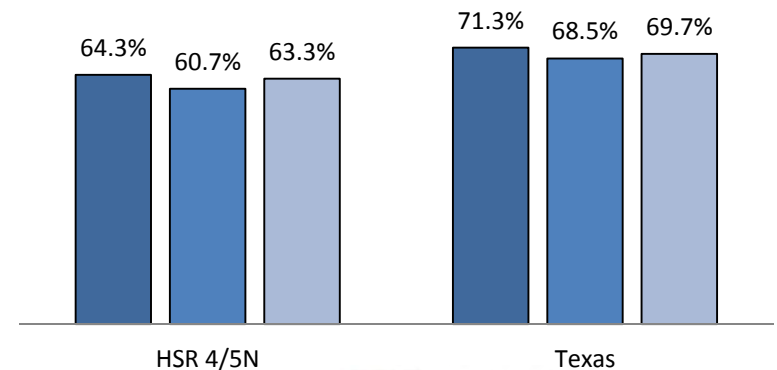
Percent, Adults (age 18-64), 2014



No Pneumonia Shot Ever

Percent, Adults (age 18-64), 2014

■ 2012 ■ 2013 ■ 2014



Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
Definition: Have you ever had a pneumonia shot?



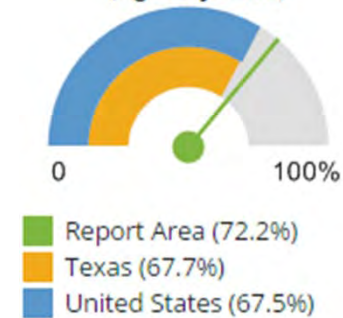
HELP WHERE HOSPITALS NEED IT

Preventive Care

Immunizations – Pneumococcal Vaccine (65+ Years)

- Between 2006 and 2012, the percent of the population (age 65+) in the study area (72.2%) that self-reported ever having received the pneumonia vaccine was higher than the state (67.7%) and national (67.5%) rates.
- In 2014, the percent of adults (age 65+) that had **never** received a pneumonia shot in HSR 4/5N (28.0%) was lower than the state (32.1%), as well as the majority of other regions.
- Between 2012 and 2014, the percent of adults (age 65+) in HSR 4/5N and the state that had **never** received a pneumonia shot steadily increased.

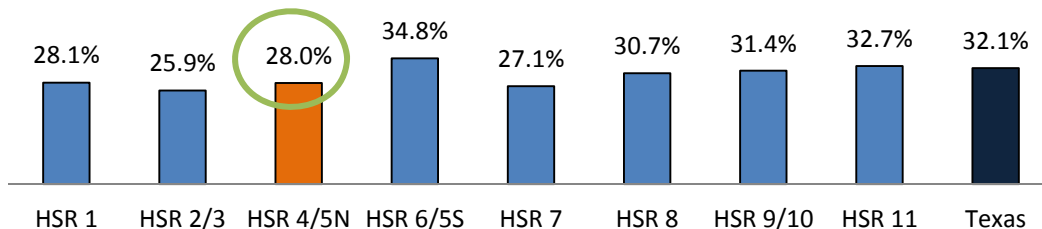
Percent Population Age 65+ with Pneumonia Vaccination (Age-Adjusted)



Note: the Report Area is defined as Cherokee, Smith, and Wood Counties. A green dial indicates that the report area has a better rate than the state, and a red dial indicates that the report area has a worse rate than the state.

No Pneumonia Shot Ever

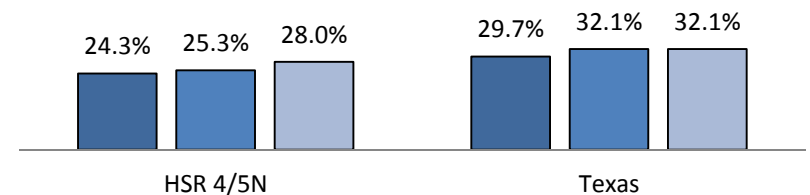
Percent, Adults (age 65+), 2014



No Pneumonia Shot Ever

Percent, Adults (age 65+), 2012-2014

■ 2012 ■ 2013 ■ 2014



Source: Community Commons, Health Indicator Report, logged in and filtered for Cherokee, Smith, and Wood Counties, TX, www.communitycommons.org; data accessed March 14, 2016.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.

Definition: Have you ever had a pneumonia shot?

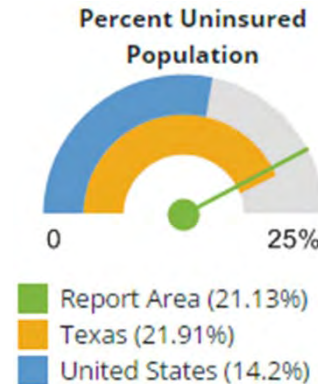


HELP WHERE HOSPITALS NEED IT

Health Care Access

Uninsured

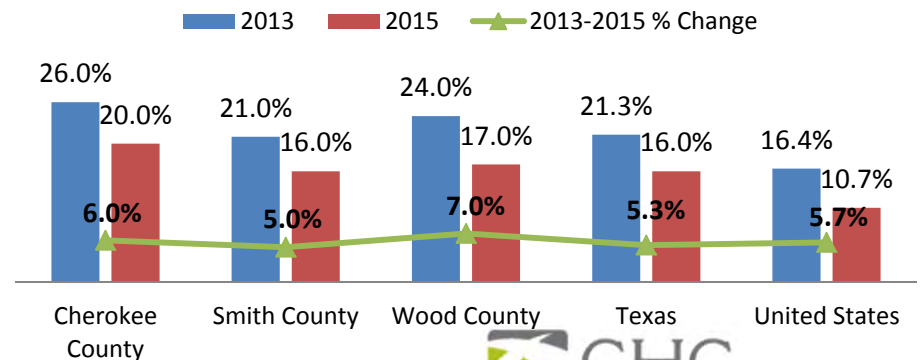
- Between 2010 and 2014, the percent of the population (all ages) in the report area (21.1%) that were uninsured was slightly lower than the state (21.9%), but higher than the national (14.2%) rates.
- According to Enroll America, between 2013 and 2015, Wood County experienced the greatest decline in uninsured rates as compared to Cherokee and Smith Counties, as well as the state and national levels.
- As of 2015, Cherokee County (20.0%) has the highest rate of uninsured adults (age 18-64) as compared to Smith (16.0%) and Wood (17.0%) Counties, as well as the state (16.0%) and nation (10.7%).



Note: the Report Area is defined as Cherokee, Smith, and Wood Counties. A green dial indicates that the report area has a better rate than the state, and a red dial indicates that the report area has a worse rate than the state.

Uninsured

Percent, Adults (age 18-64), 2013 and 2015



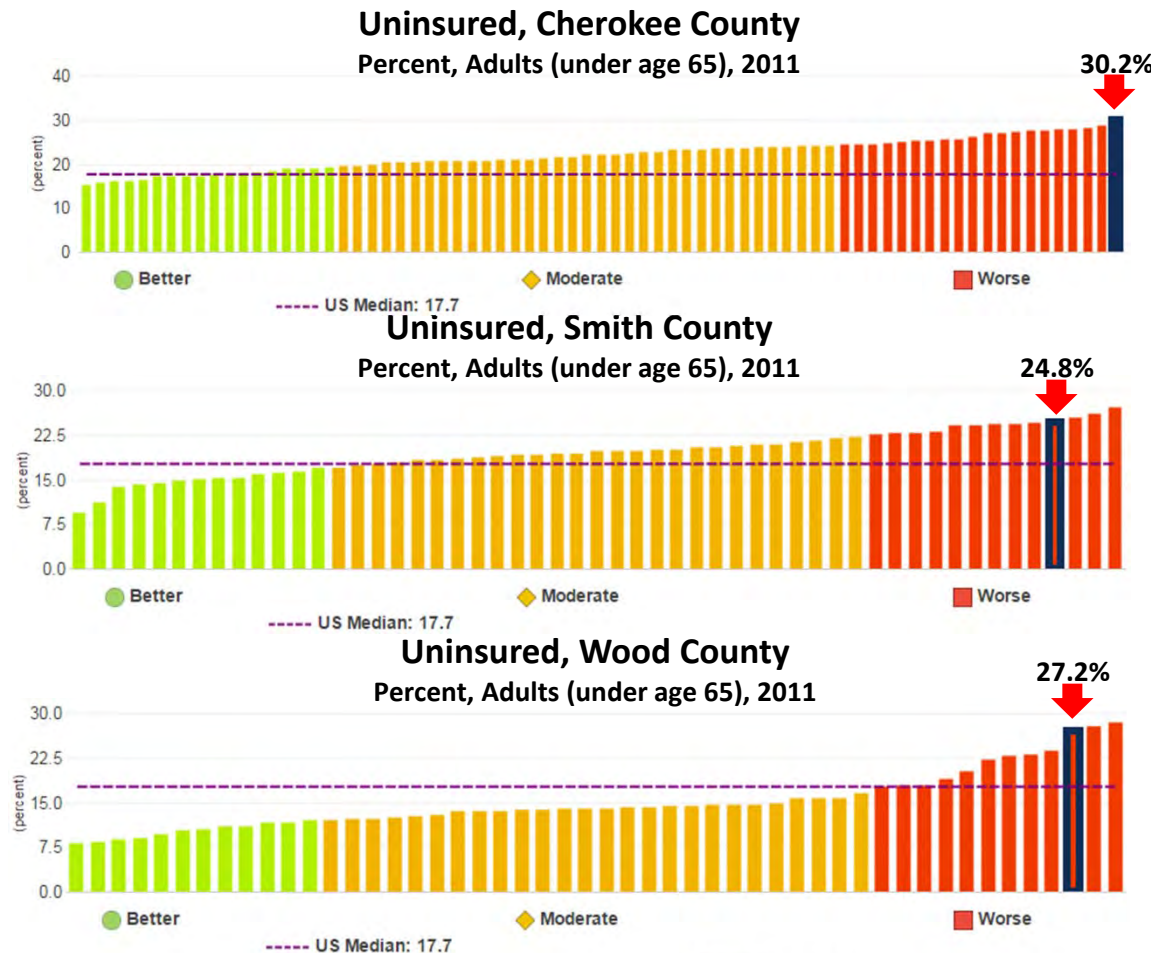
Source: Community Commons, Health Indicator Report, logged in and filtered for Cherokee, Smith, and Wood Counties, TX, www.communitycommons.org; data accessed March 14, 2016.

Source: Enroll America, County-Level Snap Shots, www.enrollamerica.org; data accessed March 14, 2016.

Uninsured

Peer County Rankings

- In comparison to their respective peer county groupings, all three counties in the study area ranked within the least favorable quartile for the percent of adults (under age 65) that are uninsured (2011).
- Cherokee (30.2%), Smith (24.8%), and Wood (27.2%) Counties also ranked above the U.S. median (17.7%).



Note: Cherokee, Smith, and Wood Counties are within different peer county groups.

Source: Centers for Disease Control and Prevention: Community Health Status Indicators, data from the Behavioral Risk Factor Surveillance System and the U.S. Census Bureau, www.cdc.gov/CommunityHealth; data accessed March 14, 2016.



HELP WHERE HOSPITALS NEED IT

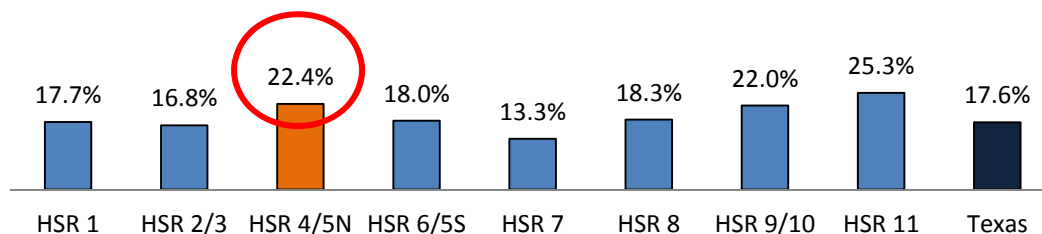
Health Care Access

Medical Cost Barriers

- In 2014, the percent of adults that reported experiencing a medical cost barrier in the past 12 months in HSR 4/5N (22.4%) was significantly higher than the state rate (17.6%), and was the second highest region as compared to all other regions.
- Between 2012 and 2014, the percent of adults (age 18+) in HSR 4/5N that needed medical care but could not receive it due to cost increased, while rates in the state decreased.

Medical Cost Barriers

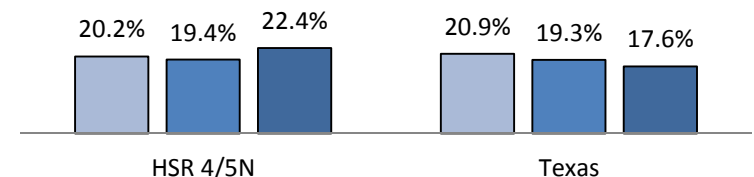
Prevalence Rates, Adults (age 18+), 2014



Medical Cost Barriers

Prevalence Rates, Adults (age 18+), 2012-2014

■ 2012 ■ 2013 ■ 2014



HELP WHERE HOSPITALS NEED IT

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
Definition: Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

Medical Cost Barriers

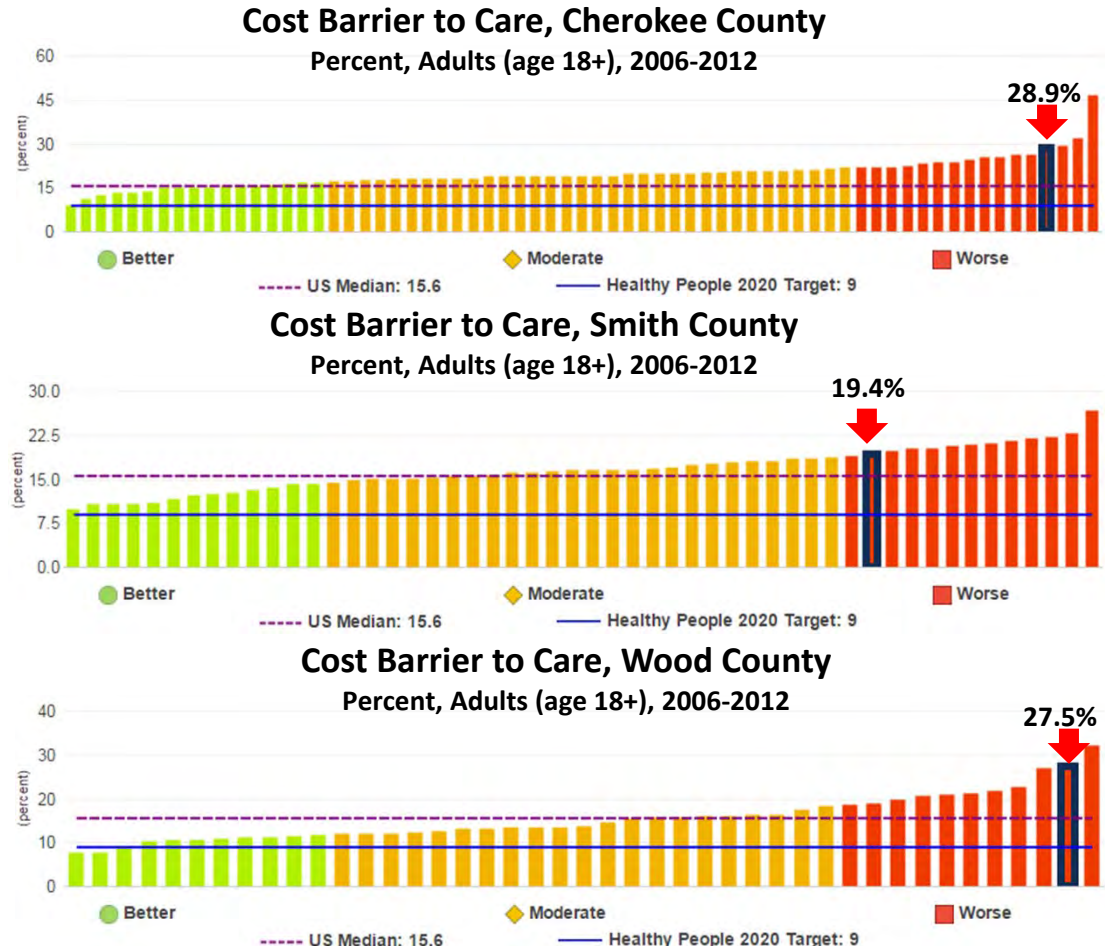
Peer County Rankings

- In comparison to their respective peer county groupings, all three counties in the study area ranked within the least favorable quartile for the percent of adults (age 18+) that needed to receive medical care but could not due to cost over the past year (2006-2012).
- Cherokee (28.9%), Smith (19.4%), and Wood (27.5%) Counties also ranked above the U.S. median (15.6%) and the Healthy People 2020 Target (9.0%).

Note: Cherokee, Smith, and Wood Counties are within different peer county groups.

Source: Centers for Disease Control and Prevention: Community Health Status Indicators, data from the Behavioral Risk Factor Surveillance System, www.cdc.gov/CommunityHealth; data accessed March 14, 2016.

Definition: Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?



HELP WHERE HOSPITALS NEED IT

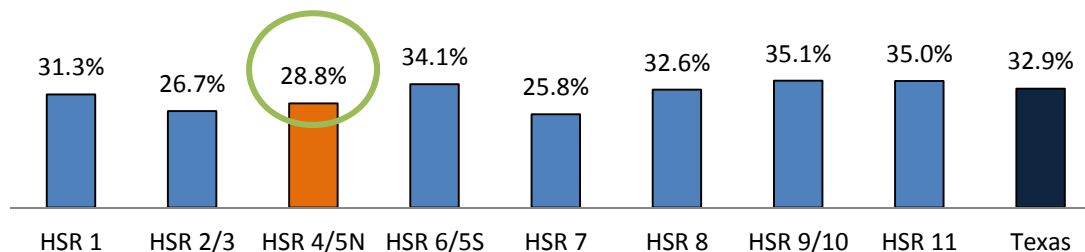
Health Care Access

Personal Doctors

- In 2014, HSR 4/5N (28.8%) had a lower percent of adults that had **no** personal doctor than the state (32.9%), as well as the majority of other regions.
- Between 2012 and 2014, the percent of adults in HSR 4/5N that reported **not** having a personal doctor increased, while rates in the state remained steady.

No Personal Doctor

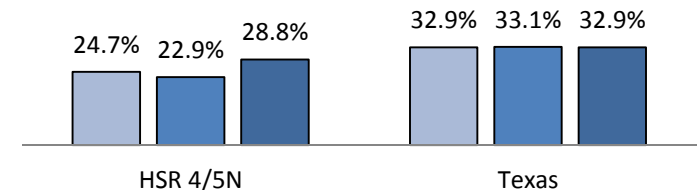
Percent, Adults (age 18+), 2014



No Personal Doctor

Percent, Adults (age 18+), 2012-2014

2012 2013 2014



Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
Definition: Do you have one person you think of as your personal doctor or health care provider?

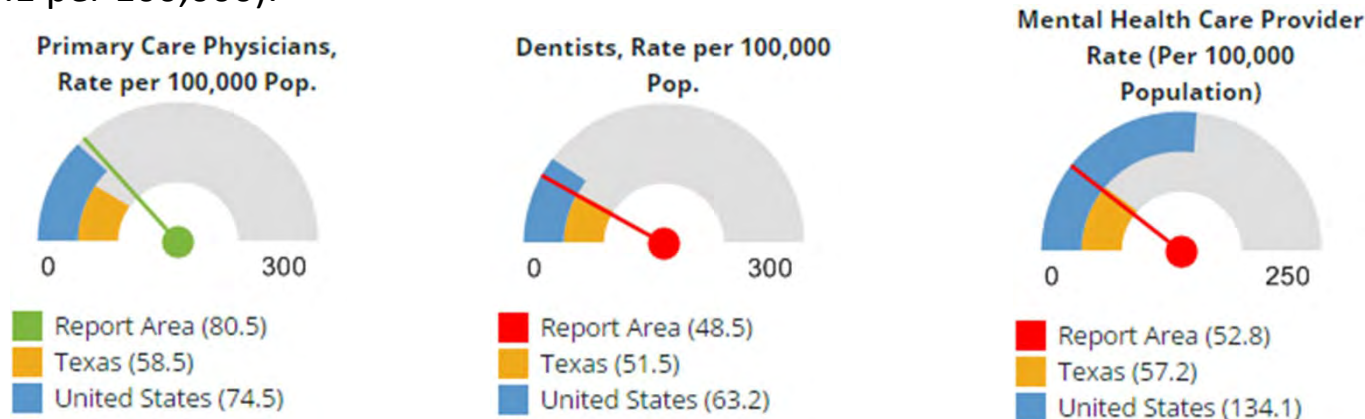


HELP WHERE HOSPITALS NEED IT

Health Care Access

Providers

- In 2012, the rate of primary care physicians per 100,000 population in the report area (80.5 per 100,000) was significantly higher than the state (58.5 per 100,000) and national rate (74.5 per 100,000).
- In 2013, the rate of dental care providers per 100,000 population in the report area (48.5 per 100,000) was lower than the state (51.5 per 100,000) and national rates (63.2 per 100,000).
- In 2014, the rate of mental health care providers per 100,000 population in the report area (52.8 per 100,000) was lower than the state (57.2 per 100,000) rate and significantly lower than the national rate (134.1 per 100,000).



Note: the Report Area is defined as Cherokee, Smith, and Wood Counties. A green dial indicates that the report area has a better rate than the state, and a red dial indicates that the report area has a worse rate than the state.

Source: Community Commons, Health Indicator Report, logged in and filtered for Cherokee, Smith, and Wood Counties, TX, www.communitycommons.org; data accessed March 14, 2016.

Definition: Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Definition: All dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Definition: Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.



HELP WHERE HOSPITALS NEED IT

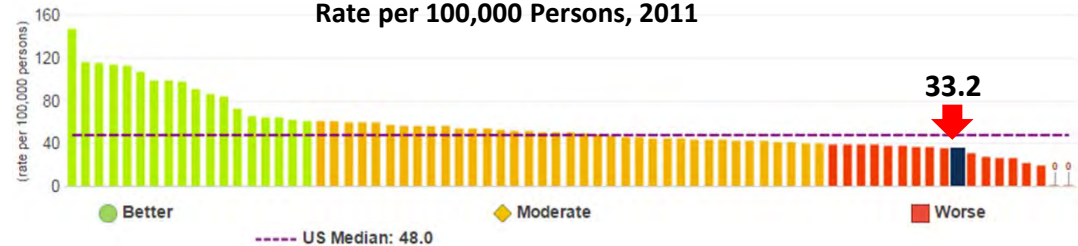
Health Care Access

Peer County Rankings

- In comparison to their respective peer county groupings, Smith County ranked within the most favorable quartile, Wood County ranked within the two middle quartiles, and Cherokee County ranked within the least favorable quartile for the rate of primary care providers per 100,000 persons in 2011.
- Cherokee and Wood Counties both fell below the U.S. median (48.0 per 100,000), while Smith County ranked significantly higher than the U.S. median.

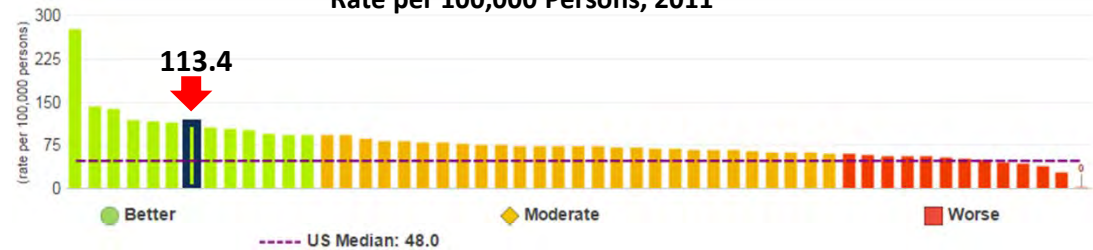
Primary Care Provider Access, Cherokee County

Rate per 100,000 Persons, 2011



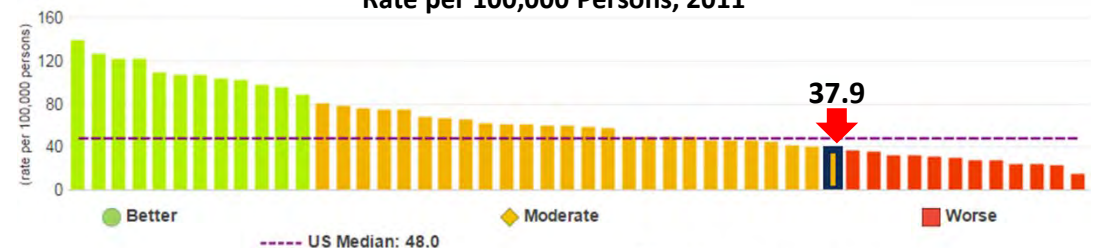
Primary Care Provider Access, Smith County

Rate per 100,000 Persons, 2011



Primary Care Provider Access, Wood County

Rate per 100,000 Persons, 2011



Note: Cherokee, Smith, and Wood Counties are within different peer county groups.

Source: Centers for Disease Control and Prevention: Community Health Status Indicators, data from the Health Resources and Services Administration, www.cdc.gov/CommunityHealth; data accessed March 14, 2016.

Definition: Primary care physicians are those who identify as practicing general practice, internal medicine, obstetrics and gynecology, or pediatrics.



HELP WHERE HOSPITALS NEED IT

Health Care Access

Medically Underserved Areas / Populations (MUA/P)

- The Index of Medical Underservice (IMU) scale is from 1 to 100, where 0 represents 'completely underserved' and 100 represents 'best served' or 'least underserved.'
- Each service area or population group found to have an IMU of 62.0 or less qualifies for designation as a Medically Underserved Area or Medically Underserved Population.

Cherokee County			
Designation Type	Index of Medical Underservice Score	Designation Date	Update Date
Medically Underserved Area	61.00	10/18/2011	10/18/2011
Smith County			
Troup Service Area			
Designation Type	Index of Medical Underservice Score	Designation Date	Update Date
Medically Underserved Area	61.50	6/30/1995	6/30/1995
Smith Service Area			
Designation Type	Index of Medical Underservice Score	Designation Date	Update Date
Medically Underserved Area	51.55	5/11/1994	5/11/1994
Northern Tyler Service Area			
Designation Type	Index of Medical Underservice Score	Designation Date	Update Date
Medically Underserved Area	57.30	6/29/2001	6/29/2001
Wood County			
Designation Type	Index of Medical Underservice Score	Designation Date	Update Date
Medically Underserved Area	58.80	11/1/1978	11/4/2013

Source: Health Resources and Services Administration, Data Warehouse, <http://datawarehouse.hrsa.gov/>; data accessed March 15, 2016.

Definition: Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population.

Health Care Access

Health Professional Shortage Areas (HPSA)

- Health Professional Shortage Area (HPSA) designations are based on general HPSA designation criteria, plus additional criteria and guidelines specific to each of the three types of designations:
 - Primary Care
 - Dental Health
 - Mental Health
- All Federally Qualified Health Centers and those Rural Health Clinics that provide access to care regardless of ability to pay receive automatic facility HPSA designation.
- HPSA Scores range from 1 to 26, where the higher the score, the greater the priority for assignment of clinicians.

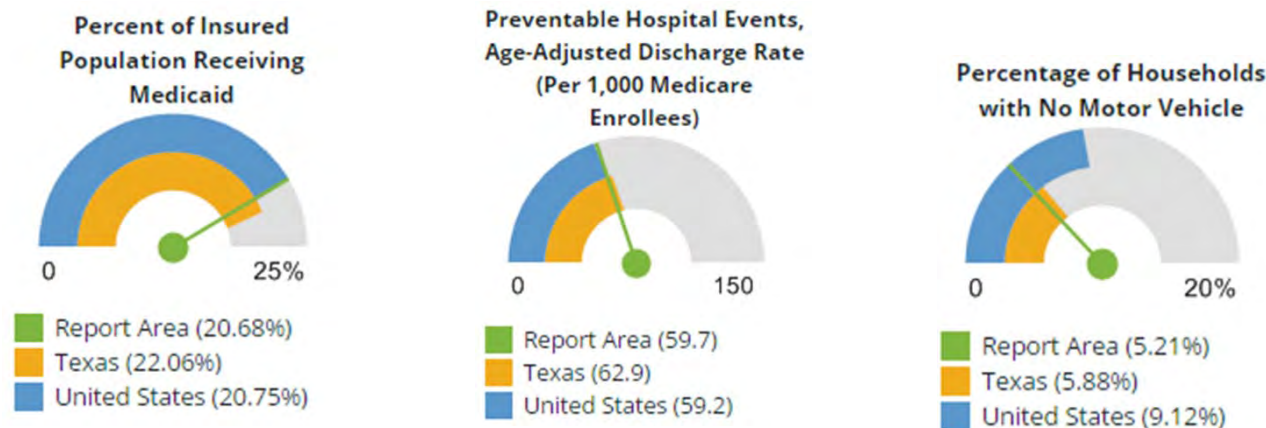
Cherokee County				
HPSA Name	Designation Type	Discipline Class	HPSA Score	Update Date
Cherokee County	HPSA Geographic High Needs	Mental Health	14	2/14/2012
Smith County				
HPSA Name	Designation Type	Discipline Class	HPSA Score	Update Date
Tyler Family Circle of Care Clinics	Comprehensive Health Center	Primary Care	14	9/1/2013
Tyler Family Circle of Care Clinics	Comprehensive Health Center	Dental Health	19	9/1/2013
Tyler Family Circle of Care Clinics	Comprehensive Health Center	Mental Health	19	9/1/2013
Wood County				
HPSA Name	Designation Type	Discipline Class	HPSA Score	Update Date
Wood County	HPSA Geographic	Mental Health	13	12/5/2013

Source: Health Resources and Services Administration, Data Warehouse, <http://datawarehouse.hrsa.gov/>; data accessed March 15, 2016.

Definition: Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).

Barriers to Care

- **Cost of health care may delay or inhibit patients from seeking preventive care.**
 - Between 2010 and 2014, one-fifth (20.7%) of the insured population in the study area was receiving Medicaid, which is very slightly below the state (22.1%).
- **Lack of adequate and available primary care resources for patients to access may lead to increased preventable hospitalizations.**
 - In 2012, the rate of preventable hospital events in the study area (59.7 per 1,000 Medicare Enrollees) was lower than that of the state (62.9 per 1,000) and the nation (59.2 per 1,000).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
 - Between 2010 and 2014, 5.2% of households in the report area had no motor vehicle, as compared to 5.9% of Texas.



Note: the Report Area is defined as Cherokee, Smith, and Wood Counties. A green dial indicates that the report area has a better rate than the state, and a red dial indicates that the report area has a worse rate than the state.

Source: Community Commons, Health Indicator Report, logged in and filtered for Cherokee, Smith, and Wood Counties, TX, www.communitycommons.org; data accessed March 14, 2016.

Definition: Ambulatory Care Sensitive (ACS) conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.



HELP WHERE HOSPITALS NEED IT



PHONE INTERVIEW FINDINGS



Overview

- Conducted 48 interviews with the two groups outlined in Internal Revenue Service Final Regulations issued December 29, 2014
 - Interviewees identified by representatives at CHRISTUS Mother Frances Hospital - *Jacksonville*, CHRISTUS Mother Frances Hospital - *Tyler*, CHRISTUS Mother Frances Hospital - *Winnsboro*, CHRISTUS Trinity Mother Frances Rehabilitation Hospital *affiliated with HealthSouth*, Tyler ContinueCARE Hospital and the Tyler Family Circle of Care Clinics
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

Interviewee Information

- **Michael Adams:** Chief Executive Officer, Tyler Family Circle of Care Clinics
- **Andrea Anderson:** Administrative Director, CHRISTUS Trinity Mother Frances Health System and Board Member, Tyler Family Circle of Care Clinics
- **Mitzie Avera:** Director of Development, St. Paul Children's Foundation
- **Leroy Biggers:** Regional Director, Texas Commission of Environmental Quality and Board Member, Tyler Family Circle of Care Clinics
- **Jason Burns:** Director of Nursing, Whispering Pines Nursing Home
- **Nancy Crawford:** Executive Director, Literacy Council of Tyler
- **Shannon Dacus:** Attorney, the Dacus Firm
- **Chris Davis:** Judge, Cherokee County
- **Martha Dykes:** Program Director, Northeast Texas Child Advocacy Center
- **Dr. John English:** Chief Executive Officer, Bethesda Health Clinic
- **Keith Fortner:** Fire Chief and EMS Coordinator, City of Jacksonville
- **Dawn Franks:** Owner, Your Philanthropy
- **Christina Fulsom:** Founder and Network Weaver, East Texas Human Needs Network
- **Jennifer Gaston:** Media Outlet, *Tyler Today Magazine*
- **Greg Grubb:** Executive Director, People Attempting to Help (PATH)
- **JoAnn Hampton:** County Commissioner, Smith County Commissioners Court
- **Linda Isabell:** Chief Operations Officer, Tyler Family Circle of Care Clinics
- **Fonda Latham:** Executive Director, Samaritan Counseling Center
- **Nell Lawrence:** Executive Director, Catholic Charities
- **Terry Mathews:** Copy and Arts Editor, *Winnsboro News*
- **Dr. Paul McGaha:** Deputy Director, Northeast Texas Center for Rural Community Health and Associate Professor for Community Health and Preventive Medicine, University of Texas Health Northeast
- **John McGreevy:** Senior Vice President and Chief Executive Officer, CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Trinity Mother Frances Louis and Peaches Owen Heart Hospital
- **Betty Mitchell:** Director, East Texas Council of Governments Area Agency on Aging

Source: CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital and Tyler Family Circle of Care Clinics Community Health Needs Assessment Phone Interviews Conducted by CHC Consulting, December 7, 2015 – May 9, 2016

Interviewee Information

- **Ed Moore:** Councilmember, City of Tyler
- **Nan Moore:** President, United Way of Smith County
- **Dr. David Murley:** Medical Director, Wood County Health Department
- **Scott Parton:** Owner and Pharmacist, Scott's Pharmacy
- **Lana Peacock:** Executive Director, East Texas Crisis Center
- **Donna Powell:** Facility Administrator, Whispering Pines Nursing Home
- **Mike Powell:** Executive Director, Meals on Wheels
- **Pam Powell:** Administrator, Trinity Nursing and Rehabilitation of Winnsboro
- **Marji Ream:** President and Chief Executive Officer, Hospice of East Texas
- **Stephanie Reed:** Family Medicine Nurse Practitioner, Tyler Family Circle of Care Clinics
- **George T. Roberts:** Chief Executive Officer, Northeast Texas Public Health District
- **Reverend David Rose:** Pastor, First Baptist
- **Robyn Silber:** Divisional Director of Patient Care Services, CHRISTUS Trinity Mother Frances Health System
- **Waymon Stewart:** Executive Director, Andrews Center
- **Dick Stone:** Mayor, City of Jacksonville
- **Loretta Swann:** Department Chair, Tyler Junior College and Board Member, Tyler Family Circle of Care Clinics
- **Chris Taylor:** Executive Director, Cherokee County Public Health Department
- **Dr. Eduardo Torres:** Lead OB/GYN Physician, Tyler Family Circle of Care Clinics
- **Dr. Brent Wadle:** Lead Physician, CHRISTUS Trinity Clinic and Board Member, CHRISTUS Trinity Clinic
- **Reverend Art Walden:** Pastor, Food Pantry – Community Resource Center
- **Don Warren:** Councilmember, City of Tyler
- **Nancy Washburn:** Board Member, Helping Others Pursue Enrichment (HOPE) Center
- **Bob Westbrook:** Chairman, Tyler Area Chamber of Commerce
- **Ed Williamson:** Administrator, Senior Care Health and Rehab of Jacksonville
- **Clara Ziegler:** Owner and Accountant, Ziegler Bookkeeping Service

Source: CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital and Tyler Family Circle of Care Clinics Community Health Needs Assessment Phone Interviews Conducted by CHC Consulting, December 7, 2015 – May 9, 2016

Interviewee Characteristics

- Work for a state, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community

12.8%

- Member of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations

74.5%

- Community leaders (ex: *Winnsboro News*, Scott's Pharmacy, First Baptist, *Tyler Today Magazine*, Ziegler's Bookkeeping Service, The Dacus Firm)

12.8%

- Interviewees cover a variety of counties in East Texas and Region 4/5N, including but not limited to:

Cherokee County

Emory County

Franklin County

Gregg County

Henderson County

Hopkins County

Rains County

Smith County

Upshur County

Van Zandt County

Wood County



HELP WHERE HOSPITALS NEED IT



Community Need Summary

- Interviewees discussed the following as the most significant health issues:
 - Overall Access Barriers
 - Affordability of Care
 - Insurance Coverage
 - Transportation
 - Access to Primary Care Services
 - Access to Mental and Behavioral Health Care
 - Access to Dental Services
 - Access to Specialty Care Services
 - Prevalence of Chronic Conditions and Need for Preventive Care
 - Fragmented Continuum of Care

Overall Access Barriers

Affordability of Care

- The majority of interviewees in **all three counties** noted that while there is access to services in the area, health care costs may inhibit residents from seeking care.
- Interviewees overwhelmingly agreed that poverty was a major determinant of health status in **all three counties**, and many discussed affordability and cost barriers as major concerns – particularly for the low income and working poor.
- A few interviewees in **Cherokee County** mentioned the cost of prescriptions, particularly for the elderly population, as a major barrier to receiving care.
- Interviewees in **Smith County** emphasized the disproportionate medical cost barrier upon racial groups in the area, that may exacerbate adverse health outcomes for those subpopulations.

“People living below the poverty level, they don't have access to health care.”

–Cherokee County Interviewee

Regarding barriers to seeking care:

“I would say for a lot of people, especially the elderly, it's going to be income. The cost of medicine for the elderly.”

–Cherokee County Interviewee

“Access is there, but people who don't have money don't use it.”

–Cherokee County Interviewee

“If you have the resources, you can get in to see a physician, dentist, or mental health professional. If you don't have resources, that's the problem. Health care costs are just too high.”

–Smith County Interviewee

“We've got doctors, we've got a hospital, we've got a pharmacy, we've got health care -- it's just people paying for health care is the biggest issue.”

–Wood County Interviewee

Overall Access Barriers Continued

Insurance Coverage

- Interviewees in **all three counties** noted that the providers are there, but insurance coverage is another barrier that inhibits residents from accessing those providers, including adolescents.
 - Interviewees in **all three counties** noted that those without insurance coverage tend to overuse the Emergency Room due to lack of a medical home.
- A few interviewees in **Cherokee and Smith Counties** noted that even those with insurance coverage face a wait time when seeking care, but those without insurance face longer wait times or overuse of the Emergency Room.
 - A few interviewees in **Cherokee and Smith Counties** noted that those without insurance tend to delay seeking care, which may put them at risk for an adverse health event or outcome.
- A couple interviewees in **Wood County** mentioned that health care policy changes have led to people losing their health care coverage.

"If you have good insurance and can afford your copays, there are providers -- but even then you're still waiting for appointments."

–Cherokee County Interviewee

"We have a lot of physicians per capita here, but...if you have insurance and call for an appointment, it's weeks if not months before you can get in. If you're low income or uninsured it's even longer with more use of the emergency room."

–Smith County Interviewee

"A lot of [low income/working poor] patients will not have Medicaid or Medicare...and those patients will never go to the doctor until it is too late. They show up in the ER with their problems really advanced."

–Smith County Interviewee

"The doctors are here, but with the ACA, I know more who have lost coverage than have found it."

–Wood County Interviewee

Overall Access Barriers Continued

Transportation

- Access to transportation was noted as a significant need in **all three counties** and disproportionately affecting specific populations, including the youth, elderly, veterans, disabled, and low income.
- Interviewees in **Cherokee and Wood Counties** discussed transportation issues for those who are referred to Tyler for care, and must travel outside of the county. Interviewees noted that this is a particular issue for the elderly and veteran populations.
- A few interviewees in **Smith and Wood Counties** emphasized the transportation issues that exist for those who struggle with getting to and from medical appointments in their own community.
 - One interviewee in **Smith County** emphasized that low income patients that do not have transportation to/from appointments will not seek care.

“The elderly population has transportation issues, if they have to go to Tyler to see a specialist...their needs surround transportation.”

-Cherokee County Interviewee

“I think the access is very good. But if you don’t have transportation, then you can’t get there...it’s a transportation problem here in Tyler.”

-Smith County Interviewee

“I’ve seen a lot of patients having transportation issues...if they don’t have Medicaid transportation, then that’s a problem. They will not show to appointments and be non-compliant.”

-Smith County Interviewee

“There’s a lot of people who have transportation issues getting to and from appointments.”

-Wood County Interviewee

Access to Primary Care Services

- Interviewees across **all three counties** believe that primary care providers currently located within their communities are the highest quality.
- Interviewees in **Cherokee and Smith Counties** expressed concern over the lack of primary care services for low/middle income and minority population families.
 - Many interviewees in **Cherokee and Smith Counties** mentioned that a few providers in the area are limiting their Medicaid and Medicare appointments, or have completely stopped taking those patients.
- Three interviewees in **Wood County** noted that there is a shortage of primary care providers in the community, which leads to long wait times for patients trying to seek primary care.
 - One interviewee in **Wood County** mentioned that primary care providers may book up quickly, but nurse practitioners are available – which may frustrate some residents.

“The primary care aspect is being over looked for our low to middle income families with children.”

-Cherokee County Interviewee

“I think they're booked up, a lot of them, and a shortage of those taking Medicaid and Medicare and that's narrowing down the numbers on those people.”

-Cherokee County Interviewee

“We have excellent physicians, excellent clinics, and the FQHC, but still it falls short of the need especially in the north Tyler area and among minority and low income populations.”

-Smith County Interviewee

“My mom, as a senior citizen, has problems seeing her primary care provider but can get to her nurse practitioner sometimes. So that frustrates her.”

-Wood County Interviewee

Access to Mental and Behavioral Health Care

- The majority of interviewees agreed that mental and behavioral health services are significantly lacking in **all three counties**.
- A few interviewees **across all three counties** believed that health disparities exist across specific populations in accessing mental and behavioral health services.
 - A few interviewees in **Cherokee and Wood Counties** emphasized the need for mental and emotional support services for the elderly population.
 - A few interviewees in **Smith and Wood Counties** noted the greater barrier to seeking mental and behavioral health care services for the veteran population.
 - One interviewee in **Smith County** noted the significant lack of mental and behavioral health professionals in the area for children's needs.

"There are very little services...that's a big hole in our system."

-Cherokee County Interviewee

"While there are retirement communities available, there are not enough for elderly persons with mental or emotional needs."

-Cherokee County Interviewee

"Mental health seems to be the biggest issue out here just because of the lack of psychiatrists and qualified mental health professionals to serve the need."

-Smith County Interviewee

"With youth...[mental health] is where we see the biggest issue as far as access to health care. Mental health professionals that really have an emphasis on children's needs."

-Smith County Interviewee

"With mental health [for veterans]...that's been an issue because their insurance isn't accepted by very many counselors here, and there's not very many counselors anyway."

-Wood County Interviewee

Source: CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital and Tyler Family Circle of Care Clinics Community Health Needs Assessment Phone Interviews Conducted by CHC Consulting, December 7, 2015 – May 9, 2016

Access to Mental and Behavioral Health Care Continued

- One interviewee in **Cherokee County** noted the high rate of alcohol and substance abuse in the community, which is a problem that is exacerbated by the lack of behavioral health programs to address those higher rates.
- A few interviewees in **Smith County** mentioned that residents tend to leave the area to access psychiatry, or face long wait times to access local services.
- One interviewee in **Wood County** also mentioned a lack of alcohol and substance abuse programs in the area, but specifically for men.

“We have a very high alcohol and substance abuse rate, and there are very few programs...but that kind of goes predominantly with a low income environment.”

-Cherokee County Interviewee

“People leave the area [for psychiatry] or they have to wait several months to get in those services.”

-Smith County Interviewee

“Huge, huge issue here. We have a facility here in town that helps women who have been battling drug/alcohol addiction. Need one for men.”

-Wood County Interviewee

Access to Dental Services

- Interviewees across **all three counties** noted that residents' access to dental services is largely dependent on their ability to pay as well as their insurance coverage.
 - Interviewees in **all three counties** agreed that the uninsured population is significantly lacking access to dental care.
 - It was mentioned that a few dentists in **all three counties** may not accept Medicaid or Medicare, which may inhibit those who are un/underinsured from seeking preventive dental care.
- One interviewee in **Cherokee County** emphasized that many residents in the area do not seek preventive dental care.
- A few interviewees in **Smith County** noted that uninsured adults, as well as those with Medicare, lack access to dentists in the community.

“We're good with dental services I think as far as people that can pay. People that cannot pay have a problem with dental services.”

-Cherokee County Interviewee

“If one has insurance or the means to pay, there are plenty of dentists.”

-Smith County Interviewee

“Adult dental is really where the issue is. I don't know that anyone in town sees uninsured adult dental patients. Medicare doesn't cover dentures, root canals, etc. that someone 65+ is going to need.”

-Smith County Interviewee

“Unless it's a crisis, the local dentist doesn't normally take Medicaid so typically we have to find someone who does or have the mobile dental -- we set it up through them.”

-Wood County Interviewee



HELP WHERE HOSPITALS NEED IT

Access to Specialty Care Services

- Interviewees across **all three counties** agreed that access to specialty care for those who are uninsured or low income is challenging.

- Specific services that were mentioned as needed include:

Cherokee County

- General Surgery
- Pediatrics
- Oncology
- Neurosurgery
- Cardiology

Smith County

- Pediatric Sub-Specialties
- Gynecology
- ENT
- Ophthalmology

Wood County

- Cardiology
- Endocrinology
- ENT
- OB/GYN
- Oncology
- Ophthalmology
- Urology

- The majority of interviewees in **Cherokee and Wood Counties** emphasized that residents typically leave the area to access specialty care in Tyler.
 - Many interviewees in **Cherokee and Wood Counties** agreed that the rural nature of the areas, as well as the close proximity to Tyler, inhibits any specialists from moving to the communities.
- The majority of interviewees in **Smith County** emphasized the great supply of specialists in the community, but only for those who can afford to pay or have the appropriate insurance coverage.
- One interviewee in **Wood County** noted that there is always a wait time associated with seeing a specialist.

“Specialty care, in Cherokee County, is very minimal. Most everybody goes to Tyler for specialty care.”

-Cherokee County Interviewee

“It is significantly difficult to attract specialists to an area where they can't really thrive.”

-Cherokee County Interviewee

“Lot of specialists, and as long as you have insurance, you do great. Challenge is specialty access for those without insurance or those who are poor.”

-Smith County Interviewee

“Not a lack of specialty services, but they'll have to go to Tyler to get it. All your specialists are going to be in Tyler.”

-Wood County Interviewee

“I can't see specialists without a wait.”

-Wood County Interviewee

Prevalence of Chronic Conditions and Need for Preventive Care

- The vast majority of interviewees in **all three counties** stated that if they were in charge for a day in their respective communities, they would place an increased emphasis on healthy lifestyle education.
 - Many interviewees in **all three counties** recommended increased emphasis on preventive care for specific populations.
- A few interviewees in **Smith and Wood Counties** noted that preventive education and care efforts should be targeted towards specific populations that have limited access.
 - Many interviewees in **Smith County** agreed that the un/underinsured population does not understand the importance of practicing preventive care.
 - One interviewee in **Wood County** mentioned focusing preventive efforts towards the older age groups due to the aging population in the area, including nutrition education, as well as the youth population surrounding vaccinations.
- A few interviewees in **Cherokee and Wood Counties** mentioned that there is a lack of emphasis on preventive care outside of Tyler, which causes their residents to be at risk for an adverse health event or outcome.

“We treat the symptoms when they rise rather than keeping people well so they don't have to go to the doctor in a crisis.”

-Cherokee County Interviewee

“So many issues could be avoided by prevention if we could just reach [the population].”

-Smith County Interviewee

“Many of the underserved or uninsured are not around medical facilities or haven't been going routinely to see physicians. They don't understand the importance of preventive care so that creates an unhealthy population.”

-Smith County Interviewee

“Getting healthy, maintaining that health - the education process for nutrition and health care.”

-Wood County Interviewee

“The further you get out from Tyler, the more lacking [preventive] services are going to be.”

-Wood County Interviewee

Fragmented Continuum of Care

- Many interviewees in **all three counties** emphasized the need for more coordinated care across facilities to better address the needs of the community.
- A few interviewees in **Smith and Wood Counties** noted the importance of collaboration and communication between organizations in the community in order to provide better health care for all patients.
- Many interviewees in **Smith and Wood Counties** agreed that there should be more communication with the elderly population that struggles with navigating the health care system.

“If Tyler were more collaborative amongst the hospital systems, then better health care could be provided.”

-Smith County Interviewee

“Collaboration is necessary to ensure that patients get to the right place at the right time for the right care...We should partner to address health needs in the county.”

-Smith County Interviewee

“There should be more conversation and working together as far as what the goal is and getting information together. “

-Wood County Interviewee

“[Seniors] don't know what questions to ask in order to get the services they need.”

-Wood County Interviewee



HELP WHERE HOSPITALS NEED IT



Additional Areas of Concern

- Additional areas of concern discussed during interviews included, but are not limited to:
 - Improving the Built Environment (*Cherokee County*)
 - Lack of Emergency Resources (i.e., ambulances) (*Cherokee County*)
 - Language Barriers for the Non-English Speaking Population (*Cherokee, Smith, and Wood Counties*)
 - Cultural Barriers towards Healthy Lifestyles (*Cherokee and Smith Counties*)
 - Complicated Hospital Phone System (*Wood County*)



ADDITIONAL COMMUNITY INPUT: COMMUNITY SURVEY SUMMARY



Preliminary Community Survey Findings

- Survey developed by CHC Consulting and distributed by East Texas Human Needs Network (ETHNN) on behalf of CHRISTUS Trinity Mother Frances Health System
- Emailed as an invitation from Christina Fulsom, Founder and Network Weaver, ETHNN
- Survey sent to select group of 940 individuals/organizations who are members of the ETHNN
 - Survey conducted between March 1, 2016 and March 10, 2016
 - Response rate: 12.8% (120 of 940 respondents)
- Respondents allowed to take survey only once but were encouraged to forward the survey to additional community leaders
 - We were not able to track the number of times the survey was forwarded so it is difficult to calculate an overall response rate.
 - It should be noted that not all survey questions were answered by all of those submitting surveys.
 - The percentages reflected in the following summary were calculated using the actual number of respondents to the specific survey question.



HELP WHERE HOSPITALS NEED IT

Source: 2016 CHRISTUS Trinity Mother Frances Health System CHNA Survey; conducted by CHC Consulting; March 1, 2016 – March 10, 2016

Organizations Responding to Survey

- ABC Moving Company
- African American and Friends United
- Andrews Center
- Area Health Education Center
- Baylor University Texas Hunger Initiative
- BCFS Health and Human Services
- Bethesda Clinic
- Brookshire Grocery Company
- Capstone College and Career Advising
- CASA For Kids of East Texas
- Cenikor Foundation
- Christian Women's Job Corps
- City of Tyler
- Community Healthcore
- East Texas Center for Independent Living
- East Texas Cornerstone Assistance Network
- East Texas Food Bank
- East Texas Human Needs Network
- East Texas Lighthouse for the Blind
- East Texas Veterans Alliance
- ETCADA
- Gateway to Hope
- Goodwill Industries of East Texas
- HOPE Center, First Presbyterian Church
- Lakeland Anesthesia Associates- Athens, TX
- Marshall ISD
- MAXIMUS/HHSC
- Mentoring Minds
- Neighborhood Centers Inc.
- NETnet
- New Creation Foundation Inc.
- Next Step Community Solutions
- Northeast Texas Neurology Associates
- PATH
- Samaritan Counseling Center of Tyler
- Sharon Community Clinic
- Summer Adventure In Learning
- Texas AHEC East Northeast Region
- Texas Department of State Health Services
- Therapet
- CHRISTUS Trinity Mother Frances Health System
- Tyler Area Business Education Council
- Tyler Family Circle of Care Clinics
- Tyler Morning Telegraph
- United Way of Lamar County
- UT Health Northeast
- UT Health Science Center at Tyler
- Veterans Administration
- Whitehouse ISD

Note: not all respondents provided an organization.

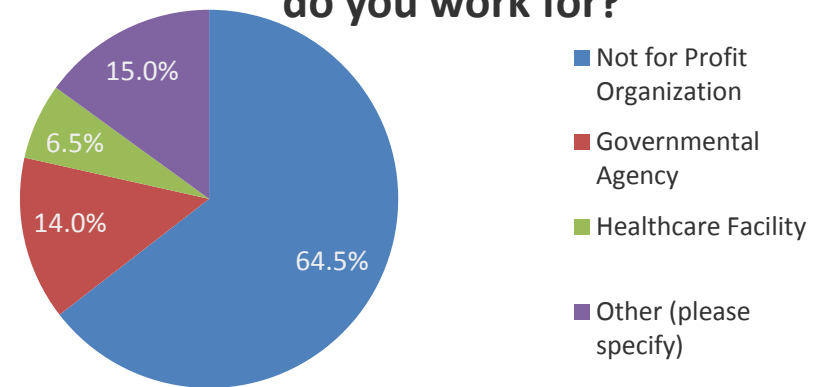


HELP WHERE HOSPITALS NEED IT

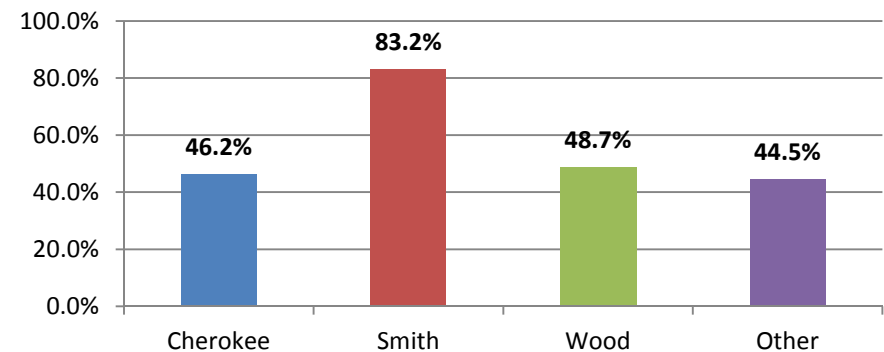
Organization Type

- Majority of respondents (64.5%) work for not for profit organizations followed by (14%) with governmental agency
- Respondent organizations primarily assist residents in Smith (83.2%), Cherokee (46.2%) and Wood (48.7%) counties along with many other East Texas areas.
- CHNA regulations require input from two specific groups and input was gained from each
 - State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community – **33.3% (39 of 117)**
 - Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations – **38.5% (45 of 117)**

What type of company/organization do you work for?



Your organization assists residents in which of the following counties?

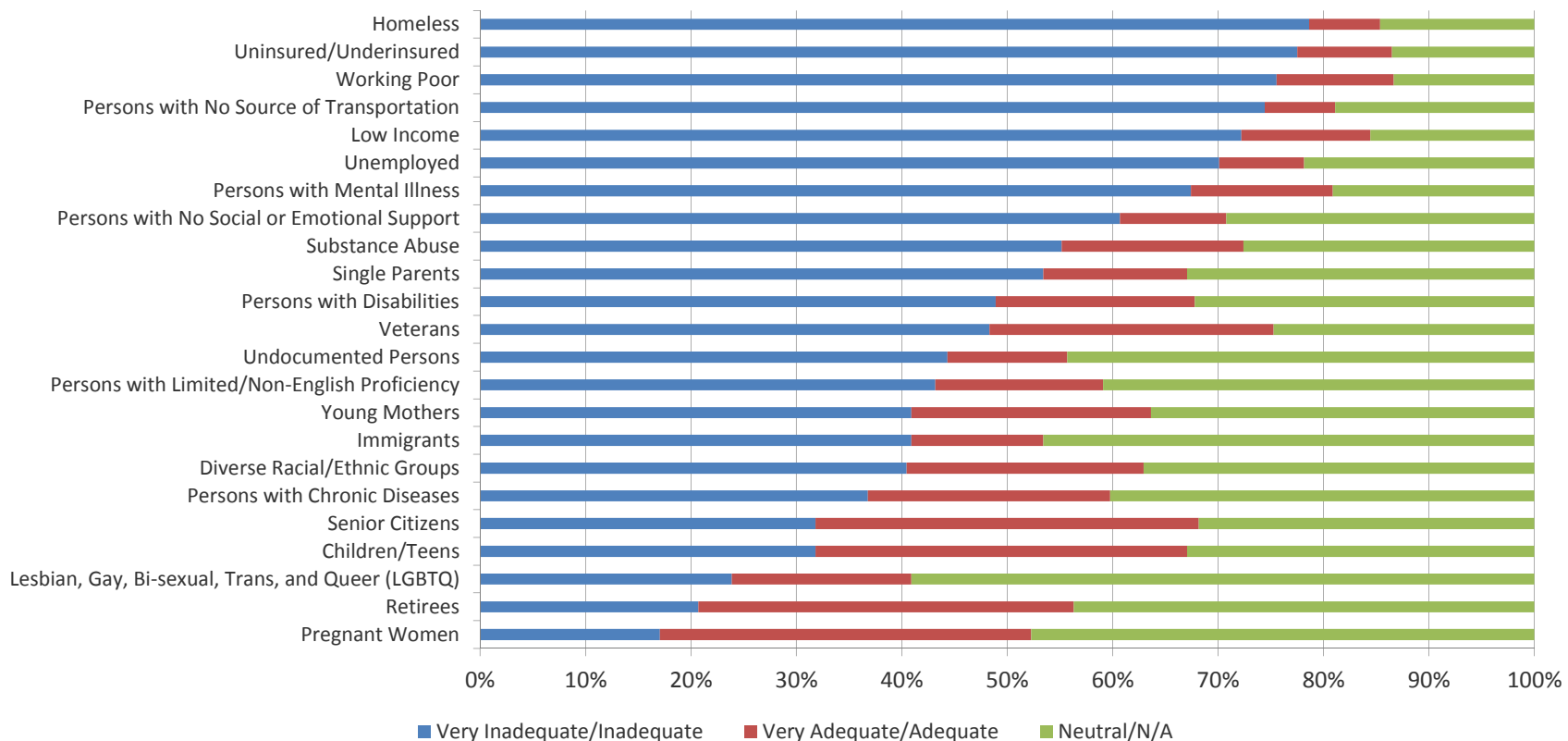


Source: 2016 CHRISTUS Trinity Mother Frances Health System CHNA Survey; conducted by CHC Consulting; March 1, 2016 – March 10, 2016

Health Need Adequacy for Specific Populations

- More than 70% of respondents indicated “Very Inadequate or Inadequate” services for homeless, low income, persons with no transportation, unemployed under/uninsured, and working poor

Health Need Adequacy



Source: 2016 CHRISTUS Trinity Mother Frances Health System CHNA Survey; conducted by CHC Consulting; March 1, 2016 – March 10, 2016

Health Need Adequacy for Specific Populations

- Survey respondents asked “How would you categorize the following groups with respect to how well each population's health needs are currently being met?”
 - Asked to select from 5 point scale using “Very Adequate” to “Very Inadequate”
- From the list of 23 groups, more than 70% of respondents indicated “Very Inadequate or Inadequate” services for homeless, low income, persons with no transportation, unemployed, under/uninsured, and working poor
- Survey respondents indicated the following regarding “Very Inadequate or Inadequate” services:
 - Fragmented mental health delivery system, including references to limited services for substance abuse treatment and lack of social support
 - Limited education about available services leads to a decreased focus on preventive care
 - Need for additional bilingual providers and increased access for populations with cultural differences



HELP WHERE HOSPITALS NEED IT

Source: 2016 CHRISTUS Trinity Mother Frances Health System CHNA Survey; conducted by CHC Consulting; March 1, 2016 – March 10, 2016

Health Need Adequacy for Specific Populations

Very Inadequate/Inadequate Detail

- Contributing factors indicated by respondents on open ended questions:
 - Fragmented mental health delivery system, including references to limited services for substance abuse treatment
 - Poor access to adequate transportation
 - Limited number of resources and services for specific groups, including the mentally ill, homeless, and veteran populations
 - Lack of social support for various groups, specifically persons with mental illnesses
 - Affordability and cost / insurance barriers for a number of populations, including homeless, low-income / uninsured, and persons suffering from mental illness
 - Limited education about available services leads to a decreased focus on preventive care
 - Need for additional bilingual providers and increased access for populations with cultural differences



HELP WHERE HOSPITALS NEED IT



Most Important Health Initiatives

- Respondents ranked the following health care initiatives for all residents from most important to least important:
 1. Improving access to health care for populations with limited services
 2. Health promotion and preventive education
 3. Improving access to dental care for populations with limited services
 4. Improving access to preventive care (screenings for chronic diseases, immunizations)
 5. Increasing the proportion of residents who have access to health coverage
 6. Recruiting specialists who can provide services that are not currently available
 7. Promoting provider connectedness
 8. Promoting chronic disease management
 9. Promoting behavior change in unhealthy lifestyles
 10. Helping ensure the availability of cutting edge treatments
 11. Recruiting more health care providers



HELP WHERE HOSPITALS NEED IT



Most Important Health Problems

- Respondents asked to select the five most important health problems in the community which include:
 1. Mental Health Problems (72.4%)
 2. Diabetes (51.7%)
 3. Adult Obesity (43.7%)
 4. Substance Abuse (42.5%)
 5. Dental Problems (33.3%)

Note: Respondents allowed to select multiple items. Percentages are greater than 100% due to multiple responses; complete results in appendix



HELP WHERE HOSPITALS NEED IT



Most Prevalent Chronic Diseases

- Respondents asked to select the five most prevalent chronic diseases in the community which include:
 1. Diabetes (84.9%)
 2. Obesity (74.4%)
 3. Mental Illness (69.8%)
 4. Hypertension (59.3%)
 5. Cancer (40.7%)

Note: Respondents allowed to select multiple items. Percentages are greater than 100% due to multiple responses; complete results in appendix



HELP WHERE HOSPITALS NEED IT

Preventable Hospitalizations

- Respondents asked to select the top 5 conditions associated with preventable hospitalizations in the community which include:
 1. Hypertension (72.6%)
 2. Uncontrolled Diabetes (65.5%)
 3. Mental Illness (54.8%)
 4. Diabetes – Short-Term Complications (47.6%)
 5. Diabetes – Long-Term Complications (42.9%)

Note: Respondents allowed to select multiple items. Percentages are greater than 100% due to multiple responses; complete results in appendix



HELP WHERE HOSPITALS NEED IT

Barriers for Low Income Residents

- Respondents asked to rank barriers related to access to primary/preventative care for low income residents in the community which include (in rank order):
 1. Lack of coverage/financial hardship
 2. Lack of providers accepting Medicaid/Medicare
 3. Difficulty navigating system/lack of awareness of available resources
 4. Lack of transportation resource
 5. Lack of capacity (e.g. insufficient providers/extended wait times)
 6. Lack of access due to provider distance
 7. Language barriers
 8. Delays in authorization/referral approval
 9. Eligibility screening process for benefits/covered services
 10. Scheduling (system inefficiency/non-standardized process)
 11. Lack of child care
 12. Delays or complications in referrals to services

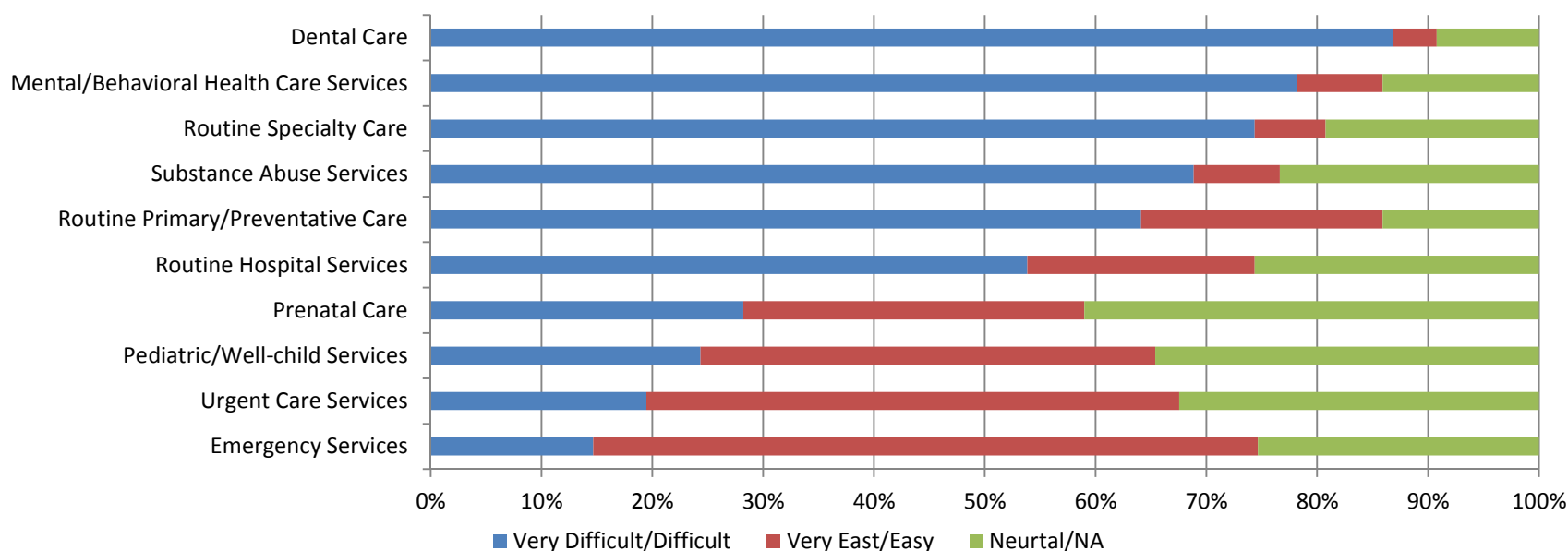


HELP WHERE HOSPITALS NEED IT

Access for Low Income Residents

- Respondents asked to rate the level of difficulty low income residents face when trying to access specific health related services
 - Most difficulty accessing dental care, mental and behavioral health services, routine specialty care, substance abuse services , primary care and routine hospital services
 - Easier access to urgent care, prenatal care, emergency services and pediatric services

Access for Low Income



Source: 2016 CHRISTUS Trinity Mother Frances Health System CHNA Survey; conducted by CHC Consulting; March 1, 2016 – March 10, 2016



Barriers to Care Coordination

- Below are barriers to effective care coordination
 1. Limited financial integration across most providers
 2. Practice norms that encourage clinicians to act in silos rather than coordinate with each other
 3. Complexity of coordination for patients with high levels of need and/or with frequent hospital and clinic visits
 4. Lack of staff and time for investment in coordination (at the practice and broader community levels)
 5. Fragmented, stand-alone services, rather than an integrated delivery system
 6. Lack of communication between health care facilities and providers
 7. No (or few) financial incentives or requirements for care coordination for providers
 8. Limited Primary Care provider involvement in inpatient care
 9. Lack of partnerships across community organizations
 10. Transition from hospital setting to primary care provider
 11. Lack of community involvement
 12. Limited health IT infrastructure and interoperability
 13. Competition between facilities
 14. Misconception regarding privacy laws and limits to information sharing/access (HIPAA)

Barriers to Effective Care Coordination

Major Barrier Detail

- When asked to elaborate, respondents indicated the following factors as the top barriers of care coordination most affecting patients:
 - Limited coordination and communication among health care systems and hospitals in the community
 - Limited coordination and communication between providers and social service organizations
 - Little community focus on preventive care and the “whole person”
 - General tendency towards limited investment in care coordination because it is so costly and may face legislative challenges

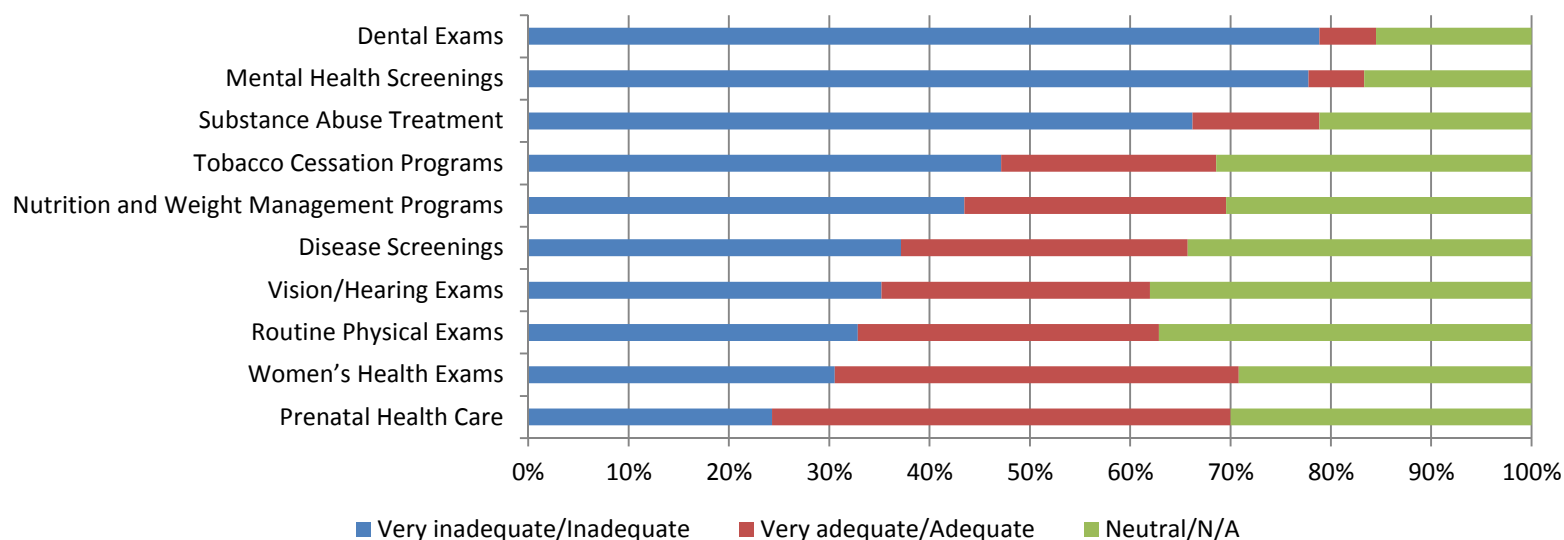


HELP WHERE HOSPITALS NEED IT

Health Care Service Adequacy

- Respondents asked to rate service adequately provided in the community
 - More than 50% of survey respondents indicated “very inadequate or inadequate” services provided for dental exams, mental health screenings and substance abuse treatment
 - More than 45% of respondents feel prenatal health care services are adequate

Adequacy of Health Services



Source: 2016 CHRISTUS Trinity Mother Frances Health System CHNA Survey; conducted by CHC Consulting; March 1, 2016 – March 10, 2016

Health Care Service Adequacy

Very Inadequate and Inadequate Detail

- When asked to give their thoughts on issues of service inadequacy, respondents commented most on the following areas:
 - Mental Health:
 - Disruptions in the continuity of care based on funding changes is a concern
 - Screenings are available, but services are not
 - Access is severely restricted by income / ability to pay
 - Substance abuse assessment and treatment is severely limited for low income patients
 - Dental Care:
 - Non-existent for persons with limited finances
 - Dental services are 'grossly underfunded'
 - Other mentions include:
 - Prenatal care is a concern in particular racial / ethnic groups
 - Screenings for adolescent health problems / limited providers
 - General lack of access to affordable programs
 - Lack of bilingual providers

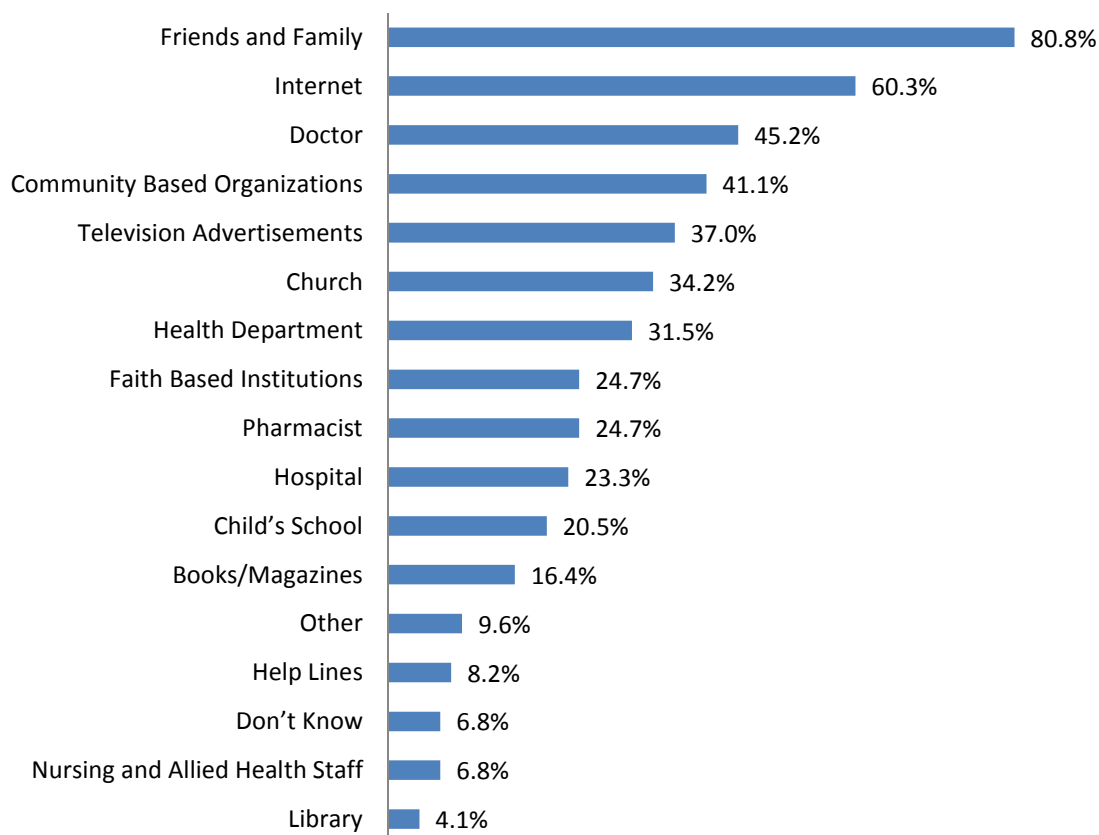


HELP WHERE HOSPITALS NEED IT

Health Education

- More than 50% of respondents believe that community members get their health-related education from friends and family or the internet
- Less than 20% of respondents believe that community members are accessing health-related education from area schools, books/magazines, helplines, nursing and allied health staff

Source of Health Related Education



HELP WHERE HOSPITALS NEED IT

Source: 2016 CHRISTUS Trinity Mother Frances Health System CHNA Survey; conducted by CHC Consulting; March 1, 2016 – March 10, 2016

Final Comments

“Coordination is key.” **[Electronic Survey]**

“Tyler and Smith County have remarkable health care resources as well as health education and opportunities. That does not mean that every population with special needs can easily access or benefit from all of the resources. Some populations, like veterans, are economically, physically or mentally isolated. It is incumbent upon the medical community to create and practice outreach, to serve those communities that are in need but powerless or ineffective in fulfilling that need. There are so many pieces to the medical puzzle, but we must become better at fitting all of them together to complete the portrait of a worthwhile and compassionate community.”

[Electronic Survey]

“The staff treats me well and I feel comfortable here. Everyone greets me with a smile and that makes me feel welcomed.” **[Clinic Survey]**

“We need to ... create more interconnected information lines to guide the community on complex health access. That would be my dream if I could effect change in the local health care community.” **[Electronic Survey]**



HELP WHERE HOSPITALS NEED IT



2013 CHNA IDENTIFIED NEEDS



2013 CHNA Prioritized Needs

CHRISTUS Mother Frances Hospital - *Winnsboro*

1. Access to Primary Care Services and Additional Primary Care Providers
2. Access to Additional Specialist Services and Providers
3. Access to Care for Specific Populations, such as the Elderly and Uninsured
4. Unhealthy Lifestyles and Related Conditions

Source: CHRISTUS Trinity Mother Frances Health System, Comprehensive Community Health Needs Assessments, <http://www.tmfhc.org/about-us/comprehensive-community-health-needs-assessments/>; data accessed May 5, 2016



HELP WHERE HOSPITALS NEED IT



INPUT REGARDING THE HOSPITAL'S PREVIOUS CHNA





Consideration of Previous Input

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- The hospital made every effort to solicit feedback from the community by providing a feedback mechanism on the hospital's website. However, at the time of this publication, written feedback has not been received on the hospital's most recently conducted CHNA and Implementation Strategy.
- To provide input on this CHNA please see details at the end of this report or respond directly to the hospital online at the site of this download.



HELP WHERE HOSPITALS NEED IT



EVALUATION OF HOSPITAL'S IMPACT





Evaluation of Hospital's Impact

- IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNA.
- This section includes activities completed based on the 2013 to 2016 Implementation Plan.



HELP WHERE HOSPITALS NEED IT

Priority #1 Access to Primary Care Services and Additional Primary Care Providers

Objective: Increase access to primary care services and providers in the community

Implementation Activity	FY 13- Establish Baseline	FY 14 Goal	FY 15 Goal	FY 16 Goal	Overall Three Year Goal	% Complete	Comments/Notes
1.A. MFH-Winnsboro will offer a Flu Clinic	Planning	No Report	1				MFH-Winnsboro held a flu clinic : FY13
1.B. MFH-Winnsboro will coordinate with MFH-Tyler to create consistency in branding efforts to increase the number of people served.	Planning	No Report	No Report				3/16/2016: Ruth is our Internal Representative to work in collaboration on all projects with our assigned TMF Marketing Rep. Budgets are coordinated for annual planning needs.
1.C. MFH-Winnsboro will work with MFH to increase PCP rotation from MFH physicians	Planning	No Report	No Report				MFH-Winnsboro added an Internal Medicine physician to its clinic : FY13 3/2016: A contract with Sound Hospitalist is being signed to support a full time, 24/7 physician on site.
1.D. The MFH-Winnsboro clinic participates in offering sports physicals to school aged children	Planning	No Report	1				3/16/2016: The MFH Rural Health Clinic in coordination with TMF sports Medicine Program offers annual physicals for over 300 kids.
1.E. MFH-Jacksonville will participate in the electronic health record (EHR), which is powered by Epic	Planning	1	1				EHR implementation and training occurred: FY14 & FY15
1.F. MFH-Jacksonville will track its progress in creating a list of available mental health services in the community	Planning	1	1				Tracking completed in FY14 & FY15

Priority #1 Impact & Evaluation

ACTION	FY 13- Establish Baseline	FY 14 Goal	FY 15 Goal	FY 16 Goal	Overall Three Year Goal	% Complete	Annual Narrative on Priority #1
MFH-Winnsboro will track participation in its Flu Clinic	Planning	No Report	No Report				A flu clinic was held: FY13 3/2016: Laura Morrison coordinates In-house flu Clinic, while Pam coordinates OP
MFH-Winnsboro will track primary care services	Planning	No Report	No Report				A practicing Internist was added to staff: FY13
MFH-Winnsboro will track its progress in creating a list of available mental health services in the community.	Planning	1	No Report				List Completed FY14 3/2016: Case Manager always maintains updates community service programs including mental health

Priority #2 Access to Additional Specialist Services and Providers

Objective: Increase access to additional specialist services and providers in the community

Implementation Activity	FY 13- Establish Baseline	FY 14 Goal	FY 15 Goal	FY 16 Goal	Overall Three Year Goal	% Complete	Comments/Notes
2.A. MFH-Winnsboro offers the Flight for Life program to provide critical care service within a 150-mile radius in a 23-county area	Planning	No Report	No Report				3/2016: Program continues with base station at MFW
2.B. MFH-Winnsboro will coordinate with MFH-Tyler to create consistency and branding efforts to increase the number of people served	Planning	No Report	No Report				3/2016: Marketing is coordinated between an internal rep, Ruth, & an assigned TMF rep (varies)
2.C. MFH- Will work with MFH to increase rotation from MFH hospital physicians	Planning	1	1				Cardiology, Urology, Gastroenterology & Pain Management: FY14 Dermatology, Vascular Medicine, Podiatry, Oncology & Sleep Medicine: FY15
2.D. MFH-Winnsboro hosts public education sessions regarding wound care	Planning	No Report	No Report				3/2016: New WC Physician to start June1, 2016. Will become more focused on community education offerings.
2.E. MFH-Winnsboro is assessing the feasibility of an orthopedic clinic on its campus	Planning	No Report	No Report				3/2016: An Ortho Clinic was established in 2014, continues successfully.
2.F. MFH-Winnsboro hosts a blood drive targeted at the employees of the hospital and clinic multiple times a year	Planning	No Report	No Report				Blood Drives were held at MFH-Winnsboro : FY13
2.G. MFH-Winnsboro offers TeleCare Plus for Fee to the public 24 hours a day	Planning	1	1				TeleCare Services were provided: FY14 & FY15. 3/2016: MFW is supported with the Tele Care System 24/7 per TMF

Priority #2 Impact & Evaluation

ACTION	FY 13- Establish Baseline	FY 14 Goal	FY 15 Goal	FY 16 Goal	Overall Three Year Goal	% Complete	Annual Narrative on Priority #2
MFH-Winnsboro will track the number of people served by the Flight for Life Program	Planning	No Report	No Report				No Information to Date
MFH-Winnsboro will track specialty care services	Planning	No Report	No Report				3/2016: Specialty Services identified above & continue.

Priority #3 Access to Health Care for Specific Populations, such as the Elderly and Uninsured

Objective: Increase access to health care for specific populations, such as the elderly and uninsured

Implementation Activity	FY 13- Establish Baseline	FY 14 Goal	FY 15 Goal	FY 16 Goal	Overall Three Year Goal	% Complete	Comments/Notes
3.A. MFH-Winnsboro [will] continue to offer financial assistance through scholarship funds for the Diabetes Education Center for those without insurance coverage and unable to pay	Planning	No Report	No Report				No Information to Date
3.B. MFH-Winnsboro will provide a taxi service on a limited basis to qualified patients	Planning	1	1				Taxi services were provided: FY14 & FY15 3/2016: MFW arranges for taxi service for the random patients who have no other options for discharge to home
3.C. MFH-Winnsboro will continue to provide direct financial support to not-for-profit organizations and community supported rural hospitals within the region to help provide needed services	Planning	1	1				Financial Support was provided to Non-Profit Organizations : FY14 & FY15 3/2016: MFW continues to receive requests, all requests are coordinated through TMF with the assigned Marketing Rep, based on history & budget

Priority #3 Impact & Evaluation

ACTION	FY 13- Establish Baseline	FY 14 Goal	FY 15 Goal	FY 16 Goal	Overall Three Year Goal	% Complete	Annual Narrative on Priority #3
MFH-Winnsboro will track financial assistance provided	Planning	1	1				Direct financial support was provided to non-profits and transportation support was provided to qualified patients: FY14 & FY15

Priority #4 Unhealthy Lifestyles and Related Conditions

Objective: Implement a variety of awareness, education and screening programs focused on unhealthy lifestyles and related conditions.

Implementation Activities	FY 13- Establish Baseline	FY 14 Goal	FY 15 Goal	FY 16 Goal	Overall Three Year Goal	% Complete	Comments/Notes
4.A. MFH-Winnsboro offers periodic support groups to increase awareness about diseases and resources offered through the community and health system	Planning	No Report	No Report				3/2016: Diabetic Support Groups continue on a periodic basis. In addition, Weight Management groups supports is provided for staff
4.B. MFH-Winnsboro continue(s) to offer financial assistance through scholarship funds for the Diabetes Education Center for those without insurance coverage and unable to pay	Planning	No Report	No Report				3/2016: The TMF Foundation utilizes the Draper Fund to assist us requests that match criteria.
4.C. MFH-Winnsboro will host periodic Diabetes Support Group meetings on topics that are geared to help the individuals (and their family members) cope with the disease	Planning	1	1				Diabetes support clinics were held: FY13, FY14 & FY15
4.D. MFH-Winnsboro will hold community education events with Trinity Clinic Cardiology/Vascular physicians to educate the community on preventative measures for heart disease	Planning	No Report	No Report				3/2016: Women IN Cardiology Education Session held at the Winnsboro Civic Centre in 2015, provided by TMF Heat Hospital
4.E. MFH-Winnsboro will coordinate a health fair with WISD for all employees	Planning	No Report	No Report				N3/2016: Provided as requested only,
4.F. MFH-Winnsboro held safety education programs at WISD	Planning	1	1				Safety education programs were held for WISD students : FY13, FY14 and FY15
4.G. MFH-Winnsboro provides screenings during the Winnsboro Autumn Trails Festival	Planning	No Report	No Report				3/2016: MFW provided screening and literature at the booth set up for the Annual Trails Festival
4.H. MFH-Winnsboro employees are dedicated to enhancing community wellness through Winnsboro Farm and Safety Day with a focus on treatment and prevention of head trauma	Planning	No Report	No Report				No Information to Date
4.I. MFH-Winnsboro reaches out to the community by offering numerous classes, speakers and other informative activities	Planning	No Report	No Report				No Information to Date

Priority #4 Unhealthy Lifestyles and Related Conditions Continued

4.J. MFH-Winnsboro is available to participate in community health fairs	Planning	1	No Report				Community health fairs were held in Winnsboro: FY13 & FY14. 3/2016: Participated in the Gilmer TX Health Fair in March 2016.
4.K. MFH-Winnsboro Leadership participates in the Chamber of Commerce Business Expo, the Chamber of Commerce Banquet and a variety of service clubs and organizations	Planning	No Report	1				The Chamber Business Expo was held: FY13 & FY15. 3/2016 Participated in & attended the 2016 Chamber Banquets.
4.L. MFH-Winnsboro Leadership and Staff Volunteers work with WISD to discuss careers in healthcare	Planning	No Report	No Report				3/2016: Provided as requested
4.M. MFH-Winnsboro participates in Share the Spirit	Planning	1	1				MFH-Winnsboro participated in Share the Spirit: FY13, FY14 & FY15. 3/2016: Events & participation planned for 2016 Share the Spirit.

Priority #4 Impact & Evaluation

ACTION	FY 13- Establish Baseline	FY 14 Goal	FY 15 Goal	FY 16 Goal	Overall Three Year Goal	% Complete	Annual Narrative on Priority #4
MFH-Winnsboro will track participation in community event programs and screenings	Planning	1	1				Participation was tracked: FY13, FY14 & FY15



2016 PRELIMINARY HEALTH NEEDS



2016 Preliminary Health Needs

- Access to Primary Care Services
- Access to Mental and Behavioral Health Care
- Access to Dental Services
- Access to Specialty Care Services
- Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- Need for Increased Emphasis on a Collaborative Continuum of Care



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PRIORITIZATION



The Prioritization Process

- On April 6, 2016, the CHNA Team consisting of leadership from CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital and the Tyler Family Circle of Care Clinics met with CHC Consulting to review findings and prioritize the community's health needs.
- CHNA Team ranked the health needs based on three factors:
 - Size and Prevalence of Issue
 - Effectiveness of Interventions
 - Hospital's Capacity
- See the following page for a more detailed description of the prioritization process.



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The Prioritization Process

- The CHNA Team utilized the following factors to evaluate and prioritize the significant health needs:

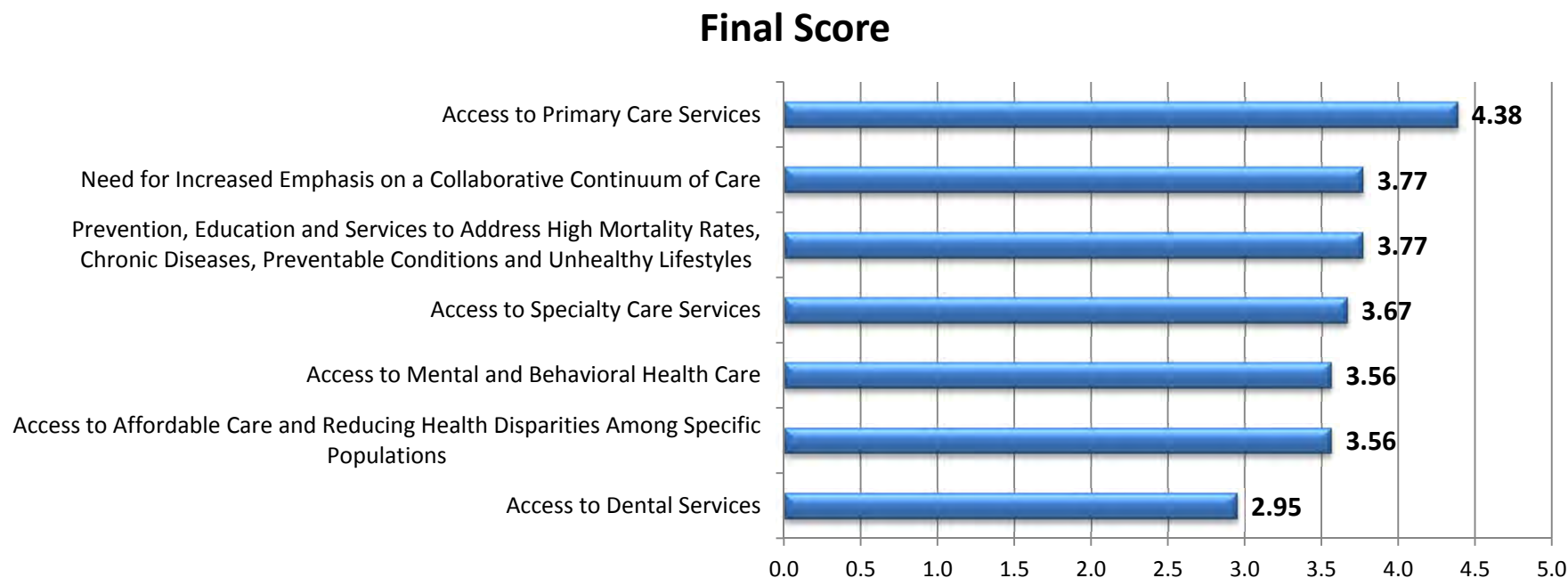
1. Size and Prevalence of the Issue
a. How many people does this affect? b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state? c. How serious are the consequences? (urgency; severity; economic loss)
2. Effectiveness of Interventions
a. How likely is it that actions taken will make a difference? b. How likely is it that actions will improve quality of life? c. How likely is it that progress can be made in both the short term and the long term? d. How likely is it that the community will experience reduction of long-term health cost?
3. CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital, and the Tyler Family Circle of Care Clinics Capacity
a. Are people at CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital and the Tyler Family Circle of Care Clinics likely to support actions around this issue? (ready) b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing) c. Are the necessary resources and leadership available to us now? (able)



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Health Needs Ranking

- CHNA Team ranked the seven significant health needs based on the three factors discussed, resulting in the following list (in descending order):



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Final Priorities

- Hospital leadership decided to address six of the ranked health needs. The final health priorities that CHRISTUS Mother Frances Hospital - *Winnsboro* will address through its Implementation Plan are, in descending order:
 1. Access to Primary Care Services
 2. Need for Increased Emphasis on a Collaborative Continuum of Care
 3. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
 4. Access to Specialty Care Services
 5. Access to Mental and Behavioral Health Care
 6. Access to Affordable Care and Reducing Health Disparities Among Specific Populations



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PRIORITIES THAT WILL NOT BE ADDRESSED



Needs That Will Not Be Addressed

- CHRISTUS Mother Frances Hospital - *Winnsboro* decided not to specifically address “Access to Dental Services” largely due to its position (last) on the prioritized list and the hospital’s capacity to address that need.
- Dental services are not core business functions of the hospital. Hospital leadership felt that resources and efforts would be better spent addressing the first six prioritized needs.



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RESOURCES IN THE COMMUNITY



Additional Resources in the Community

- In addition to the services provided by CHRISTUS Mother Frances Hospital - *Winnsboro*, other charity care services and health resources that are available in Wood County are included in this section.



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Wood County Community Resource List								
Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Andrews Center - Mineola Clinic	Wood County	703 West Patten	Mineola	TX	75773	903-569-5409	www.andrewscenter.com	The Andrews Center offers services for the following conditions, specialties and population groups: mental health, intellectual and developmental disabilities, medical management, consumer benefits, counseling, autism, children, at risk youth, adults, veterans, residential, jail diversion, transportation and vocational training.
First Baptist Church of Winnsboro Food Bank	Winnsboro	200 W. Broadway St.	Winnsboro	TX	75494	903-342-3538	www.fbcwinnsboro.org	FBC Winnsboro partnered with the East Texas Food Bank in 2011 to establish a local food bank for the residents of Winnsboro, and it has since become a resource hub for residents as they seek out available services and navigate the changing health care system. This program is part of the Winnsboro Wellness Coalition.
Meals on Wheels Ministry, Inc.	East Texas	207 East Pine St.	Winnsboro	TX	75494	903-342-6840	www.mealsonwheelseasttexas.org	Senior Citizens or disabled individuals may qualify to have five nutritionally balanced lunches delivered to their homes. All meals meet RDA requirements, are diabetic friendly, and are prepared fresh daily. The daily meal delivery also allows the volunteer to perform a daily safety check on the well-being of the individual. When necessary, an emergency system is in place whereby help is summoned.
Morgan's Mercy Mansion	Winnsboro	PO Box 83	Winnsboro	TX	75494	903-342-3862	www.mmmrehab.com	Morgan's Mercy Mansion (MMM) is a drug and alcohol rehabilitation center for women sponsored by a local "Enough Is Enough" Drug Task Force. They are a nonprofit facility backed by Christian churches, community leaders, and civic organizations. MMM provides a comprehensive program including: housing, structured accountability, bible study/spiritual guidance, life skills training, parenting, and recovery groups.
Northeast Texas Child Advocacy Center	Camp, Delta, Franklin, Hopkins, Titus, Upshur and Wood Counties	PO Box 484	Winnsboro	TX	75494	903-629-7588	www.netcac.org	The NETCAC offers a safe child friendly environment to children between the ages of 2-17 who have been sexually or severely physically abused or have been a witness to a violent crime. Caring for Kids, a prevention program of the NETCAC, provides education and support to break the cycle of abuse and neglect. We offer parent education classes, children and youth programs, personal safety programs in schools and ongoing Parents Anonymous® support groups.
Winnsboro Community Resource Center	Winnsboro	115 W. Broadway	Winnsboro	TX	75494	903-342-3287	wrc@winnsboro.com	The Winnsboro Community Resource Center, providing the stepping stones that lead to Safety, Stability, and a path to Self-Sufficiency. The WCRC assists with referrals and services in these areas: Affordable Housing, Transportation, Job Search/Placement, Employment, Preparation, Job Skills Training, Continuing Education, Financial Literacy, Money Management, Referral Resource, Domestic Violence, Substance Abuse, Support Groups, and Mentoring/Counseling.
Winnsboro Wellness Coalition	Winnsboro	501 S. Main St.	Winnsboro	TX	75494	903-365-2722	n/a	The Winnsboro Wellness Coalition was launched in an effort to make Winnsboro a healthier more active community, through community partnership and bonding. Winnsboro Wellness Coalition currently consists of more than a dozen local organizations, media, schools, governmental agencies, non-profits, churches, health clubs, businesses and active community members. The Winnsboro Community Foundation serves as our umbrella organization.
Wood County Health Department	Wood County	P O Box 1704	Quitman	TX	75783	903-763-5406	http://www.mywoodcounty.com/default.aspx?name=healthdept	Children's Immunization, Provide CHIPS applications, Adult Immunizations, Hypertension Screenings, Blood Sugar Screenings, Influenza shots for adults, Pregnancy Testing, and T.B. Skin Tests



INFORMATION GAPS



Information Gaps

- While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps in the interviews conducted by CHC Consulting.
 - This assessment seeks to address the community's health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics.
 - The most significant information gap exists within this assessment's ability to capture various county-level health data indicators, including arthritis, binge drinking, immunization rates, cost barriers to care, and access to a personal doctor. Data for these indicators are reported at the Health Service Region level.



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ABOUT CHC CONSULTING



About CHC Consulting

- Community Hospital Corporation owns, manages and consults with hospitals through three distinct organizations – CHC Hospitals, CHC Consulting and CHC ContinueCare, which share a common purpose of preserving and protecting community hospitals.
- Based in Plano, Texas, CHC provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. For more information about CHC, please visit the website at:

www.communityhospitalcorp.com



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APPENDIX

- SUMMARY OF DATA SOURCES
- DEMOGRAPHIC DATA FINDINGS
- HEALTH DATA FINDINGS
- ELECTRONIC COMMUNITY SURVEY RESULTS
- MUA AND HPSA INFORMATION
- INTERVIEWEE BIOGRAPHIES
- PRIORITY BALLOT





SUMMARY OF DATA SOURCES

Summary of Data Sources

- **Demographics**

- This study utilized demographic data, such as population estimates, provided by **Texas Health Data Center for Health Statistics**; <http://healthdata.dshs.texas.gov/home>.
- The **United States Bureau of Labor Statistics**, Local Area Unemployment Statistics provides unemployment statistics by county and state; <http://www.bls.gov/lau/#tables>.
- This study also used demographic data collected by **Community Commons**, a site which is managed by the Institute for People Place and Possibility, the Center for Applied Research and Environmental Systems, and Community Initiatives. Data can be accessed at <http://www.communitycommons.org/>.
- The **Annie E. Casey Foundation** is a private charitable organization, dedicated to helping build better futures for disadvantaged children in the United States. One of their initiatives is the Kids Count Data Center, which provides access to hundreds of measures of child well-being by county and state. Demographic data from the Kids Count Data Center is included within this report, and can be accessed at <http://datacenter.kidscount.org/>.

- **Health Data**

- The **County Health Rankings** are made available by the Robert Wood Jonson Foundation and the University of Wisconsin Population Health Institute. The Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003; <http://www.countyhealthrankings.org/>



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Summary of Data Sources

- **Health Data Continued**

- The **Community Health Status Indicators (CHSI) 2015** is an online web application that produces health status profiles for each of the 3,143 counties in the United States and the District of Columbia. Each county profile contains indicators of health outcomes (mortality and morbidity); indicators on factors selected based on evidence that they potentially have an important influence on population health status (e.g., health care access and quality, health behaviors, social factors, physical environment); health outcome indicators stratified by subpopulations (e.g., race and ethnicity); important demographic characteristics; and HP 2020 targets.
 - A key feature of CHSI 2015 is the ability for users to compare the value of each indicator with those of demographically similar “peer counties,” as well as to the U.S. as a whole, and to HP 2020 targets. Selection of the method and variables for the new peer county groupings was based on an iterative process that was guided by the advice of subject matter experts (internal and external to CDC) including representatives from academia and architects of the original CHSI. The analysis yielded 89 peer groupings based on the following 19 county-level equivalent variables for all 3,143 U.S. counties, including (but not limited to): population size, growth, density, and mobility; percent children and elderly; sex ratio; overall and elderly poverty levels; and unemployment. Please see the appendix for a full description of the CHSI methodology.
 - More information can be accessed at <http://wwwn.cdc.gov/CommunityHealth/home>.



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Summary of Data Sources

- **Health Data Continued**

- Texas Health Data is provided by the **Texas Department of State Health Services**. The site provides access to Texas public health statistics and community health data including, but not limited to, mortality, natality, behavioral risk factors, and communicable diseases; <http://healthdata.dshs.texas.gov/home>.
- This study utilizes Health Service Region level data from the **Behavioral Risk Factor Surveillance System (BRFSS)**, provided by the Texas Department of State Health Services; <http://healthdata.dshs.texas.gov/HealthRisks/BRFSS>.
- The **United States Census Bureau's** Small Area Health Insurance Estimates provide insured and uninsured rates by county up to the year 2013; <http://www.census.gov/did/www/sahie/data/interactive/>.
- This study also used health data collected by **Community Commons**, a site which is managed by the Institute for People Place and Possibility, the Center for Applied Research and Environmental Systems, and Community Initiatives. Data can be accessed at <http://www.communitycommons.org/>.
- **Enroll America** is a health care enrollment coalition that provides information regarding uninsured rates at the county level. Data can be accessed at <https://www.enrollamerica.org/>.

- **Phone Interviews**

- CHC Consulting conducted interviews on behalf CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital and the Tyler Family Circle of Care Clinics from December 7, 2015 – May 9, 2016.
- Conducted by Valerie Hayes, Planning Analyst



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DEMOGRAPHIC DATA FINDINGS

Overall Population Growth

Overall Population Growth					
Geographic Location	2013	2016	2021	2016 - 2021 Change	2016 - 2021 % Change
Cherokee County	52,733	54,785	58,403	3,618	6.6%
Smith County	219,098	229,067	246,767	17,700	7.7%
Wood County	43,983	46,000	49,226	3,226	7.0%
Texas	26,640,165	28,240,245	31,148,299	2,908,054	10.3%

Source: Texas Department of Health Services; <http://healthdata.dshs.texas.gov/> (accessed February 10, 2016)

Population by Race/Ethnicity

Cherokee County					
Race/Ethnicity	2013	2016	2021	2016 - 2021 Change	2016 - 2021 % Change
Anglo	32,134	32,326	32,437	111	0.3%
Black	7,576	7,749	7,973	224	2.9%
Hispanic	11,845	13,396	16,453	3,057	22.8%
All Others	1,178	1,314	1,540	226	17.2%
Total	52,733	54,785	58,403	3,618	6.6%
Smith County					
Race/Ethnicity	2013	2016	2021	2016 - 2021 Change	2016 - 2021 % Change
Anglo	131,528	132,521	133,239	718	0.5%
Black	38,937	40,629	43,002	2,373	5.8%
Hispanic	41,471	47,627	59,886	12,259	25.7%
All Others	7,162	8,290	10,640	2,350	28.3%
Total	219,098	229,067	246,767	17,700	7.7%
Wood County					
Race/Ethnicity	2013	2016	2021	2016 - 2021 Change	2016 - 2021 % Change
Anglo	36,956	38,242	40,192	1,950	5.1%
Black	2,080	2,184	2,241	57	2.6%
Hispanic	4,039	4,584	5,675	1,091	23.8%
All Others	908	990	1,118	128	12.9%
Total	43,983	46,000	49,226	3,226	7.0%
Texas					
Race/Ethnicity	2013	2016	2021	2016 - 2021 Change	2016 - 2021 % Change
Anglo	11,569,937	11,678,176	11,953,986	275,810	2.4%
Black	3,056,518	3,230,618	3,525,577	294,959	9.1%
Hispanic	10,406,070	11,439,402	13,378,583	1,939,181	17.0%
All Others	1,607,640	1,840,607	2,290,153	449,546	24.4%
Total	26,640,165	28,240,245	31,148,299	2,908,054	10.3%

Source: Texas Department of Health Services; <http://healthdata.dshs.texas.gov/> (accessed February 10, 2016)

Population by Age

Cherokee County						
Age Cohort	2016	% of Total	2021	% of Total	2016 - 2021 Change	2016 - 2021 % Change
19 and Under	15,583	28.4%	16,434	28.1%	851	5.5%
20 - 24	3,779	6.9%	4,163	7.1%	384	10.2%
25 - 44	12,441	22.7%	13,100	22.4%	659	5.3%
45 - 64	13,739	25.1%	13,853	23.7%	114	0.8%
65+	9,243	16.9%	10,853	18.6%	1,610	17.4%
Total	54,785	100.0%	58,403	100.0%	3,618	6.6%
Smith County						
Age Cohort	2016	% of Total	2021	% of Total	2016 - 2021 Change	2016 - 2021 % Change
19 and Under	62,894	27.5%	66,492	26.9%	3,598	5.7%
20 - 24	16,337	7.1%	16,855	6.8%	518	3.2%
25 - 44	60,164	26.3%	67,075	27.2%	6,911	11.5%
45 - 64	54,296	23.7%	55,203	22.4%	907	1.7%
65+	35,376	15.4%	41,142	16.7%	5,766	16.3%
Total	229,067	100.0%	246,767	100.0%	17,700	7.7%
Wood County						
Age Cohort	2016	% of Total	2021	% of Total	2016 - 2021 Change	2016 - 2021 % Change
19 and Under	9,835	21.4%	10,163	20.6%	328	3.3%
20 - 24	2,453	5.3%	2,630	5.3%	177	7.2%
25 - 44	7,938	17.3%	8,387	17.0%	449	5.7%
45 - 64	12,635	27.5%	12,377	25.1%	-258	-2.0%
65+	13,139	28.6%	15,669	31.8%	2,530	19.3%
Total	46,000	100.0%	49,226	100.0%	3,226	7.0%
Texas						
Age Cohort	2016	% of Total	2021	% of Total	2016 - 2021 Change	2016 - 2021 % Change
19 and Under	8,231,759	29.1%	8,774,607	28.2%	542,848	6.6%
20 - 24	2,064,652	7.3%	2,289,933	7.4%	225,281	10.9%
25 - 44	7,802,625	27.6%	8,602,009	27.6%	799,384	10.2%
45 - 64	6,775,972	24.0%	7,285,991	23.4%	510,019	7.5%
65+	3,365,237	11.9%	4,195,759	13.5%	830,522	24.7%
Total	28,240,245	100.0%	31,148,299	100.0%	2,908,054	10.3%

Source: Texas Department of Health Services; <http://healthdata.dshs.texas.gov/> (accessed February 10, 2016)

Median Age

Geographic Location	Median Age		
	2012	2013	2014
Cherokee County	37.7	37.8	37.8
Smith County	35.8	35.9	36.0
Wood County	47.5	47.9	48.1
Texas	33.6	33.8	33.9

Source: U.S. Census Bureau, Small Area Estimates Branch; (<http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>) (accessed February 24, 2016)

Median Household Income

Geographic Location	Median Income			2013 - 2024 Change	
	2012	2013	2014	Count	%
Cherokee County	\$35,202	\$37,735	\$38,465	\$730	1.9%
Smith County	\$46,305	\$47,711	\$45,363	-\$2,348	-5.2%
Wood County	\$45,466	\$45,763	\$42,753	-\$3,010	-7.0%
Texas	\$50,747	\$51,714	\$53,067	\$1,353	2.5%
United States	\$51,371	\$52,250	\$53,657	\$1,407	2.6%

Source: U.S. Census Bureau, Small Area Estimates Branch; <http://www.census.gov/did/www/saie/data/statecounty/data/2012.html> (accessed February 24, 2016)

Detailed Education Analysis

2015 Adult Education Level	Cherokee County		Smith County		Wood County		Texas	
	Pop Age 25+	% of County Total	Pop Age 25+	% of County Total	Pop Age 25+	% of County Total	Pop Age 25+	% of County Total
Less than High School	3,856	21.9%	20,431	14.8%	4,907	16.0%	3,025,336	18.4%
High School Degree	6,747	33.2%	35,357	25.6%	10,641	34.8%	4,145,289	25.2%
Some College/Assoc. Degree	2,583	28.9%	34,746	34.3%	5,479	31.3%	4,449,604	29.3%
Bachelor's Degree or Greater	5,620	15.9%	47,347	25.2%	9,574	17.9%	4,806,501	27.1%
Total	18,806	100%	137,881	100.0%	30,601	100.0%	16,426,730	100.0%

Source: U.S. Census Bureau, Educational Attainment in the United States <http://www.census.gov/hhes/socdemo/education/data/cps/2014/tables.html> (accessed February 26, 2016)

Unemployment

Annual Average Unemployment Rates (%)			
	2012	2013	2014
Cherokee County	7.3%	6.9%	5.8%
Smith County	7.0%	6.5%	5.2%
Wood County	7.8%	7.1%	5.9%
Texas	6.7%	6.2%	5.1%

Source: Bureau of Labor Statistics, Local Area Unemployment Statistics; Rates shown are a percentage of the labor force; <http://data.bls.gov/map/MapToolServlet> (accessed February 26, 2016)

Poverty

Geographic Location	% Poverty (All Ages)		
	2012	2013	2014
Cherokee County	26.7%	23.6%	20.1%
Smith County	17.2%	16.8%	18.1%
Wood County	15.8%	15.7%	15.4%
Texas	17.9%	17.5%	17.2%
United States	15.9%	15.8%	15.5%

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates; <http://www.census.gov/did/www/saie/data/> (accessed February 24, 2016)

Children Living Below Poverty

Geographic Location	% Children in Poverty (Under 18 years)		
	2012	2013	2014
Overall Population Growth	38.3%	37.0%	29.2%
Geographic Location	24.5%	25.3%	25.9%
Cherokee County	26.3%	28.2%	25.1%
Smith County	25.8%	25.0%	24.5%
United States	22.6%	22.2%	21.7%

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

http://www.census.gov/did/www/saie/data/interactive/saie.html?s_appName=saie&map_yearSelector=2014&map_geoSelector=aa_c&menu=grid_proxy&s_state=48&s_county=48073,48423,48499&s_year=2012,2013,2014&s_measures=u18_snc (accessed February 24, 2016)

Poverty Thresholds for 2015 by Size of Family and Number of Related Children Under 18 Years

Size of family unit	Related children under 18 years								
	None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual).....									
Under 65 years.....	12,331								
65 years and over.....	11,367								
Two people.....									
Householder under 65 years.....	15,871	16,337							
Householder 65 years and over.....	14,326	16,275							
Three people.....	18,540	19,078	19,096						
Four people.....	24,447	24,847	24,036	24,120					
Five people.....	29,482	29,911	28,995	28,286	27,853				
Six people.....	33,909	34,044	33,342	32,670	31,670	31,078			
Seven people.....	39,017	39,260	38,421	37,835	36,745	35,473	34,077		
Eight people.....	43,637	44,023	43,230	42,536	41,551	40,300	38,999	38,668	
Nine people or more.....	52,493	52,747	52,046	51,457	50,490	49,159	47,956	47,658	45,822
Source: U.S. Census Bureau, Poverty, https://www.census.gov/hhes/www/poverty/data/threshld/ ; data accessed February 25, 2016									



HEALTH DATA FINDINGS

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

	Texas	Cherokee (CHE) , TX	Smith (SMI) , TX	Wood (WOD) , TX
Health Outcomes		179	76	138
Length of Life		185	94	210
Premature death	6,600	9,300	7,600	9,900
Quality of Life		154	84	43
Poor or fair health	20%	20%	17%	15%
Poor physical health days	3.5	4.0	3.5	3.4
Poor mental health days	3.0	3.5	3.2	3.2
Low birthweight	8%	8%	8%	7%
Health Factors		222	88	90
Health Behaviors		229	139	45
Adult smoking	15%	18%	17%	15%
Adult obesity**	28%	31%	28%	30%
Food environment index**	6.4	5.6	6.0	6.6
Physical inactivity**	24%	33%	28%	29%
Access to exercise opportunities	84%	47%	72%	42%
Excessive drinking	17%	16%	17%	16%
Alcohol-impaired driving deaths	32%	28%	28%	7%
Sexually transmitted infections**	498.3	427.7	501.3	169.0
Teen births	52	72	48	48
Clinical Care		148	16	91
Uninsured	25%	29%	25%	27%
Primary care physicians	1,680:1	4,240:1	980:1	2,010:1
Dentists	1,880:1	3,180:1	1,710:1	3,300:1
Mental health providers	990:1	1,110:1	960:1	2,520:1
Preventable hospital stays	58	71	57	70
Diabetic monitoring	84%	82%	85%	84%
Mammography screening	58%	58%	68%	59%
Social & Economic Factors		191	98	119
High school graduation**	88%	95%	93%	96%

Some college	59%	44%	62%	47%
Unemployment	5.1%	5.8%	5.2%	5.9%
Children in poverty	25%	29%	26%	25%
Income inequality	4.9	4.7	4.7	4.0
Children in single-parent households	33%	37%	32%	33%
Social associations	7.8	10.4	14.7	14.7
Violent crime**	422	456	391	135
Injury deaths	54	80	67	96
Physical Environment		198	223	210
Air pollution - particulate matter	9.6	9.3	9.8	10.0
Drinking water violations		Yes	Yes	Yes
Severe housing problems	18%	15%	18%	14%
Driving alone to work	80%	84%	82%	80%
Long commute - driving alone	36%	31%	27%	41%

** Compare across states with caution

Note: Blank values reflect unreliable or missing data

2016

All Causes, Deaths per 100,000 Population, Age-Adjusted, 2011-2013

Location	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Cherokee County	504	833.0	526	877.8	474	775.1
Smith County	1,988	820.5	1,903	771.6	1,987	807.0
Wood County	565	852.8	627	932.7	605	855.6
Texas	167,997	744.3	173,935	751.3	178,501	749.2

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm> (accessed January 16, 2016)

Diseases of the Heart (I00-I09, I11, I13, I20-I51), Deaths per 100,000 Population, Age-Adjusted, 2011-2013

Location	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Cherokee County	136	219.5	132	217.6	129	207.8
Smith County	528	215.9	491	195.6	540	215.0
Wood County	142	202.1	182	254.4	152	199.6
Texas	37,955	170.8	38,987	170.8	40,150	170.7

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm> (accessed January 16, 2016)

Malignant Neoplasms (C00-C97), Deaths per 100,000 Population, Age-Adjusted, 2011-2013

Location	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Cherokee County	100	161.7	100	164.2	89	140.1
Smith County	426	173.1	370	149.0	339	137.4
Wood County	124	171.9	108	143.9	132	173.5
Texas	37,121	160.2	38,096	159.5	38,289	156.1

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm> (accessed January 16, 2016)

Accidents (V01-X59, Y85-Y86), Deaths per 100,000 Population, Age-Adjusted, 2011-2013

Location	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Cherokee County	28	53.8	31	61.1	19	-
Smith County	115	51.1	97	43.7	93	42.0
Wood County	29	62.4	28	66.4	31	69.0
Texas	9,301	38.1	9,267	37.2	9,341	36.8

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm> (accessed January 16, 2016)

Cerebrovascular Diseases (I60-I69), Deaths per 100,000 Population, Age-Adjusted, 2011-2013

Location	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Cherokee County	39	63.0	46	75.8	31	49.3
Smith County	109	43.9	97	38.4	93	37.6
Wood County	32	46.5	31	50.2	21	26.4
Texas	9,058	41.6	9,297	41.7	9,238	40.1

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm> (accessed January 16, 2016)

Chronic Lower Respiratory Diseases (J40-J47), Deaths per 100,000 Population, Age-Adjusted, 2011-2013

Location	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Cherokee County	29	47.8	35	56.0	31	49.7
Smith County	103	41.9	93	37.2	138	55.1
Wood County	43	59.6	48	62.3	38	49.2
Texas	9,115	42.1	9,520	42.5	9,787	42.3

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm> (accessed January 16, 2016)

Diabetes, Prevalence Rates, 2012 - 2014

Has a doctor, nurse, or other health professional ever told you that you have diabetes?

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	9.5%	11.4%	9.1%
HSR 2/3	10.1%	11.0%	10.9%
HSR 4/5N	11.9%	14.4%	12.3%
HSR 6/5S	11.0%	10.7%	10.7%
HSR 7	8.9%	10.3%	9.1%
HSR 8	12.1%	13.6%	14.5%
HSR 9/10	13.2%	13.8%	13.5%
HSR 11	19.5%	13.6%	16.5%
Texas	10.6%	10.9%	11.0%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Obesity, Prevalence Rates, 2012 - 2014

Four-level BMI Categories: Underweight, Normal Weight, Overweight, Obese

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	26.0%	32.5%	32.5%
HSR 2/3	28.3%	28.8%	31.0%
HSR 4/5N	35.1%	34.9%	32.4%
HSR 6/5S	27.8%	28.9%	34.2%
HSR 7	27.9%	29.3%	28.5%
HSR 8	30.5%	38.3%	33.0%
HSR 9/10	36.4%	33.1%	39.9%
HSR 11	42.3%	41.1%	41.7%
Texas	29.2%	30.9%	31.9%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Binge Drinking, Prevalence Rates, 2012 - 2014

During the past 30 days, what is the largest number of drinks you had on any occasion?

LOCATION	2012	2013	2014
	% AT RISK	% AT RISK	% AT RISK
HSR 1	13.1%	13.2%	13.7%
HSR 2/3	15.0%	16.3%	15.1%
HSR 4/5N	11.3%	11.4%	9.6%
HSR 6/5S	15.1%	15.0%	15.2%
HSR 7	15.6%	19.9%	18.2%
HSR 8	20.0%	20.3%	18.7%
HSR 9/10	18.5%	14.5%	19.4%
HSR 11	17.4%	16.5%	15.4%
Texas	16.2%	16.7%	16.3%

Note: Binge Drinking = More than 5 drinks on one occasion for men or 4 drinks on one occasion for women

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Smoking, Prevalence Rates, 2012 - 2014 (CURRENT SMOKER - EVERY DAY)

Four-level smoker status: Current Smoker - Every Day, Current Smoker - Some Days, Former Smoker, Never Smoker

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	15.6%	11.2%	12.0%
HSR 2/3	12.2%	10.7%	10.4%
HSR 4/5N	18.9%	15.2%	16.3%
HSR 6/5S	9.5%	9.0%	7.5%
HSR 7	9.8%	10.4%	7.7%
HSR 8	11.6%	8.7%	7.4%
HSR 9/10	15.6%	9.3%	9.8%
HSR 11	5.5%	7.6%	7.1%
Texas	11.5%	9.9%	8.7%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

No Flu Shot in the Past Year, Age 18-64, 2012-2014

Flu shot in the past year - ages 18-64

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	73.1%	68.2%	73.8%
HSR 2/3	69.4%	68.0%	61.0%
HSR 4/5N	64.1%	66.4%	65.9%
HSR 6/5S	72.6%	71.4%	67.8%
HSR 7	67.9%	66.8%	63.2%
HSR 8	69.7%	67.9%	66.0%
HSR 9/10	73.5%	70.0%	72.1%
HSR 11	76.0%	73.6%	75.2%
Texas	70.9%	69.0%	66.2%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

No Flu Shot in the Past Year, Age 65+, 2012-2014

Flu shot in the past year - age 65+

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	43.4%	35.2%	29.8%
HSR 2/3	41.4%	39.0%	38.6%
HSR 4/5N	50.9%	37.8%	42.4%
HSR 6/5S	37.6%	37.7%	42.9%
HSR 7	36.4%	37.0%	32.2%
HSR 8	34.8%	40.0%	39.2%
HSR 9/10	43.5%	45.2%	58.1%
HSR 11	42.3%	36.6%	37.8%
Texas	40.6%	39.0%	41.2%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Depressive Disorders, Prevalence Rates, 2012 - 2014

Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder including depression, major depression, dysthymia, or minor depression?

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	18.9%	16.1%	12.1%
HSR 2/3	14.6%	16.6%	14.8%
HSR 4/5N	19.2%	18.5%	16.5%
HSR 6/5S	16.3%	13.2%	12.9%
HSR 7	15.8%	16.6%	18.2%
HSR 8	16.6%	17.8%	15.7%
HSR 9/10	15.6%	13.9%	17.6%
HSR 11	13.5%	15.2%	14.0%
Texas	15.5%	16.0%	14.6%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Arthritis, Prevalence Rates, 2012 - 2014

Has a doctor, nurse, or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	28.7%	24.1%	21.9%
HSR 2/3	22.4%	20.6%	21.2%
HSR 4/5N	28.4%	32.4%	27.1%
HSR 6/5S	21.4%	20.2%	20.3%
HSR 7	22.1%	20.8%	19.7%
HSR 8	23.6%	22.7%	20.6%
HSR 9/10	21.4%	23.7%	22.3%
HSR 11	20.4%	20.1%	20.0%
Texas	21.3%	20.7%	19.4%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Asthma, Prevalence Rates, 2012 - 2014

Has a doctor, nurse, or other health professional ever told you that you had asthma?

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	14.5%	16.6%	9.9%
HSR 2/3	10.9%	15.1%	11.7%
HSR 4/5N	10.4%	12.8%	13.1%
HSR 6/5S	8.9%	8.6%	9.6%
HSR 7	13.4%	14.2%	12.6%
HSR 8	11.3%	12.9%	12.6%
HSR 9/10	11.8%	12.2%	12.2%
HSR 11	9.6%	8.0%	9.5%
Texas	10.9%	12.6%	11.1%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

No Personal Doctor

Do you have one person you think of as your personal doctor or health care provider?

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	30.7%	24.9%	31.3%
HSR 2/3	27.7%	25.8%	26.7%
HSR 4/5N	24.7%	22.9%	28.8%
HSR 6/5S	35.0%	34.2%	34.1%
HSR 7	27.6%	29.4%	25.8%
HSR 8	29.3%	31.0%	32.6%
HSR 9/10	35.8%	32.6%	35.1%
HSR 11	39.2%	42.2%	35.0%
Texas	32.9%	33.1%	32.9%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Medical Cost Barriers, Prevalence Rates, 2012 - 2014

Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	16.7%	19.3%	17.7%
HSR 2/3	19.7%	17.3%	16.8%
HSR 4/5N	20.2%	19.4%	22.4%
HSR 6/5S	22.5%	18.7%	18.0%
HSR 7	15.1%	16.3%	13.3%
HSR 8	19.3%	20.8%	18.3%
HSR 9/10	23.5%	21.7%	22.0%
HSR 11	32.9%	31.4%	25.3%
Texas	20.9%	19.3%	17.6%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

No Leisure Time Physical Activity, Prevalence Rates, 2012 - 2014

During the past month, did you participate in any physical activities or exercises such as running, golf, gardening or walking for exercise?

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	31.8%	34.2%	36.3%
HSR 2/3	26.7%	31.3%	24.7%
HSR 4/5N	31.9%	32.6%	35.3%
HSR 6/5S	27.4%	29.9%	28.0%
HSR 7	21.1%	26.5%	22.8%
HSR 8	27.9%	30.9%	28.3%
HSR 9/10	27.7%	31.8%	31.5%
HSR 11	34.3%	35.3%	32.4%
Texas	27.2%	30.1%	27.6%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

No Pneumonia Shot Ever, Age 18-64, 2012-2014

Have you ever had a pneumonia shot?

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	71.6%	60.7%	69.8%
HSR 2/3	68.2%	67.0%	68.9%
HSR 4/5N	64.3%	60.7%	63.3%
HSR 6/5S	72.3%	70.8%	69.2%
HSR 7	66.1%	68.7%	67.8%
HSR 8	72.2%	68.2%	70.0%
HSR 9/10	72.5%	68.6%	70.1%
HSR 11	77.6%	71.2%	68.9%
Texas	71.3%	68.5%	69.7%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

No Pneumonia Shot Ever, Age 65+, 2012-2014

Have you ever had a pneumonia shot?

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	36.1%	27.9%	28.1%
HSR 2/3	26.7%	25.4%	25.9%
HSR 4/5N	24.3%	25.3%	28.0%
HSR 6/5S	27.6%	39.4%	34.8%
HSR 7	23.4%	29.8%	27.1%
HSR 8	29.6%	29.2%	30.7%
HSR 9/10	39.4%	41.6%	31.4%
HSR 11	43.1%	39.0%	32.7%
Texas	29.7%	32.1%	32.1%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Mammogram Past 2 Yrs Age 40+, Female Adults (age 40+), 2014

Females 40 years and older who had a mammogram within the past 2 years

LOCATION	2014
	% AT RISK
HSR 1	26.3%
HSR 2/3	28.9%
HSR 4/5N	33.6%
HSR 6/5S	22.8%
HSR 7	28.0%
HSR 8	29.2%
HSR 9/10	36.7%
HSR 11	35.2%
Texas	29.0%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Colonoscopy in the Past 10 Years, Age 50-75, 2014

Males and females 50-75 years who have not had a colonoscopy in the past 10 years - Used to calculate CRCREC

LOCATION	2014
	% AT RISK
HSR 1	46.3%
HSR 2/3	38.0%
HSR 4/5N	46.0%
HSR 6/5S	41.5%
HSR 7	41.2%
HSR 8	37.8%
HSR 9/10	58.1%
HSR 11	51.7%
Texas	42.6%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Days of Poor Physical Health - 5+ Days, 2012-2014

Calculated Variable: Days physical health not good - 5+ days

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	21.3%	19.0%	17.2%
HSR 2/3	19.0%	20.1%	16.5%
HSR 4/5N	25.0%	21.6%	23.0%
HSR 6/5S	19.0%	14.6%	17.3%
HSR 7	20.7%	18.4%	16.5%
HSR 8	21.9%	21.0%	17.0%
HSR 9/10	21.2%	20.2%	21.3%
HSR 11	24.8%	20.2%	22.7%
Texas	19.7%	18.4%	17.4%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Has Disability, 2014

Calculated Variable: Disability status

LOCATION	2014
	PERCENT
HSR 1	21.0%
HSR 2/3	21.7%
HSR 4/5N	31.9%
HSR 6/5S	24.0%
HSR 7	21.5%
HSR 8	22.0%
HSR 9/10	29.8%
HSR 11	28.6%
Texas	22.9%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Have Serious Difficulty Walking or Climbing Stairs, 2014

Questionnaire: Do you have serious difficulty walking or climbing stairs?

LOCATION	2014
	PERCENT
HSR 1	13.4%
HSR 2/3	13.5%
HSR 4/5N	18.6%
HSR 6/5S	14.6%
HSR 7	12.6%
HSR 8	15.1%
HSR 9/10	19.7%
HSR 11	19.7%
Texas	14.1%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Have Serious Difficulty Dressing or Bathing, 2014

Questionnaire: Do you have difficulty dressing or bathing?

LOCATION	2014
	PERCENT
HSR 1	2.7%
HSR 2/3	4.0%
HSR 4/5N	5.0%
HSR 6/5S	3.1%
HSR 7	3.4%
HSR 8	4.2%
HSR 9/10	5.8%
HSR 11	7.4%
Texas	3.9%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Limited Because of Physical, Mental or Emotional Problems, 2012-2014

Questionnaire: Are you limited in any way in any activities because of physical, mental, or emotional problems?

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	18.5%	17.4%	18.1%
HSR 2/3	18.4%	16.0%	17.8%
HSR 4/5N	22.8%	23.2%	21.5%
HSR 6/5S	17.2%	12.8%	15.2%
HSR 7	22.6%	17.0%	17.5%
HSR 8	18.3%	17.6%	19.3%
HSR 9/10	17.5%	17.0%	19.8%
HSR 11	18.7%	17.0%	17.7%
Texas	17.8%	15.6%	17.0%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Health Problem Requires to Use Special Equipment, 2012-2014

Questionnaire: Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	7.9%	9.6%	7.5%
HSR 2/3	6.9%	7.0%	7.9%
HSR 4/5N	8.0%	13.2%	12.0%
HSR 6/5S	7.7%	6.2%	8.3%
HSR 7	7.1%	6.4%	8.4%
HSR 8	8.8%	7.6%	8.6%
HSR 9/10	6.0%	9.2%	8.5%
HSR 11	10.2%	9.9%	10.8%
Texas	7.3%	7.2%	8.3%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Low Birth Weight Births (<2,500 Grams)

Low Birth Weight Births (<2,500 Grams) by Place and Race/Ethnicity						
County or State	Year	Total Low Birth Weight Births	% of Births	% White**	% Black	% Hispanic
Cherokee County	2011	70	9.8%	9.8%	23.5%	5.0%
	2012	51	7.1%	7.5%	9.7%	5.2%
	2013	53	6.9%	5.6%	13.4%	5.9%
Smith County	2011	229	7.7%	6.8%	12.2%	6.8%
	2012	229	7.7%	6.7%	13.9%	5.7%
	2013	250	8.1%	6.5%	15.3%	6.7%
Wood County	2011	19	4.9%	5.8%	--	1.4%
	2012	24	5.8%	6.5%	--	2.5%
	2013	25	6.1%	6.3%	--	6.3%
Texas	2011	32,048	8.5%	7.8%	13.6%	7.8%
	2012	31,647	8.3%	7.6%	13.9%	7.5%
	2013	32,175	8.3%	7.7%	13.2%	7.7%

Source: Texas Department of State Health Services, Center for Health Statistics; Last updated July 31, 2015; <http://www.dshs.state.tx.us/chs/vstat/annrpts.shtm> (accessed January 19, 2016)

Teen Births

Teen Births (Age 17 or Younger) by Place and Race/Ethnicity						
Geographic Location	Year	Total Number of Births to Women 17 Years of Age or Younger	% of Total Births	% White**	% Black	% Hispanic
Cherokee County	2011	36	5.0%	3.3%	5.9%	7.5%
	2012	36	5.0%	3.0%	6.5%	7.9%
	2013	35	4.5%	3.0%	6.3%	5.9%
Smith County	2011	126	4.3%	2.2%	5.2%	7.4%
	2012	94	3.1%	2.1%	2.9%	5.2%
	2013	91	2.9%	1.5%	3.6%	5.1%
Wood County	2011	9	2.3%	2.3%	--	2.8%
	2012	13	3.1%	1.9%	--	6.3%
	2013	15	3.7%	4.2%	--	1.6%
Texas	2011	14,638	3.9%	1.6%	4.4%	5.6%
	2012	13,476	3.5%	1.5%	3.8%	5.2%
	2013	12,245	3.2%	1.4%	3.4%	4.6%

Source: Texas Department of State Health Services, Center for Health Statistics; Last updated July 31, 2015; <http://www.dshs.state.tx.us/chs/vstat/annrpts.shtm> (accessed January 19, 2016)

Prenatal Care in the First Trimester

Geographic Location	2011	2012	2013
Cherokee County	53.7%	50.2%	48.9%
Smith County	57.3%	54.3%	45.3%
Wood County	64.1%	60.7%	58.4%
Texas	63.0%	62.6%	62.5%

Source: Texas Department of State Health Services, Center for Health Statistics; Last updated July 31, 2015; <http://www.dshs.state.tx.us/chs/vstat/annrpts.shtm> (accessed January 19, 2016)

Chlamydia Cases and Rates by County of Residence, 2012 - 2014

Location	2012		2013		2014	
	Cases	Rate	Cases	Rate	Cases	Rate
Cherokee County	232	453.6	225	441.5	253	497.0
Smith County	988	459.7	1,087	510.7	1,139	520.5
Wood County	46	108.2	71	166.8	88	205.4
Texas	127,328	488.0	128,932	486.4	128,036	475.0

*Rates represent cases per 100,000 population.

Source: Texas Department of State Health Services, 2014 STD Surveillance Report, <https://www.dshs.state.tx.us/hivstd/reports/>; data accessed January 18, 2016.

Gonorrhea Cases and Rates by County of Residence, 2012 - 2014

Location	2012		2013		2014	
	Cases	Rate	Cases	Rate	Cases	Rate
Cherokee County	59	115.3	61	119.7	70	137.5
Smith County	347	161.4	387	178.6	363	165.9
Wood County	13	30.6	22	51.7	34	79.3
Texas	32,373	124.1	33,553	126.6	34,436	127.7

*Rates represent cases per 100,000 population.

Source: Texas Department of State Health Services, 2014 STD Surveillance Report, <https://www.dshs.state.tx.us/hivstd/reports/>; data accessed January 18, 2016.

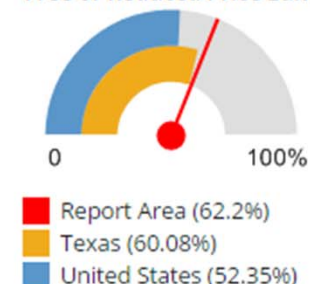
Children Eligible for Free/Reduced Price Lunch

Within the report area 32,185 public school students or 62.2% are eligible for Free/Reduced Price lunch out of 51,746 total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

[Download Data](#)

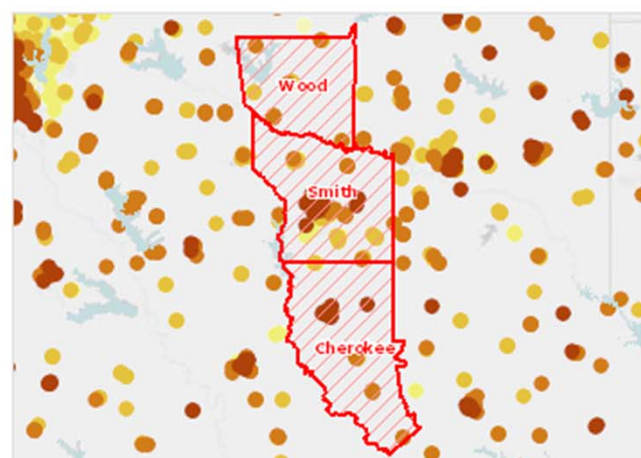
Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Report Area	51,746	32,185	62.2%
Cherokee County, TX	10,962	7,297	66.57%
Smith County, TX	34,590	21,314	61.62%
Wood County, TX	6,194	3,574	57.7%
Texas	5,149,025	3,092,087	60.08%
United States	50,195,195	26,012,902	52.35%

Percent Students Eligible for Free or Reduced Price Lunch



Note: This indicator is compared with the state average.

Data Source: National Center for Education Statistics, [NCES - Common Core of Data](#), 2013-14. Source geography: Address



[View larger map](#)

Students Eligible for Free or Reduced-Price Lunch, NCES CCD 2013-14

- Over 80.0%
- 60.1 - 80.0%
- 40.1 - 60.0%
- 20.1 - 40.0%
- Under 20.1%
- Not Reported
- Report Area

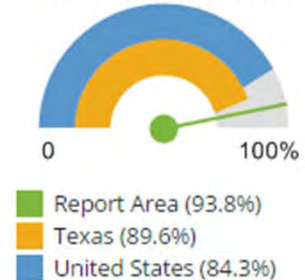
High School Graduation Rate (EdFacts)

Within the report area 93.8% of students are receiving their high school diploma within four years. This indicator is relevant because research suggests education is one the strongest predictors of health ([Freudenberg & Ruglis, 2007](#)).

[Download Data](#)

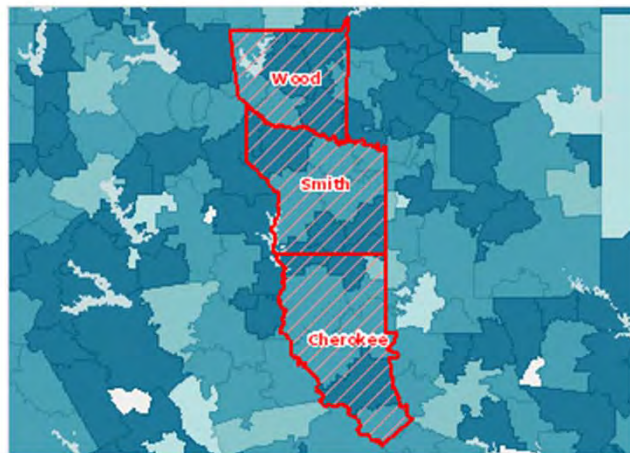
Report Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Report Area	3,137	2,941	93.8
Cherokee County, TX	566	516	91.2
Smith County, TX	2,122	2,002	94.3
Wood County, TX	449	423	94.2
Texas	317,801	284,801	89.6
United States	3,127,886	2,635,290	84.3

Cohort Graduation Rate



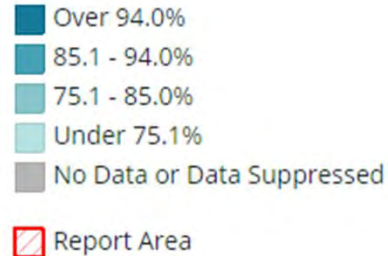
Note: This indicator is compared with the state average.

Data Source: US Department of Education, [EDFacts](#). Accessed via [DATA.GOV](#). Additional data analysis by [CARES](#). 2013-14. Source geography: School District



[View larger map](#)

On-Time Graduation, Rate by School District (Secondary), ED Facts 2013-14

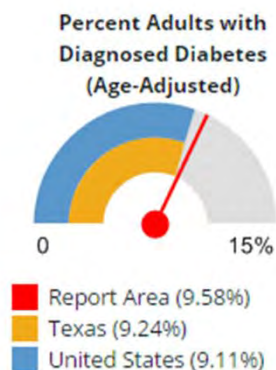


Diabetes (Adult)

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

[Download Data](#)

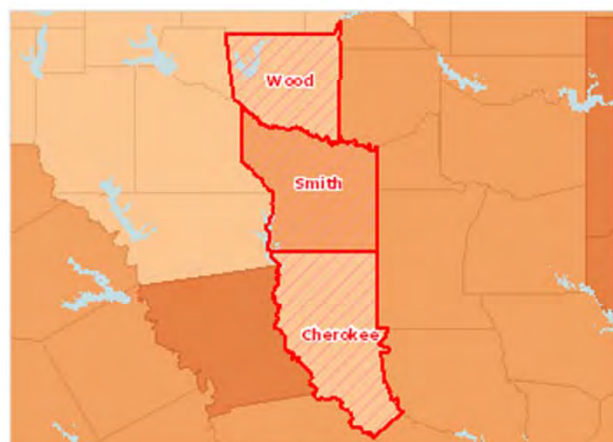
Report Area	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Report Area	222,733	24,432	10.97	9.58%
Cherokee County, TX	36,558	3,802	10.4	9.2%
Smith County, TX	153,481	16,576	10.8	9.8%
Wood County, TX	32,694	4,054	12.4	9.1%
Texas	18,357,669	1,698,171	9.25	9.24%
United States	234,058,710	23,059,940	9.85	9.11%



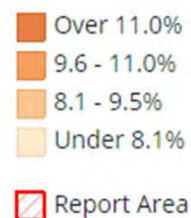
Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#), 2012.

Source geography: County



Diabetes Prevalence, Percent of Adults Age 20+ by County, CDC NCCDPHP 2012



[View larger map](#)

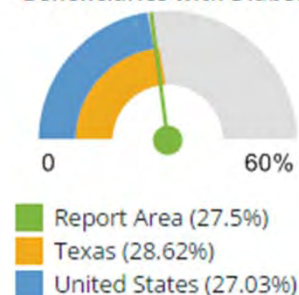
Diabetes (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with diabetes.

[Download Data](#)

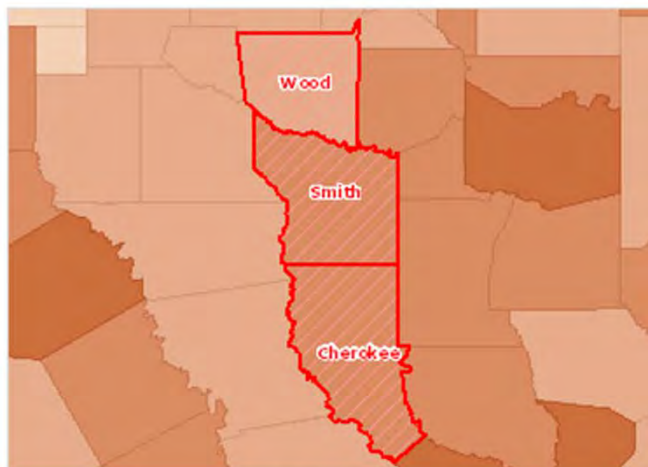
Report Area	Total Medicare Beneficiaries	Beneficiaries with Diabetes	Percent with Diabetes
Report Area	48,202	13,257	27.5%
Cherokee County, TX	6,164	1,719	27.89%
Smith County, TX	32,006	8,936	27.92%
Wood County, TX	10,032	2,602	25.94%
Texas	2,340,725	669,832	28.62%
United States	34,126,305	9,224,278	27.03%

Percentage of Medicare Beneficiaries with Diabetes



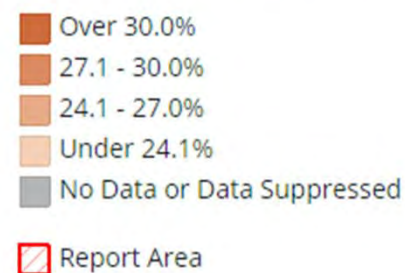
Note: This indicator is compared with the state average.

Data Source: [Centers for Medicare and Medicaid Services](#), 2012. Source geography: County



[View larger map](#)

Beneficiaries with Diabetes, Percent by County, CMS 2012



Obesity

28.9% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

[Download Data](#)

Report Area	Total Population Age 20+	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Report Area	223,242	64,528	28.9%
Cherokee County, TX	36,424	11,255	30.9%
Smith County, TX	154,028	43,436	28.1%
Wood County, TX	32,790	9,837	30.6%
Texas	18,326,228	5,204,739	28.2%
United States	231,417,834	63,336,403	27.1%

Percent Adults with BMI > 30.0 (Obese)

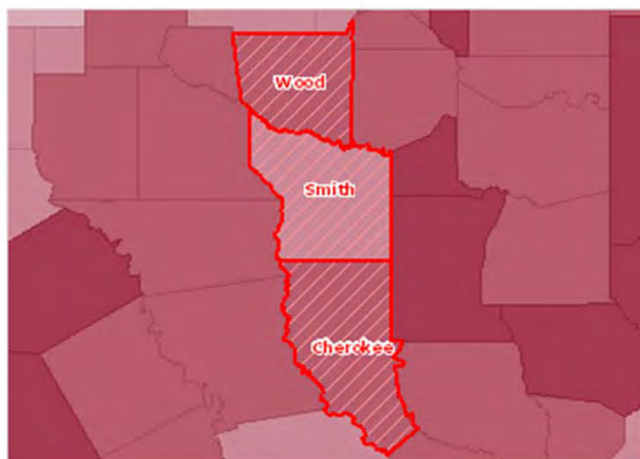


■ Report Area (28.9%)
 ■ Texas (28.2%)
 ■ United States (27.1%)

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#), 2012.

Source geography: County



Obese (BMI >= 30), Adults Age 20+, Percent by County, CDC NCCDPHP 2012

■ Over 34.0%
 ■ 30.1 - 34.0%
 ■ 26.1 - 30.0%
 ■ Under 26.1%
 □ Report Area

[View larger map](#)

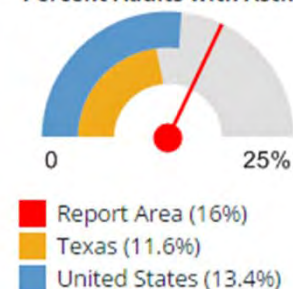
Asthma Prevalence

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions.

[Download Data](#)

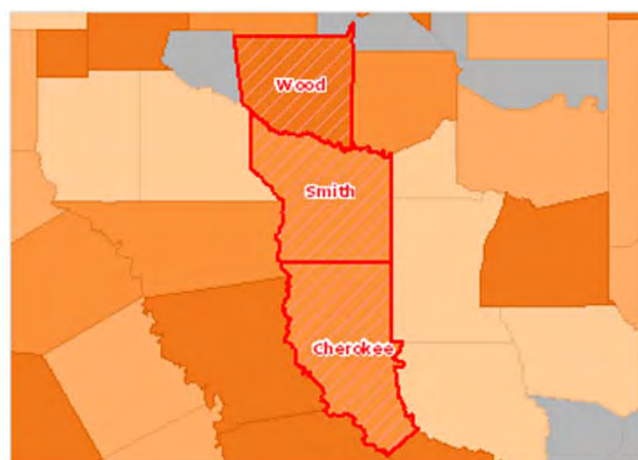
Report Area	Survey Population (Adults Age 18+)	Total Adults with Asthma	Percent Adults with Asthma
Report Area	192,012	30,729	16%
Cherokee County, TX	26,400	3,847	14.6%
Smith County, TX	133,155	17,379	13.1%
Wood County, TX	32,457	9,503	29.3%
Texas	18,426,913	2,132,981	11.6%
United States	237,197,465	31,697,608	13.4%

Percent Adults with Asthma



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by CARES, 2011-12. Source geography: County



Asthma (Diagnosed), Percent of Adults Age 18+ by County, BRFSS 2011-12



[View larger map](#)

Physical Inactivity

Within the report area, 64,028 or 27.7% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

[Download Data](#)

Report Area	Total Population Age 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Report Area	223,492	64,028	27.7%
Cherokee County, TX	36,411	11,870	31.6%
Smith County, TX	154,348	42,600	27%
Wood County, TX	32,733	9,558	26.8%
Texas	18,317,226	4,405,887	24%
United States	231,341,061	53,415,737	22.6%

Percent Population with no Leisure Time Physical Activity

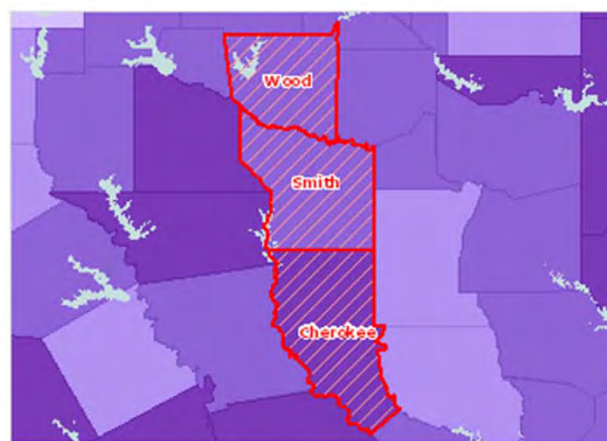


■ Report Area (27.7%)
■ Texas (24%)
■ United States (22.6%)

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#), 2012.

Source geography: County



No Leisure-Time Physical Activity, Adults Age 20+, Percent by County, CDC NCCDPHP 2012

Over 29.0%
 26.1 - 29.0%
 23.1 - 26.0%
 Under 23.1%
 Report Area

[View larger map](#)

Tobacco Usage - Current Smokers

In the report area an estimated 48,673, or 21.7% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

[Download Data](#)

Report Area	Total Population Age 18+	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)	Percent Population Smoking Cigarettes (Age-Adjusted)
Report Area	224,445	48,673	21.7%	23%
Cherokee County, TX	37,369	9,305	24.9%	25.8%
Smith County, TX	153,792	29,682	19.3%	19.8%
Wood County, TX	33,284	9,686	29.1%	34.5%
Texas	17,999,726	3,005,954	16.7%	16.5%
United States	232,556,016	41,491,223	17.8%	18.1%

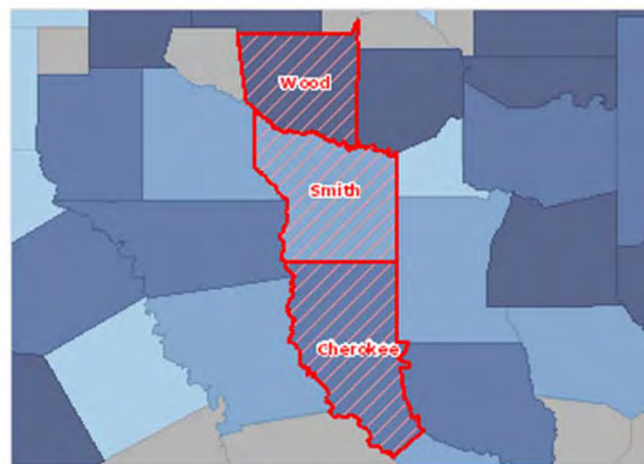
Percent Population Smoking Cigarettes (Age-Adjusted)



Report Area (23%)
Texas (16.5%)
United States (18.1%)

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County



Current Smokers, Adult, Percent of Adults Age 18+ by County, BRFSS 2006-12

- Over 26.0%
- 22.1 - 26.0%
- 18.1 - 22.0%
- Under 18.1%
- No Data or Data Suppressed
- Report Area

[View larger map](#)

Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

[Download Data](#)

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Report Area	21,675	134	6.2
Cherokee County, TX	3,825	24	6.3
Smith County, TX	15,555	101	6.5
Wood County, TX	2,295	9	4.1
Texas	2,014,555	12,490	6.2
United States	20,913,535	136,369	6.5
HP 2020 Target			<= 6.0

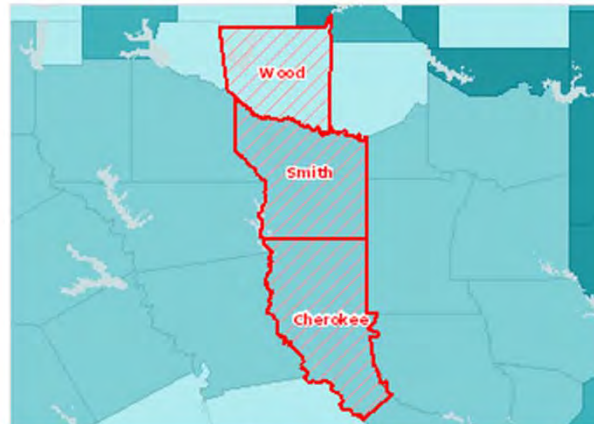
Infant Mortality Rate (Per 1,000 Births)



Report Area (6.2)
Texas (6.2)
United States (6.5)

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). Centers for Disease Control and Prevention, [Wide-Ranging Online Data for Epidemiologic Research](#), 2006-10. Source geography: County



[View larger map](#)

Infant Mortality, Rate (Per 1,000 Live Births) by County, AHRF 2006-10

- Over 10.0
- 8.1 - 10.0
- 5.1 - 8.0
- Under 5.1
- No Data or Data Suppressed
- Report Area

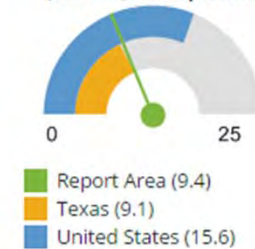
Food Access - WIC-Authorized Food Stores

This indicator reports the number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits and that carry designated WIC foods and food categories. This indicator is relevant because it provides a measure of food security and healthy food access for women and children in poverty as well as environmental influences on dietary behaviors.

[Download Data](#)

Report Area	Total Population (2011 Estimate)	Number WIC-Authorized Food Stores	WIC-Authorized Food Store Rate (Per 100,000 Pop.)
Report Area	306,687	29	9.4
Cherokee County, TX	51,140	5	9.8
Smith County, TX	213,382	19	8.9
Wood County, TX	42,164	5	11.9
Texas	25,733,170	2,357	9.1
United States	318,921,538	50,042	15.6

WIC-Authorized Food Stores, Rate (Per 100,000 Population)



Note: This indicator is compared with the state average.

Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Environment Atlas](#), 2011. Source geography: County



[View larger map](#)

WIC-Authorized Stores, Rate (Per 100,000 Pop.) by County, FEA 2011

- Over 30.0
- 15.1 - 30.0
- Under 15.1
- No WIC-Authorized Retailers
- No Data or Data Suppressed
- Report Area

Depression (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with depression.

[Download Data](#)

Report Area	Total Medicare Beneficiaries	Beneficiaries with Depression	Percent with Depression
Report Area	48,202	8,444	17.5%
Cherokee County, TX	6,164	1,115	18.1%
Smith County, TX	32,006	5,654	17.7%
Wood County, TX	10,032	1,675	16.7%
Texas	2,340,725	379,048	16.2%
United States	34,126,305	5,271,176	15.4%

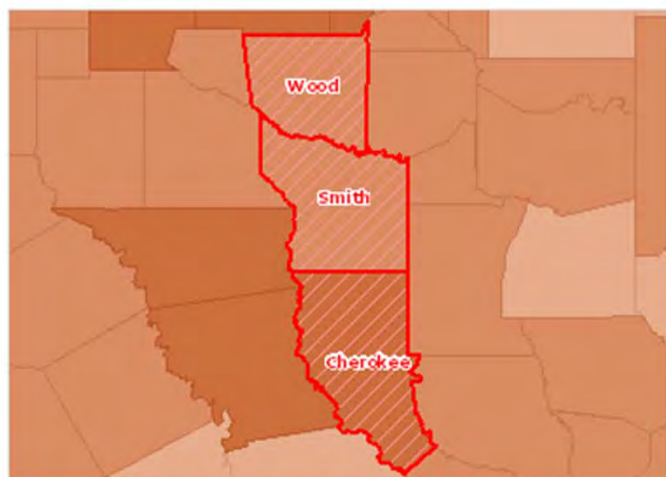
Percentage of Medicare Beneficiaries with Depression



■ Report Area (17.5%)
 ■ Texas (16.2%)
 ■ United States (15.4%)

Note: This indicator is compared with the state average.

Data Source: [Centers for Medicare and Medicaid Services](#). 2012. Source geography: County



[View larger map](#)

Beneficiaries with Depression, Percent by County, CMS 2012

- Over 18.0%
- 15.1 - 18.0%
- 12.1 - 15.0%
- Under 12.1%
- No Data or Data Suppressed
- Report Area

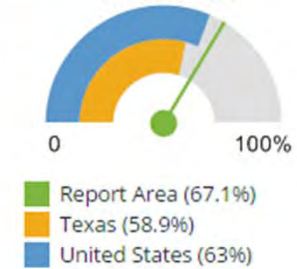
Cancer Screening - Mammogram

This indicator reports the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

[Download Data](#)

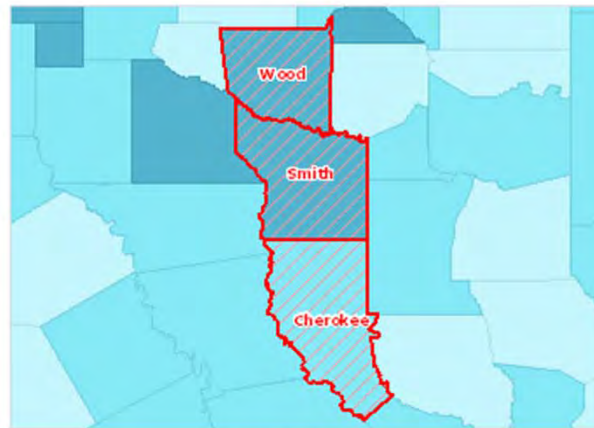
Report Area	Total Medicare Enrollees	Female Medicare Enrollees Age 67-69	Female Medicare Enrollees with Mammogram in Past 2 Years	Percent Female Medicare Enrollees with Mammogram in Past 2 Year
Report Area	38,639	3,385	2,272	67.1%
Cherokee County, TX	7,232	605	386	63.8%
Smith County, TX	22,665	1,955	1,352	69.2%
Wood County, TX	8,742	825	533	64.6%
Texas	1,845,550	162,979	96,006	58.9%
United States	53,131,712	4,402,782	2,772,990	63%

Percent Female Medicare Enrollees with Mammogram in Past 2 Year



Note: This indicator is compared with the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, [Dartmouth Atlas of Health Care](#), 2012. Source geography: County



[View larger map](#)

Mammogram (Past 2 Years), Percent of Female Medicare Enrollees, Age 67-69 by County, DA 2012



Cancer Screening - Sigmoidoscopy or Colonoscopy

This indicator reports the percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

[Download Data](#)

Report Area	Total Population Age 50+	Estimated Population Ever Screened for Colon Cancer	Crude Percentage	Age-Adjusted Percentage
Report Area	82,661	55,634	67.3%	63.1%
Cherokee County, TX	13,670	8,762	64.1%	63.2%
Smith County, TX	52,492	35,537	67.7%	63.5%
Wood County, TX	16,499	11,335	68.7%	61.8%
Texas	5,055,051	3,058,306	60.5%	57.3%
United States	75,116,406	48,549,269	64.6%	61.3%

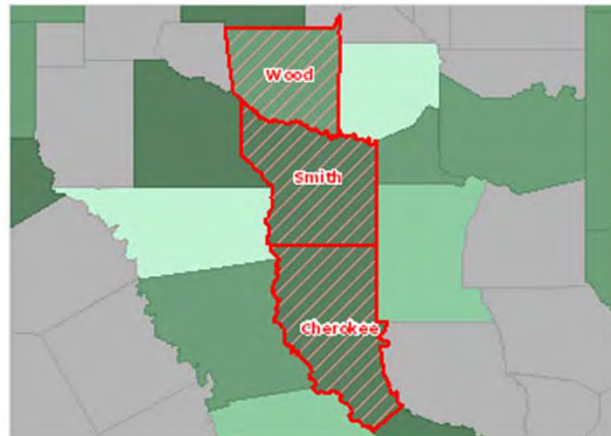
Percent Adults Screened for Colon Cancer (Age-Adjusted)



■ Report Area (63.1%)
■ Texas (57.3%)
■ United States (61.3%)

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County



Colon Cancer Screening (Ever), Percent of Adults Age 50+ by County, BRFSS 2006-12

■ Over 62.0%
■ 55.1 - 62.0%
■ 48.1 - 55.0%
■ Under 48.1%
■ No Data or Data Suppressed
□ Report Area

[View larger map](#)

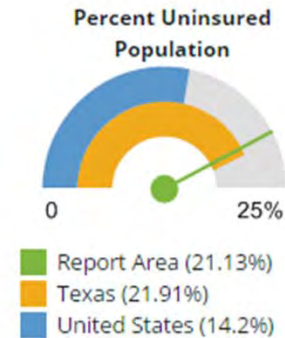
Insurance - Uninsured Population

The lack of health insurance is considered a *key driver* of health status.

This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

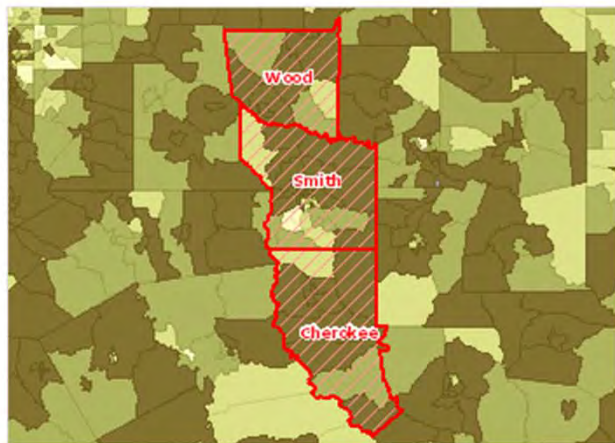
[Download Data](#)

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Report Area	302,635	63,937	21.13%
Cherokee County, TX	48,733	11,273	23.13%
Smith County, TX	212,442	44,487	20.94%
Wood County, TX	41,460	8,177	19.72%
Texas	25,613,334	5,610,908	21.91%
United States	309,082,272	43,878,140	14.2%



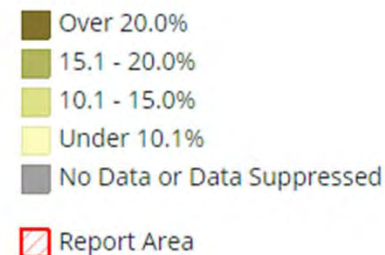
Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2010-14. Source geography: Tract



[View larger map](#)

Uninsured Population, Percent by Tract, ACS 2010-14



Access to Primary Care

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

[Download Data](#)

Report Area	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Pop.
Report Area	308,049	248	80.5
Cherokee County, TX	51,206	12	23.4
Smith County, TX	214,821	214	99.6
Wood County, TX	42,022	22	52.4
Texas	26,059,203	15,254	58.5
United States	313,914,040	233,862	74.5

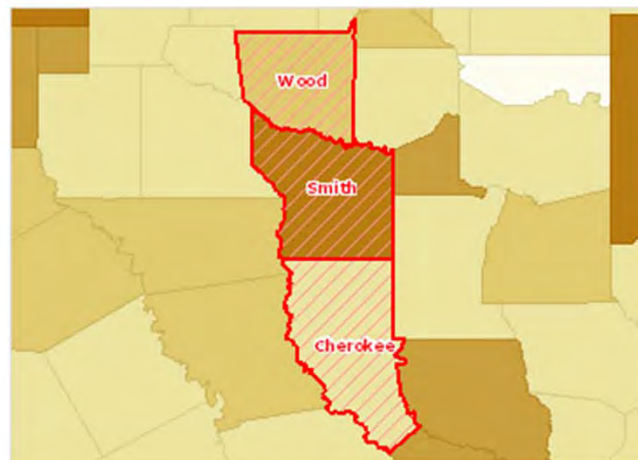
Primary Care Physicians, Rate per 100,000 Pop.



Report Area (80.5)
Texas (58.5)
United States (74.5)

Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#), 2012. Source geography: County



[View larger map](#)

Access to Primary Care Physicians, Rate per 100,000 Pop. by County, AHRF 2012

Over 80.0
60.1 - 80.0
40.1 - 60.0
Under 40.1
No Primary Care Physicians or No Data
Report Area

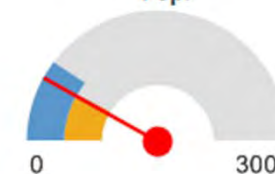
Access to Dentists

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

[Download Data](#)

Report Area	Total Population, 2013	Dentists, 2013	Dentists, Rate per 100,000 Pop.
Report Area	309,264	150	48.5
Cherokee County, TX	50,878	15	29.5
Smith County, TX	216,080	122	56.5
Wood County, TX	42,306	13	30.7
Texas	26,448,193	13,631	51.5
United States	316,128,839	199,743	63.2

Dentists, Rate per 100,000 Pop.

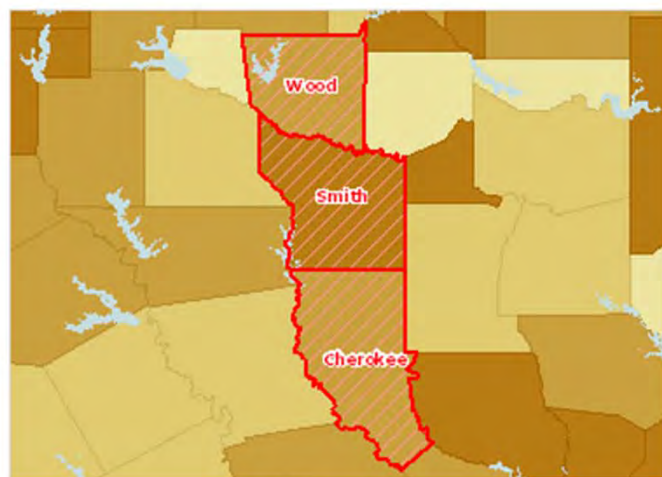


Report Area (48.5)
Texas (51.5)
United States (63.2)

Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#).

2013. Source geography: County



[View larger map](#)

Access to Dentists, Rate per 100,000 Pop. by County, AHRF 2013

- Over 50.0
- 35.1 - 50.0
- 20.1 - 35.0
- Under 20.1
- No Dentists
- Report Area

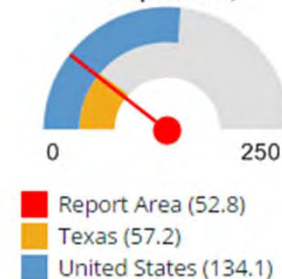
Access to Mental Health Providers

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

[Download Data](#)

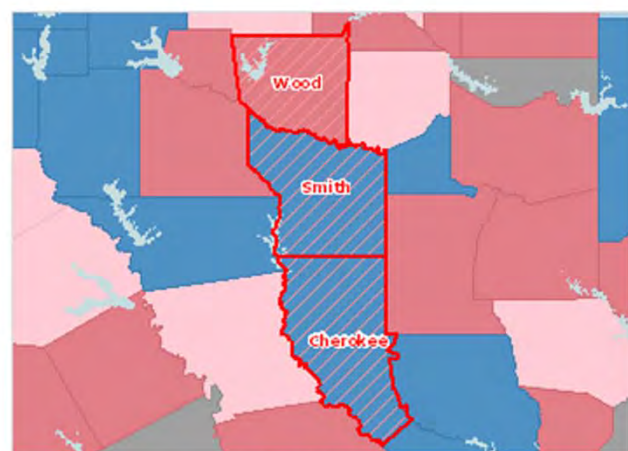
Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Report Area	316,281	167	1,893.9	52.8
Cherokee County, TX	54,087	36	1,502.4	66.6
Smith County, TX	219,054	126	1,738.5	57.5
Wood County, TX	43,141	5	8,628.1	11.6
Texas	25,877,945	14,824	1,745.7	57.2
United States	318,306,896	426,991	745.5	134.1

Mental Health Care Provider Rate (Per 100,000 Population)



Note: This indicator is compared with the state average.

Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#), 2014. Source geography: County



[View larger map](#)

Access to Mental Health Care Providers, Rank by County, CHR 2014

- 1st Quartile (Top 25%)
- 2nd Quartile
- 3rd Quartile
- 4th Quartile (Bottom 25%)
- Bottom Quintile (Rhode Island Only)
- No Data or Data Suppressed; -1
- Report Area

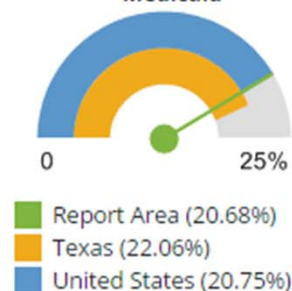
Insurance - Population Receiving Medicaid

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

[Download Data](#)

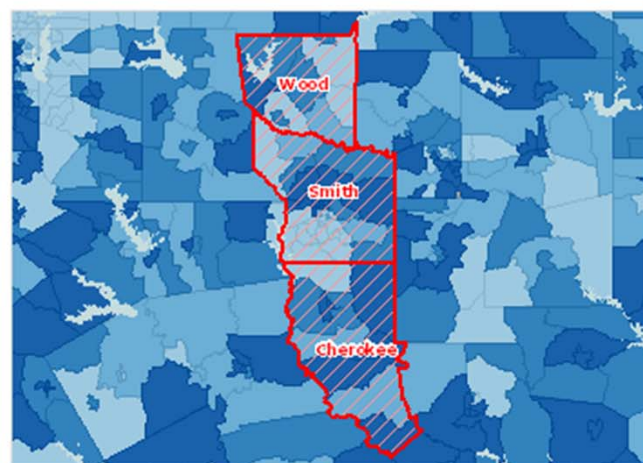
Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Report Area	302,635	238,698	49,353	20.68%
Cherokee County, TX	48,733	37,460	10,178	27.17%
Smith County, TX	212,442	167,955	32,939	19.61%
Wood County, TX	41,460	33,283	6,236	18.74%
Texas	25,613,334	20,002,428	4,412,903	22.06%
United States	309,082,272	265,204,128	55,035,660	20.75%

Percent of Insured
Population Receiving
Medicaid



Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2010-14. Source geography: Tract



[View larger map](#)

Insured, Medicaid / Means-Tested Coverage, Percent by Tract, ACS 2010-14



Preventable Hospital Events

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

[Download Data](#)

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Report Area	40,529	2,419	59.7
Cherokee County, TX	7,580	563	74.3
Smith County, TX	23,851	1,224	51.3
Wood County, TX	9,098	632	69.5
Texas	2,030,887	127,787	62.9
United States	58,209,898	3,448,111	59.2

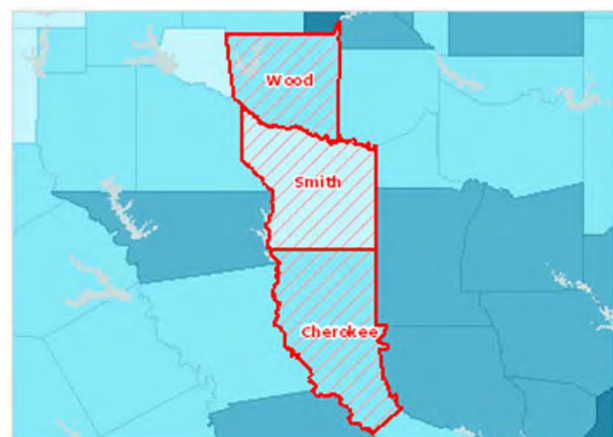
Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)



■ Report Area (59.7)
■ Texas (62.9)
■ United States (59.2)

Note: This indicator is compared with the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, [Dartmouth Atlas of Health Care](#), 2012. Source geography: County



Ambulatory Care Sensitive Conditions, Rate (Per 1,000 Medicare Enrollees) by County, DA 2012

■ Over 100.0
■ 80.1 - 100.0
■ 60.1 - 80.0
■ Under 60.1
■ No Data or Data Suppressed
□ Report Area

[View larger map](#)

Households with No Motor Vehicle

This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates.

[Download Data](#)

Report Area	Total Occupied Households	Households with No Motor Vehicle	Percentage of Households with No Motor Vehicle
Report Area	112,692	5,875	5.21%
Cherokee County, TX	17,527	1,104	6.3%
Smith County, TX	79,089	4,265	5.39%
Wood County, TX	16,076	506	3.15%
Texas	9,013,582	529,628	5.88%
United States	116,211,088	10,594,153	9.12%

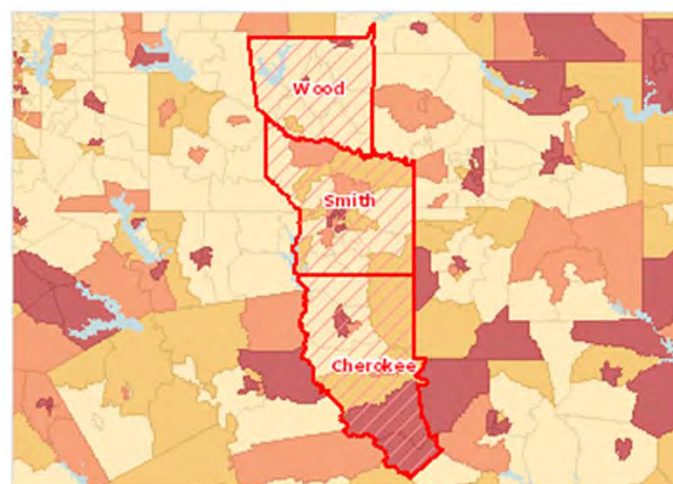
Percentage of Households with No Motor Vehicle



Report Area (5.21%)
Texas (5.88%)
United States (9.12%)

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2010-14. Source geography: Tract



[View larger map](#)

Households with No Vehicle, Percent by Tract, ACS 2010-14



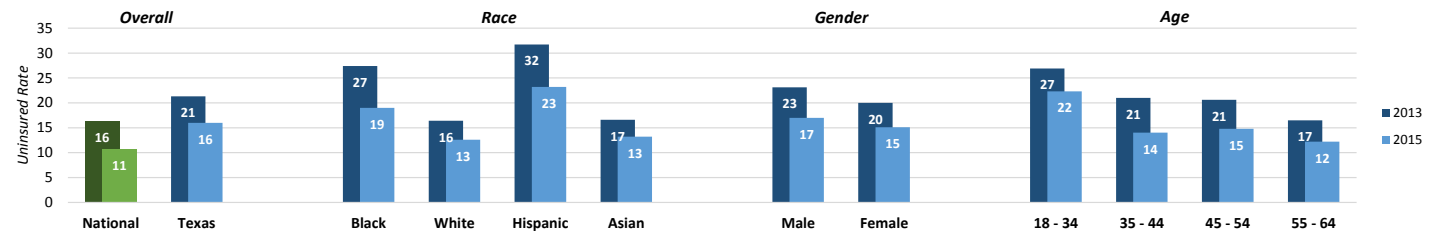
2015 Estimated Uninsured Rate of 18 to 64 year olds: **16.0%**
 2013 Estimated Uninsured Rate of 18 to 64 year olds: **21.3%**
 Decrease from 2013 to 2015: **5.3%**

16.0%
 21.3%
 5.3%



Before the first Affordable Care Act enrollment period began, Enroll America and Civis Analytics used sophisticated data targeting techniques to create a model of the uninsured population in America. Over the last three years, this model has proven to be timely and accurate, and has played a critical role in our ability to understand who and where the uninsured are and get them the help they need to enroll in coverage. This year, the model has been updated and was used to estimate insurance status for over 180 million non-elderly adult Americans. Grouping individual-level estimates by geography, race, age, gender, and other characteristics enables us to understand the landscape of the uninsured population across the country. Here we provide a detailed look at the uninsured population in Texas, put into context by plan selection data from HHS and a comparison with nationwide uninsured rates. All uninsured rates listed in this document are based on the Enroll America/Civis Analytics uninsured model.

Chart 1: Texas Uninsured Rates for 2013 and 2015 of Key Demographic Groups



Quick Summary

- The current uninsured rate in Texas is 16%. This has decreased by 5% since 2013 prior to the first open enrollment period.
- 23% of Hispanics in Texas are uninsured, 19% of African-Americans are uninsured and 22% of young adults (ages 18-34) are uninsured.

Targeting Recommendations

- Geographic - More uninsured people live in Harris County (16% of the uninsured population) and Dallas County (10% of the uninsured population) than any other county.
- Geographic - The counties with the highest uninsured rates currently are Starr County (34%), Presidio County (34%), Hidalgo County (33%) and Hudspeth County (32%).
- Demographic - Hispanic men ages 18 to 34 (32%) have the highest 2015 uninsured rates, followed by Hispanic women ages 18 to 34 (28%) and African American men ages 18 to 34 (28%).

State Map: 2015 Uninsured Rates by County

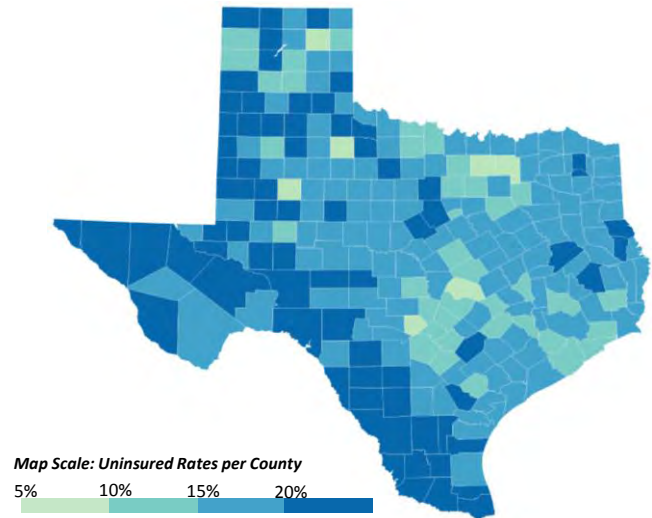


Table 1: Distribution of Uninsured Population by Demographic Groups in Quick Summary

Distribution of Uninsured Population, Ages 18 to 64	Race [1]				Gender		Age			
	Black	White	Hispanic	Asian	Male	Female	18 - 34	35 - 44	45 - 54	55 - 64
% 2013 Uninsured Population in Texas	7.7%	49.1%	40.8%	2.4%	50.5%	49.5%	31.9%	21.8%	30.1%	16.3%
% 2015 Uninsured Population in Texas	6.6%	49.7%	41.2%	2.5%	50.0%	50.0%	36.3%	18.3%	27.7%	17.6%
Change from 2013 to 2015	-1.1%	0.6%	0.4%	0.1%	-0.5%	0.5%	4.5%	-3.5%	-2.3%	1.3%

Table 2: 2015 Uninsured Rates in Most Populous Counties

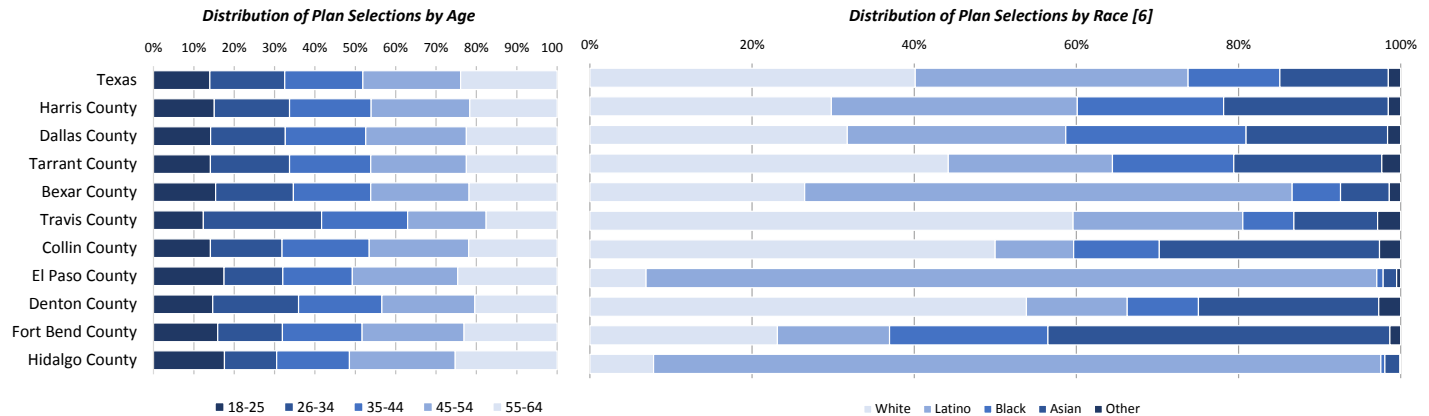
	Total	Race				Gender		Age				Percent
Top 10 Most Populous Counties, Ordered by Population Size	2015 Uninsured Rate	Black	White	Hispanic	Asian	Male	Female	18 - 34	35 - 44	45 - 54	55 - 64	% of TX Uninsured Population
Harris County	16%	20%	12%	22%	15%	17%	15%	22%	14%	16%	12%	16%
Dallas County	17%	19%	13%	23%	15%	18%	16%	22%	15%	16%	13%	10%
Tarrant County	14%	18%	12%	21%	14%	15%	13%	19%	12%	13%	10%	7%
Bexar County	15%	17%	11%	19%	12%	16%	14%	21%	13%	14%	12%	7%
Travis County	11%	15%	10%	17%	12%	12%	11%	16%	10%	10%	8%	3%
Collin County	7%	9%	7%	12%	7%	8%	7%	12%	6%	6%	5%	2%
El Paso County	25%	21%	20%	27%	21%	27%	24%	33%	22%	23%	20%	5%
Denton County	9%	11%	8%	14%	9%	9%	8%	14%	7%	7%	6%	2%
Fort Bend County	11%	14%	9%	16%	10%	11%	10%	16%	10%	9%	8%	2%
Hidalgo County	33%	28%	25%	34%	27%	35%	31%	41%	29%	31%	26%	5%

OE2 Plan Selection Data from Health and Human Services

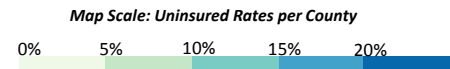
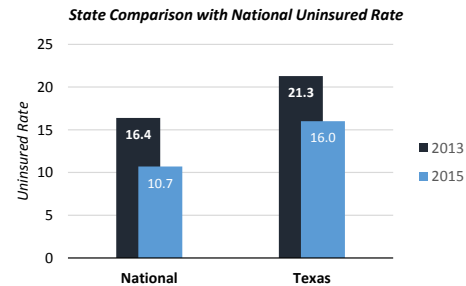
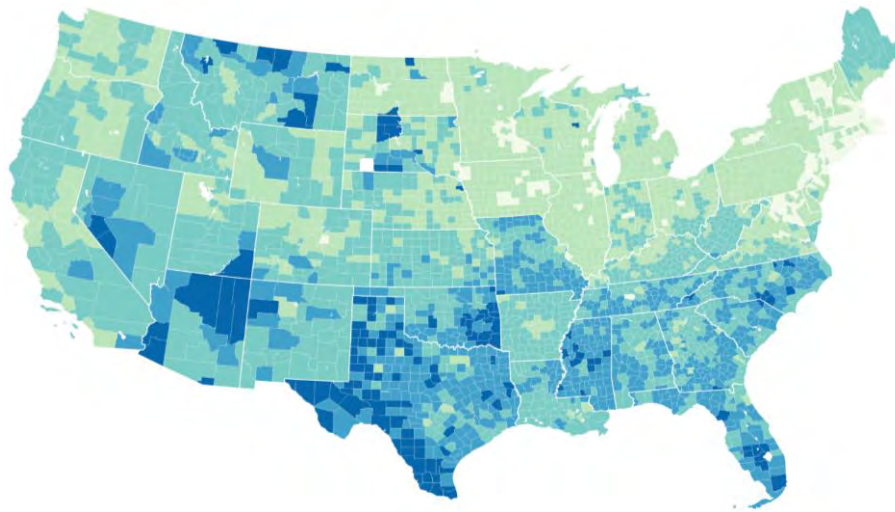
Total OE2 Plan Selections in Texas: [2]	1,205,174
Effectuated OE2 Plan Selections: [3]	966,412
% Effectuated of Total Plan Selections	80%
Texas plans with Advanced Premium Tax Credit (APTC):	832,334
% APTC of Effectuated Plans	86%

Remaining Uninsured Estimates from June 2015 Kaiser Family Foundation Study

Estimated Number of Remaining Uninsured in Texas: [4]	4,425,000
% Medicaid Eligible of Remaining Uninsured	11%
% Tax Credit Eligible of Remaining Uninsured	23%
% Ineligible for Financial Assistance of Remaining Uninsured [5]	48%
% Consumers in Coverage Gap of Remaining Uninsured	17%

Chart 2: Distribution of Total Plan Selections by Provided Age and Race [6,7]**National Map: 2015 Uninsured Rates by County**

- In 2013 before the first open enrollment period, Texas's uninsured rate of 21.3% was 4.9% greater than the national uninsured rate.
- In 2015, Texas's uninsured rate of 16.0% is 5.3% greater than the current national uninsured rate.

**Footnotes**

- [1] Civis Analytics uses a similar scoring method to assign most likely race to consumers which explains why the race distribution adds up to 100%.
- [2] March 10, 2015 ASPE Issue Brief with total plan selections by state from from November 15, 2015 to February 22, 2015. Full memo can be found here: http://aspe.hhs.gov/sites/default/files/pdf/83656/ib_2015mar_enrollment.pdf
- [3] March 31, 2015 Effectuated Enrollment Snapshot released by the Department of Health and Human Services (HHS) on June 2, 2015. This includes all new and renewing consumers during the second open enrollment period from November 15, 2015 to February 22, 2015. Additional information can be found at: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-06-02.html>
- [4] Estimates of Eligibility for ACA Coverage among the Uninsured released by the Kaiser Family Foundation on June 1, 2015. Additional data and methodology can be found at: <http://kff.org/uninsured/issue-brief/new-estimates-of-eligibility-for-aca-coverage-among-the-uninsured/>
- [5] Ineligible for Financial Assistance is due to Income, ESI Offer, or Citizenship.
- [6] HHS released county level plan selection data broken down by age and race, among other groupings. These plan selections include all new and renewing consumers during the second open enrollment period. The full data file can be found at: <http://aspe.hhs.gov/basic-report/2015-plan-selections-county-health-insurance-marketplace>
- [7] Enrollments for which race is unknown was not included in this graphic. This varies between states, but 36% of plan selections had an unknown race. Other includes American Indian/Alaska Native, Native Hawaiian/Pacific Islander and Multiracial.

Additional Enroll America Research, Blogs and Maps can be found at :

<https://www.enrollamerica.org/research-maps/>



All Counties in Texas- Uninsured Rates by major demographic groups

The Enroll America/Civis Analytics uninsured model provides our best estimate of uninsured rates by geography and demographic group. For smaller geographies — such as ZIP codes and counties — and demographic groups that contain fewer people, Enroll America's estimates may show increased variation from the actual uninsured rate in these areas.

County Name	Total Uninsured Rates			Race				Gender		Age				% of Population			
	2015 Uninsured Rate	2013 Uninsured Rate	Decrease from 2013 to 2015	Black	White	Hispanic	Asian	Male	Female	18 - 34	35 - 44	45 - 54	55 - 64	% of Uninsured Population	Uninsured Population Rank	Uninsured Rate Rank	Total Population Rank
Texas Total	16%	21%	5%	19%	13%	23%	13%	17%	15%	22%	14%	15%	12%	--	--	--	--
Anderson County	18%	26%	8%	21%	17%	25%	22%	19%	17%	26%	17%	16%	14%	0.2%	72	159	72
Andrews County	19%	26%	7%	19%	16%	24%	16%	21%	19%	26%	18%	17%	15%	0.1%	131	123	126
Angelina County	19%	22%	3%	22%	17%	24%	21%	20%	18%	26%	17%	16%	15%	0.4%	40	122	45
Aransas County	17%	24%	7%	18%	16%	22%	18%	18%	16%	25%	17%	16%	14%	0.1%	106	190	100
Archer County	13%	15%	2%	16%	13%	20%	18%	14%	12%	21%	11%	10%	10%	0.0%	190	237	169
Armstrong County	15%	17%	2%	11%	15%	22%	0%	16%	15%	22%	14%	13%	11%	0.0%	241	221	231
Atascosa County	20%	28%	8%	18%	16%	23%	20%	21%	19%	28%	18%	18%	16%	0.2%	66	96	70
Austin County	15%	19%	4%	17%	13%	22%	16%	16%	14%	23%	14%	13%	11%	0.1%	98	220	90
Bailey County	24%	30%	6%	21%	18%	29%	33%	25%	22%	33%	21%	21%	17%	0.0%	182	34	190
Bandera County	16%	18%	2%	15%	16%	22%	18%	18%	16%	25%	16%	14%	13%	0.1%	118	208	108
Bastrop County	16%	21%	5%	18%	15%	22%	16%	18%	16%	25%	15%	15%	13%	0.3%	52	207	48
Baylor County	17%	23%	6%	18%	16%	20%	20%	17%	16%	23%	15%	15%	14%	0.0%	218	189	208
Bee County	21%	30%	9%	19%	18%	23%	23%	22%	20%	29%	19%	19%	15%	0.1%	92	72	97
Bell County	14%	19%	5%	16%	13%	19%	16%	15%	14%	20%	13%	13%	11%	1.1%	17	230	17
Bexar County	15%	22%	7%	17%	11%	19%	12%	16%	14%	21%	13%	14%	12%	6.5%	4	219	4
Blanco County	15%	19%	4%	17%	14%	22%	18%	16%	14%	24%	14%	13%	11%	0.0%	170	218	158
Borden County	10%	17%	7%	7%	10%	15%	0%	11%	10%	15%	8%	8%	8%	0.0%	252	249	251
Bosque County	17%	24%	7%	21%	16%	25%	23%	18%	16%	26%	15%	15%	13%	0.1%	146	188	132
Bowie County	17%	23%	6%	21%	15%	22%	18%	18%	16%	23%	15%	15%	13%	0.4%	41	187	42
Brazoria County	13%	17%	4%	13%	11%	18%	10%	14%	12%	19%	11%	11%	10%	1.0%	19	236	16
Brazos County	14%	20%	6%	18%	13%	20%	14%	15%	13%	19%	12%	13%	10%	0.6%	26	229	24
Brewster County	19%	30%	11%	25%	17%	23%	20%	21%	18%	28%	17%	16%	15%	0.0%	162	121	163
Briscoe County	25%	23%	-2%	29%	23%	36%	45%	27%	24%	36%	23%	22%	20%	0.0%	236	25	239
Brooks County	28%	38%	10%	25%	23%	28%	29%	30%	26%	36%	26%	25%	22%	0.1%	148	12	168
Brown County	17%	23%	6%	19%	16%	23%	23%	18%	16%	25%	15%	16%	14%	0.2%	83	186	80
Burleson County	18%	22%	4%	19%	17%	24%	21%	19%	17%	26%	16%	16%	15%	0.1%	138	158	128
Burnet County	16%	20%	4%	16%	15%	24%	17%	17%	15%	24%	15%	15%	12%	0.2%	80	206	73
Caldwell County	20%	26%	6%	22%	17%	24%	22%	21%	18%	29%	17%	17%	15%	0.2%	73	95	81
Calhoun County	20%	27%	7%	22%	16%	25%	19%	21%	18%	28%	19%	17%	15%	0.1%	104	94	112
Callahan County	17%	22%	5%	17%	16%	22%	20%	18%	16%	24%	15%	15%	13%	0.1%	153	185	138
Cameron County	30%	36%	6%	26%	22%	31%	24%	32%	28%	39%	27%	28%	24%	2.6%	8	7	13
Camp County	22%	27%	5%	24%	20%	29%	24%	23%	21%	30%	20%	20%	17%	0.1%	150	59	151
Carson County	11%	16%	5%	11%	11%	17%	16%	12%	10%	18%	10%	8%	8%	0.0%	215	246	187
Cass County	17%	25%	8%	19%	17%	22%	21%	18%	16%	24%	15%	15%	14%	0.1%	96	184	94
Castro County	26%	30%	4%	23%	19%	31%	24%	27%	24%	35%	23%	23%	19%	0.0%	172	17	189
Chambers County	12%	16%	4%	13%	12%	17%	15%	13%	12%	19%	11%	11%	10%	0.1%	93	240	71
Cherokee County	20%	26%	6%	23%	19%	29%	23%	22%	19%	29%	18%	19%	16%	0.2%	71	93	78
Childress County	16%	25%	9%	18%	15%	22%	24%	17%	15%	24%	15%	15%	13%	0.0%	199	205	192
Clay County	14%	20%	6%	14%	13%	19%	15%	15%	13%	21%	12%	12%	11%	0.0%	181	228	159
Cochran County	27%	33%	6%	30%	23%	31%	31%	28%	25%	35%	25%	23%	21%	0.0%	205	16	222
Coke County	18%	22%	4%	20%	17%	24%	24%	19%	18%	27%	18%	16%	15%	0.0%	228	157	223
Coleman County	18%	27%	9%	20%	17%	24%	21%	20%	17%	26%	17%	17%	15%	0.0%	171	156	171
Collin County	7%	11%	4%	9%	7%	12%	7%	8%	7%	12%	6%	6%	5%	1.5%	12	254	6
Collingsworth County	24%	26%	2%	23%	21%	32%	19%	25%	22%	33%	21%	22%	18%	0.0%	219	33	225
Colorado County	18%	24%	6%	21%	16%	25%	18%	18%	17%	26%	17%	15%	13%	0.1%	113	155	111
Comal County	11%	15%	4%	12%	10%	17%	12%	12%	11%	17%	10%	10%	8%	0.4%	46	245	33
Comanche County	22%	26%	4%	22%	20%	30%	19%	24%	21%	31%	20%	20%	18%	0.1%	140	58	145
Concho County	19%	20%	1%	14%	17%	25%	19%	20%	18%	28%	18%	16%	15%	0.0%	234	120	234

Cooke County	17%	21%	4%	21%	16%	27%	23%	18%	16%	25%	16%	15%	14%	0.2%	79	183	77
Coryell County	15%	20%	5%	16%	15%	19%	18%	16%	14%	22%	14%	13%	11%	0.2%	58	217	52
Cottle County	23%	21%	-2%	15%	21%	31%	12%	24%	23%	32%	22%	19%	18%	0.0%	240	47	241
Crane County	19%	30%	11%	17%	16%	22%	18%	21%	17%	27%	18%	16%	14%	0.0%	201	119	202
Crockett County	22%	26%	4%	24%	18%	25%	21%	22%	21%	29%	21%	18%	16%	0.0%	204	57	212
Crosby County	22%	30%	8%	18%	18%	26%	19%	24%	21%	30%	21%	20%	17%	0.0%	192	56	195
Culberson County	29%	39%	10%	22%	25%	30%	34%	30%	28%	38%	26%	24%	23%	0.0%	217	9	229
Dallam County	24%	30%	6%	21%	21%	30%	28%	25%	22%	31%	22%	22%	19%	0.0%	175	32	186
Dallas County	17%	24%	7%	19%	13%	23%	15%	18%	16%	22%	15%	16%	13%	9.7%	2	182	2
Dawson County	23%	30%	7%	22%	18%	27%	21%	24%	22%	31%	21%	21%	17%	0.1%	141	46	148
Deaf Smith County	23%	30%	7%	19%	16%	26%	21%	24%	21%	31%	21%	21%	17%	0.1%	122	45	134
Delta County	20%	24%	4%	23%	20%	25%	22%	21%	19%	27%	18%	17%	18%	0.0%	200	92	201
Denton County	9%	12%	3%	11%	8%	14%	9%	9%	8%	14%	7%	7%	6%	1.7%	10	252	8
DeWitt County	18%	24%	6%	22%	15%	23%	21%	19%	17%	25%	16%	16%	14%	0.1%	124	154	118
Dickens County	18%	24%	6%	20%	16%	24%	21%	19%	17%	28%	15%	17%	14%	0.0%	238	153	236
Dimmit County	25%	37%	12%	19%	20%	26%	26%	27%	23%	33%	23%	22%	20%	0.1%	143	24	157
Donley County	18%	21%	3%	16%	18%	25%	24%	19%	18%	27%	17%	15%	14%	0.0%	223	152	220
Duval County	24%	33%	9%	21%	21%	26%	22%	26%	23%	32%	22%	21%	19%	0.1%	136	31	147
Eastland County	20%	26%	6%	18%	19%	26%	27%	21%	19%	28%	18%	18%	17%	0.1%	120	91	123
Ector County	23%	29%	6%	24%	19%	28%	23%	25%	22%	30%	21%	22%	18%	0.8%	23	44	29
Edwards County	25%	29%	4%	0%	19%	29%	0%	26%	24%	35%	23%	21%	18%	0.0%	237	23	240
Ellis County	14%	17%	3%	17%	12%	20%	15%	15%	13%	20%	12%	12%	10%	0.6%	27	227	25
El Paso County	25%	30%	5%	21%	20%	27%	21%	27%	24%	33%	22%	23%	20%	4.7%	6	22	7
Erath County	21%	26%	5%	20%	20%	29%	25%	22%	20%	28%	18%	18%	15%	0.2%	75	71	84
Falls County	20%	29%	9%	24%	17%	25%	20%	21%	18%	27%	19%	18%	16%	0.1%	135	90	135
Fannin County	17%	23%	6%	21%	17%	23%	19%	18%	17%	25%	16%	15%	14%	0.1%	94	181	92
Fayette County	15%	19%	4%	20%	14%	22%	19%	16%	14%	23%	14%	13%	12%	0.1%	121	216	103
Fisher County	18%	26%	8%	23%	17%	22%	22%	19%	17%	26%	17%	15%	14%	0.0%	213	151	207
Floyd County	22%	29%	7%	19%	17%	27%	19%	24%	21%	31%	20%	19%	17%	0.0%	188	55	193
Foard County	27%	29%	2%	35%	25%	33%	32%	28%	26%	35%	24%	23%	21%	0.0%	242	15	244
Fort Bend County	11%	14%	3%	14%	9%	16%	10%	11%	10%	16%	10%	9%	8%	1.8%	9	244	9
Franklin County	17%	24%	7%	21%	16%	24%	21%	17%	16%	24%	15%	14%	12%	0.0%	184	180	175
Freestone County	16%	22%	6%	20%	16%	24%	22%	17%	15%	24%	15%	15%	13%	0.1%	145	204	125
Frio County	23%	33%	10%	21%	18%	25%	22%	25%	21%	31%	21%	20%	18%	0.1%	115	43	133
Gaines County	25%	25%	0%	23%	21%	31%	26%	26%	24%	33%	22%	21%	19%	0.1%	123	21	140
Galveston County	13%	18%	5%	17%	11%	18%	12%	14%	12%	18%	11%	11%	10%	1.1%	18	235	15
Garza County	18%	26%	8%	19%	15%	22%	24%	19%	17%	25%	16%	15%	14%	0.0%	212	150	206
Gillespie County	16%	18%	2%	16%	15%	25%	19%	18%	15%	25%	15%	14%	13%	0.1%	110	203	98
Glasscock County	12%	14%	2%	5%	10%	19%	0%	13%	10%	18%	10%	9%	8%	0.0%	249	239	245
Goliad County	15%	20%	5%	14%	13%	21%	16%	17%	14%	23%	15%	12%	12%	0.0%	193	215	177
Gonzales County	23%	29%	6%	23%	19%	28%	24%	24%	22%	31%	21%	20%	17%	0.1%	102	42	119
Gray County	19%	25%	6%	22%	17%	27%	21%	20%	18%	26%	18%	18%	15%	0.1%	109	118	109
Grayson County	16%	22%	6%	20%	16%	25%	18%	17%	15%	23%	15%	15%	13%	0.5%	32	202	35
Gregg County	17%	23%	6%	22%	15%	25%	18%	18%	16%	23%	16%	16%	13%	0.5%	31	179	36
Grimes County	18%	23%	5%	22%	16%	23%	19%	19%	16%	25%	16%	15%	14%	0.1%	101	149	101
Guadalupe County	13%	17%	4%	13%	11%	19%	13%	14%	13%	19%	12%	12%	11%	0.5%	33	234	27
Hale County	23%	30%	7%	22%	18%	27%	20%	24%	22%	31%	22%	21%	18%	0.2%	74	41	88
Hall County	24%	28%	4%	30%	21%	31%	31%	25%	23%	33%	23%	21%	20%	0.0%	211	30	219
Hamilton County	18%	24%	6%	21%	18%	24%	23%	19%	17%	26%	16%	16%	15%	0.0%	185	148	178
Hansford County	19%	25%	6%	18%	16%	26%	22%	21%	17%	28%	15%	17%	14%	0.0%	198	117	197
Hardeman County	20%	27%	7%	20%	19%	26%	20%	21%	19%	28%	18%	18%	16%	0.0%	207	89	210
Hardin County	14%	20%	6%	19%	14%	18%	17%	15%	13%	21%	13%	12%	11%	0.2%	64	226	53
Harris County	16%	22%	6%	20%	12%	22%	15%	17%	15%	22%	14%	16%	12%	16.1%	1	201	1
Harrison County	18%	22%	4%	24%	16%	26%	19%	19%	17%	26%	15%	15%	14%	0.3%	49	147	47
Hartley County	13%	14%	1%	14%	12%	19%	14%	14%	13%	21%	11%	10%	10%	0.0%	227	233	205
Haskell County	20%	29%	9%	21%	18%	26%	19%	21%	19%	29%	18%	18%	16%	0.0%	195	88	198
Hays County	13%	18%	5%	20%	12%	18%	15%	14%	13%	20%	11%	11%	8%	0.6%	25	232	23
Hemphill County	15%	19%	4%	18%	14%	22%	16%	16%	14%	23%	12%	13%	11%	0.0%	221	214</	

Hidalgo County		37%	4%	28%	25%	34%	27%	35%	31%	41%	29%	31%	26%		5.0%	5	4	10
Hill County		25%	6%	23%	18%	26%	22%	20%	18%	27%	17%	17%	15%		0.2%	81	116	83
Hockley County		26%	7%	18%	15%	24%	18%	20%	18%	26%	17%	16%	14%		0.1%	100	115	105
Hood County		19%	3%	15%	15%	23%	17%	17%	14%	23%	15%	15%	12%		0.2%	60	200	55
Hopkins County		24%	4%	22%	19%	28%	24%	21%	19%	27%	17%	18%	16%		0.2%	86	87	87
Houston County		27%	6%	24%	20%	29%	26%	22%	20%	30%	19%	19%	17%		0.1%	108	70	117
Howard County		28%	7%	21%	18%	26%	21%	22%	19%	28%	19%	19%	16%		0.2%	87	69	91
Hudspeth County		34%	2%	24%	26%	36%	34%	33%	31%	42%	30%	26%	23%		0.0%	220	5	232
Hunt County		22%	5%	21%	16%	25%	19%	19%	16%	24%	16%	16%	14%		0.4%	45	177	44
Hutchinson County		23%	6%	20%	16%	24%	19%	18%	16%	24%	16%	15%	13%		0.1%	112	176	107
Irion County		23%	4%	13%	17%	26%	33%	20%	18%	27%	17%	14%	13%		0.0%	235	114	235
Jack County		24%	7%	17%	16%	23%	22%	18%	17%	24%	15%	15%	14%		0.0%	191	175	181
Jackson County		22%	5%	21%	15%	22%	19%	18%	16%	24%	15%	15%	13%		0.1%	154	174	139
Jasper County		27%	9%	22%	17%	24%	21%	19%	17%	25%	16%	16%	14%		0.1%	89	146	86
Jeff Davis County		23%	3%	17%	18%	27%	19%	21%	19%	32%	19%	17%	15%		0.0%	232	86	230
Jefferson County		26%	8%	23%	15%	25%	21%	20%	17%	25%	17%	17%	15%		1.1%	15	145	19
Jim Hogg County		36%	11%	28%	23%	26%	26%	28%	23%	33%	22%	21%	19%		0.0%	179	20	191
Jim Wells County		31%	7%	22%	18%	26%	21%	25%	22%	32%	22%	21%	18%		0.2%	54	29	69
Johnson County		19%	3%	17%	15%	22%	18%	17%	15%	22%	14%	15%	12%		0.6%	24	199	26
Jones County		26%	7%	20%	18%	25%	23%	20%	18%	27%	17%	17%	16%		0.1%	134	113	130
Karnes County		28%	11%	21%	14%	22%	16%	19%	16%	25%	16%	15%	13%		0.1%	157	173	144
Kaufman County		17%	3%	20%	14%	19%	17%	15%	14%	21%	12%	13%	12%		0.4%	39	225	37
Kendall County		14%	4%	11%	9%	16%	10%	11%	10%	17%	9%	8%	7%		0.1%	105	248	75
Kenedy County		28%	10%	0%	15%	19%	20%	19%	16%	24%	13%	13%	12%		0.0%	251	144	252
Kent County		24%	7%	15%	16%	22%	14%	17%	16%	23%	14%	14%	13%		0.0%	248	172	250
Kerr County		22%	4%	18%	16%	24%	21%	19%	16%	26%	16%	16%	13%		0.2%	67	143	62
Kimble County		26%	6%	18%	19%	27%	25%	22%	19%	30%	19%	19%	16%		0.0%	208	85	211
King County		14%	6%	0%	8%	14%	0%	9%	8%	15%	8%	6%	5%		0.0%	254	253	253
Kinney County		32%	12%	27%	16%	24%	24%	21%	19%	28%	17%	17%	14%		0.0%	225	84	226
Kleberg County		33%	11%	21%	19%	24%	23%	24%	21%	30%	20%	20%	17%		0.2%	77	54	89
Knox County		27%	4%	25%	20%	29%	30%	25%	22%	32%	21%	21%	18%		0.0%	203	40	214
Lamar County		22%	4%	23%	17%	24%	22%	19%	17%	25%	16%	16%	15%		0.2%	61	142	59
Lamb County		31%	7%	21%	19%	29%	27%	25%	23%	32%	22%	22%	19%		0.1%	139	28	149
Lampasas County		23%	6%	17%	16%	23%	18%	18%	16%	25%	16%	15%	14%		0.1%	116	171	110
La Salle County		35%	10%	24%	21%	27%	21%	27%	24%	34%	23%	22%	20%		0.0%	176	19	188
Lavaca County		21%	5%	20%	15%	23%	19%	17%	15%	23%	15%	14%	13%		0.1%	127	198	114
Lee County		19%	4%	18%	14%	23%	17%	17%	14%	23%	14%	14%	12%		0.1%	152	213	131
Leon County		21%	3%	20%	18%	26%	22%	19%	18%	27%	17%	16%	14%		0.1%	137	141	127
Liberty County		23%	3%	22%	19%	27%	23%	21%	19%	27%	18%	18%	16%		0.3%	47	83	49
Limestone County		27%	8%	21%	18%	25%	22%	20%	18%	26%	18%	17%	14%		0.1%	111	112	113
Lipscomb County		21%	2%	24%	17%	29%	23%	20%	18%	27%	17%	15%	13%		0.0%	224	111	221
Live Oak County		25%	6%	20%	16%	24%	22%	20%	17%	27%	18%	15%	14%		0.0%	166	110	167
Llano County		20%	5%	16%	14%	23%	19%	16%	14%	23%	15%	14%	11%		0.1%	144	212	120
Loving County		25%	6%	0%	18%	27%	0%	20%	19%	28%	19%	18%	15%		0.0%	253	109	254
Lubbock County		22%	7%	21%	12%	20%	15%	16%	14%	20%	13%	14%	11%		1.0%	20	211	18
Lynn County		25%	5%	22%	16%	26%	24%	22%	19%	29%	18%	17%	16%		0.0%	194	82	194
McCulloch County		27%	7%	22%	18%	25%	18%	21%	18%	28%	17%	18%	16%		0.0%	169	81	176
McLennan County		22%	6%	21%	14%	23%	16%	17%	15%	22%	14%	15%	12%		0.9%	21	197	20
McMullen County		23%	6%	13%	15%	19%	0%	17%	16%	25%	15%	14%	13%		0.0%	247	170	247
Madison County		24%	6%	20%	17%	25%	24%	19%	17%	26%	17%	16%	15%		0.0%	160	140	155
Marion County		26%	6%	22%	20%	25%	20%	21%	19%	28%	19%	18%	17%		0.0%	161	80	164
Martin County		25%	4%	14%	18%	27%	17%	22%	20%	29%	19%	17%	14%		0.0%	214	68	215
Mason County		20%	1%	24%	17%	27%	25%	20%	18%	29%	16%	16%	14%		0.0%	216	108	213
Matagorda County		28%	8%	20%	17%	25%	20%	21%	19%	28%	19%	18%	15%		0.2%	78	79	85
Maverick County		36%	2%	29%	29%	34%	30%	36%	32%	43%	29%	30%	27%		0.4%	36	3	57
Medina County		25%	8%	17%	14%	22%	18%	18%	17%	25%	16%	15%	13%		0.2%	69	169	64
Menard County		22%	-3%	0%	22%	33%	33%	26%	24%	35%	23%	22%	20%		0.0%	231	18	237
Midland County		20%	4%	19%	12%	23%	16%	17%	15%	21%	14%	15%	11%		0.6%	28	196	28
Milam County		24%	6%	21%	16%	24%	20%	19%	17%	25%	16%	16%	14%		0.1%	107	139	106

Mills County	19%	22%	3%	15%	18%	28%	13%	20%	18%	29%	18%	16%	15%	0.0%	202	107	203
Mitchell County	19%	30%	11%	17%	17%	24%	24%	21%	18%	27%	18%	18%	15%	0.0%	183	106	179
Montague County	18%	23%	5%	17%	18%	25%	18%	19%	17%	26%	16%	16%	15%	0.1%	117	138	115
Montgomery County	11%	15%	4%	13%	10%	17%	10%	11%	10%	16%	10%	10%	8%	1.4%	14	243	11
Moore County	21%	26%	5%	21%	17%	27%	28%	23%	20%	29%	19%	19%	16%	0.1%	114	67	124
Morris County	17%	25%	8%	17%	18%	24%	19%	19%	17%	26%	16%	16%	13%	0.1%	159	168	146
Motley County	19%	21%	2%	18%	18%	28%	0%	19%	19%	27%	16%	16%	16%	0.0%	245	105	249
Nacogdoches County	18%	25%	7%	22%	17%	25%	20%	19%	17%	24%	16%	16%	14%	0.2%	53	137	54
Navarro County	20%	25%	5%	22%	18%	27%	24%	21%	19%	28%	19%	19%	16%	0.2%	62	78	68
Newton County	18%	28%	10%	17%	18%	22%	18%	19%	17%	25%	17%	15%	14%	0.0%	173	136	173
Nolan County	21%	29%	8%	23%	18%	26%	22%	22%	20%	28%	20%	19%	17%	0.1%	132	66	136
Nueces County	17%	25%	8%	17%	13%	20%	14%	18%	16%	23%	16%	16%	13%	1.4%	13	167	14
Ochiltree County	21%	28%	7%	18%	18%	27%	27%	22%	20%	28%	18%	20%	15%	0.1%	158	65	162
Oldham County	14%	18%	4%	31%	13%	21%	19%	14%	13%	21%	12%	11%	10%	0.0%	239	224	228
Orange County	16%	21%	5%	20%	16%	21%	20%	17%	15%	23%	15%	15%	13%	0.4%	44	195	41
Palo Pinto County	22%	26%	4%	25%	20%	30%	28%	23%	21%	31%	20%	20%	17%	0.2%	85	53	93
Panola County	17%	23%	6%	18%	16%	24%	21%	18%	16%	24%	15%	15%	13%	0.1%	103	166	99
Parker County	12%	15%	3%	11%	11%	17%	12%	12%	11%	17%	10%	10%	9%	0.4%	38	238	31
Parmer County	22%	29%	7%	19%	18%	28%	23%	24%	21%	32%	20%	21%	16%	0.0%	164	52	174
Pecos County	23%	31%	8%	22%	18%	26%	25%	25%	22%	32%	21%	20%	16%	0.1%	130	39	141
Polk County	21%	25%	4%	23%	21%	28%	26%	23%	20%	30%	20%	19%	17%	0.2%	57	64	67
Potter County	21%	28%	7%	26%	18%	27%	25%	22%	20%	27%	19%	20%	17%	0.5%	29	63	39
Presidio County	34%	33%	-1%	18%	24%	38%	38%	36%	33%	45%	31%	27%	25%	0.0%	174	2	200
Rains County	18%	25%	7%	17%	17%	24%	18%	18%	17%	25%	17%	16%	14%	0.0%	167	135	165
Randall County	11%	15%	4%	12%	10%	16%	12%	12%	10%	16%	10%	9%	8%	0.4%	42	242	30
Reagan County	22%	26%	4%	22%	17%	26%	23%	23%	20%	31%	20%	19%	16%	0.0%	209	51	216
Real County	20%	24%	4%	13%	18%	27%	16%	21%	19%	29%	19%	17%	15%	0.0%	222	77	224
Red River County	19%	27%	8%	22%	18%	25%	18%	21%	18%	27%	17%	17%	16%	0.1%	156	104	150
Reeves County	28%	36%	8%	22%	23%	29%	28%	30%	26%	36%	26%	25%	22%	0.1%	128	11	154
Refugio County	18%	26%	8%	21%	15%	21%	25%	19%	17%	25%	17%	15%	14%	0.0%	187	134	180
Roberts County	10%	16%	6%	7%	10%	17%	0%	11%	10%	16%	9%	9%	7%	0.0%	250	247	246
Robertson County	19%	24%	5%	21%	17%	24%	22%	20%	18%	26%	17%	16%	15%	0.1%	126	103	122
Rockwall County	9%	12%	3%	9%	8%	13%	10%	9%	8%	14%	8%	7%	6%	0.2%	65	251	40
Runnels County	18%	26%	8%	19%	16%	24%	21%	19%	17%	26%	18%	16%	15%	0.0%	163	133	160
Rusk County	17%	23%	6%	20%	16%	24%	19%	18%	16%	24%	16%	15%	13%	0.2%	70	165	65
Sabine County	18%	25%	7%	18%	18%	23%	22%	19%	17%	27%	17%	16%	14%	0.0%	168	132	166
San Augustine County	21%	30%	9%	24%	19%	26%	28%	22%	20%	29%	19%	19%	16%	0.0%	180	62	182
San Jacinto County	18%	24%	6%	19%	18%	24%	22%	19%	17%	26%	17%	17%	14%	0.1%	97	131	96
San Patricio County	18%	25%	7%	17%	14%	22%	16%	19%	17%	25%	16%	16%	14%	0.3%	51	130	50
San Saba County	20%	26%	6%	20%	19%	27%	22%	21%	19%	30%	18%	18%	16%	0.0%	195	76	198
Schleicher County	21%	28%	7%	33%	18%	26%	23%	22%	20%	31%	20%	17%	15%	0.0%	229	61	227
Scurry County	19%	25%	6%	18%	16%	25%	24%	20%	18%	26%	17%	17%	14%	0.1%	133	102	129
Shackelford County	16%	21%	5%	15%	16%	23%	21%	18%	15%	24%	15%	14%	13%	0.0%	226	194	217
Shelby County	22%	29%	7%	25%	21%	30%	28%	24%	22%	31%	20%	20%	18%	0.1%	95	50	104
Sherman County	23%	25%	2%	26%	20%	33%	21%	25%	22%	33%	19%	17%	17%	0.0%	230	38	233
Smith County	16%	21%	5%	21%	14%	25%	17%	17%	15%	22%	14%	15%	12%	0.9%	22	193	22
Somervell County	14%	17%	3%	14%	13%	20%	16%	15%	14%	22%	13%	12%	10%	0.0%	189	223	172
Starr County	34%	39%	5%	26%	30%	34%	31%	36%	32%	42%	30%	30%	26%	0.4%	37	1	58
Stephens County	20%	25%	5%	18%	19%	27%	25%	21%	19%	28%	19%	18%	16%	0.0%	165	75	170
Sterling County	17%	21%	4%	21%	15%	25%	16%	18%	17%	26%	15%	14%	12%	0.0%	244	164	242
Stonewall County	18%	25%	7%	15%	17%	25%	0%	19%	16%	26%	17%	15%	13%	0.0%	243	129	243
Sutton County	18%	27%	9%	13%	14%	23%	18%	20%	17%	26%	17%	16%	14%	0.0%	210	128	204
Swisher County	20%	29%	9%	20%	17%	26%	16%	22%	19%	28%	18%	18%	16%	0.0%	186	74	185
Tarrant County	14%	18%	4%	18%	12%	21%	14%	15%	13%	19%	12%	13%	10%	6.6%	3	222	3
Taylor County	16%	21%	5%	19%	14%	22%	17%	17%	15%	21%	15%	14%	12%	0.5%	30	192	32
Terrell County	18%	17%	-1%	0%	16%	20%	14%	19%	16%	27%	16%	14%	12%	0.0%	246	127	248
Terry County	23%	30%	7%	25%	19%	28%	23%	25%	22%	32%	22%	21%	18%	0.1%	147	37	153
Throckmorton County	23%	23%	0%	20%	23%	29%	0%	25%	22%	32%	22%	19%	19%	0.0%	233	36	238
Titus County	24%	29%	5%	24%	21%	32%	26%	25%	22%	32%	21%	22%	18%	0.2%	84	27	

Tom Green County	17%	23%	6%	18%	14%	22%	17%	18%	16%	23%	15%	16%	13%	0.4%	35	163	38
Travis County	11%	19%	8%	15%	10%	17%	12%	12%	11%	16%	10%	10%	8%	3.2%	7	241	5
Trinity County	19%	23%	4%	20%	19%	26%	26%	20%	18%	28%	18%	17%	16%	0.1%	151	101	143
Tyler County	18%	26%	8%	22%	18%	22%	19%	19%	17%	26%	17%	16%	15%	0.1%	129	126	121
Upshur County	17%	22%	5%	20%	17%	23%	20%	18%	16%	25%	16%	15%	13%	0.2%	76	162	74
Upton County	23%	26%	3%	21%	20%	27%	25%	24%	21%	31%	21%	18%	16%	0.0%	206	35	218
Uvalde County	24%	33%	9%	21%	18%	26%	24%	25%	22%	32%	22%	21%	17%	0.1%	90	26	102
Val Verde County	27%	33%	6%	21%	21%	29%	24%	28%	25%	34%	24%	24%	21%	0.3%	50	14	66
Van Zandt County	19%	24%	5%	21%	19%	26%	22%	20%	18%	27%	17%	16%	15%	0.2%	63	100	63
Victoria County	17%	23%	6%	20%	14%	22%	15%	18%	16%	24%	16%	16%	13%	0.4%	43	161	43
Walker County	18%	22%	4%	20%	17%	25%	23%	19%	17%	25%	17%	16%	13%	0.2%	55	125	56
Waller County	19%	22%	3%	22%	18%	24%	21%	20%	18%	26%	16%	15%	13%	0.2%	59	99	60
Ward County	21%	29%	8%	20%	18%	25%	23%	22%	20%	28%	20%	19%	16%	0.1%	155	60	156
Washington County	16%	19%	3%	19%	14%	23%	19%	17%	15%	23%	14%	14%	12%	0.1%	91	191	82
Webb County	28%	34%	6%	25%	22%	28%	23%	30%	26%	36%	24%	26%	22%	1.6%	11	10	21
Wharton County	20%	25%	5%	23%	17%	26%	23%	22%	19%	28%	18%	18%	16%	0.2%	68	73	76
Wheeler County	19%	23%	4%	21%	18%	27%	21%	20%	17%	27%	16%	16%	14%	0.0%	197	98	196
Wichita County	15%	21%	6%	21%	14%	21%	16%	16%	14%	21%	14%	14%	12%	0.5%	34	210	34
Wilbarger County	19%	25%	6%	22%	17%	24%	22%	20%	18%	26%	18%	17%	15%	0.1%	149	97	142
Willacy County	30%	43%	13%	40%	23%	31%	30%	30%	29%	37%	27%	27%	25%	0.1%	99	6	137
Williamson County	9%	13%	4%	10%	8%	13%	8%	9%	8%	14%	8%	7%	7%	1.1%	16	250	12
Wilson County	13%	18%	5%	12%	11%	18%	14%	14%	12%	20%	12%	11%	10%	0.1%	88	231	61
Winkler County	22%	31%	9%	21%	19%	27%	25%	24%	21%	30%	21%	20%	17%	0.0%	178	49	184
Wise County	15%	19%	4%	14%	14%	21%	17%	15%	14%	22%	13%	13%	11%	0.2%	56	209	51
Wood County	17%	24%	7%	20%	17%	25%	21%	18%	17%	25%	16%	15%	14%	0.2%	82	160	79
Yoakum County	22%	27%	5%	13%	17%	26%	23%	23%	21%	30%	20%	19%	16%	0.0%	177	48	183
Young County	18%	23%	5%	21%	18%	25%	19%	19%	17%	26%	16%	16%	14%	0.1%	119	124	116
Zapata County	29%	35%	6%	24%	25%	29%	24%	31%	27%	37%	25%	24%	22%	0.1%	125	8	152
Zavala County	27%	38%	11%	21%	24%	28%	25%	30%	25%	34%	25%	24%	22%	0.1%	142	13	161

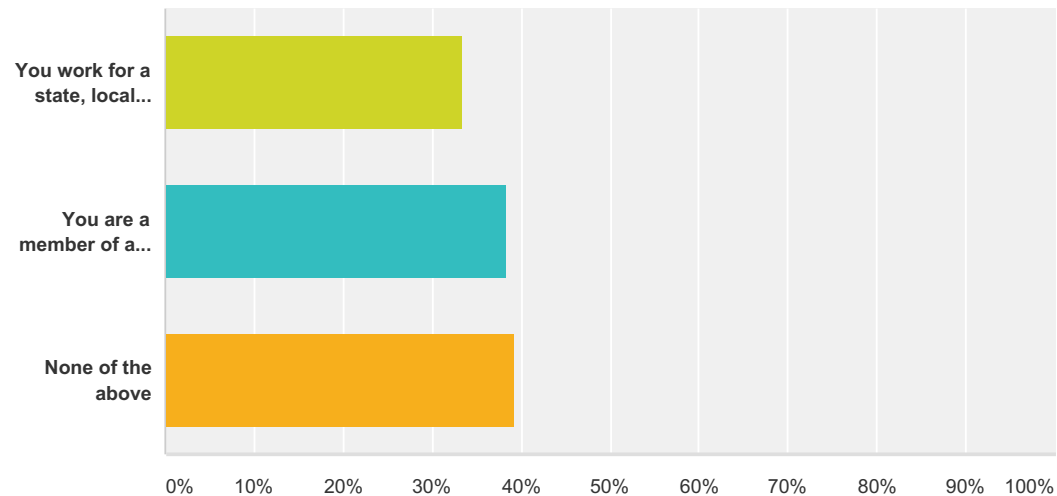


ELECTRONIC COMMUNITY SURVEY RESULTS



Q1 Keeping your background and the organization you work for in mind, please select all of the following that apply:

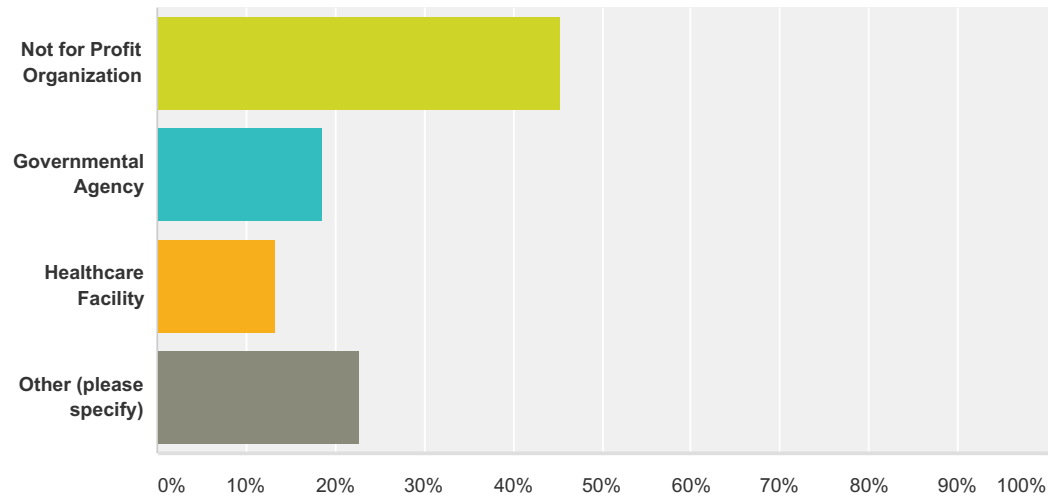
Answered: 117 Skipped: 3



Answer Choices	Responses
You work for a state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community	33.33% 39
You are a member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations	38.46% 45
None of the above	39.32% 46
Total Respondents: 117	

Q2 What type of company/organization do you work for?

Answered: 119 Skipped: 1



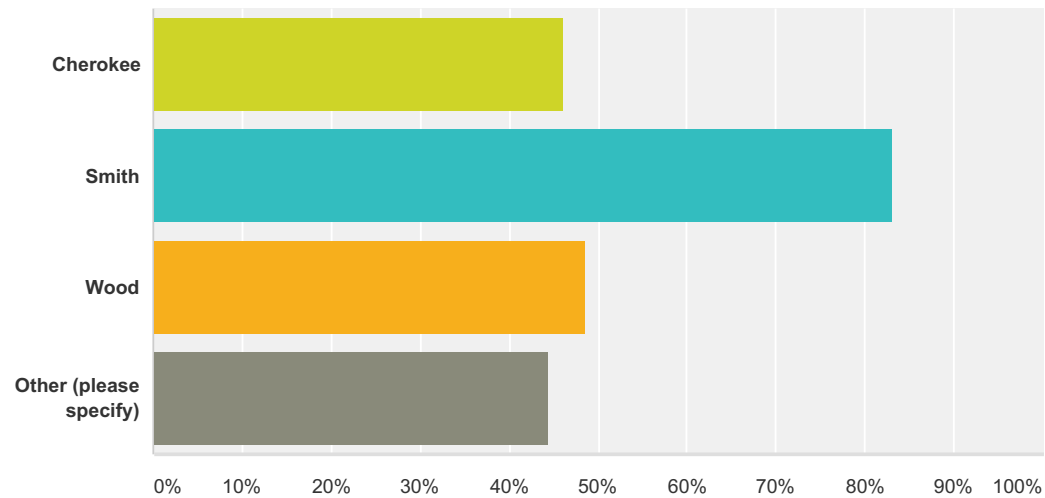
Answer Choices	Responses	
Not for Profit Organization	45.38%	54
Governmental Agency	18.49%	22
Healthcare Facility	13.45%	16
Other (please specify)	22.69%	27
Total		119

**Q3 What is the name of the
organization/company you work for?
(optional)**

Answered: 71 Skipped: 49

Q4 Your organization assists residents in which of the following counties? (select all that apply)

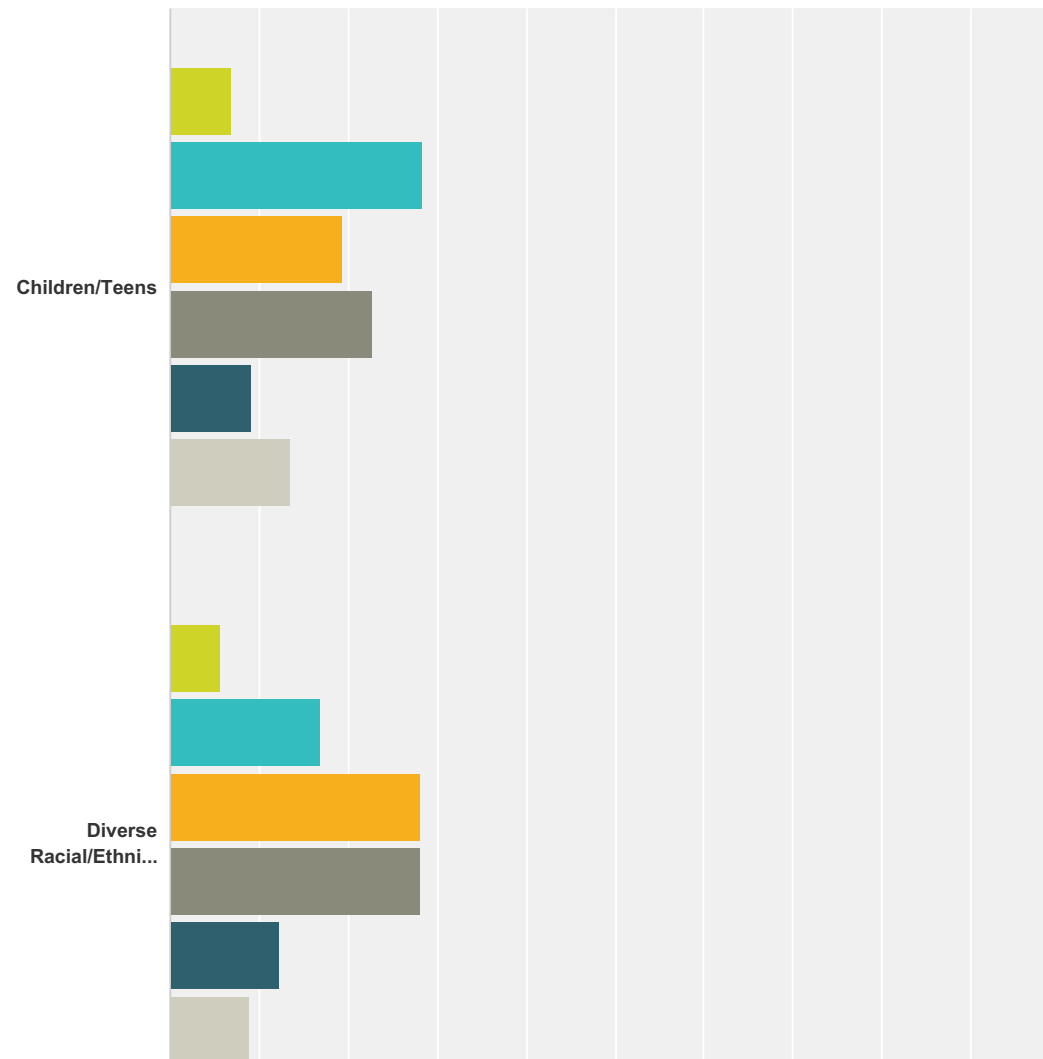
Answered: 119 Skipped: 1



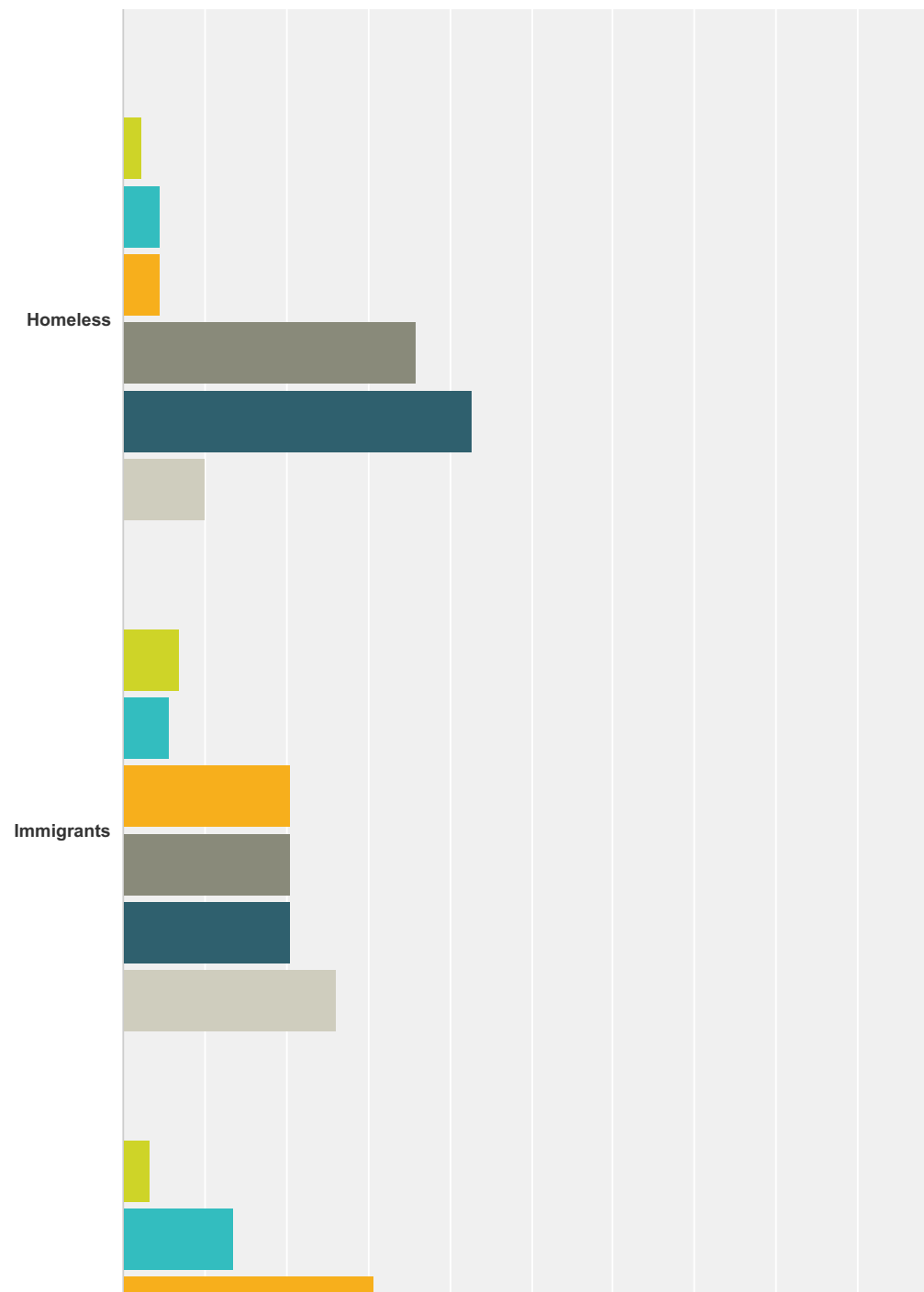
Answer Choices	Responses	
Cherokee	46.22%	55
Smith	83.19%	99
Wood	48.74%	58
Other (please specify)	44.54%	53
Total Respondents: 119		

Q5 How would you categorize the following groups with respect to how well each population's health needs are currently being met? Please select N/A if you do not know or it does not apply.

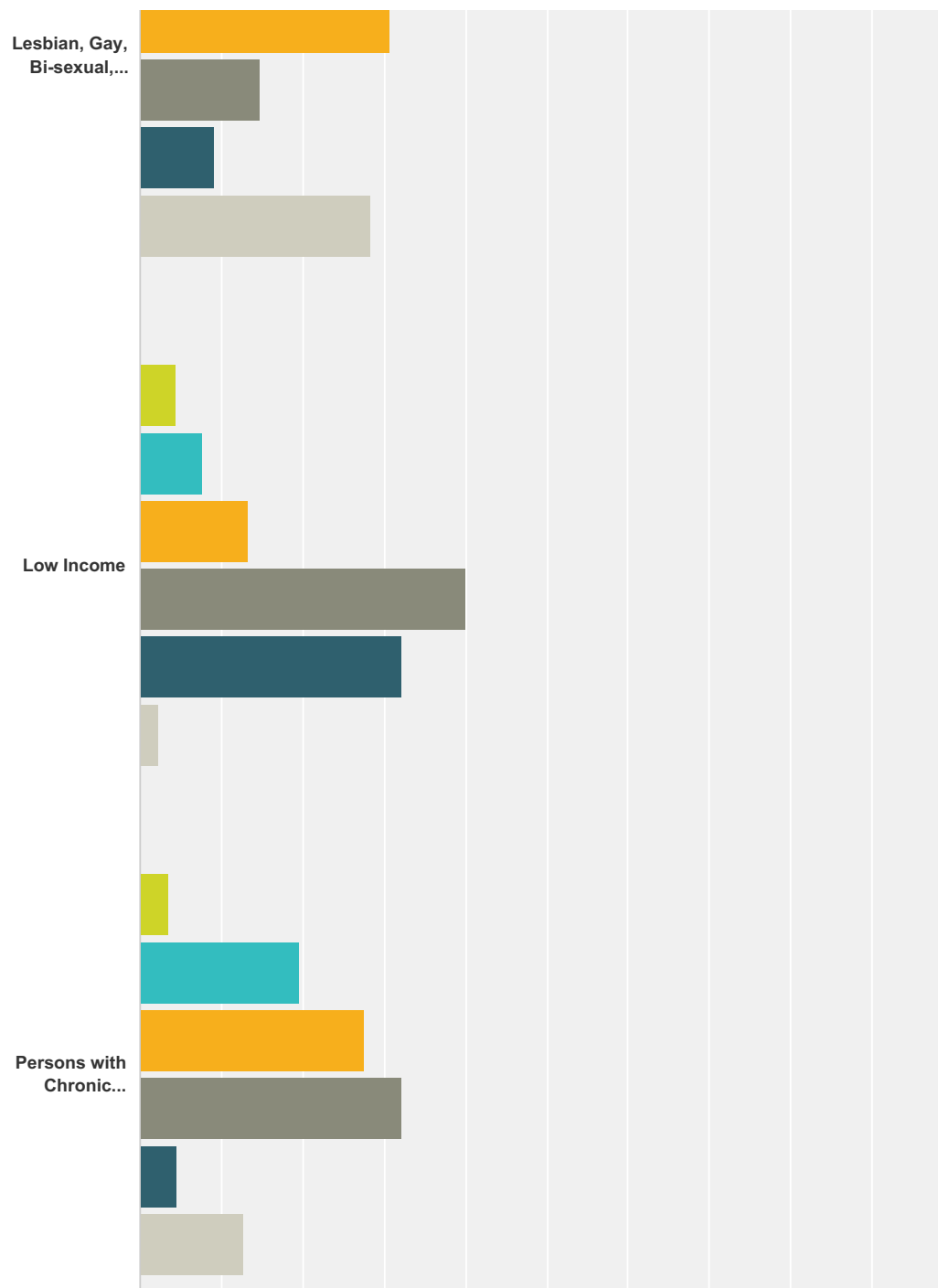
Answered: 91 Skipped: 29



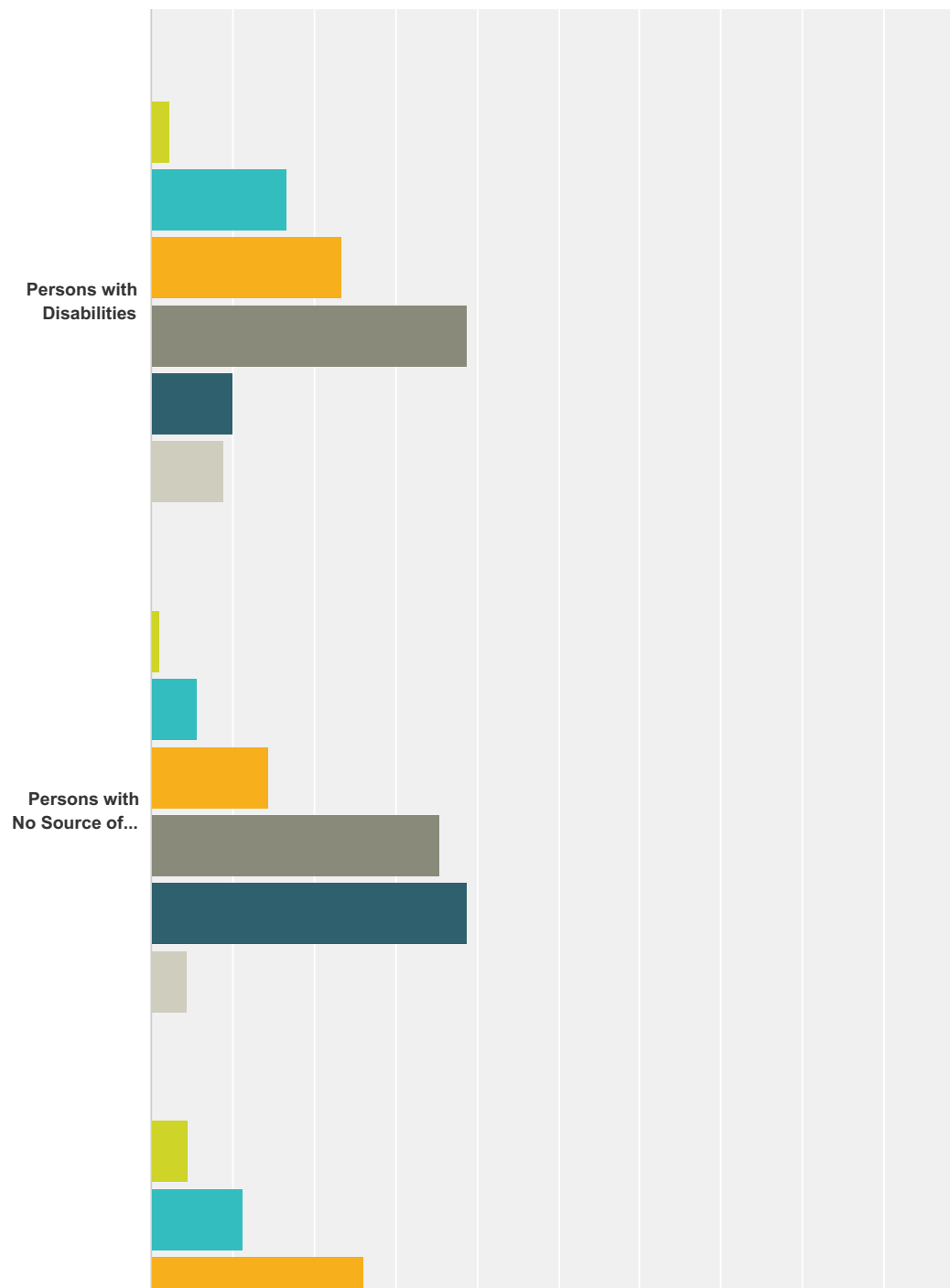
Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey



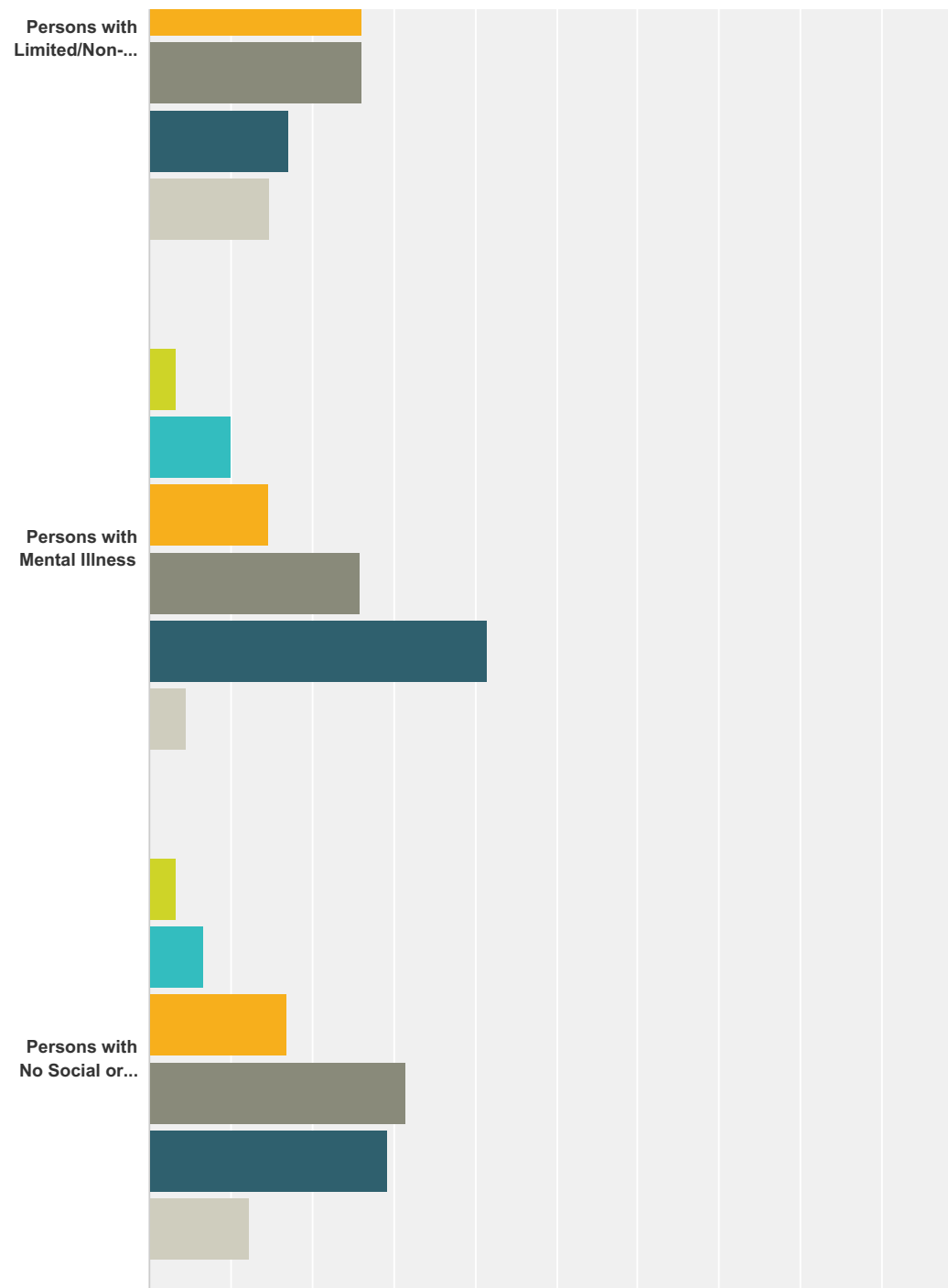
Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey



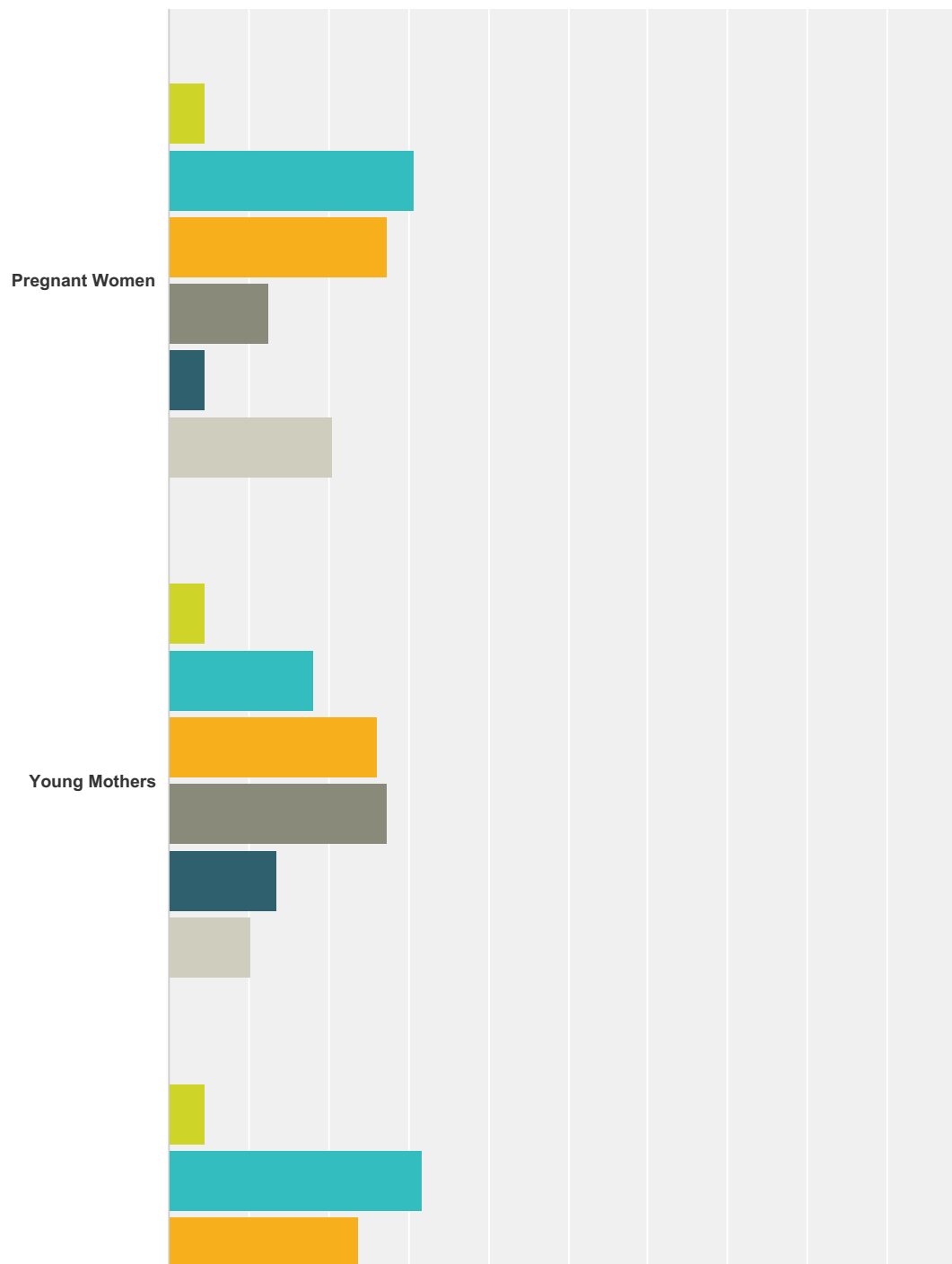
Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey



Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey

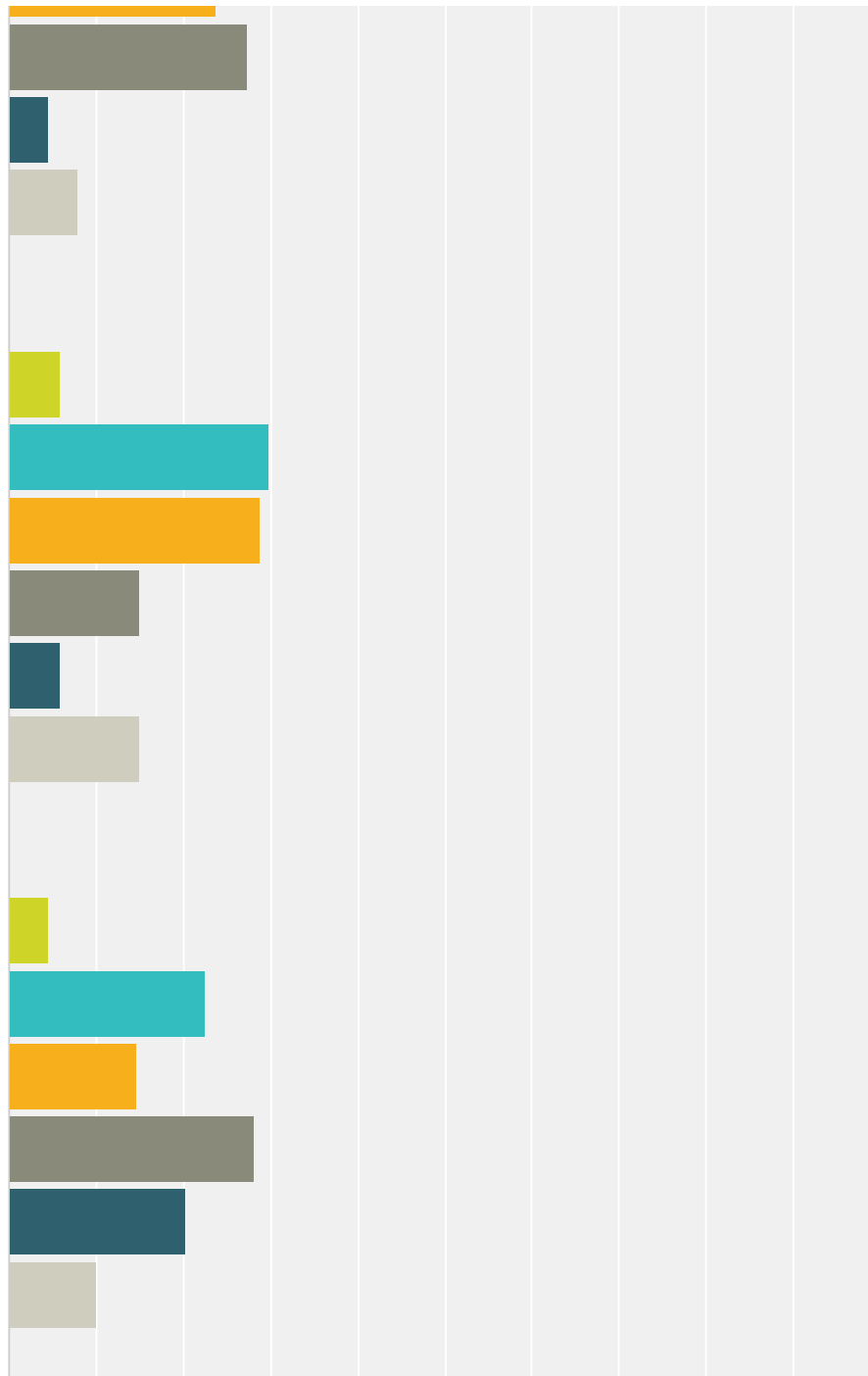


Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey

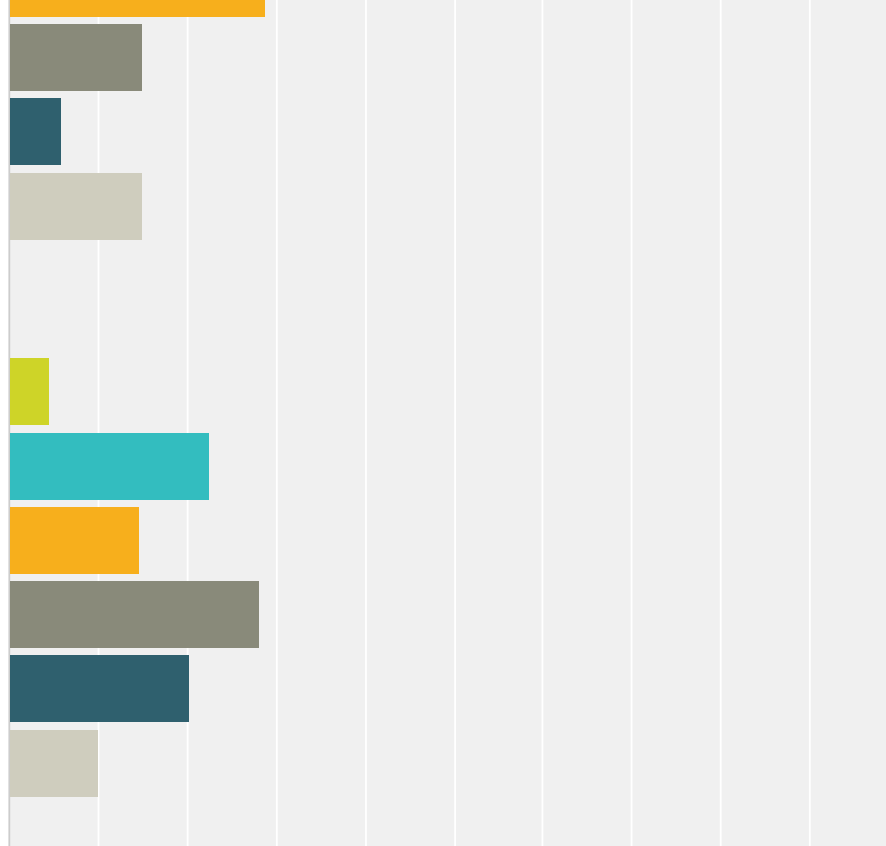


Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey

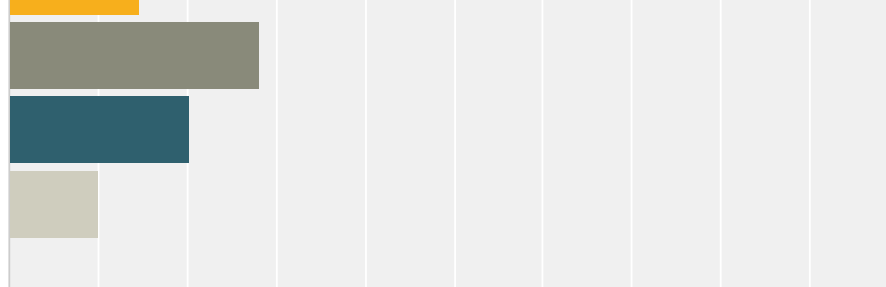
Senior Citizens



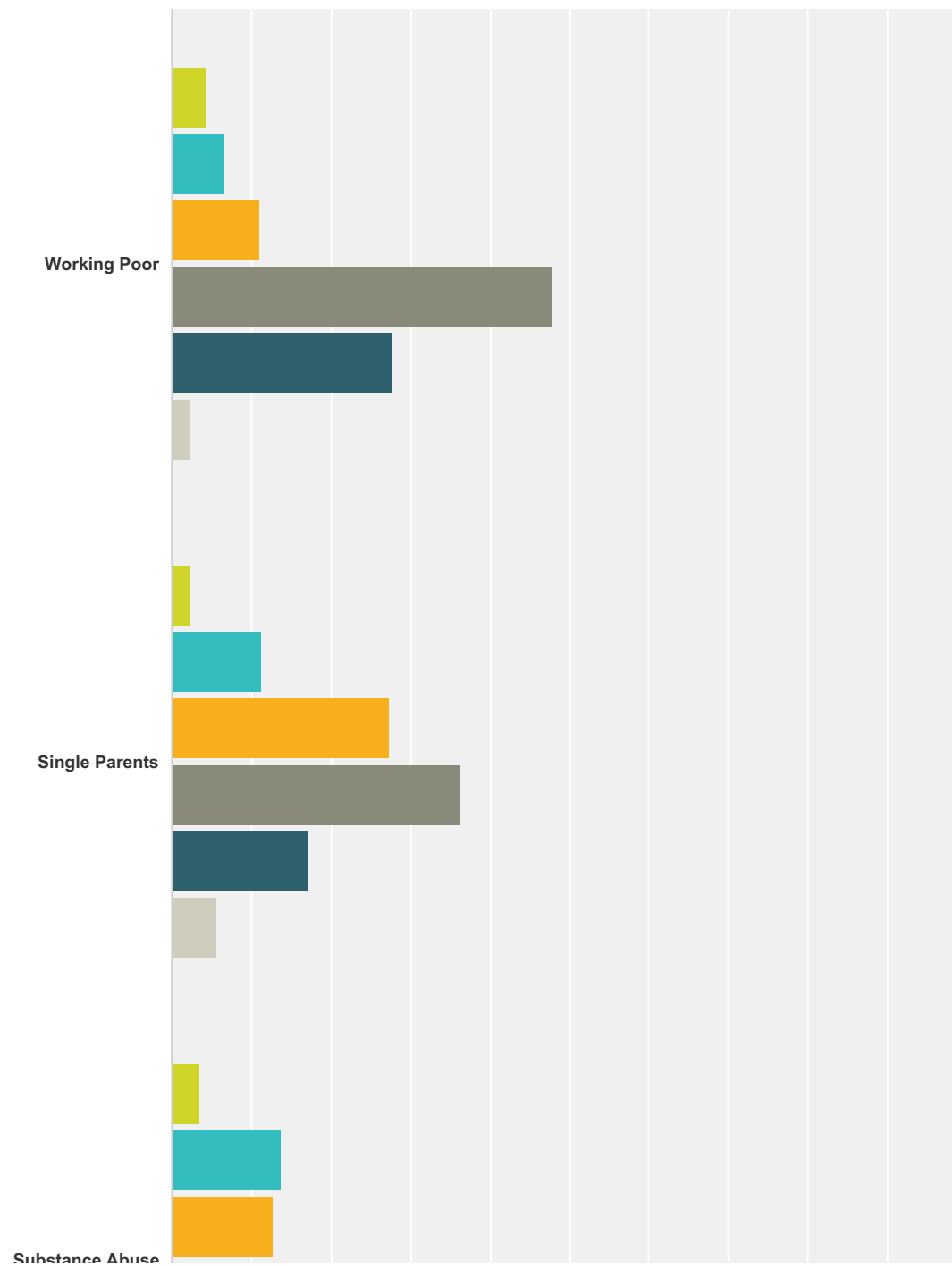
Retirees



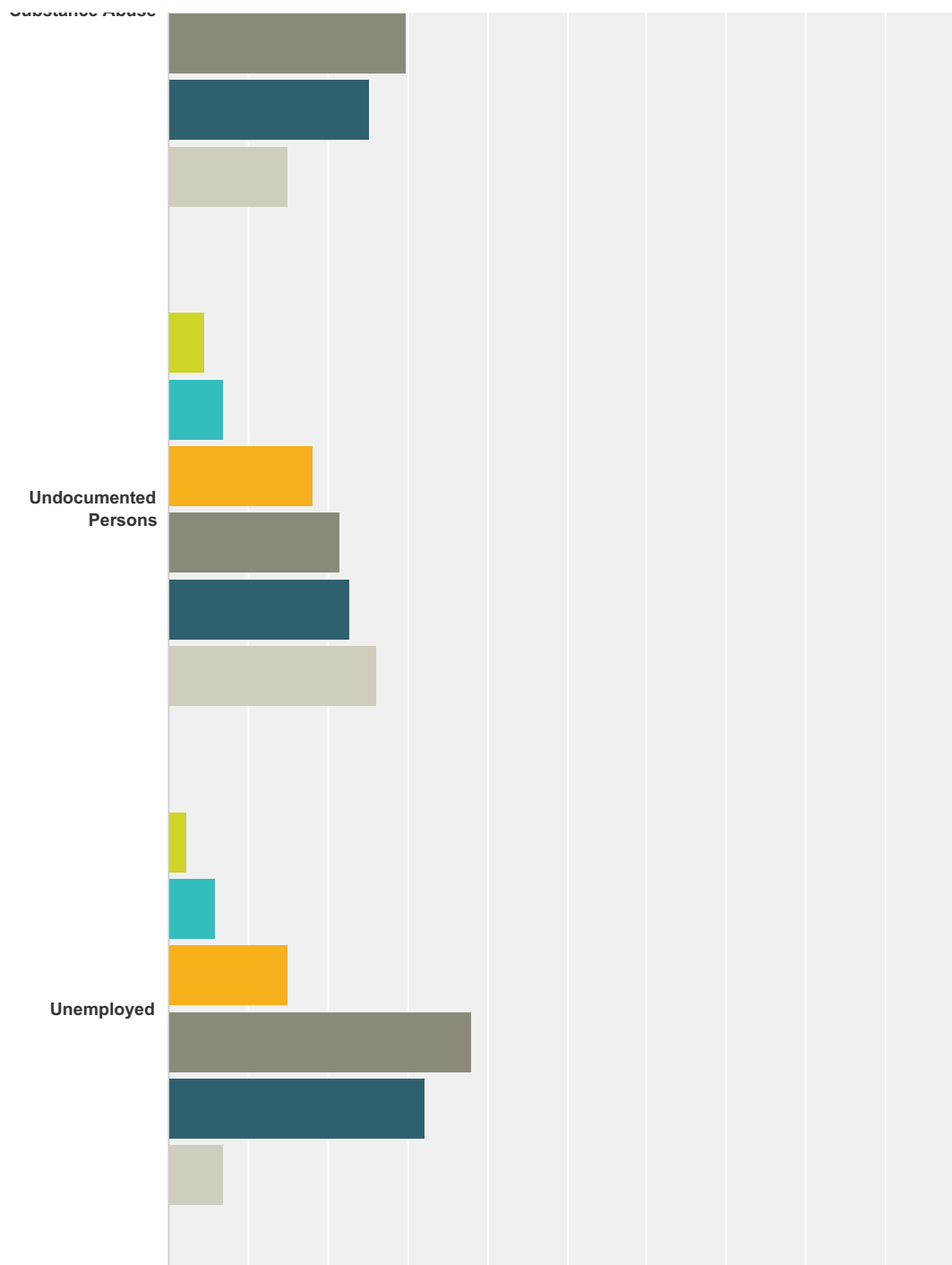
Veterans



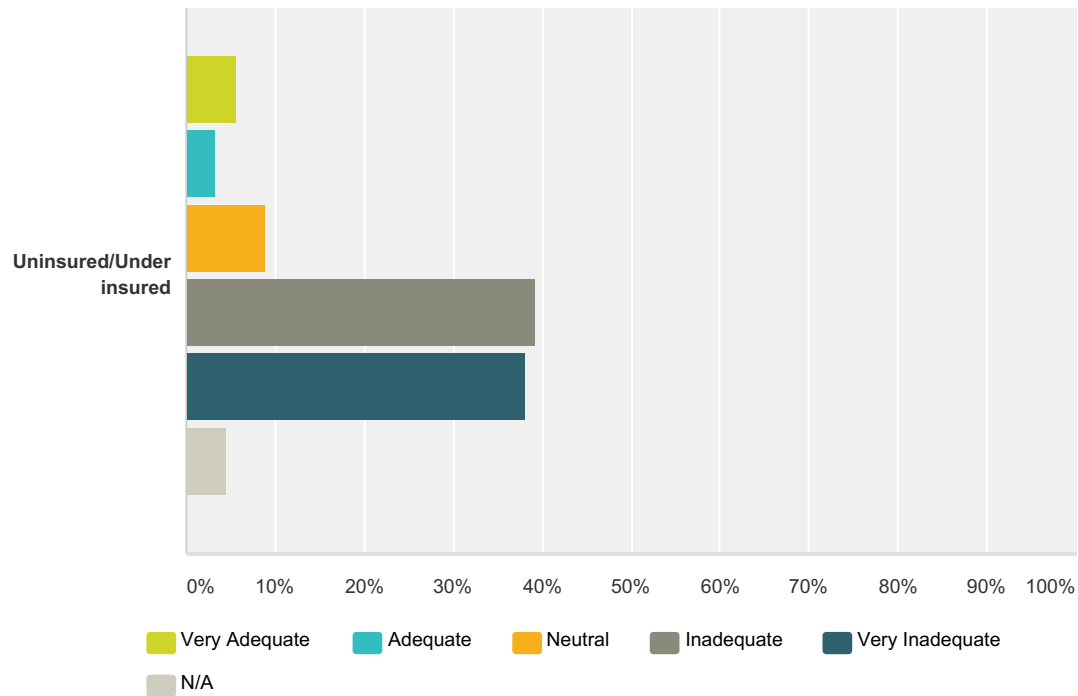
Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey



Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey



Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey



	Very Adequate	Adequate	Neutral	Inadequate	Very Inadequate	N/A	Total
Children/Teens	6.82% 6	28.41% 25	19.32% 17	22.73% 20	9.09% 8	13.64% 12	88
Diverse Racial/Ethnic Groups	5.62% 5	16.85% 15	28.09% 25	28.09% 25	12.36% 11	8.99% 8	89
Homeless	2.25% 2	4.49% 4	4.49% 4	35.96% 32	42.70% 38	10.11% 9	89
Immigrants	6.82% 6	5.68% 5	20.45% 18	20.45% 18	20.45% 18	26.14% 23	88
Lesbian, Gay, Bi-sexual, Trans, and Queer (LGBTQ)	3.41% 3	13.64% 12	30.68% 27	14.77% 13	9.09% 8	28.41% 25	88
Low Income	4.44% 4	7.78% 7	13.33% 12	40.00% 36	32.22% 29	2.22% 2	90
Persons with Chronic Diseases	3.45% 3	19.54% 17	27.59% 24	32.18% 28	4.60% 4	12.64% 11	87

Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey

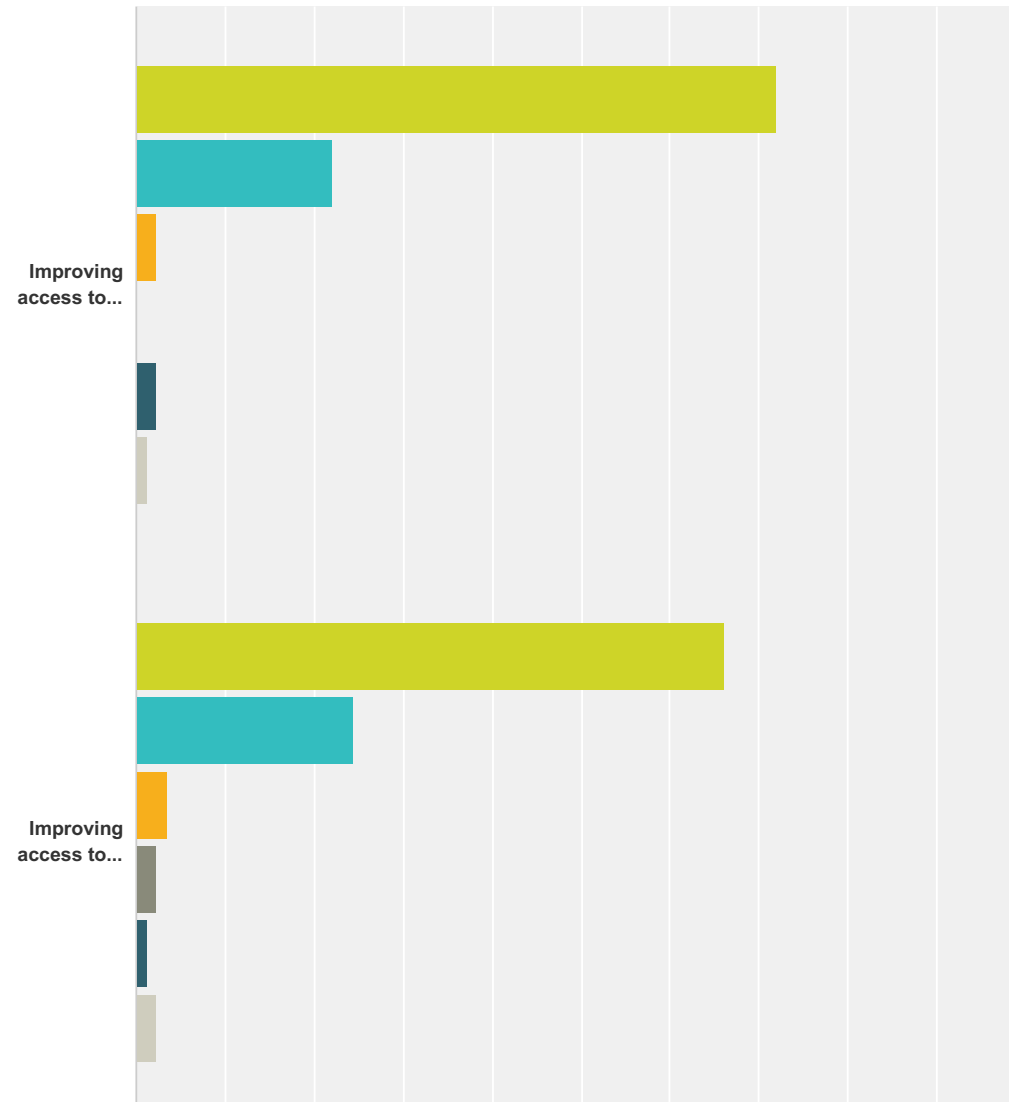
Persons with Disabilities	2.22% 2	16.67% 15	23.33% 21	38.89% 35	10.00% 9	8.89% 8	90
Persons with No Source of Transportation	1.11% 1	5.56% 5	14.44% 13	35.56% 32	38.89% 35	4.44% 4	90
Persons with Limited/Non-English Proficiency	4.55% 4	11.36% 10	26.14% 23	26.14% 23	17.05% 15	14.77% 13	88
Persons with Mental Illness	3.37% 3	10.11% 9	14.61% 13	25.84% 23	41.57% 37	4.49% 4	89
Persons with No Social or Emotional Support	3.37% 3	6.74% 6	16.85% 15	31.46% 28	29.21% 26	12.36% 11	89
Pregnant Women	4.55% 4	30.68% 27	27.27% 24	12.50% 11	4.55% 4	20.45% 18	88
Young Mothers	4.55% 4	18.18% 16	26.14% 23	27.27% 24	13.64% 12	10.23% 9	88
Senior Citizens	4.55% 4	31.82% 28	23.86% 21	27.27% 24	4.55% 4	7.95% 7	88
Retirees	5.75% 5	29.89% 26	28.74% 25	14.94% 13	5.75% 5	14.94% 13	87
Veterans	4.49% 4	22.47% 20	14.61% 13	28.09% 25	20.22% 18	10.11% 9	89
Working Poor	4.44% 4	6.67% 6	11.11% 10	47.78% 43	27.78% 25	2.22% 2	90
Single Parents	2.27% 2	11.36% 10	27.27% 24	36.36% 32	17.05% 15	5.68% 5	88
Substance Abuse	3.45% 3	13.79% 12	12.64% 11	29.89% 26	25.29% 22	14.94% 13	87
Undocumented Persons	4.55% 4	6.82% 6	18.18% 16	21.59% 19	22.73% 20	26.14% 23	88
Unemployed	2.30% 2	5.75% 5	14.94% 13	37.93% 33	32.18% 28	6.90% 6	87
Uninsured/Underinsured	5.62% 5	3.37% 3	8.99% 8	39.33% 35	38.20% 34	4.49% 4	89

Q6 If you selected inadequate or very inadequate for any of the above groups, please elaborate:

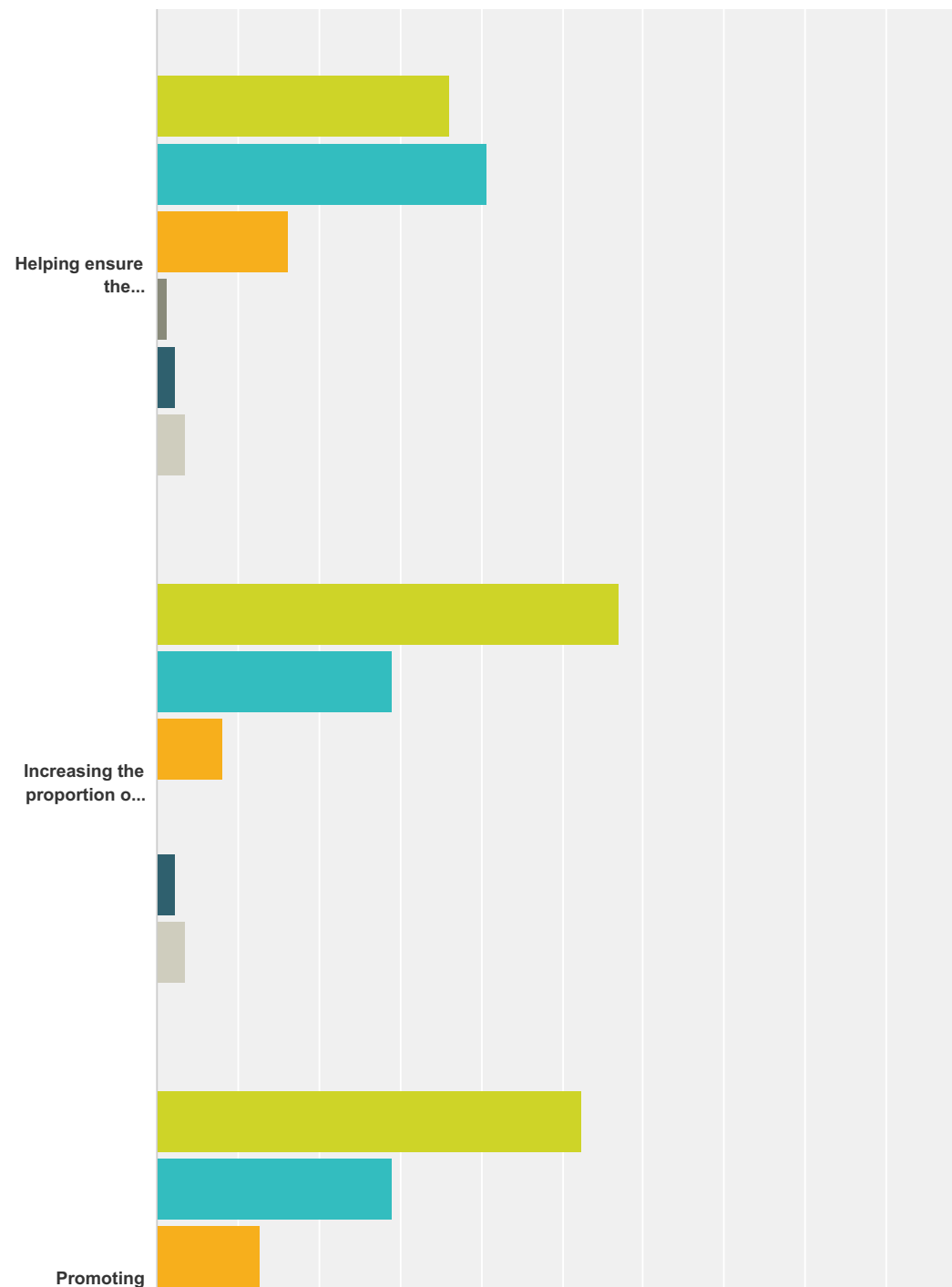
Answered: 63 Skipped: 57

Q7 Please rate the importance of the following health care initiatives for residents in your community. Please select N/A if you do not know or it does not apply.

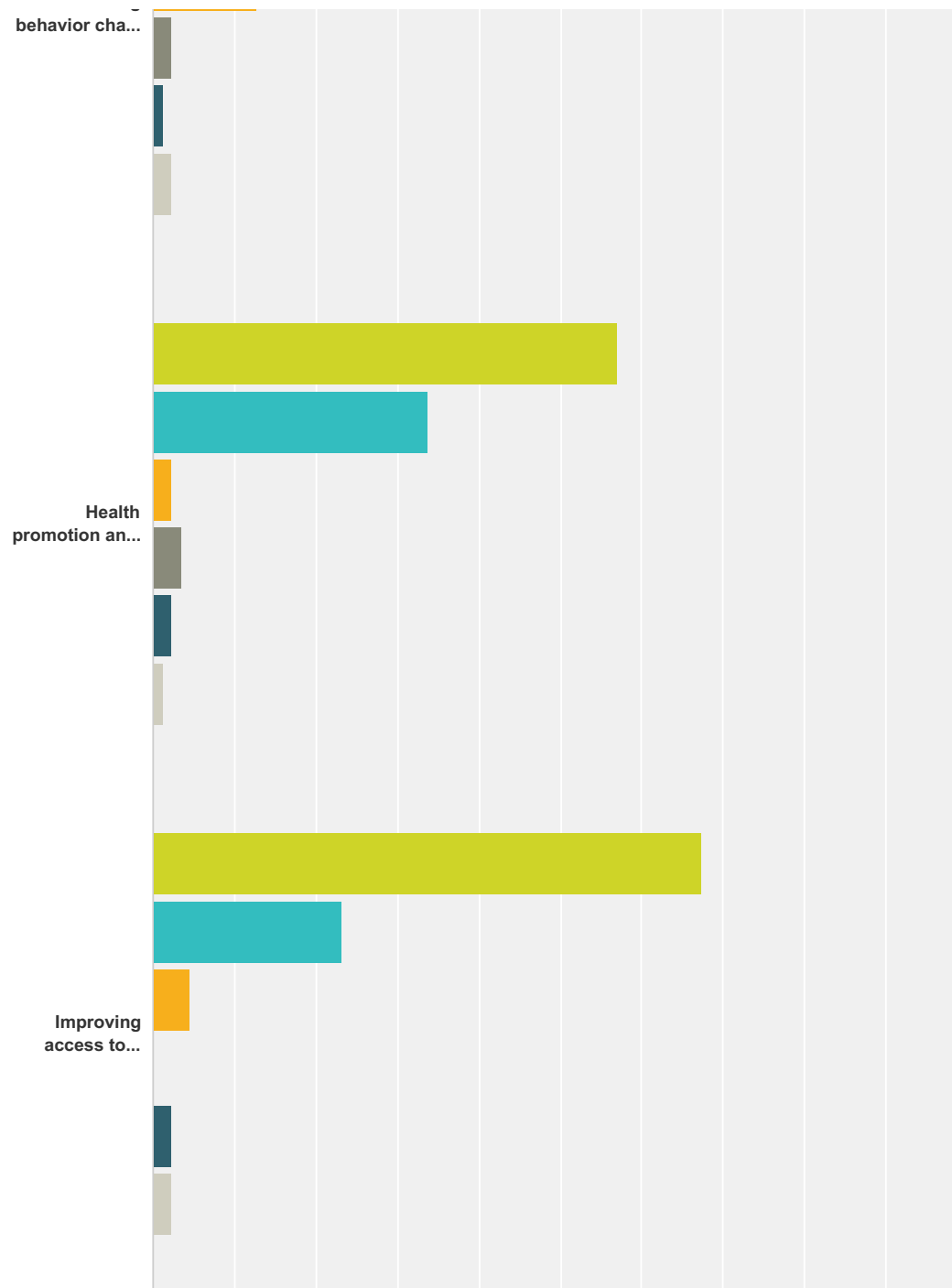
Answered: 86 Skipped: 34



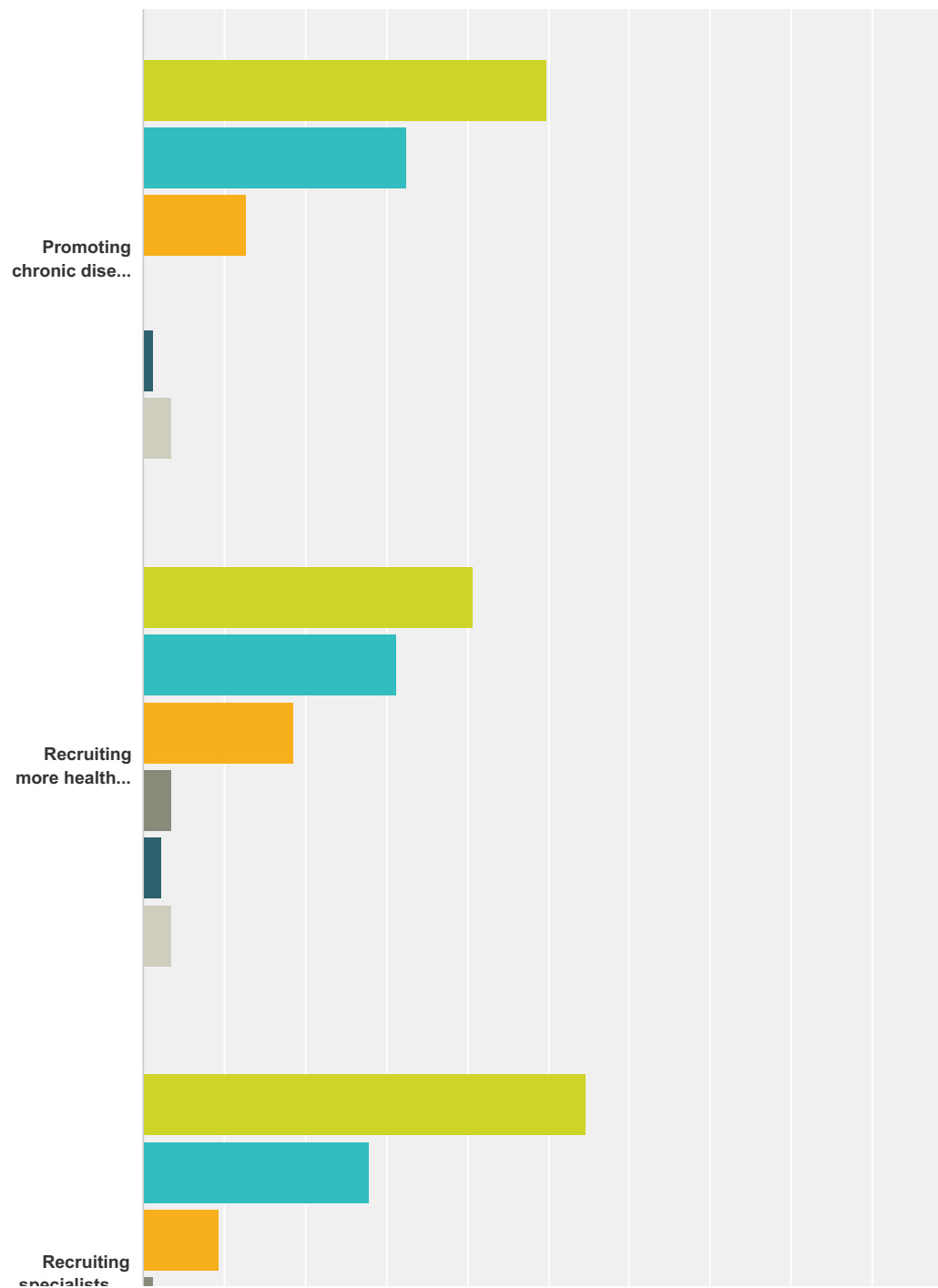
Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey



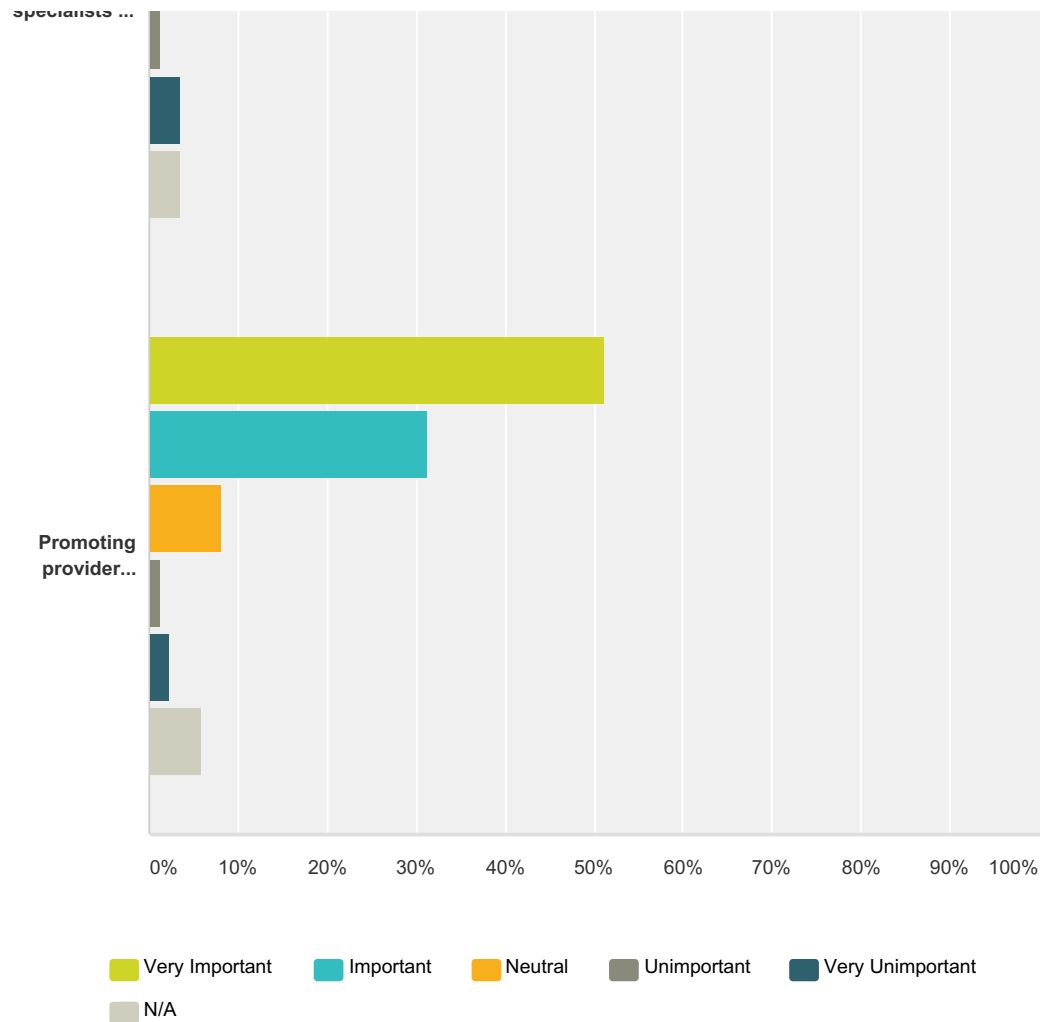
Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey



Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey



Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey



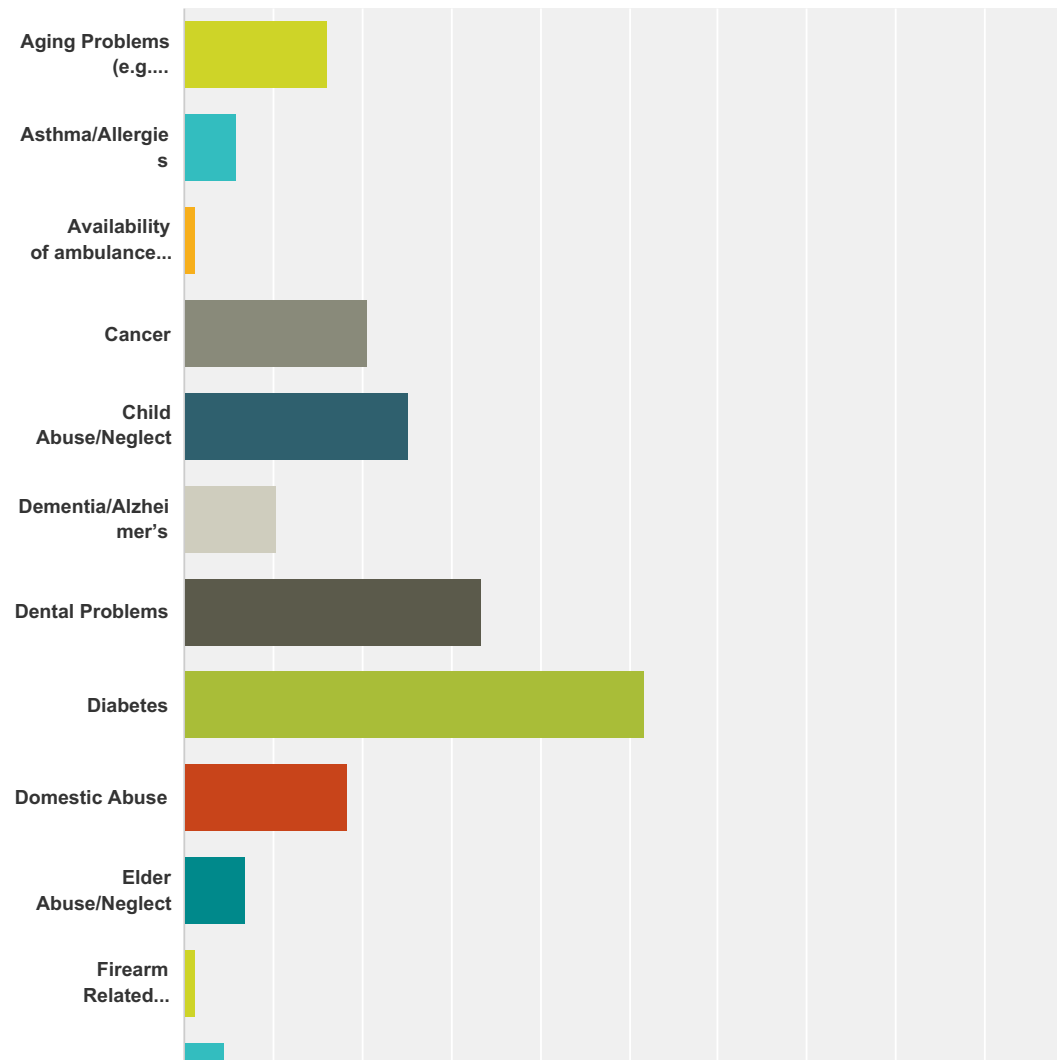
	Very Important	Important	Neutral	Unimportant	Very Unimportant	N/A	Total
Improving access to health care for populations with limited services	72.09% 62	22.09% 19	2.33% 2	0.00% 0	2.33% 2	1.16% 1	86
Improving access to dental care for populations with limited services	66.28% 57	24.42% 21	3.49% 3	2.33% 2	1.16% 1	2.33% 2	86
Helping ensure the availability of cutting edge treatments	36.05% 31	40.70% 35	16.28% 14	1.16% 1	2.33% 2	3.49% 3	86

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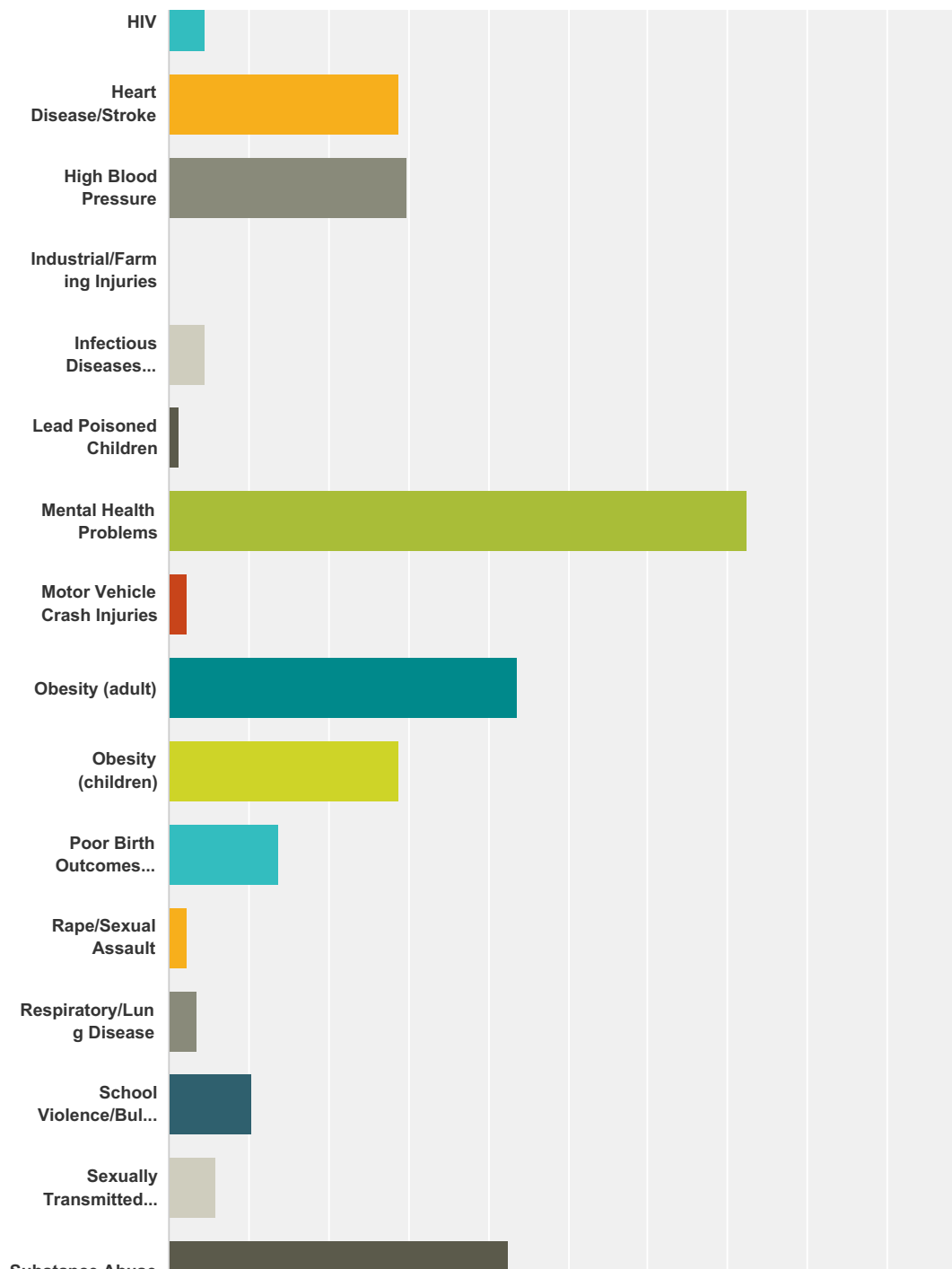
Increasing the proportion of residents who have access to health coverage	56.98% 49	29.07% 25	8.14% 7	0.00% 0	2.33% 2	3.49% 3	86
Promoting behavior change in unhealthy lifestyles	52.33% 45	29.07% 25	12.79% 11	2.33% 2	1.16% 1	2.33% 2	86
Health promotion and preventive education	56.98% 49	33.72% 29	2.33% 2	3.49% 3	2.33% 2	1.16% 1	86
Improving access to preventive care (screenings for chronic diseases, immunizations)	67.44% 58	23.26% 20	4.65% 4	0.00% 0	2.33% 2	2.33% 2	86
Promoting chronic disease management	50.00% 43	32.56% 28	12.79% 11	0.00% 0	1.16% 1	3.49% 3	86
Recruiting more health care providers	40.70% 35	31.40% 27	18.60% 16	3.49% 3	2.33% 2	3.49% 3	86
Recruiting specialists who can provide services that are not currently available	54.65% 47	27.91% 24	9.30% 8	1.16% 1	3.49% 3	3.49% 3	86
Promoting provider connectedness	51.16% 44	31.40% 27	8.14% 7	1.16% 1	2.33% 2	5.81% 5	86

Q8 In the following list, please mark what you think are the FIVE MOST IMPORTANT “Health Problems” in our community (those problems that have the greatest impact on overall community health). Check only five:

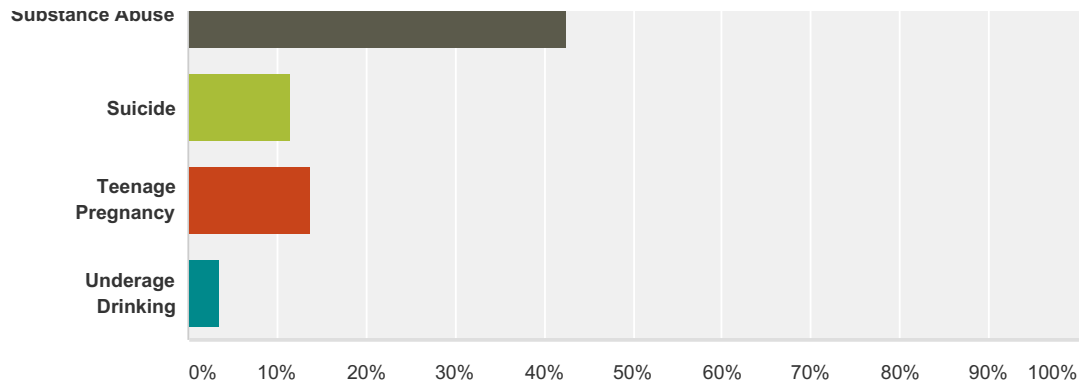
Answered: 87 Skipped: 33



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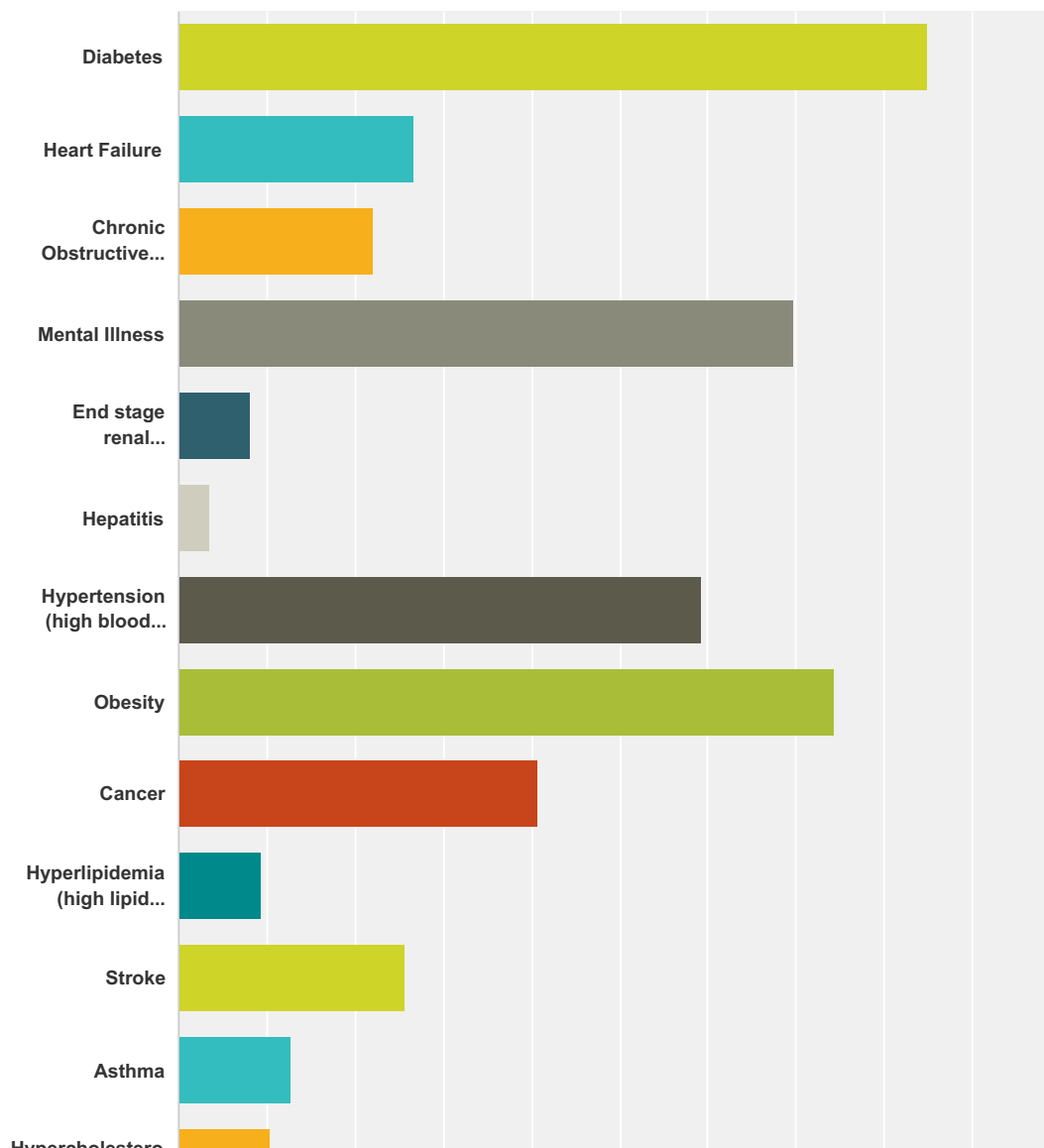
Answer Choices	Responses	
Aging Problems (e.g. arthritis, hearing/vision loss, etc.)	16.09%	14
Asthma/Allergies	5.75%	5
Availability of ambulance services	1.15%	1
Cancer	20.69%	18
Child Abuse/Neglect	25.29%	22
Dementia/Alzheimer's	10.34%	9
Dental Problems	33.33%	29
Diabetes	51.72%	45
Domestic Abuse	18.39%	16
Elder Abuse/Neglect	6.90%	6
Firearm Related Injuries	1.15%	1
HIV	4.60%	4
Heart Disease/Stroke	28.74%	25
High Blood Pressure	29.89%	26
Industrial/Farming Injuries	0.00%	0
Infectious Diseases (Hepatitis, TB, etc.)	4.60%	4

Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey

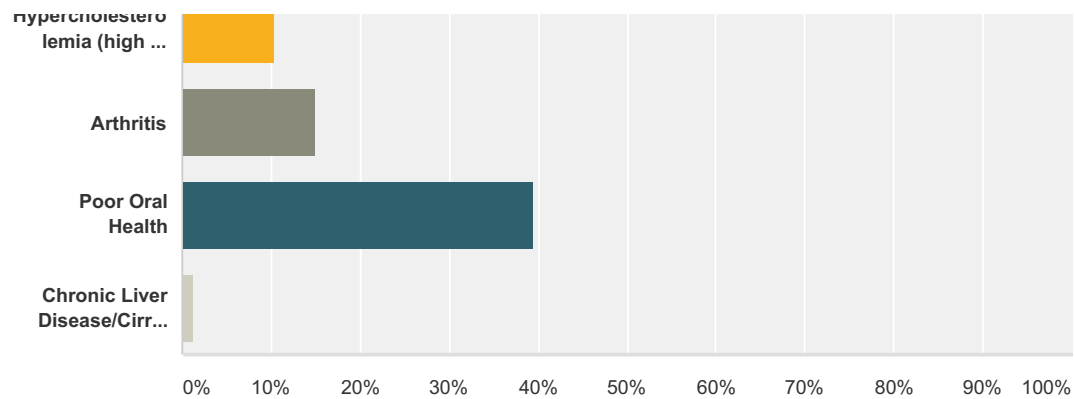
Lead Poisoned Children	1.15%	1
Mental Health Problems	72.41%	63
Motor Vehicle Crash Injuries	2.30%	2
Obesity (adult)	43.68%	38
Obesity (children)	28.74%	25
Poor Birth Outcomes (prematurity, low birth weight, birth defects, etc.)	13.79%	12
Rape/Sexual Assault	2.30%	2
Respiratory/Lung Disease	3.45%	3
School Violence/Bullying	10.34%	9
Sexually Transmitted Diseases/Infections	5.75%	5
Substance Abuse	42.53%	37
Suicide	11.49%	10
Teenage Pregnancy	13.79%	12
Underage Drinking	3.45%	3
Total Respondents: 87		

Q9 Please select the TOP FIVE MOST PREVALENT CHRONIC DISEASES in your community. Check only five:

Answered: 86 Skipped: 34



Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey

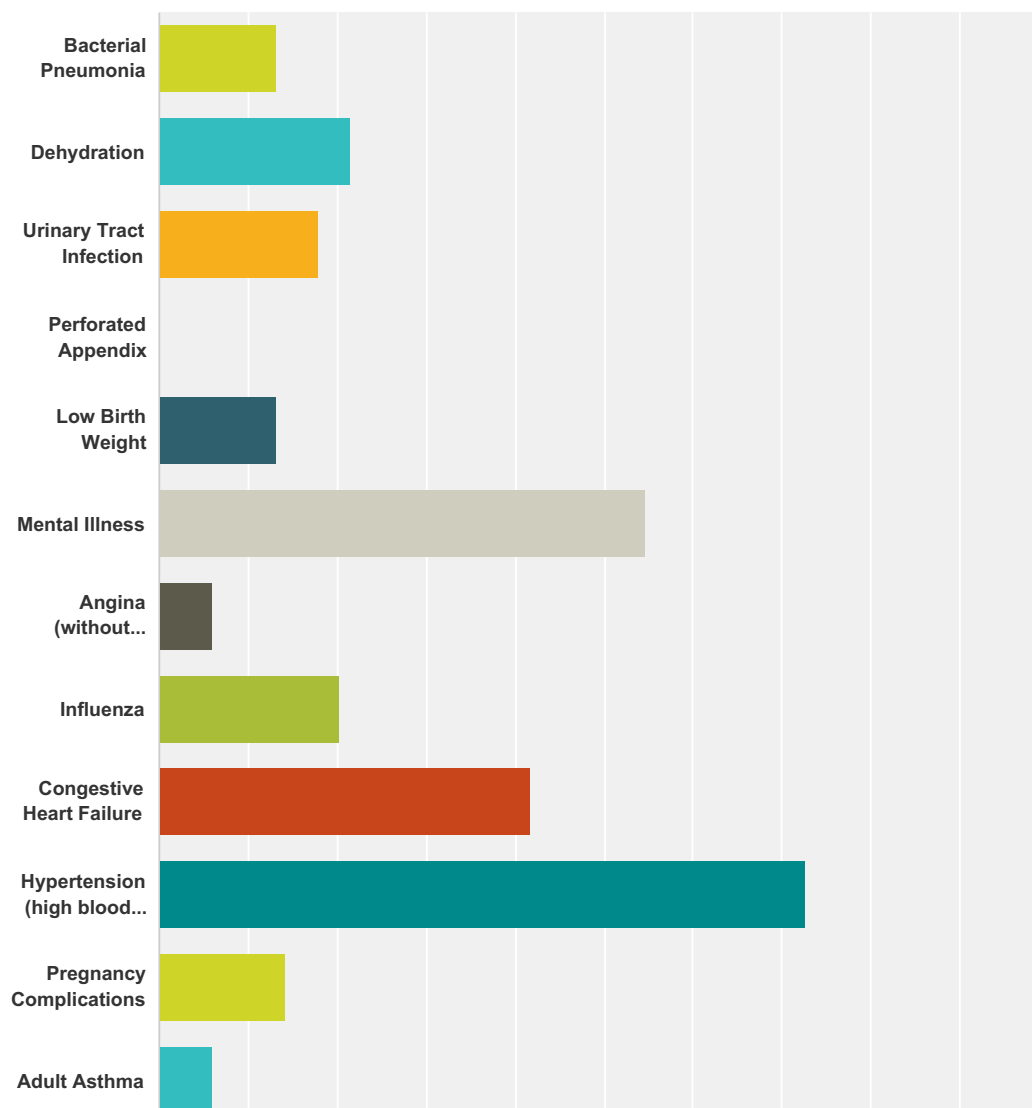


Answer Choices	Responses	
Diabetes	84.88%	73
Heart Failure	26.74%	23
Chronic Obstructive Pulmonary Disease (COPD)	22.09%	19
Mental Illness	69.77%	60
End stage renal disease/Chronic Kidney Disease	8.14%	7
Hepatitis	3.49%	3
Hypertension (high blood pressure)	59.30%	51
Obesity	74.42%	64
Cancer	40.70%	35
Hyperlipidemia (high lipid levels in the bloodstream)	9.30%	8
Stroke	25.58%	22
Asthma	12.79%	11
Hypercholesterolemia (high LDL cholesterol levels)	10.47%	9
Arthritis	15.12%	13
Poor Oral Health	39.53%	34
Chronic Liver Disease/Cirrhosis	1.16%	1

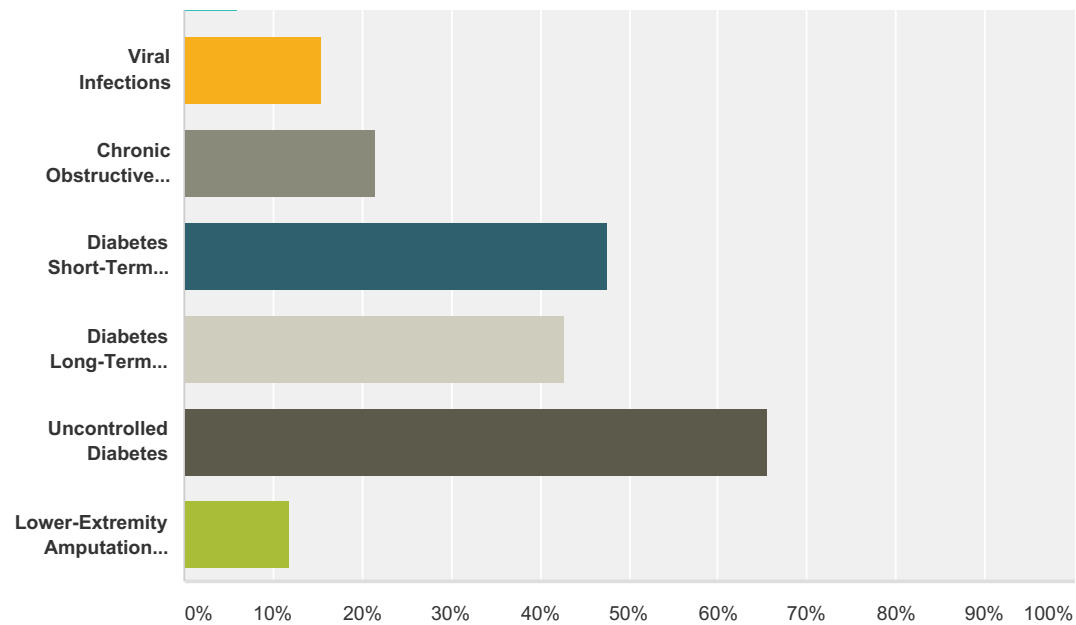
Total Respondents: 86

**Q10 Please select the TOP FIVE
CONDITIONS associated with
PREVENTABLE HOSPITALIZATIONS in your
community. Check only five:**

Answered: 84 Skipped: 36



Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey



Answer Choices	Responses	
Bacterial Pneumonia	13.10%	11
Dehydration	21.43%	18
Urinary Tract Infection	17.86%	15
Perforated Appendix	0.00%	0
Low Birth Weight	13.10%	11
Mental Illness	54.76%	46
Angina (without procedures)	5.95%	5
Influenza	20.24%	17
Congestive Heart Failure	41.67%	35
Hypertension (high blood pressure)	72.62%	61
Pregnancy Complications	14.29%	12

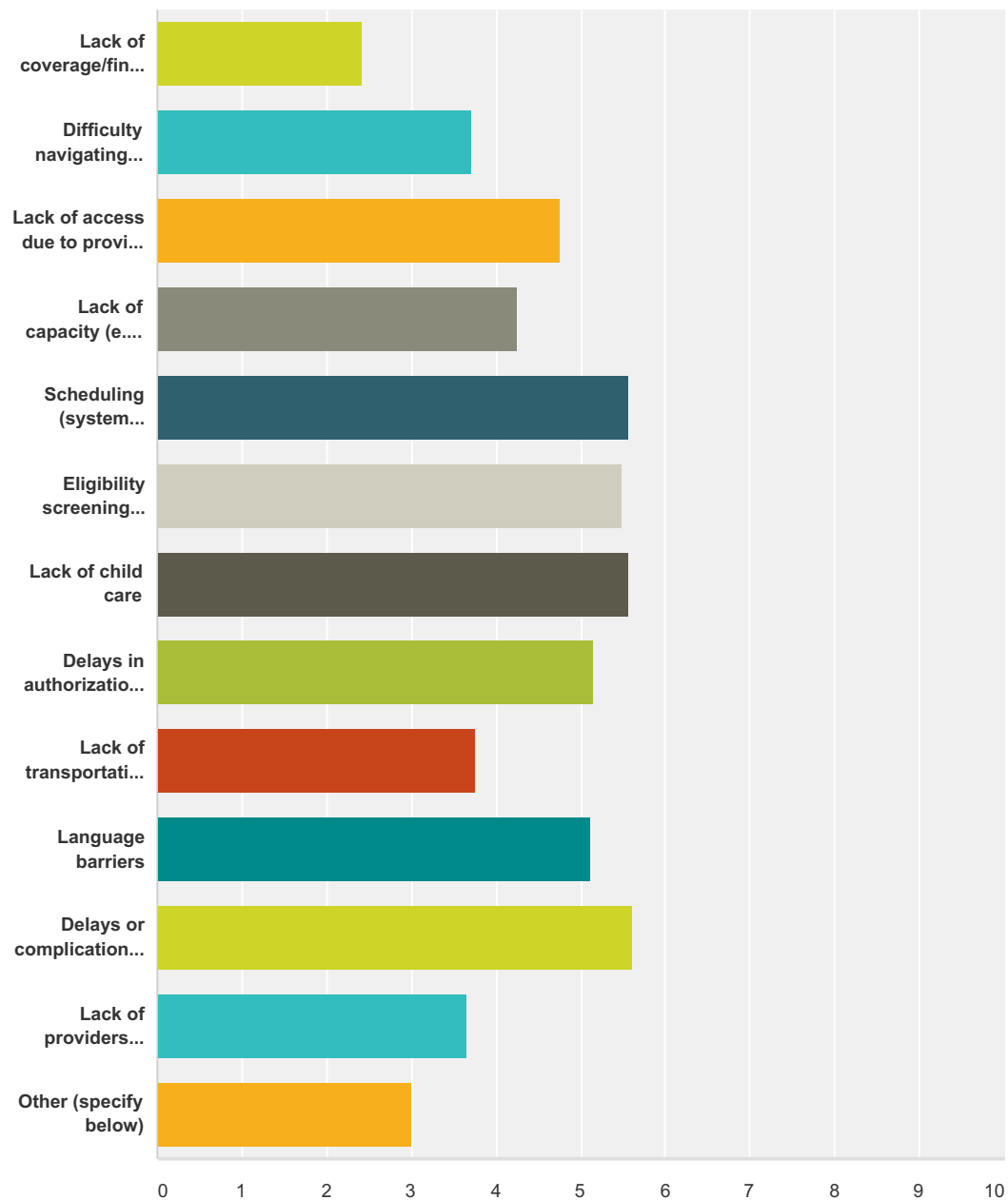
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Adult Asthma	5.95%	5
Viral Infections	15.48%	13
Chronic Obstructive Pulmonary Disease (COPD)	21.43%	18
Diabetes Short-Term Complications	47.62%	40
Diabetes Long-Term Complications	42.86%	36
Uncontrolled Diabetes	65.48%	55
Lower-Extremity Amputation Among Patients with Diabetes	11.90%	10
Total Respondents: 84		

Q11 Please rank the TOP BARRIERS related to access to primary/preventative care for LOW INCOME residents on a scale of 1 to 8. Rank in order of importance with 1 being the most important and 8 being the least important. Each number can be selected only once. Please select N/A if you do not know or it does not apply.

Answered: 78 Skipped: 42

Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey



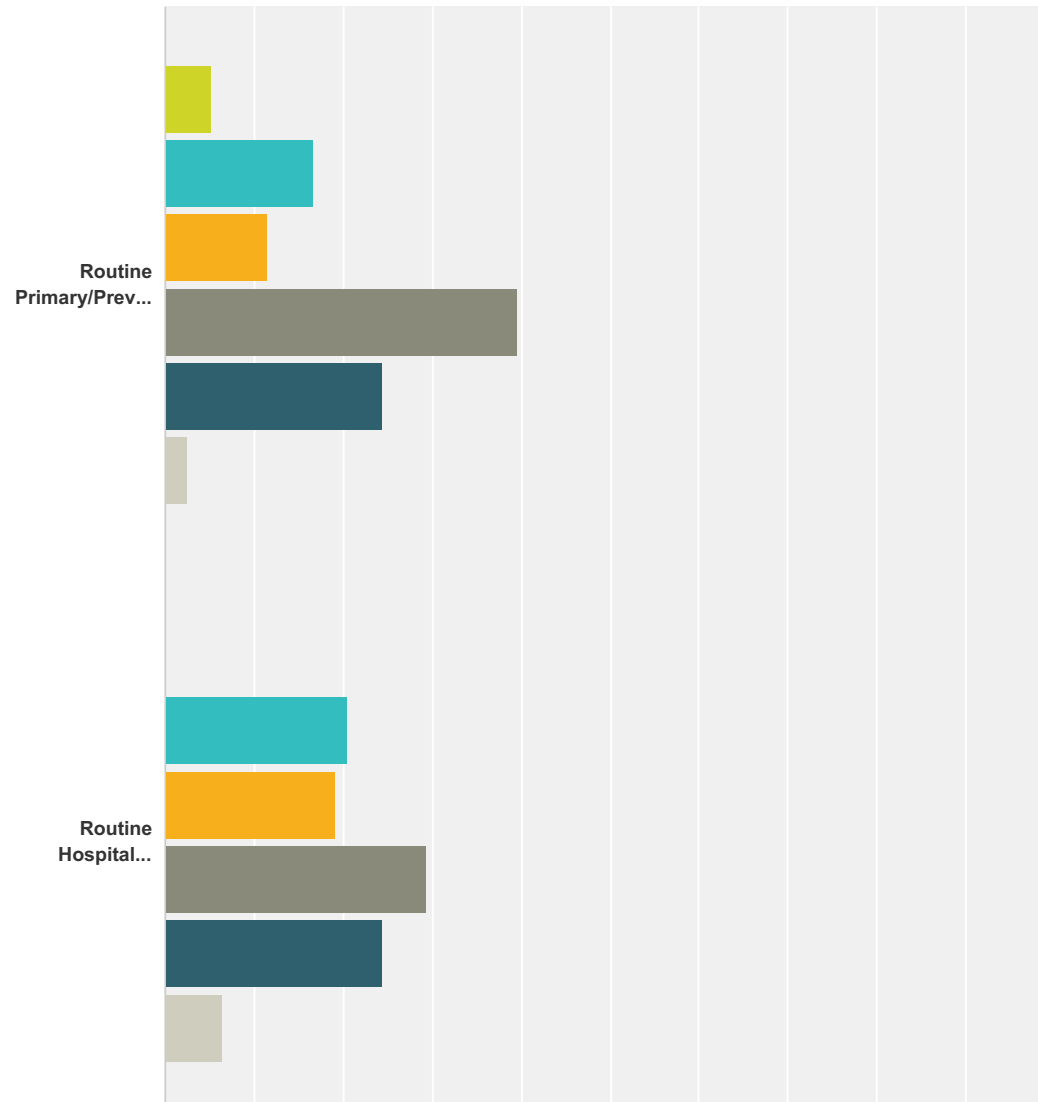
	1	2	3	4	5	6	7	8	N/A	Total	Weighted Average
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Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey

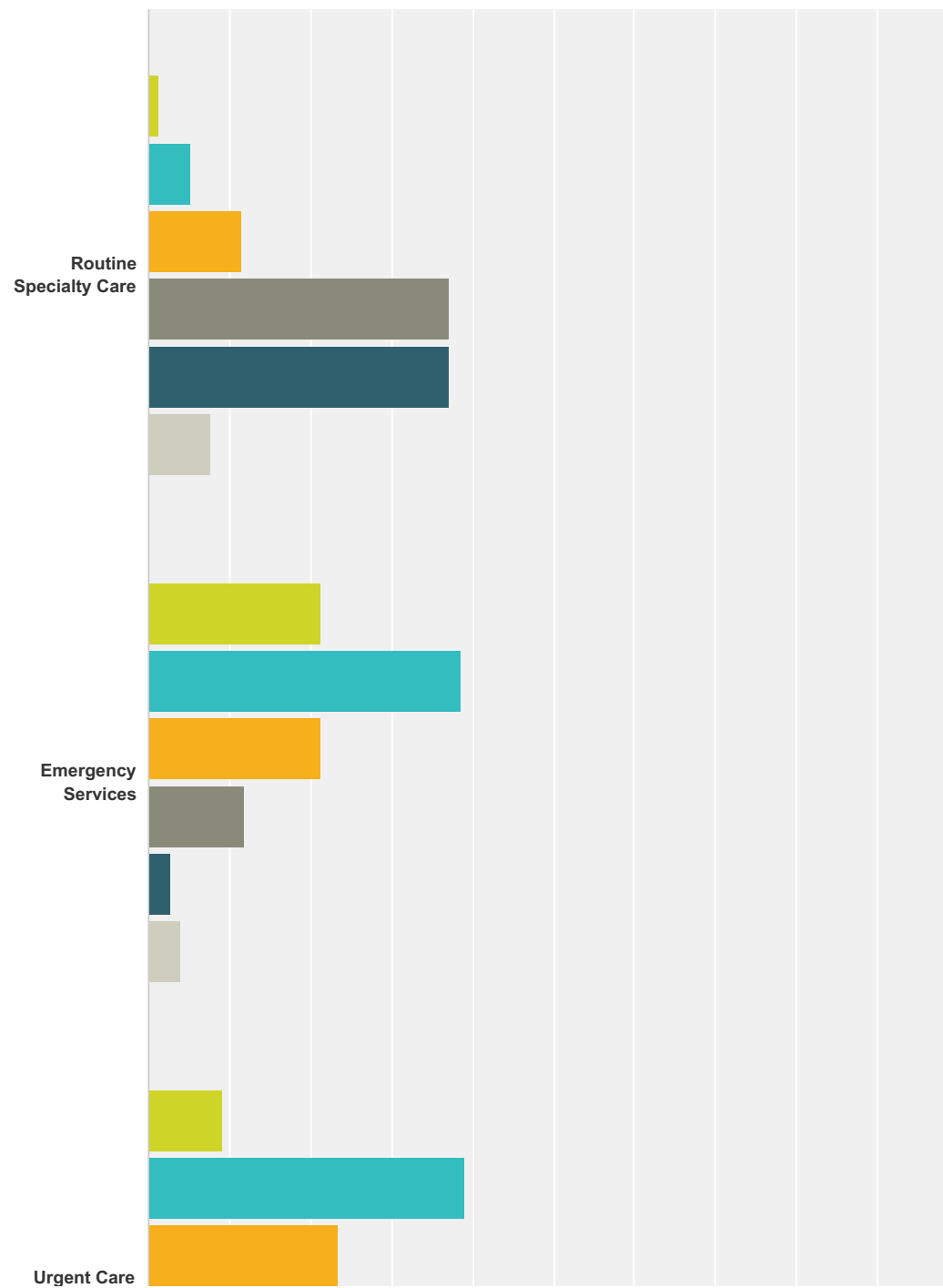
Lack of coverage/financial hardship	53.13% 34	15.63% 10	6.25% 4	4.69% 3	4.69% 3	4.69% 3	9.38% 6	0.00% 0	1.56% 1	64	2.43
Difficulty navigating system/lack of awareness of available resources	21.15% 11	9.62% 5	13.46% 7	19.23% 10	17.31% 9	9.62% 5	7.69% 4	1.92% 1	0.00% 0	52	3.71
Lack of access due to provider distance	2.17% 1	13.04% 6	15.22% 7	17.39% 8	8.70% 4	15.22% 7	15.22% 7	8.70% 4	4.35% 2	46	4.75
Lack of capacity (e.g. insufficient providers/extended wait times)	12.20% 5	4.88% 2	29.27% 12	12.20% 5	7.32% 3	9.76% 4	4.88% 2	14.63% 6	4.88% 2	41	4.26
Scheduling (system inefficiency/non-standardized process)	0.00% 0	7.69% 3	7.69% 3	12.82% 5	10.26% 4	10.26% 4	5.13% 2	25.64% 10	20.51% 8	39	5.58
Eligibility screening process for benefits/covered services	2.33% 1	11.63% 5	4.65% 2	9.30% 4	11.63% 5	11.63% 5	16.28% 7	20.93% 9	11.63% 5	43	5.50
Lack of child care	2.78% 1	5.56% 2	8.33% 3	11.11% 4	5.56% 2	16.67% 6	19.44% 7	16.67% 6	13.89% 5	36	5.58
Delays in authorization/referral approval	0.00% 0	13.95% 6	9.30% 4	6.98% 3	13.95% 6	23.26% 10	11.63% 5	11.63% 5	9.30% 4	43	5.15
Lack of transportation resource	6.78% 4	22.03% 13	22.03% 13	13.56% 8	16.95% 10	8.47% 5	5.08% 3	3.39% 2	1.69% 1	59	3.76
Language barriers	5.41% 2	8.11% 3	5.41% 2	10.81% 4	24.32% 9	13.51% 5	8.11% 3	16.22% 6	8.11% 3	37	5.12
Delays or complications in referrals to services	2.56% 1	5.13% 2	12.82% 5	5.13% 2	15.38% 6	12.82% 5	28.21% 11	15.38% 6	2.56% 1	39	5.61
Lack of providers accepting Medicaid/Medicare	14.29% 9	23.81% 15	15.87% 10	15.87% 10	6.35% 4	6.35% 4	9.52% 6	6.35% 4	1.59% 1	63	3.66
Other (specify below)	6.67% 1	0.00% 0	0.00% 0	13.33% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	80.00% 12	15	3.00

Q12 Please rate the level of difficulty low income patients face when trying to ACCESS health care services. Please select N/A if you do not know or it does not apply.

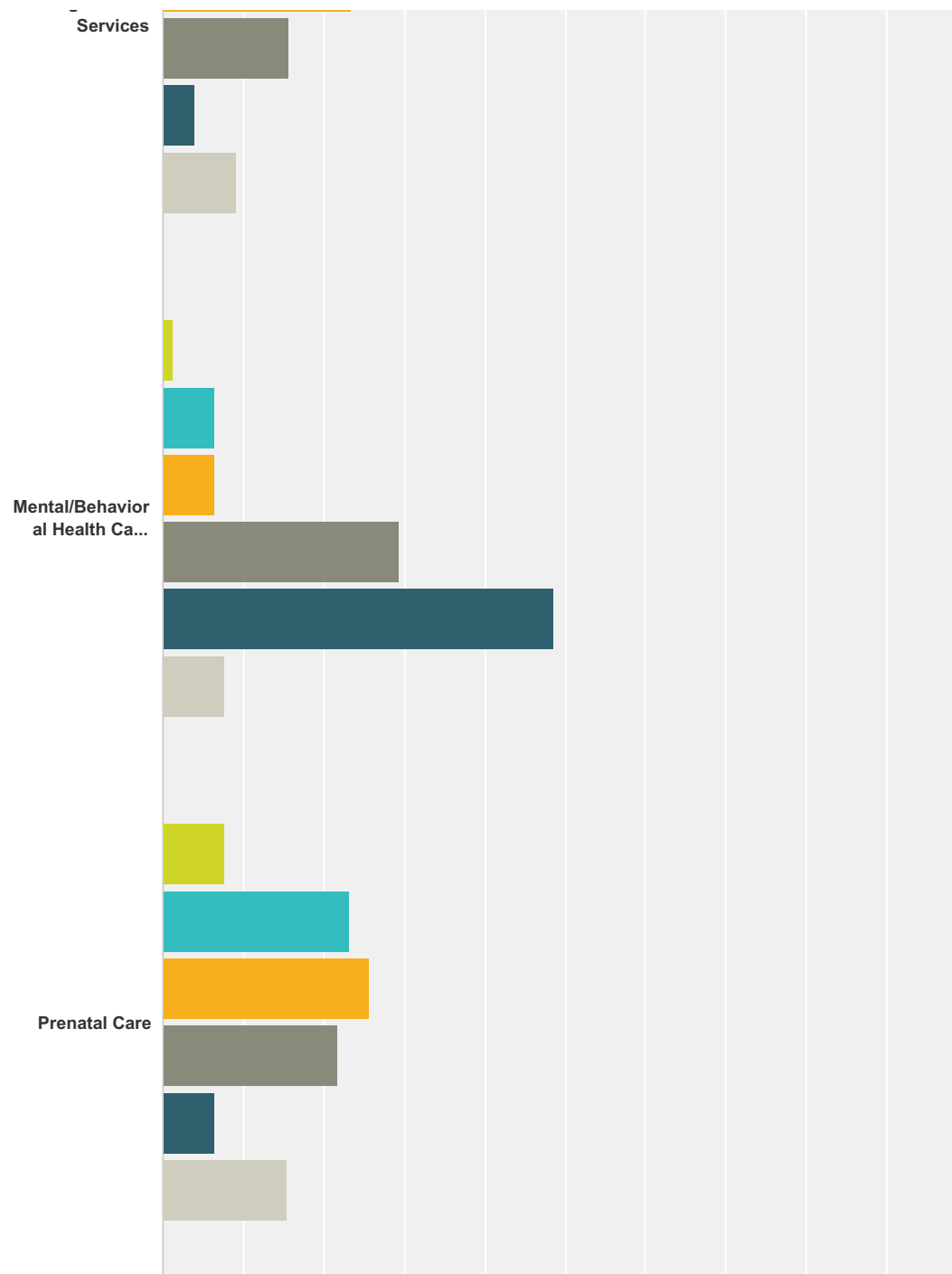
Answered: 78 Skipped: 42



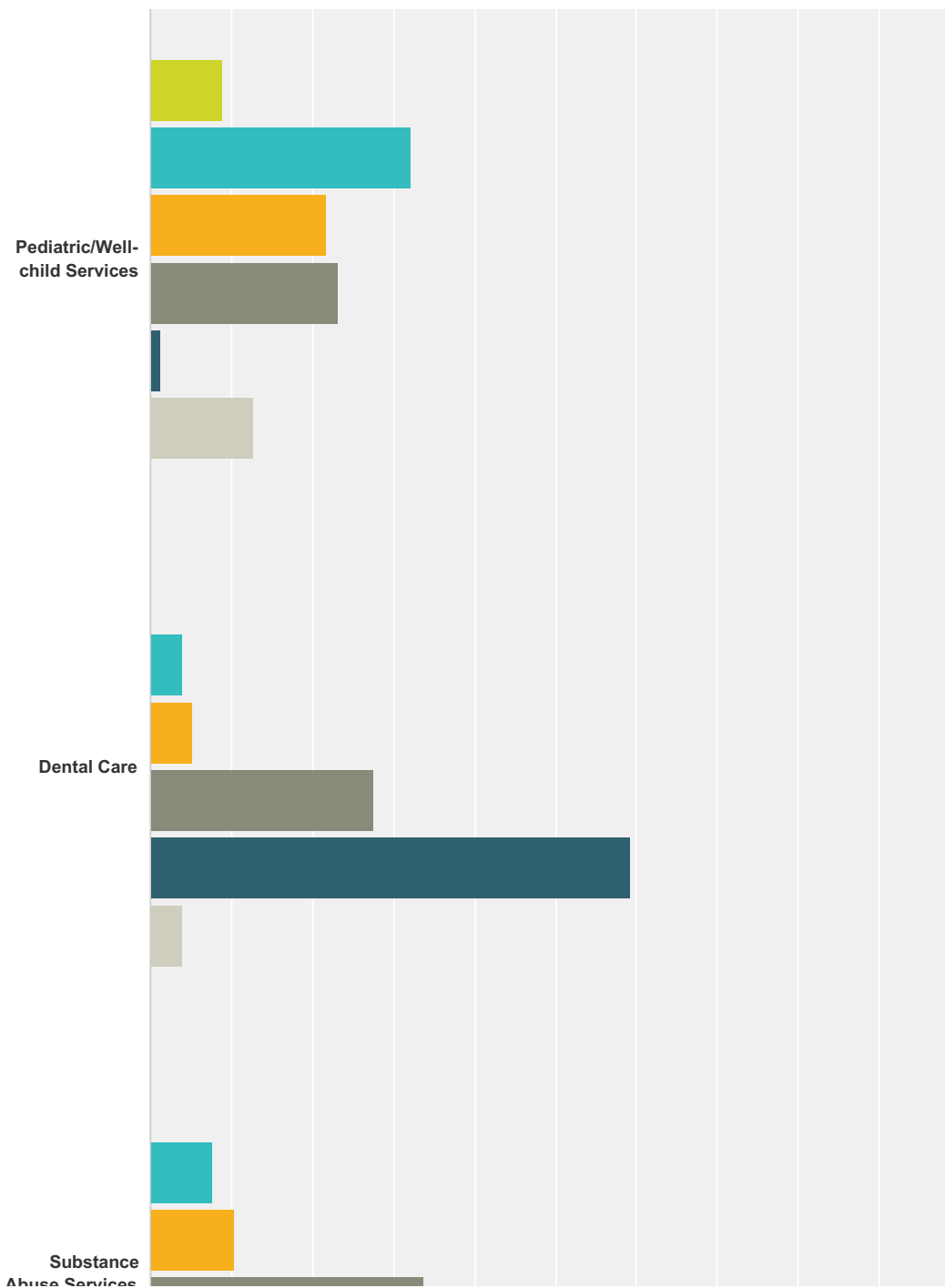
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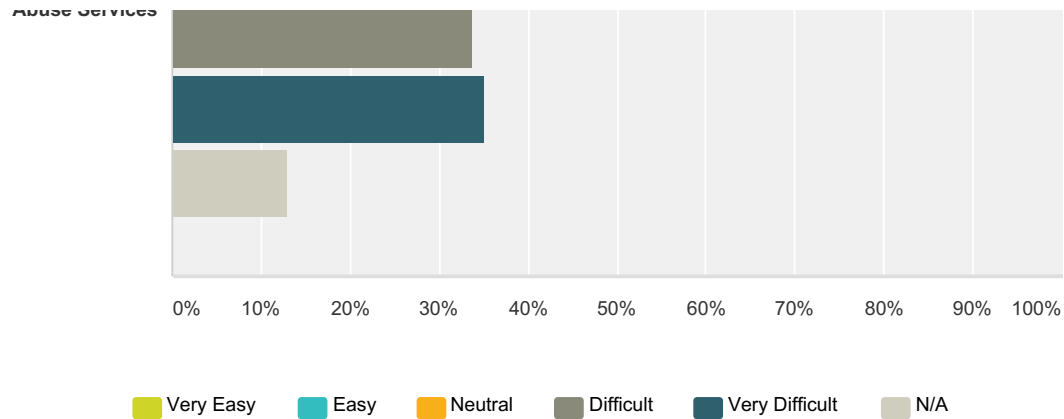
Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey



Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey



Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey

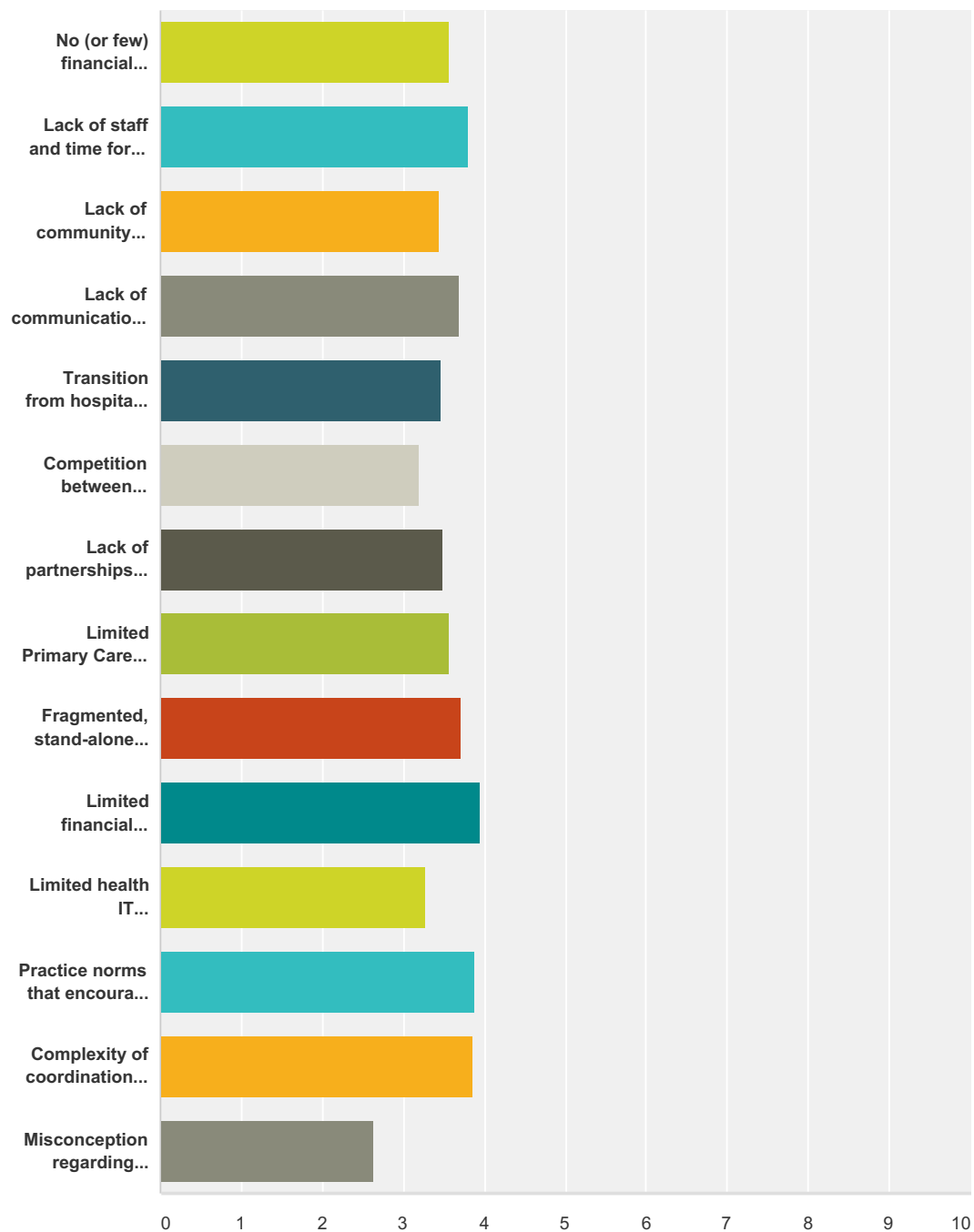


	Very Easy	Easy	Neutral	Difficult	Very Difficult	N/A	Total
Routine Primary/Preventative Care	5.13% 4	16.67% 13	11.54% 9	39.74% 31	24.36% 19	2.56% 2	78
Routine Hospital Services	0.00% 0	20.51% 16	19.23% 15	29.49% 23	24.36% 19	6.41% 5	78
Routine Specialty Care	1.28% 1	5.13% 4	11.54% 9	37.18% 29	37.18% 29	7.69% 6	78
Emergency Services	21.33% 16	38.67% 29	21.33% 16	12.00% 9	2.67% 2	4.00% 3	75
Urgent Care Services	9.09% 7	38.96% 30	23.38% 18	15.58% 12	3.90% 3	9.09% 7	77
Mental/Behavioral Health Care Services	1.28% 1	6.41% 5	6.41% 5	29.49% 23	48.72% 38	7.69% 6	78
Prenatal Care	7.69% 6	23.08% 18	25.64% 20	21.79% 17	6.41% 5	15.38% 12	78
Pediatric/Well-child Services	8.97% 7	32.05% 25	21.79% 17	23.08% 18	1.28% 1	12.82% 10	78
Dental Care	0.00% 0	3.95% 3	5.26% 4	27.63% 21	59.21% 45	3.95% 3	76
Substance Abuse Services	0.00% 0	7.79% 6	10.39% 8	33.77% 26	35.06% 27	12.99% 10	77

Q13 Please rate the following barriers to effective care coordination in your community (1 as not a barrier, 5 as a major barrier). Please select N/A if you do not know or it does not apply.

Answered: 74 Skipped: 46

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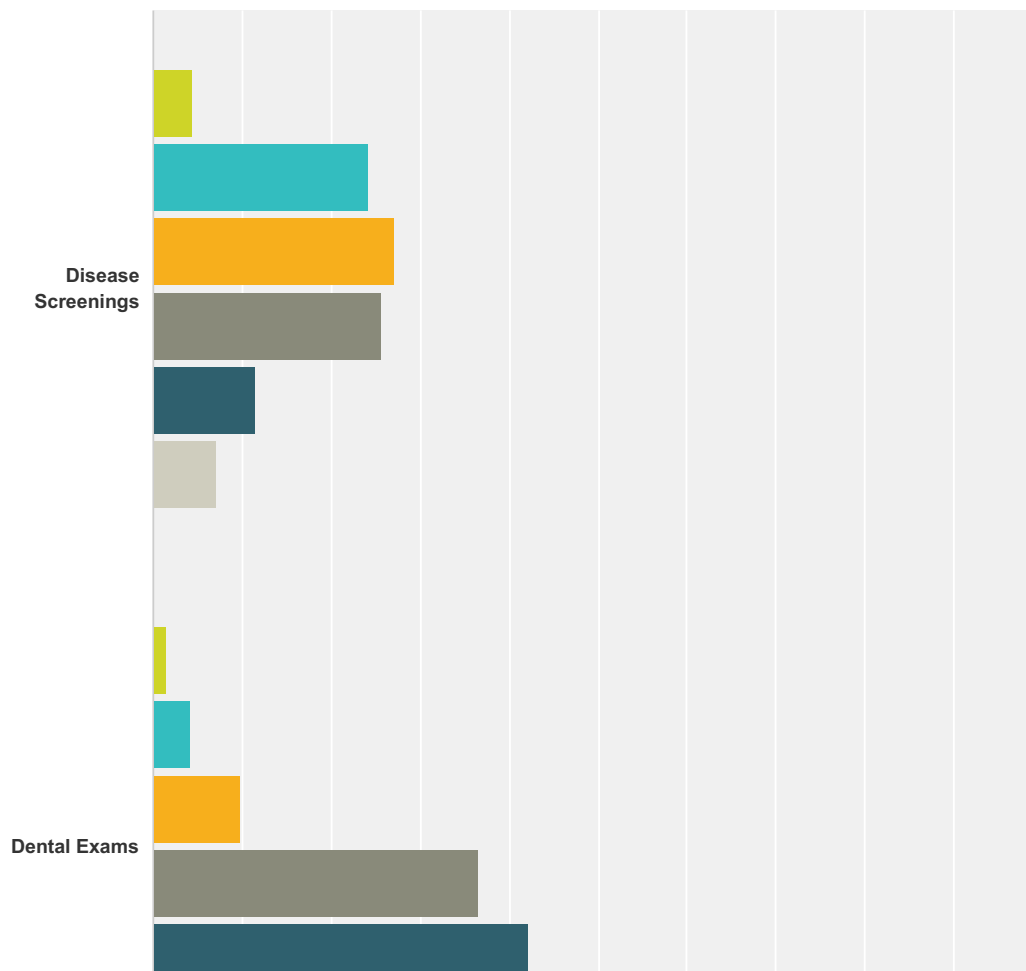
	1	2	3	4	5	N/A	Total	Weighted Average
No (or few) financial incentives or requirements for care coordination for providers	8.22% 6	2.74% 2	24.66% 18	26.03% 19	20.55% 15	17.81% 13	73	3.58
Lack of staff and time for investment in coordination (at the practice and broader community levels)	4.23% 3	4.23% 3	25.35% 18	25.35% 18	28.17% 20	12.68% 9	71	3.79
Lack of community involvement	5.56% 4	11.11% 8	26.39% 19	29.17% 21	16.67% 12	11.11% 8	72	3.45
Lack of communication between health care facilities and providers	5.48% 4	10.96% 8	21.92% 16	19.18% 14	32.88% 24	9.59% 7	73	3.70
Transition from hospital setting to primary care provider	5.56% 4	11.11% 8	29.17% 21	25.00% 18	19.44% 14	9.72% 7	72	3.46
Competition between facilities	11.11% 8	13.89% 10	22.22% 16	16.67% 12	18.06% 13	18.06% 13	72	3.20
Lack of partnerships across community organizations	9.46% 7	5.41% 4	25.68% 19	31.08% 23	18.92% 14	9.46% 7	74	3.49
Limited Primary Care provider involvement in inpatient care	5.56% 4	6.94% 5	23.61% 17	27.78% 20	19.44% 14	16.67% 12	72	3.58
Fragmented, stand-alone services, rather than an integrated delivery system	6.94% 5	6.94% 5	20.83% 15	25.00% 18	30.56% 22	9.72% 7	72	3.72
Limited financial integration across most providers	4.17% 3	4.17% 3	16.67% 12	25.00% 18	33.33% 24	16.67% 12	72	3.95
Limited health IT infrastructure and interoperability	6.85% 5	9.59% 7	31.51% 23	23.29% 17	10.96% 8	17.81% 13	73	3.27
Practice norms that encourage clinicians to act in silos rather than coordinate with each other	1.39% 1	6.94% 5	22.22% 16	25.00% 18	30.56% 22	13.89% 10	72	3.89
Complexity of coordination for patients with high levels of need and/or with frequent hospital and clinic visits	2.74% 2	12.33% 9	12.33% 9	30.14% 22	32.88% 24	9.59% 7	73	3.86
Misconception regarding privacy laws and limits to information sharing/access (HIPAA)	17.81% 13	20.55% 15	24.66% 18	9.59% 7	8.22% 6	19.18% 14	73	2.63

Q14 If you selected 4 or 5 (substantial barriers) for any of the above groups, please elaborate:

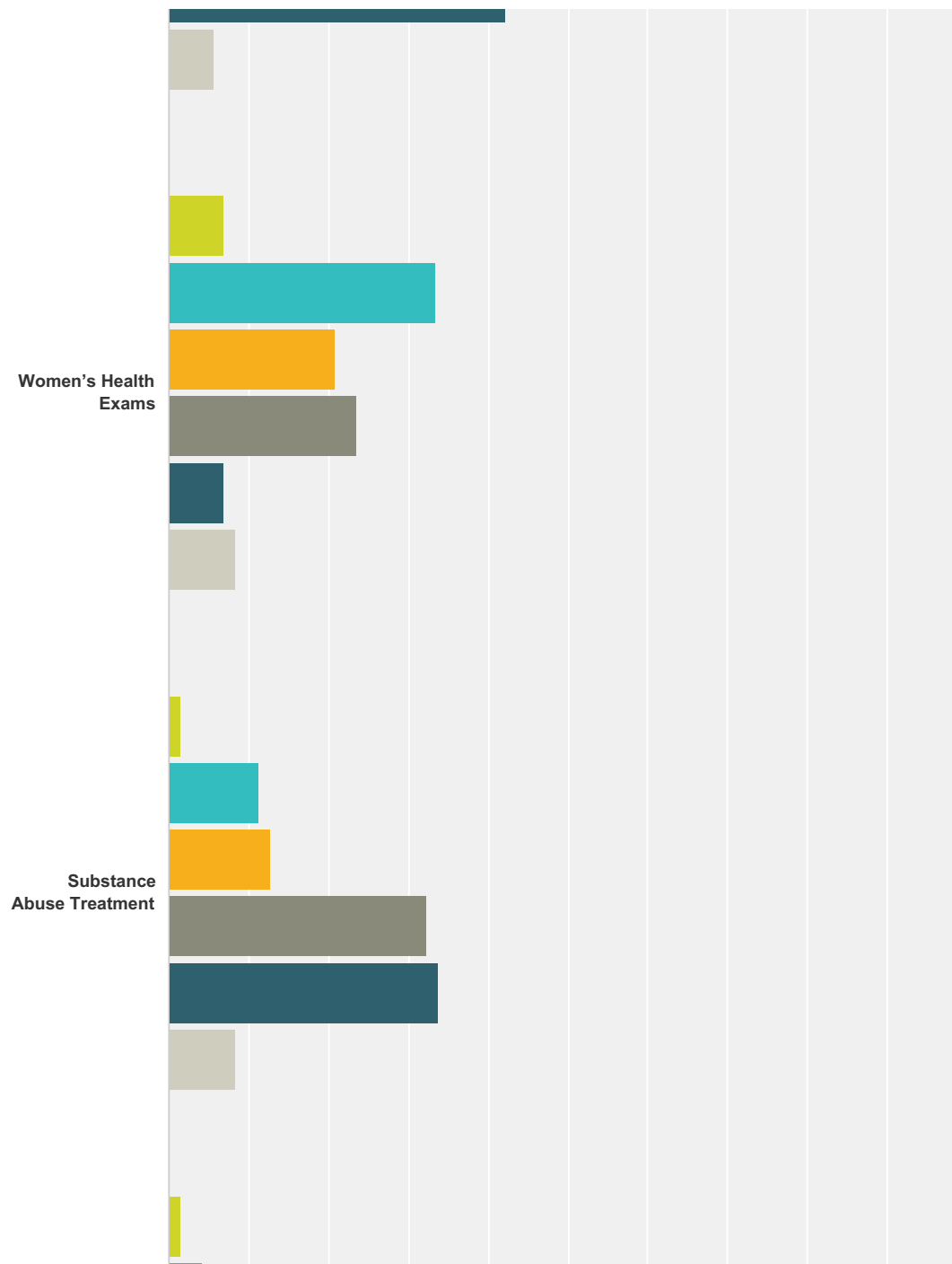
Answered: 27 Skipped: 93

Q15 Please indicate whether you feel the following services are adequately provided in your community, or if they need to be improved to advance the health and safety of residents in your community. Please select N/A if you do not know or it does not apply.

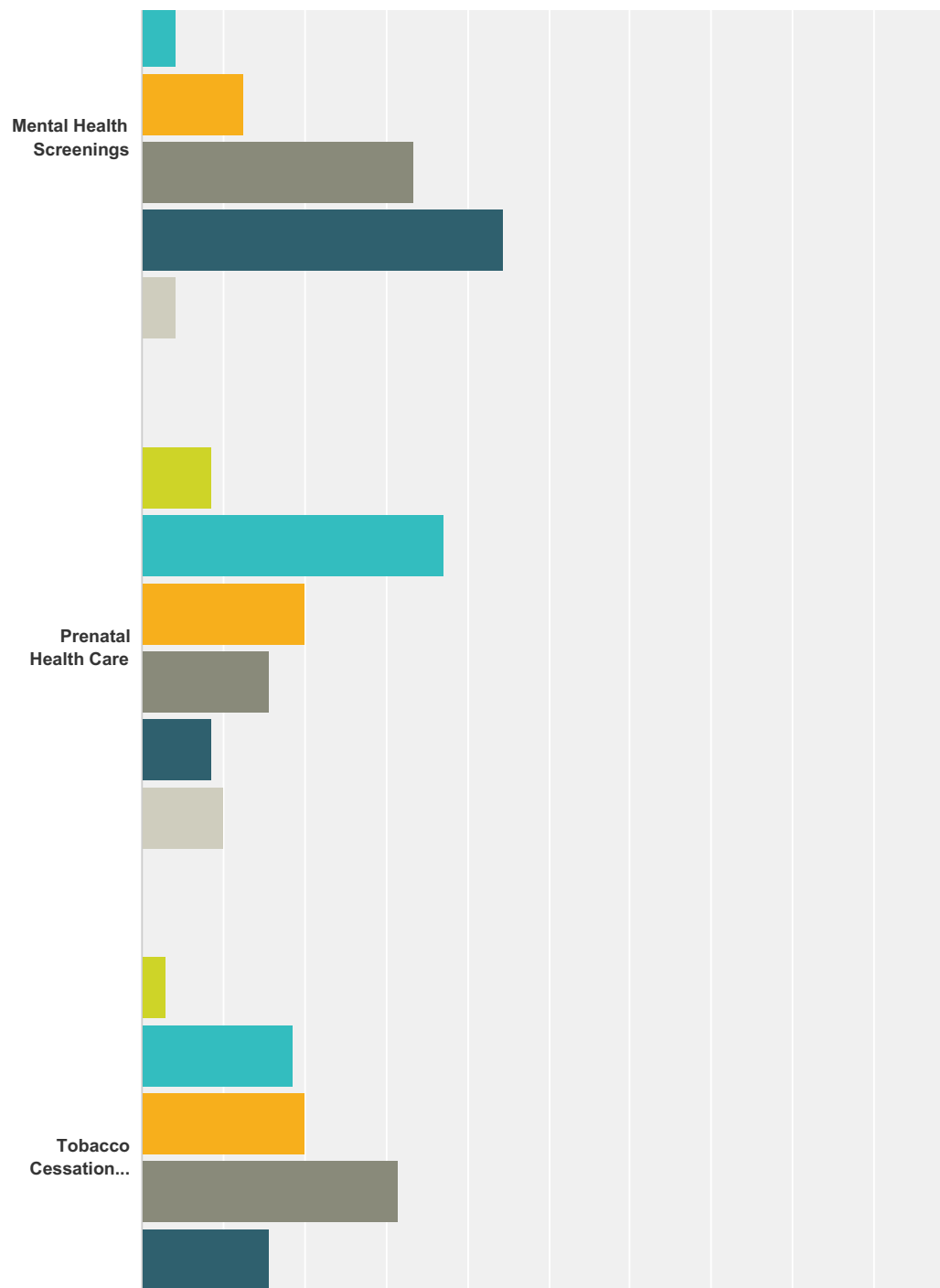
Answered: 72 Skipped: 48



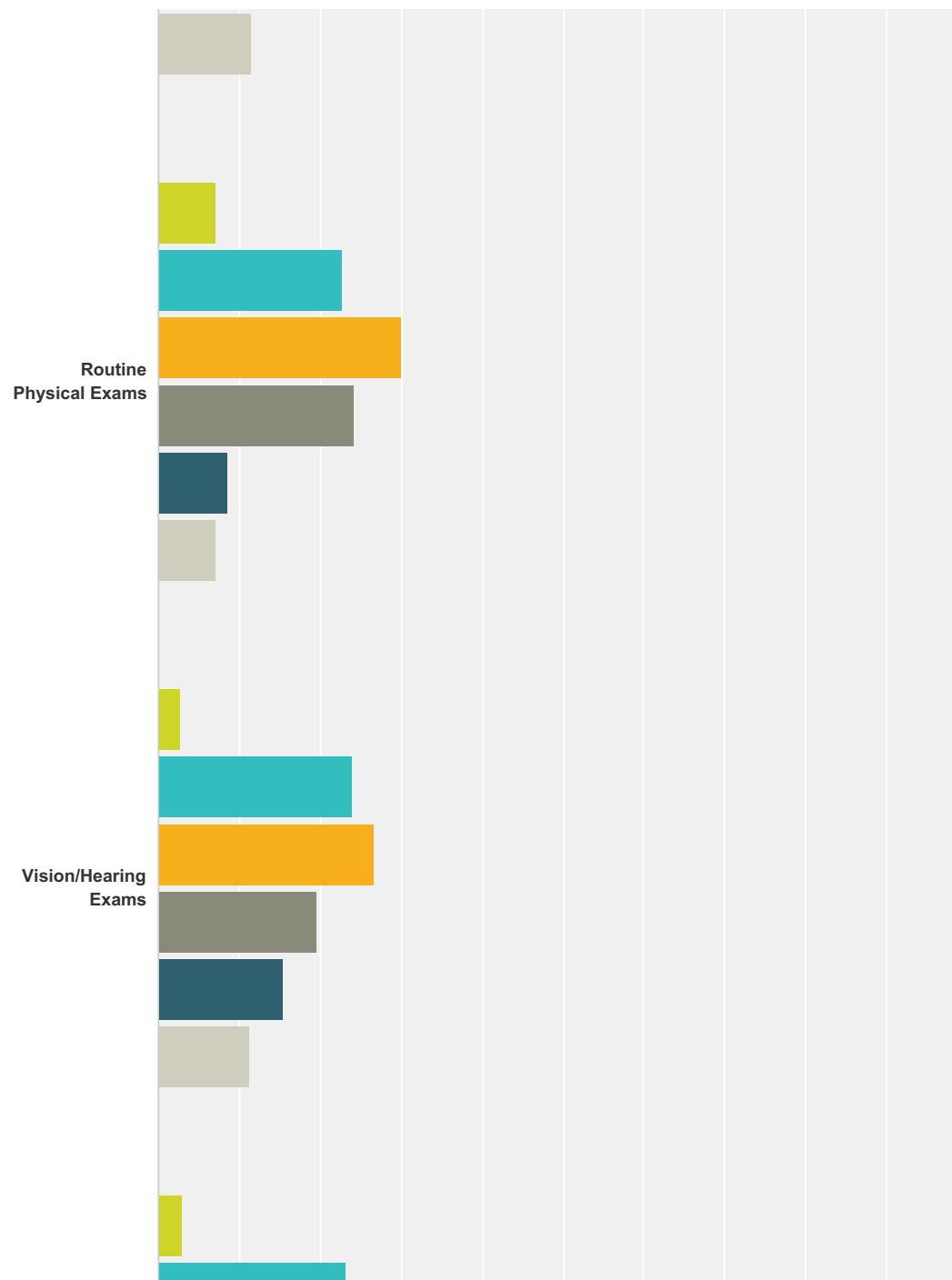
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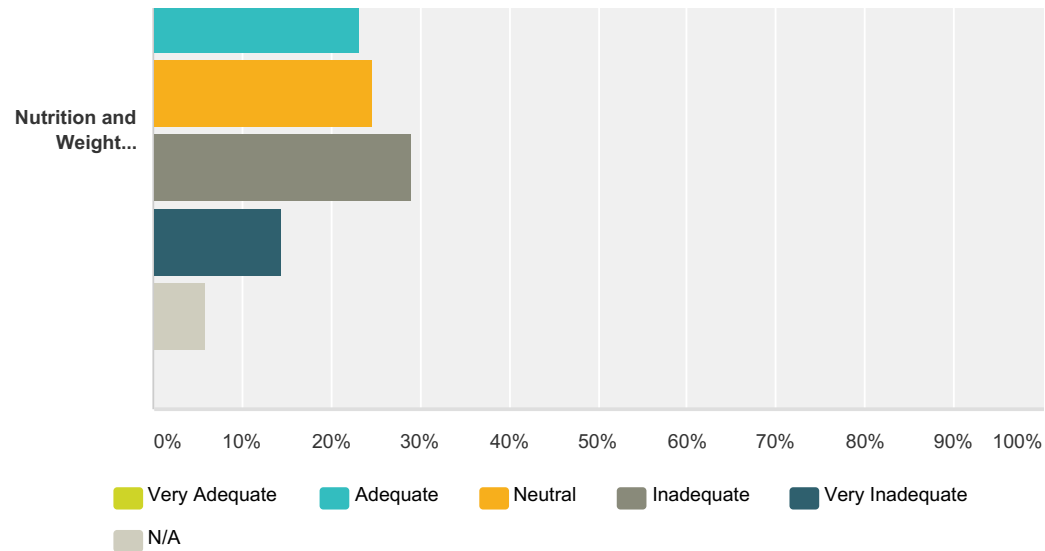
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	Very Adequate	Adequate	Neutral	Inadequate	Very Inadequate	N/A	Total
Disease Screenings	4.29% 3	24.29% 17	27.14% 19	25.71% 18	11.43% 8	7.14% 5	70
Dental Exams	1.41% 1	4.23% 3	9.86% 7	36.62% 26	42.25% 30	5.63% 4	71
Women's Health Exams	6.94% 5	33.33% 24	20.83% 15	23.61% 17	6.94% 5	8.33% 6	72
Substance Abuse Treatment	1.41% 1	11.27% 8	12.68% 9	32.39% 23	33.80% 24	8.45% 6	71
Mental Health Screenings	1.39% 1	4.17% 3	12.50% 9	33.33% 24	44.44% 32	4.17% 3	72
Prenatal Health Care	8.57% 6	37.14% 26	20.00% 14	15.71% 11	8.57% 6	10.00% 7	70
Tobacco Cessation Programs	2.86% 2	18.57% 13	20.00% 14	31.43% 22	15.71% 11	11.43% 8	70
Routine Physical Exams	7.14% 5	22.86% 16	30.00% 21	24.29% 17	8.57% 6	7.14% 5	70
Vision/Hearing Exams	2.82% 2	23.94% 17	26.76% 19	19.72% 14	15.49% 11	11.27% 8	71

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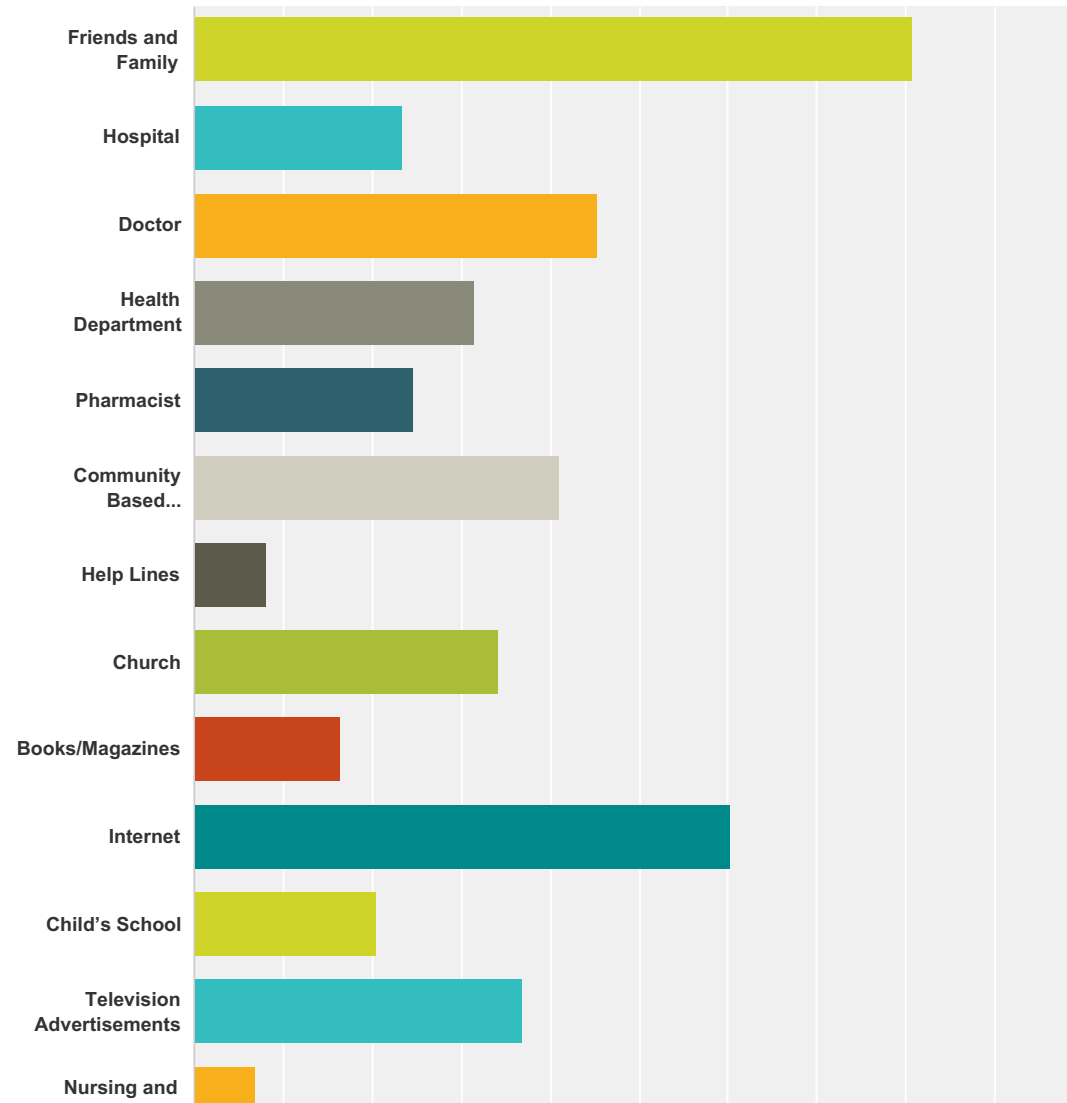
Nutrition and Weight Management Programs	2.90% 2	23.19% 16	24.64% 17	28.99% 20	14.49% 10	5.80% 4	69
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Q16 If you selected inadequate or very inadequate for any of the above groups, please elaborate:

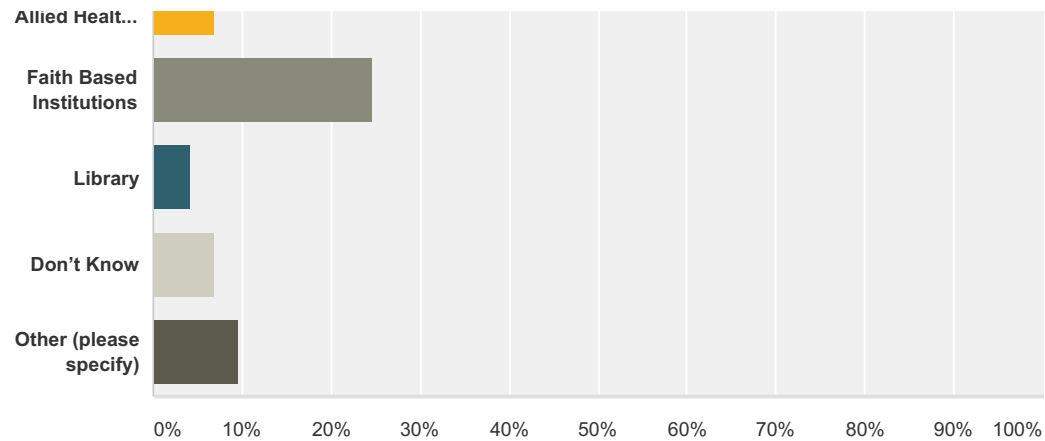
Answered: 26 Skipped: 94

Q17 Based on your experience, where are patients getting their health-related education (e.g., preventative information)?
Please select all that apply.

Answered: 73 Skipped: 47



Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey



Answer Choices	Responses	
Friends and Family	80.82%	59
Hospital	23.29%	17
Doctor	45.21%	33
Health Department	31.51%	23
Pharmacist	24.66%	18
Community Based Organizations	41.10%	30
Help Lines	8.22%	6
Church	34.25%	25
Books/Magazines	16.44%	12
Internet	60.27%	44
Child's School	20.55%	15
Television Advertisements	36.99%	27
Nursing and Allied Health Staff	6.85%	5
Faith Based Institutions	24.66%	18
Library	4.11%	3

Trinity Mother Frances Hospitals & Clinics 2016 Community Health Needs Assessment Survey

Don't Know	6.85%	5
Other (please specify)	9.59%	7
Total Respondents: 73		

Q18 At this time please provide any additional comments you would like to share regarding the community's health.

Answered: 15 Skipped: 105



MUA AND HPSA INFORMATION

Health Care Access

Medically Underserved Areas / Populations (MUA/P)

- **Cherokee County**
 - Designation Type: Medically Underserved Area
 - Index of Medical Underservice Score: 61.00
 - MUA/P Designation Date: 10/18/2011
 - MUA/P Update Date: 10/18/2011
- **Wood County**
 - Designation Type: Medically Underserved Area
 - Index of Medical Underservice Score: 58.80
 - MUA/P Designation Date: 11/01/1978
 - MUA/P Update Date: 11/04/2013
- **Smith County**
 - **Troup Service Area**
 - Designation Type: Medically Underserved Area
 - Index of Medical Underservice Score: 61.50
 - MUA/P Designation Date: 06/30/1995
 - MUA/P Update Date: 06/30/1995
 - **Smith Service Area**
 - Designation Type: Medically Underserved Area
 - Index of Medical Underservice Score: 51.55
 - MUA/P Designation Date: 05/11/1994
 - MUA/P Update Date: 05/11/1994
 - **Northern Tyler**
 - Designation Type: Medically Underserved Area
 - Index of Medical Underservice Score: 57.30
 - MUA/P Designation Date: 06/29/2001
 - MUA/P Update Date: 06/29/2001

Source: Health Resources and Services Administration, Data Warehouse, <http://datawarehouse.hrsa.gov/>; data accessed March 15, 2016.

Definition: Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population.



Health Care Access

Health Professional Shortage Areas (HPSA) – Cherokee County

- **Cherokee County**
 - Designation Type: HPSA Geographic High Needs
 - Mental Health
 - HPSA FTE: 2.00
 - HPSA Score: 14
 - HPSA Designation Last Update: 02/14/2012

Source: Health Resources and Services Administration, Data Warehouse, <http://datawarehouse.hrsa.gov/>; data accessed March 15, 2016.

Definition: Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).



Health Care Access

Health Professional Shortage Areas (HPSA) – Cherokee County (cont.)

ETMC First Physicians Clinic Rusk

- Designation Type: Rural Health Clinic
 - Primary Care
 - HPSA Score: 16
 - HPSA Designation Last Update: 09/21/2015
 - Dental Health
 - HPSA Score: 13
 - HPSA Designation Last Update: 09/21/2015
 - Mental Health
 - HPSA Score: 18
 - HPSA Designation Last Update: 09/21/2015

ETMC First Physicians Clinic Jacksonville

- Designation Type: Rural Health Clinic
 - Primary Care
 - HPSA Score: 16
 - HPSA Designation Last Update: 09/21/2015
 - Dental Health
 - HPSA Score: 13
 - HPSA Designation Last Update: 09/21/2015
 - Mental Health
 - HPSA Score: 18
 - HPSA Designation Last Update: 09/21/2015

Source: Health Resources and Services Administration, Data Warehouse, <http://datawarehouse.hrsa.gov/>; data accessed March 15, 2016.

Definition: Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).





Health Care Access

Health Professional Shortage Areas (HPSA) – Smith County

- **Tyler Family Circle of Care Clinics**
 - Designation Type: Comprehensive Health Center
 - Primary Care
 - HPSA Score: 14
 - HPSA Designation Last Update: 09/01/2013
 - Dental Health
 - HPSA Score: 19
 - HPSA Designation Last Update: 09/01/2013
 - Mental Health
 - HPSA Score: 19
 - HPSA Designation Last Update: 09/01/2013

Source: Health Resources and Services Administration, Data Warehouse, <http://datawarehouse.hrsa.gov/>; data accessed March 15, 2016.

Definition: Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).



Health Care Access

Health Professional Shortage Areas (HPSA) – Wood County

- **Wood County**

- Designation Type: HPSA Geographic
- Mental Health
 - HPSA Score: 13
 - HPSA Designation Last Update: 12/05/2013

- **ETMC First Physician Health Clinic**

- Designation Type: Rural Health Clinic
- Primary Care
 - HPSA Score: 8
 - HPSA Designation Last Update: 10/29/2010
- Dental Health
 - HPSA Score: 8
 - HPSA Designation Last Update: 04/03/2006
- Mental Health
 - HPSA Score: 0
 - HPSA Designation Last Update: 04/03/2006

Source: Health Resources and Services Administration, Data Warehouse, <http://datawarehouse.hrsa.gov/>; data accessed March 15, 2016.

Definition: Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).





INTERVIEWEE BIOGRAPHIES

CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital and Tyler Family Circle of Care Clinics

Community Health Needs Assessment Interviewee Biographies

Organization	Name	Interview Date	Title	County	Interviewer	A	B	C
Tyler Family Circle of Care Clinics	Michael Adams	1/11/2016	Chief Executive Officer	Smith	Valerie Hayes		x	
Michael Adams is the Chief Executive Officer of the Tyler Family Circle of Care Clinics in Smith County. He has been within the health care field for 15 years, and has been within his current role for nearly one year.								
CHRISTUS Trinity Mother Frances Health System	Andrea Anderson	3/11/2016	Administrative Director	Smith	Valerie Hayes		x	
Andrea Anderson serves as the Administrative Director of CHRISTUS Trinity Mother Frances Health System, and also serves as a Board Member for the Tyler Family Circle of Care Clinics. Previously, she held the position of Chief Operating Officer of the Tyler Family Circle of Care Clinics. She is originally from the Tyler area.								
St. Paul Children's Foundation	Mitzie Avera	1/5/2016	Director of Development	Smith	Valerie Hayes		x	
Mitzie Avera is the Director of Development for the St. Paul Children's Foundation, which covers the East Texas area. She has been within her current role for over 4 years, and has lived in the community for nearly 20 years.								
Texas Commission of Environmental Quality	Leroy Biggers	1/12/2016	Regional Director	Smith	Valerie Hayes		x	
Leroy Biggers is the Regional Director of the Texas Commission of Environmental Quality, and has served in his current role since 1993. He is also one of the founding Board Members for the Tyler Family Circle of Care Clinics.								
Whispering Pines Nursing Home	Jason Burns	12/9/2015	Director of Nursing	Wood	Valerie Hayes		x	
Jason Burns is the Director of Nursing at the Whispering Pines Nursing Home, which covers Wood County. He has been in his current role for nearly 1 year, and has lived in the community since 1995.								
Literacy Council of Tyler	Nancy Crawford	1/15/2016	Executive Director	Smith	Valerie Hayes		x	
Nancy Crawford is the Executive Director for the Literacy Council of Tyler in Smith County. She has served in her current role for 19 years, but has been with the company for 25 years. In addition, Ms. Crawford is also a certified Texas teacher.								
The Dacus Firm	Shannon Dacus	2/22/2016	Attorney	Smith	Valerie Hayes			x
Shannon Dacus is an Attorney at the Dacus Firm in Smith County. She has been at the Dacus Firm for 4 years, and has lived in the community for 18 years.								
Cherokee County	Chris Davis	1/27/2016	Cherokee County Judge	Cherokee	Valerie Hayes		x	
Chris Davis is the Cherokee County Judge. He has 25 years of experience as a judge, and has been at Cherokee County for the past 12 years. He also has a masters degree in public administration, and is originally from the community.								
Northeast Texas Child Advocacy Center	Martha Dykes	12/11/2015	Program Director	Wood	Valerie Hayes		x	
Martha Dykes has served as Program Director at the Northeast Texas Child Advocacy Center for the past two and a half years, and has been with the organization for nearly 17 years. She is a licensed Baccalaureate Social Worker, and previously worked for Child Protective Services and the Department of Health and Human Services.								
Bethesda Health Clinic	Dr. John English	2/10/2016	Chief Executive Officer	Smith	Valerie Hayes		x	
Dr. John English is the Chief Executive Officer of the Bethesda Health Clinic in Smith County. He has served as CEO of the clinic since 2004, and has lived within the community for 20 years.								
City of Jacksonville	Keith Fortner	1/27/2016	Fire Chief and EMS Coordinator	Cherokee	Valerie Hayes		x	
Keith Fortner is the Fire Chief and EMS Coordinator for the City of Jacksonville. He was with the Fire Department nearly 14 years before he got into this position. He is a masters level fire fighter, master level fire instructor, and licensed paramedic. He has lived within the community for 14 years.								
Your Philanthropy	Dawn Franks	1/11/2016	Owner	Smith	Valerie Hayes		x	
Dawn Franks is the owner of Your Philanthropy, an organization that provides office grant making services to private family foundations and philanthropy services to major donors in the community. She has a masters degree in Public Administration, and has owned the company for 2 years.								
East Texas Human Needs Network	Christina Fulsom	2/23/2016	Founder and Network Weaver	Smith	Valerie Hayes		x	
Christina Fulsom is the Founder and Network Weaver of the East Texas Human Needs Network, which covers a 14 county area in East Texas. Ms. Fulsom has a Certificate for Non-Profit Leadership from Southern Methodist University, and has served in her current position for 3 years.								
Tyler Today Magazine	Jennifer Gaston	12/30/2015	Media Outlet	Smith	Valerie Hayes			x
Jennifer Gaston is the Media Outlet for the <i>Tyler Today Magazine</i> . She has served in her current position since 2010, and has lived in the community for over 50 years.								
People Attempting to Help (PATH)	Greg Grubb	12/15/2015	Executive Director	Smith	Valerie Hayes		x	
Greg Grubb is the current Executive Director for the People Attempting to Help (PATH) organization in Smith County, and has served within his current role since 2012. After retiring in 2006, he came out of retirement for ministry and volunteer service, including 11 years at PATH and 10 years at the Habitat for Humanity.								

CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital and Tyler Family Circle of Care Clinics

Community Health Needs Assessment Interviewee Biographies

Organization	Name	Interview Date	Title	County	Interviewer	A	B	C
Smith County Commissioners Court	JoAnn Hampton	1/8/2016	Elected Official	Smith	Valerie Hayes		x	
JoAnn Hampton is an Elected Official at the Smith County Commissioners Court. She has served in her current role for 14 years, and also is a Certified Clinical Research Professional. She has lived in the community for over 30 years.								
Tyler Family Circle of Care Clinics	Linda Isabell	3/2/2016	Chief Operations Officer	Smith	Valerie Hayes		x	
Linda Isabell currently serves as the Chief Operations Officer of the Tyler Family Circle of Care Clinics. She has served in this position since July 2015, and previously held the role of Director of Operations for the Tyler Family Circle of Care Clinics. She is a Registered Nurse, and has her Masters of Business Administration.								
Samaritan Counseling Center	Fonda Latham	1/4/2016	Executive Director	Smith	Valerie Hayes		x	
Fonda Latham serves as the Executive Director of the Samaritan Counseling Center, which also has satellite clinics in Longview and Lindale. She has been within her current role for nearly 5 years, and has lived within the community on and off over the past few years, but cumulatively, has lived in the community for 15 years.								
Catholic Charities	Nell Lawrence	1/20/2016	Executive Director	Smith	Valerie Hayes		x	
Nell Lawrence is the Executive Director for Catholic Charities, which covers 33 counties in East Texas. She has a masters degree in Business Administration, and has served within her current role for 10 years. She has lived in the general area since 1978.								
Winnsboro News	Terry Mathews	12/10/2015	Writer	Wood	Valerie Hayes			x
Terry Mathews is a writer for the <i>Winnsboro News</i> , which covers Hopkins, Franklin, and Wood Counties. Specifically, she serves as the Copy Editor and Arts Editor. She has a masters degree in English, and worked as a paralegal for nearly 30 years before starting to write. She has been within her current role for about 1 year.								
Northeast Texas Center for Rural Community Health	Dr. Paul McGaha	1/29/2016	Deputy Director	Smith	Valerie Hayes	x		
Dr. Paul McGaha serves as the Deputy Director for the Northeast Texas Center for Rural Community Health, as well as an Associate Professor for Community Health and Preventive Medicine. Additionally, he has a masters degree in Public Health. He has served within both of his current roles for nearly one year, and has lived in the area since 1987.								
CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Trinity Mother Frances Louis and Peaches Owen Heart Hospital	John McGreevy	12/29/2015	Senior Vice President/Chief Executive Officer	Smith	Valerie Hayes		x	
John McGreevy is the Senior Vice President and Chief Executive Officer of CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Trinity Mother Frances Louis and Peaches Owen Heart Hospital. He has his CPA and is a Fellow with the Healthcare Financial Management Association (HFMA). He has served within his current role for 2 years.								
East Texas Council of Governments Area Agency on Aging	Bettye Mitchell	12/11/2015	Director	Smith	Valerie Hayes	x		
Bettye Mitchell is the Director for the East Texas Council of Governments Area Agency on Aging. She has a masters level degree in Psychology, Sociology, and Public Administration, and has served within her current role for 4 years. She is originally from the area.								
City of Tyler	Ed Moore	1/8/2016	Councilmember	Smith	Valerie Hayes		x	
Ed Moore is a Councilmember for the City of Tyler in Smith County. He has served within his current role for three years, and is originally from the area.								
United Way of Smith County	Nan Moore	1/8/2016	President	Smith	Valerie Hayes	x		
Nan Moore is the President of the United Way of Smith County. She has served within her current role for 8 years, but has been within non-profit leadership positions for the past 24 years. She has lived in the area for about 30 years, off and on.								
Wood County Health Department	Dr. David Murley	12/7/2015	Medical Director	Wood	Valerie Hayes	x		
Dr. David Murley is the Medical Director for the Wood County Health Department. He has practiced in Winnsboro for 52 years, and has lived in the community for nearly 54 years.								
Scott's Pharmacy	Scott Parton	12/11/2015	Owner and Pharmacist	Wood	Valerie Hayes			x
Scott Parton is the Owner of Scott's Pharmacy, which covers Winnsboro and the surrounding areas within a 15 to 20 mile radius. Scott graduated from college with a bachelor's degree in pharmacy, and is a registered pharmacist. He has worked within his current role for 21 years, and has lived within the area for 26 years.								
East Texas Crisis Center	Lana Peacock	12/14/2015	Executive Director	Smith	Valerie Hayes		x	
Lana Peacock is the Executive Director for the East Texas Crisis Center, which covers Smith, Henderson, Van Zandt, Wood, and Rains Counties. She has a masters degree in Clinical Science, and has served within her current role for 20 years.								
Whispering Pines Nursing Home	Donna Powell	12/17/2015	Facility Administrator	Wood	Valerie Hayes		x	
Donna Powell serves as the Facility Administrator at the Whispering Pines Nursing Home in Wood County. Ms. Powell has an associate's degree as a Nursing Home Administrator, as well as her LVN license. She has worked in her current position since 2006, and is originally from the community.								

CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital and Tyler Family Circle of Care Clinics

Community Health Needs Assessment Interviewee Biographies

Organization	Name	Interview Date	Title	County	Interviewer	A	B	C
Meals on Wheels	Mike Powell	12/14/2015	Executive Director	Wood	Valerie Hayes		x	
Mike Powell has served as the Executive Director of Meals on Wheels in Wood County for nearly 27 years. The organization covers Smith, Wood, Van Zandt, Henderson, Gregg, and Upshur Counties. Mr. Powell has lived in the community for 42 years.								
Trinity Nursing and Rehabilitation of Winnsboro	Pam Powell	12/18/2015	Administrator	Wood	Valerie Hayes		x	
Pam Powell is the Administrator for the Trinity Nursing and Rehabilitation of Winnsboro, which serves the city of Winnsboro. Ms. Powell is a licensed Nursing Facility Administrator, and began her position as Administrator in December 2015. She has lived in the community for 24 years.								
Hospice of East Texas	Marji Ream	12/15/2015	President/Chief Executive Officer	Smith	Valerie Hayes		x	
Marji Ream is the President and Chief Executive Officer of Hospice of East Texas, which covers 23 counties in the East Texas region. She has a masters degree in Nursing, and completed post graduate work at the Wharton School of Business. She has served within her current role for 11 years.								
Tyler Family Circle of Care Clinics	Stephanie Reed	3/7/2016	Family Medicine Nurse Practitioner	Smith	Valerie Hayes		x	
Stephanie Reed is a Family Medicine Nurse Practitioner for the Tyler Family Circle of Care Clinics. She has served within her current role since 2012, and has lived within the community since 2010.								
North East Texas Public Health District	George T. Roberts	12/31/2015	Chief Executive Officer	Smith	Valerie Hayes	x		
George Roberts is the Chief Executive Officer of the North East Texas Public Health District. He is a Fellow of the American College of Healthcare Executives, and has served within his current role since 2006.								
First Baptist	Reverend David Rose	1/6/2016	Pastor	Wood	Valerie Hayes			x
Reverend David Rose is a Pastor at the First Baptist Church in Winnsboro. He has his Ph.D. from Southwestern Seminary in Fort Worth, Texas, and has been in ministry for 21 years. He has served as a Pastor at the First Baptist church for 9 years, and has lived within the community for 16 years altogether.								
CHRISTUS Trinity Mother Frances Health System	Robyn Silber	12/11/2015	Divisional Director of Patient Care Services	Smith	Valerie Hayes		x	
Robyn Silber is the Divisional Director of Patient Care Services at CHRISTUS Trinity Mother Frances Health System. She has a masters degree in nursing, and is a Clinical Nurse Specialist. She has served within her current role for 4 years.								
Andrews Center	Waymon Stewart	1/7/2016	Executive Director	Smith	Valerie Hayes		x	
Waymon Stewart is the Executive Director of the Andrews Center in Smith County, which covers Smith, Henderson, Van Zandt, Rains, and Emory Counties. He has served within his current role for nearly 10 years, and is originally from the area.								
City of Jacksonville	Dick Stone	1/27/2016	Mayor	Cherokee	Valerie Hayes		x	
Dick Stone is a self-employed Financial Advisor (specifically, Investment Advisor), and is a Board Member for CHRISTUS Mother Frances Hospital - <i>Jacksonville</i> as well as CHRISTUS Mother Frances Hospital - <i>Tyler</i> . He was recently appointed Mayor of the City of Jacksonville in May 2015, and is originally from the area.								
Tyler Junior College	Loretta Swann	3/3/2016	Department Chair	Smith	Valerie Hayes		x	
Loretta Swann is a Department Chair over three programs at Tyler Junior College: Medical Office Management, Health Care Administration, and Health Information Technology. She also serves as a Board Member for the Tyler Family Circle of Care Clinics, and has lived in the community for 18 years.								
Cherokee County Public Health Department	Christopher Taylor	2/4/2016	Executive Director	Cherokee	Valerie Hayes	x		
Christopher Taylor is the Executive Director for the Cherokee County Public Health Department. He has served in his current position for the past 4 years, and has lived in the area for nearly 37 years.								
Tyler Family Circle of Care Clinics	Dr. Eduardo Torres	2/25/2016	Lead OB/GYN Physician	Smith	Valerie Hayes		x	
Dr. Eduardo Torres is the lead OB/GYN physician at the Tyler Family Circle of Care Clinics, and has been within his current role for nearly one year. He completed his education in Puerto Rico, and has been living in the community for about three years.								
CHRISTUS Trinity Clinic	Dr. Brent Wadle	5/9/2016	Lead Physician	Smith	Valerie Hayes		x	
Dr. Brent Wadle is the Lead Physician at the CHRISTUS Trinity Clinic (South Broadway location), as well as the Chief of Continuum of Care and a member of the CHRISTUS Trinity Clinic Board. He has been a Family Physician for 19 years, and has served in his current roles for nearly 1 year. He has lived in Smith County for about 19 years.								

CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital and Tyler Family Circle of Care Clinics

Community Health Needs Assessment Interviewee Biographies

Organization	Name	Interview Date	Title	County	Interviewer	A	B	C
Food Pantry - Community Resource Center	Reverend Art Walden	12/8/2015	Pastor	Wood	Valerie Hayes		x	
Reverend Art Walden is a recently retired Pastor for the Assemblies of God, and is currently working part time for the Food Pantry Resource Center. He has a degree in pastoral ministry, and has been within the ministerial field for nearly 40 years. He has lived in the community for seven years, and came to the area to pastor.								
City of Tyler	Don Warren	1/12/2016	Councilmember	Smith	Valerie Hayes		x	
Don Warren is a Councilmember for the City of Tyler in Smith County. He has served within his current role for nearly two years, and is originally from the area.								
HOPE Center	Nancy Washburn	1/22/2016	Board Member	Cherokee	Valerie Hayes		x	
Nancy Washburn is an active Board Member for the Helping Others Pursue Enrichment (HOPE) Center, and has formerly served as the President of the United Fund of Cherokee County. She has served as a Board Member for nearly 12 years, and has lived in the community for over 25 years.								
Tyler Area Chamber of Commerce	Bob Westbrook	1/15/2016	Chairman	Smith	Valerie Hayes		x	
Bob Westbrook is the Chairman for the Tyler Area Chamber of Commerce in Smith County. He has served within his current position since October 2015, and has lived within the area for 21 years.								
Senior Care Health & Rehab of Jacksonville	Ed Williamson	2/2/2016	Administrator	Cherokee	Valerie Hayes		x	
Ed Williamson serves as the Administrator for the Senior Care Health & Rehab of Jacksonville, which covers Jacksonville and the surrounding 50 mile radius. Mr. Williamson is a Licensed Nursing Home Administrator, and has been within his current role for the past 7 years. He is originally from the area.								
Ziegler Bookkeeping Service	Clara Ziegler	12/8/2015	Owner and Accountant	Wood	Valerie Hayes			x
Clara Ziegler is the Owner and Accountant of Ziegler Bookkeeping Service in Wood County. She has been with the business since 1965, and has owned the organization for 30 years. Ms. Ziegler is originally from the area.								

A: Work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

B: Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

C: Other community leaders

Source: CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital and Tyler Family Circle of Care Clinics Community Health Needs Assessment Phone Interviews Conducted by Community Hospital Consulting, December 7, 2015 – May 9, 2016



PRIORITY BALLOT

**CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital and Tyler Family
Circle of Care Clinics
Community Health Needs Assessment Prioritization Ballot**

- Please review the primary criteria we will use to identify the top community health priorities for CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital, and the Tyler Family Circle of Care Clinics
- Then cast 3 votes for each priority
- Please scan and email to vhayes@communityhospitalcorp.com or fax to 972-943-6401

1. Size and Prevalence of the Issue
a. How many people does this affect? b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state? c. How serious are the consequences? (urgency; severity; economic loss)
2. Effectiveness of Interventions
a. How likely is it that actions taken will make a difference? b. How likely is it that actions will improve quality of life? c. How likely is it that progress can be made in both the short term and the long term? d. How likely is it that the community will experience reduction of long-term health cost?
3. CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital, and the Tyler Family Circle of Care Clinics Capacity
a. Are people at CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital and the Tyler Family Circle of Care Clinics likely to support actions around this issue? (ready) b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing) c. Are the necessary resources and leadership available to us now? (able)

Using the criteria listed above, please indicate how important you believe this priority is for the communities we serve, with #5 indicating the highest importance and #1 indicating the lowest importance. To cast your votes, just fill in one circle in every row.

Access to Primary Care Services					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital, and the Tyler Family Circle of Care Clinics Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Access to Mental and Behavioral Health Care					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital, and the Tyler Family Circle of Care Clinics Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Access to Dental Services					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital, and the Tyler Family Circle of Care Clinics Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Access to Specialty Care Services					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital, and the Tyler Family Circle of Care Clinics Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Access to Affordable Care and Reducing Health Disparities Among Specific Populations					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital, and the Tyler Family Circle of Care Clinics Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital, and the Tyler Family Circle of Care Clinics Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Need for Increased Emphasis on a Collaborative Continuum of Care					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital, and the Tyler Family Circle of Care Clinics Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Section 2:

Implementation Plan

CHRISTUS Trinity Mother Frances Health System

CHRISTUS Mother Frances Hospital - *Winnsboro*

FY 2017 - FY 2019 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for CHRISTUS Trinity Mother Frances Health System (CHRISTUS Mother Frances Hospital - *Jacksonville* , CHRISTUS Mother Frances Hospital - *Tyler* , CHRISTUS Mother Frances Hospital - *Winnsboro* , and CHRISTUS Trinity Mother Frances Rehabilitation Hospital *affiliated with HealthSouth*) as well as Tyler ContinueCARE Hospital and the Tyler Family Circle of Care Clinics by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Cherokee, Smith, and Wood Counties in Texas. CHRISTUS Mother Frances Hospital - *Winnsboro's* specific study area is defined as Wood County, but health data for the remaining counties are used for comparison in this CHNA.

The CHNA Team, consisting of leadership from CHRISTUS Trinity Mother Frances Health System, Tyler ContinueCARE Hospital and the Tyler Family Circle of Care Clinics met with staff from CHC Consulting on April 6, 2016 to review the research findings and prioritize the community health needs. Seven significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital's capacity to address the need. Once this prioritization process was complete, the hospital leadership discussed the results and decided to address six of the prioritized needs in various capacities through hospital specific implementation plans.

The seven most significant needs, as discussed during the April 6th prioritization meeting, are listed below:

1. Access to Primary Care Services
2. Need for Increased Emphasis on a Collaborative Continuum of Care
3. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
4. Access to Specialty Care Services
5. Access to Mental and Behavioral Health Care
6. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
7. Access to Dental Services

This implementation plan addresses the top six of the seven needs. “Access to Dental Services” is not addressed largely due to the fact that it is not a core business function of the hospital and the limited capacity of the hospital to address this need. CHRISTUS Mother Frances Hospital - *Winnsboro* leadership has developed the following implementation plan to identify specific activities and services which directly address the top six priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital's overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate).

The CHRISTUS Mother Frances Hospital - *Winnsboro* Board reviewed and adopted the 2016 Community Health Needs Assessment and Implementation Plan on May 25, 2016.

Priority #1: Access to Primary Care Services

Rationale:

- In 2012, the rate of primary care physicians per 100,000 population in Wood County (52.4 per 100,000) was lower than the state (58.5 per 100,000) and national rate (74.5 per 100,000).
- In comparison to peer counties, Wood County (37.9 per 100,000) ranked within the bottom of the two middle quartiles for the rate of primary care providers per 100,000 persons in 2011 and fell below the U.S. median (48.0 per 100,000).
- Between 2012 and 2014, the percent of adults in HSR 4/5N that reported not having a personal doctor increased, while rates in the state remained steady.
- In 2012, the rate of preventable hospital events in the study area (59.7 per 1,000 Medicare Enrollees) was lower than that of the state (62.9 per 1,000) and the nation (59.2 per 1,000). However, rates in Wood County (69.5 per 1,000 Medicare Enrollees) were higher than the state and national rates.
- Wood County is designated as a Medically Underserved Area (MUA). Wood County has an Index of Medical Underservice Score of 58.80, indicating a moderate level of underservice in the area.
- Interviewees across all three counties believe that primary care providers currently located within their communities are the highest quality.
- Three interviewees in Wood County noted that there is a shortage of primary care providers in the community, which leads to long wait times for patients trying to seek primary care. One interviewee stated: "My mom, as a senior citizen, has problems seeing her primary care provider but can get to her nurse practitioner sometimes. So that frustrates her."

Objective:

Increase access to primary care services and providers in the community

Implementation Activity	FY16- Establish Baseline	FY17 Goal	FY18 Goal	FY19 Goal	3 Year Goal	% Complete	Comments/Notes
1.A. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to offer a Flu Clinic.	Ongoing						
1.B. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to work with CHRISTUS Mother Frances Hospital - <i>Tyler</i> and CHRISTUS Trinity Clinic to ensure that the quality of services are consistent across all markets.	Ongoing						
1.C. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will evaluate the need for additional mid-levels.	Planning						
1.D. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will recruit a family practitioner to the CHRISTUS Trinity Clinic.	Planning						

Priority #2: Need for Increased Emphasis on Collaborative Continuum of Care

Rationale:

-Many interviewees in all three counties emphasized the need for more coordinated care across facilities to better address the needs of the community.
 -A few interviewees in Smith and Wood Counties noted the importance of collaboration and communication between organizations in the community in order to provide better health care for all patients. Many interviewees in Smith and Wood Counties agreed that there should be more communication with the elderly population that struggles with navigating the health care system. One Wood County interviewee stated: "There should be more conversation and working together as far as what the goal is and getting information together."

Objective:

Participate in initiatives that improve the patient experience as he or she transitions through the continuum of care

Implementation Activity	FY16- Establish Baseline	FY17 Goal	FY18 Goal	FY19 Goal	3 Year Goal	% Complete	Comments/Notes
2.A. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> and CHRISTUS Trinity Clinic will continue to participate in the electronic health record (EHR), which is powered by Epic. The EHR brings an integrated and unified patient centered database, and also includes the EHR application, "My Chart," which allows the patient to view pertinent health statistics regarding their clinical information on his or her phone.	Ongoing						
2.B. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to implement and maintain the Patient Centered Medical Home, which is a health care setting that facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family. CHRISTUS Trinity Mother Frances Health System clinics are the only clinics in the Northeast Texas Regional Health Care Partnership 1 (RHP-1) that are Medical Home designated.	Ongoing						
2.C. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will coordinate with CHRISTUS Mother Frances Hospital - <i>Tyler</i> to provide CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> as an option for potential appointments when others are longer waits.	Planning						

Implementation Activity	FY16- Establish Baseline	FY17 Goal	FY18 Goal	FY19 Goal	3 Year Goal	% Complete	Comments/Notes
2.D. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to provide care management for discharged patients. Funds are utilized as designated by the Care Management Department to assist patients with continuity of care needs from the time of hospital discharge. Funds are used for transportation costs to home, home health visits, durable medical equipment, walkers, crutches, medications, as well as minimal days in a skilled nursing home. Funds are targeted for the indigent population.	Ongoing						
2.E. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will participate in the expansion and addition of clinic sites into the North East Texas area.	Planning						

Priority #3: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Rationale:

- In 2013, the top two leading causes of death in Wood County and the state were Diseases of the Heart and Malignant Neoplasms.
- Overall mortality rates in Wood County remained higher than the state rate in 2011, 2012, and 2013.
- In 2013, Wood County (199.6 per 100,000) had higher rates of heart disease mortality rates than the state (170.7 per 100,000). While Wood County experienced slight declines in diseases of the heart mortality rates between 2011 and 2013, it remained higher than the state's rates.
- In comparison to peer counties, Wood County (145.7 per 100,000) ranked within the highest portion of the two middle quartiles for coronary heart disease rates between 2005 and 2011, and also ranked above the U.S. median (126.7 per 100,000) and Healthy People 2020 Target (103.4 per 100,000).
- Between 2011 and 2013, Wood County experienced an increase in malignant neoplasms mortality rates. In 2013, Wood County (173.5 per 100,000) had a higher malignant neoplasm mortality rate than the state (156.1 per 100,000).
- In comparison to peer counties, Wood County (183.0 per 100,000) ranked within the two middle quartiles of its peer county grouping for cancer deaths between 2005 and 2011, and also ranked above the Healthy People 2020 Target (161.4 per 100,000), but below the U.S. median (185.0 per 100,000).
- Between 2008 and 2012, Wood County (72.5 per 100,000) had higher lung and bronchus cancer incidence rates than the state (58.1 per 100,000).
- Wood County (45.8 per 100,000) had higher colon and rectum cancer incidence rates than the state (40.2 per 100,000) (2008-2012).
- Wood County (76.7 per 100,000) ranked within the least favorable quartile for lung and bronchus cancer incidence rates (2006-2010).
- In 2013, Wood County (49.2 per 100,000) had higher rates of chronic lower respiratory disease mortality rates than the state (42.3 per 100,000).
- In comparison to peer counties, Wood County (52.5 per 100,000) ranked within the least favorable quartile for chronic lower respiratory disease mortality rates between 2005 and 2011, and also ranked above the U.S. median (49.6 per 100,000).
- Mortality rates due to accidents in Wood County increased between 2011 and 2013. Accident mortality rates in Wood County (69.0 per 100,000) remained higher than the state (36.8 per 100,000) in 2013. In 2013, motor vehicle accidents, falls, and accidental poisonings were the leading fatal accidents in Wood County.
- In comparison to peer counties, Wood County (62.5 per 100,000) ranked within the least favorable quartile for unintentional injury (including motor vehicle) mortality rates between 2005 and 2011, and also ranked above the U.S. median (50.8 per 100,000) and the Healthy People 2020 Target (36.0 per 100,000).
- In comparison to peer counties, Wood County (40.7 per 100,000) ranked within the middle two quartiles for stroke deaths per 100,000 persons between 2005 and 2011, and above the Healthy People 2020 Target (34.8 per 100,000).
- Wood County has increasing chlamydia rates (although still lower than the state), while rates in Texas have steadily decreased.
- Gonorrhea rates in Wood County slightly increased between 2012 and 2014 (although still lower than the state), while rates in Texas remained relatively steady.
- In 2012, the percent of adults (age 20+) ever diagnosed with diabetes by a doctor in the report area (9.6%) was higher than the state (9.2%) and national (9.1%) rates.
- In 2014, Health Service Region (HSR) 4/5N (12.3%) had a higher prevalence rate of diabetes than the state (11.0%), as well as the majority of other regions.
- In comparison to peer counties, Wood County (9.4%) ranked within the least favorable quartile for adult (age 20+) diabetes prevalence rates between 2005 and 2011, and above the U.S. median (8.1%).
- In 2012, over one-fourth (28.9%) of adults (age 20+) in the report area reported that they have a Body Mass Index (BMI) greater than 30.0 (obese), as compared to 28.2% in the state and 27.1% in the nation.

Priority #3: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Continued

Rationale:

- In 2014, HSR 4/5N (32.4%) had a higher prevalence rate of obesity than the state (31.9%).
- In comparison to peer counties, Wood County (29.8%) ranked within the upper end of the middle two quartiles for adult (age 20+) obesity prevalence rates between 2006 and 2012.
- In 2011-2012, the percent of adults (age 18+) in the report area (16.0%) that had ever been told by a health professional that they had asthma was higher than the state (11.6%) and national rate (13.4%). More specifically, 29.3% of adults in Wood County had ever been told by a health professional that they had asthma.
- In 2014, HSR 4/5N had the highest prevalence rate of asthma (13.1%) as compared to all other regions and the state (11.1%). Asthma prevalence rates in adults (age 18+) in HSR 4/5N have been steadily increasing, while rates in the state have remained relatively steady (2012-2014).
- In 2014, HSR 4/5N had the highest rate of adult arthritis (27.1%) as compared to all other regions and the state (19.4%).
- In 2012, the percent of the adult population (age 20+) in the report area (27.7%) that self-reported no leisure time for activity was higher than the state (24.0%) and national rate (22.6%).
- In 2014, the prevalence of adults that do not participate in physical activity HSR 4/5N (35.3%) was significantly higher than the state (27.6%), as well as nearly all other regions in the state. The percent of adults (age 18+) that do not participate in leisure time physical activity in HSR 4/5N increased between 2012 and 2014, while state rates remained steady.
- In comparison to peer counties, Wood County (38.1%) ranked at the top of the least favorable quartile for adult (age 18+) physical inactivity rates, and also ranked above the Healthy People 2020 Target (32.6%) and the U.S. median (25.9%).
- The percent of the adult population (age 18+) in the report area (23.0%) that self-reported currently smoking some days or every day was higher than the state (16.5%) and national rate (18.1%) (2006-2012). More specifically, Wood County had a significantly higher rate of current smokers at 34.5%.
- In 2014, the prevalence of current, every day smokers in HSR 4/5N (16.3%) was significantly higher than all other regions and the state (8.7%).
- In comparison to peer counties, Wood County (34.5%) ranked at the top of the least favorable quartile for adult (age 18+) smoking rates, and also ranked above the Healthy People 2020 Target (12.0%) and the U.S. median (21.7%).
- Between 2011 and 2013, the percentage of low birthweight births in Wood County slightly increased, while rates in Texas remained steady.
- The percentage of the female population that received prenatal care in the first trimester during 2011 to 2013 decreased in Wood County and remained steady in the state.
- The percentage of teen births in Wood County increased between 2011 and 2013, while rates in Texas decreased.
- In 2014, the percent of female adults (age 40+) in HSR 4/5N (33.6%) that did not receive a mammogram in the past 2 years was higher than the state, as well as the majority of other regions.
- In 2014, the percent of adults (age 50-75) in HSR 4/5N (46.0%) that did not have a colonoscopy in the past 10 years was higher than the state (42.6%) as well as the majority of other regions.
- The vast majority of interviewees in all three counties stated that if they were king for a day in their respective communities, they would place an increased emphasis on healthy lifestyle education. Many interviewees in all three counties recommended increased emphasis on preventive care for specific populations.

Priority #3: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Continued

Rationale:

-A few interviewees in Smith and Wood Counties noted that preventive education and care efforts should be targeted towards specific populations that have limited access. One interviewee in Wood County mentioned focusing preventive efforts towards the older age groups due to the aging population in the area, including nutrition education, as well as the youth population surrounding vaccinations.

-A few interviewees in Cherokee and Wood Counties mentioned that there is a lack of emphasis on preventive care outside of Tyler, which causes their residents to be at risk for an adverse health event or outcome. One Wood County interviewee stated: "The further you get out from Tyler, the more lacking [preventive] services are going to be."

Objective:

Implement a variety of awareness, education and screening programs focused on unhealthy lifestyles and related conditions

Implementation Activity	FY16- Establish Baseline	FY17 Goal	FY18 Goal	FY19 Goal	3 Year Goal	% Complete	Comments/Notes
3.A. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to offer periodic support groups to increase awareness about diseases and resources offered through the community and health system.	Ongoing						
3.B. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will host periodic Diabetes Support Group meetings on topics that are geared to help the individuals cope with the disease elements. The meetings are open to any individual and family members.	Planning						
3.C. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to offer inpatient and outpatient nutritional counseling.	Planning						
3.D. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> Emergency Department follows Stroke protocol and educates staff, family, and patients on possible signs and symptoms.	Planning						
3.E. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will assess the feasibility of providing an on-site cancer clinic.	Planning						

Implementation Activity	FY16- Establish Baseline	FY17 Goal	FY18 Goal	FY19 Goal	3 Year Goal	% Complete	Comments/Notes
3.F. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to maintain a smoke free campus and provides educational literature on smoking cessation.	Planning						
3.G. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to coordinate a health fair with Winnsboro Independent School District (WISD) for faculty upon request.	Planning						
3.H. Upon request, safety education programs are also held at WISD. The program is held to provide bicycle safety and to distribute bike helmets, the importance of hand hygiene, and head injury prevention. Bicycle helmets that have been purchased and donated by CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> are distributed as well as a program by the pilot club on mind benders.	Planning						
3.I. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to provide healthcare information and screenings at the Winnsboro Autumn Trails Festival, the largest annual community event.	Planning						
3.J. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to reach out to the community by offering numerous classes, speakers and other informative activities. Hospital personnel are made available as speakers for civic groups, industrial partners, and media appearances and health fairs to address health topics of particular concern to the public.	Planning						
3.K. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to be available to participate in community health fairs.	Planning						
3.L. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> Leadership participates in the Chamber of Commerce Banquet and holds membership in the Chamber of Commerce and a variety of service clubs and organizations.	Planning						
3.M. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> leadership and staff volunteers work with WISD to discuss careers in healthcare.	Planning						

Implementation Activity	FY16- Establish Baseline	FY17 Goal	FY18 Goal	FY19 Goal	3 Year Goal	% Complete	Comments/Notes
3.N. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to participate in the CHRISTUS Trinity Mother Frances Health System annual fundraising campaign, "Share the Spirit," which is organized and implemented by employees with all proceeds going to help with health related programs such as heart care, cancer care, Children's Miracle Network, diabetes education and services, and the employee Crisis Care Fund.	Planning						
3.O. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will focus efforts on cancer awareness and prevention through sponsorship and staffing support for Relay for Life. The goal is to increase awareness and assist fundraising efforts for cancer initiatives.	Ongoing						
3.P. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to engage in community partnerships, with the goal of providing assistance and support. These entities include: Komen Foundation, American Heart Association, American Cancer Society, Children's Advocacy Center, UT Tyler Nursing and public and private schools.	Ongoing						
3.Q. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> provides leadership, such as board representation, and monetary donations to a variety of foundations and organizations. Organizations include: American Heart Association, Cancer Foundation for Life, American Cancer Society, Hospice of East Texas, Winnsboro Chamber of Commerce, Autumn Trails, Winnsboro Food Pantry, the Lion's Club, the Winnsboro Library Guild, and the Standard Club.	Ongoing						
3.R. CHRISTUS Trinity Clinic will continue to participate in offering sports physicals to school aged children through CHRISTUS Trinity Mother Frances Health System's efforts to provide open sports pre-participation exams for school aged children in the area. All programs are open for general participation, provided that students have parental approval. Support for on site trainers is available.	Planning						

Priority #4: Access to Specialty Care Services

Rationale:

- Between 2010 and 2014, the report area (14.6%) had a higher percent of the total population with a disability than the state (11.6%) and the nation (12.3%). When broken out by county, Wood County (21.4%) has a significantly higher percent of its population with a disability than the state and the nation.
- In 2014, HSR 4/5N (31.9%) had the highest percent of adults (age 18+) with a disability as compared to all other regions and the state (22.9%).
- Between 2012 and 2014, the percent of adults (age 18+) that reported 5 or more days of poor physical health in HSR 4/5N remained relatively steady, while rates in the state steadily decreased. In 2014, HSR 4/5N (23.0%) had the highest percent of adults (age 18+) that reported 5 or more days of poor physical health, as compared to all other regions and the state (17.4%).
- Between 2012 and 2014, the percent of adults (age 18+) that reported being limited because of physical, mental or emotional problems in HSR 4/5N and the state remained relatively steady. In 2014, HSR 4/5N (21.5%) had the highest percent of adults (age 18+) that reported being limited because of physical, mental, or emotional problems as compared to all other regions and the state (17.0%).
- Between 2012 and 2014, the percent of adults (age 18+) that reported having a health problem that required the use of special equipment in HSR 4/5N and the state slightly increased. In 2014, HSR 4/5N (12.0%) had the highest percent of adults (age 18+) that reported having a health problem that required the use of special equipment as compared to all other regions and the state (8.3%).
- In 2014, HSR 4/5N (18.6%) had one of the highest percentages of adults (age 18+) that reported having serious difficulty walking or climbing stairs as compared to all other regions and the state (14.1%).
- In 2014, HSR 4/5N (5.0%) had one of the highest percentages of adults (age 18+) that reported having serious difficulty dressing or bathing as compared to all other regions and the state (3.9%).
- Interviewees across all three counties agreed that access to specialty care for those who are uninsured or low income is challenging.
- Interviewees in Wood County mentioned a few specific specialty services that are lacking in the area, including: cardiology, endocrinology, ENT, obstetrics and gynecology, oncology, ophthalmology, and urology.
- The majority of interviewees in Cherokee and Wood Counties emphasized that residents typically leave the area to access specialty care in Tyler. Many interviewees in Cherokee and Wood Counties agreed that the rural nature of the areas, as well as the close proximity to Tyler, inhibits any specialists from moving to the communities. One Wood County interviewee stated "Not a lack of specialty services, but they'll have to go to Tyler to get it. All your specialists are going to be in Tyler."
- One interviewee in Wood County noted that there is always a wait time associated with seeing a specialist, stating: "I can't see specialists without a wait."

Objective:

Increase access to additional specialist services and providers in the community

Implementation Activity	FY16- Establish Baseline	FY17 Goal	FY18 Goal	FY19 Goal	3 Year Goal	% Complete	Comments/Notes
4.A. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to offer the Flight for Life program to provide critical care service within a 150 mile radius in a 23-county area.	Planning						

Implementation Activity	FY16- Establish Baseline	FY17 Goal	FY18 Goal	FY19 Goal	3 Year Goal	% Complete	Comments/Notes
4.B. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will provide space for rotating specialties/services to Wood County. Currently, specialists who offer services through the hospital's campus include: cardiology, dermatology service, pain management, gastroenterology, orthopedic day clinic, sleep studies, and wound care and hyperbaric services.	Planning						
4.C. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to host public education sessions, such as diabetic support groups and individual teaching sessions.	Planning						
4.D. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to host an on-site blood drive for staff and community convenience.	Planning						
4.E. TeleCare Plus, a CHRISTUS Trinity Mother Frances Health System medical call center, is available to community members for free 24 hours a day. Registered nurses provide callers with answers to health questions over the telephone, can send health information via the mail, provide physician referrals, give information on community and hospital resources and do symptom based triage.	Planning						
4.F. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to participate in the 340b Pharmacy Program which provides discounted pharmacy pricing to indigent patients.	Planning						
4.G. CHRISTUS Trinity Mother Frances Health System helps to develop skills children need to learn and become interested in healthcare careers through volunteer services, program training, job shadowing, and student programs.	Planning						

Priority #5: Access to Mental and Behavioral Health Care

Rationale:

- Wood County received a Health Professional Shortage Area (HPSA) score of 13 for Mental Health, indicating a greater priority for the assignment of clinicians and providers.
- In 2014, the rate of mental health care providers per 100,000 population in the report area (52.8 per 100,000) was lower than the state (57.2 per 100,000) rate and significantly lower than the national rate (134.1 per 100,000). More specifically, the rate of mental health care providers per 100,000 population in Wood County (11.6 per 100,000) was significantly lower than the state and national rates.
- In 2012, the percentage of Medicare Beneficiaries in the report area (17.5%) with depression was higher than the state (16.2%) and national rate (15.4%).
- In 2014, HSR 4/5N (16.5%) had a higher prevalence rate of diagnosed adult depressive disorders as compared to the state (14.6%) and the majority of other regions.
- The majority of interviewees agreed that mental and behavioral health services are significantly lacking in all three counties. A few interviewees across all three counties believed that health disparities exist across specific populations in accessing mental and behavioral health services.
- A few interviewees in Cherokee and Wood Counties emphasized the need for mental and emotional support services for the elderly population.
- A few interviewees in Smith and Wood Counties noted the greater barrier to seeking mental and behavioral health care services for the veteran population. One Wood County interviewee stated: "With mental health [for veterans]...that's been an issue because their insurance isn't accepted by very many counselors here, and there's not very many counselors anyway."
- One interviewee in Wood County also mentioned a lack of alcohol and substance abuse programs in the area, but specifically for men, stating: "Huge, huge issue here. We have a facility here in town that helps women who have been battling drug/alcohol addiction. Need one for men."

Objective:

Provide employees with resources to navigate difficult life challenges that may cause stress, anxiety, depression, etc.

Implementation Activity	FY16- Establish Baseline	FY17 Goal	FY18 Goal	FY19 Goal	3 Year Goal	% Complete	Comments/Notes
5.A. When a patient with a mental or behavioral health condition comes through the Emergency Department at CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> , they are stabilized and transferred, when appropriate, to a facility that can more adequately treat their mental or behavioral health condition. A list of mental health services in the community is provided as appropriate.	Planning						

Priority #6: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Rationale:

- The median age in Wood County and the state has steadily increased since 2012. In 2014, Wood County (48.1) had a median age that was higher than the state (33.9). The majority of growth in Wood County and the state is projected to come from the 65 years and older age group over the next five years.
- All racial groups are expected to increase over the next five years in Wood County and the state.
- Wood County (\$42,753) has a lower median household income than Texas (\$53,067) (2014). Median household incomes in both Wood County decreased between 2012 and 2014.
- In 2014, Wood County (5.9%) had a higher unemployment rate than the state (5.1%).
- In 2014, Wood County (25.1%) had a higher percentage of children (<18 years) in poverty than the state (24.5%) and the nation (21.7%).
- Wood County (17.9%) had a lower percentage of the population that has received a bachelors or advanced degree than Texas (27.1%) (2014).
- In 2013-2014, almost two-thirds (62.2%) of public school students were eligible for Free/Reduced Price Lunch in the report area, which is higher than the state (60.1%) and national (52.4%) rates.
- The percentage of children who are food insecure increased between 2011 and 2013 in Wood County, but slightly decreased in the state. Wood County (28.7%) had a higher percent of food insecure children in 2013, as compared to the state (27.4%).
- In comparison to peer counties, Wood County (3.5%) ranked within the two middle quartiles for Medicare Beneficiary (age 65+) asthma prevalence rates in 2012.
- In 2014, HSR 4/5N (42.4%) had one of the highest percentages of adults (age 65+) that did not receive a flu shot in the past year, as compared to all other regions and the state (41.2%).
- Between 2012 and 2014, the percent of adults (age 65+) in HSR 4/5N and the state that had never received a pneumonia shot steadily increased.
- According to Enroll America, as of 2015, Wood County (17.0%) has a higher rate of uninsured adults (age 18-64) than the state (16.0%) and nation (10.7%).
- In comparison to peer counties, Wood County (27.2%) ranked within the least favorable quartile for the percent of adults (under age 65) that are uninsured, and also ranked above the U.S. median (17.7%) (2011).
- In 2014, the percent of adults that reported experiencing a medical cost barrier in the past 12 months in HSR 4/5N (22.4%) was significantly higher than the state rate (17.6%), and was the second highest region as compared to all other regions. Between 2012 and 2014, the percent of adults (age 18+) in HSR 4/5N that needed medical care but could not receive it due to cost increased, while rates in the state decreased.
- In comparison to peer counties, Wood County (27.5%) ranked within the least favorable quartile for the percent of adults (age 18+) that needed to receive medical care but could not due to cost over the past year, and also ranked above the U.S. median (15.6%) and the Healthy People 2020 Target (9.0%) (2006-2012).
- The majority of interviewees in all three counties noted that while there is access to services in the area, health care costs may inhibit residents from seeking care. Interviewees overwhelmingly agreed that poverty was a major determinant of health status in all three counties, and many discussed affordability and cost barriers as major concerns – particularly for the low income and working poor. One Wood County interviewee noted: “We’ve got doctors, we’ve got a hospital, we’ve got a pharmacy, we’ve got health care - it’s just people paying for health care is the biggest issue.”
- Interviewees in all three counties noted that the providers are there, but insurance coverage is another barrier that inhibits residents from accessing those providers, including adolescents. Interviewees in all three counties noted that those without insurance coverage tend to overuse the Emergency Room due to lack of a medical home.

Priority #6: Access to Affordable Care and Reducing Health Disparities Among Specific Populations Continued

Rationale:

-A couple interviewees in Wood County mentioned that health care policy changes have led to people losing their health care coverage. One specific interviewee noted: "The doctors are here, but with the ACA, I know more who have lost coverage than have found it."

-Access to transportation was noted as a significant need in all three counties and disproportionately affecting specific populations, including the youth, elderly, veterans, disabled, and low income.

Interviewees in Cherokee and Wood Counties discussed transportation issues for those who are referred to Tyler for care, and must travel outside of the county. Interviewees noted that this is a particular issue for the elderly and veteran populations.

-A few interviewees in Smith and Wood Counties emphasized the transportation issues that exist for those who struggle with getting to and from medical appointments in their own community.

Objective:

Increase access to health care for specific populations, such as the elderly and uninsured

Implementation Activity	FY16- Establish Baseline	FY17 Goal	FY18 Goal	FY19 Goal	3 Year Goal	% Complete	Comments/Notes
6.A. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to offer financial assistance through scholarship funds for the Diabetes Education Center for those without insurance coverage and unable to pay.	Planning						
6.B. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to operate its rural health clinic.	Planning						
6.C. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to promote clinical education by serving as a site for clinical rotations when requested thus offering additional clinical resources for care.	Planning						
6.D. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> provides access to a language line for translation services, and flat screen televisions are installed throughout the facilities to aid hearing impaired patients.	Planning						
6.E. CHRISTUS Mother Frances Hospital - <i>Winnsboro</i> will continue to provide direct financial support for not-for-profit organizations and community supported rural hospitals within the region to help provide needed services.	Planning						

Section 3:

Feedback, Comments and Paper Copies



INPUT REGARDING THE HOSPITAL'S CURRENT CHNA





CHNA Feedback Invitation

- CHRISTUS Mother Frances Hospital - *Winnsboro* invites all community members to provide feedback on its previous and existing CHNA and Implementation Plan.
- To provide input on this or the previous CHNA, please see details at the end of this report or respond directly to the hospital online at the site of this download.



HELP WHERE HOSPITALS NEED IT



Feedback, Questions or Comments?

Please address any written comments on the CHNA and Implementation Plan and/or requests for a copy of the CHNA and Implementation Plan to:

CHRISTUS Trinity Mother Frances Health System
Governmental Affairs & Community Relations Office
Phone Number: (903) 606-4788
514 S. Beckham Ave.
Tyler, TX 75702

Please find the most up to date information on the CHRISTUS Trinity Mother Frances Health System website under “About Us”:

<http://www.tmfhc.org/about-us/comprehensive-community-health-needs-assessments/>



HELP WHERE HOSPITALS NEED IT



Thank you!

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