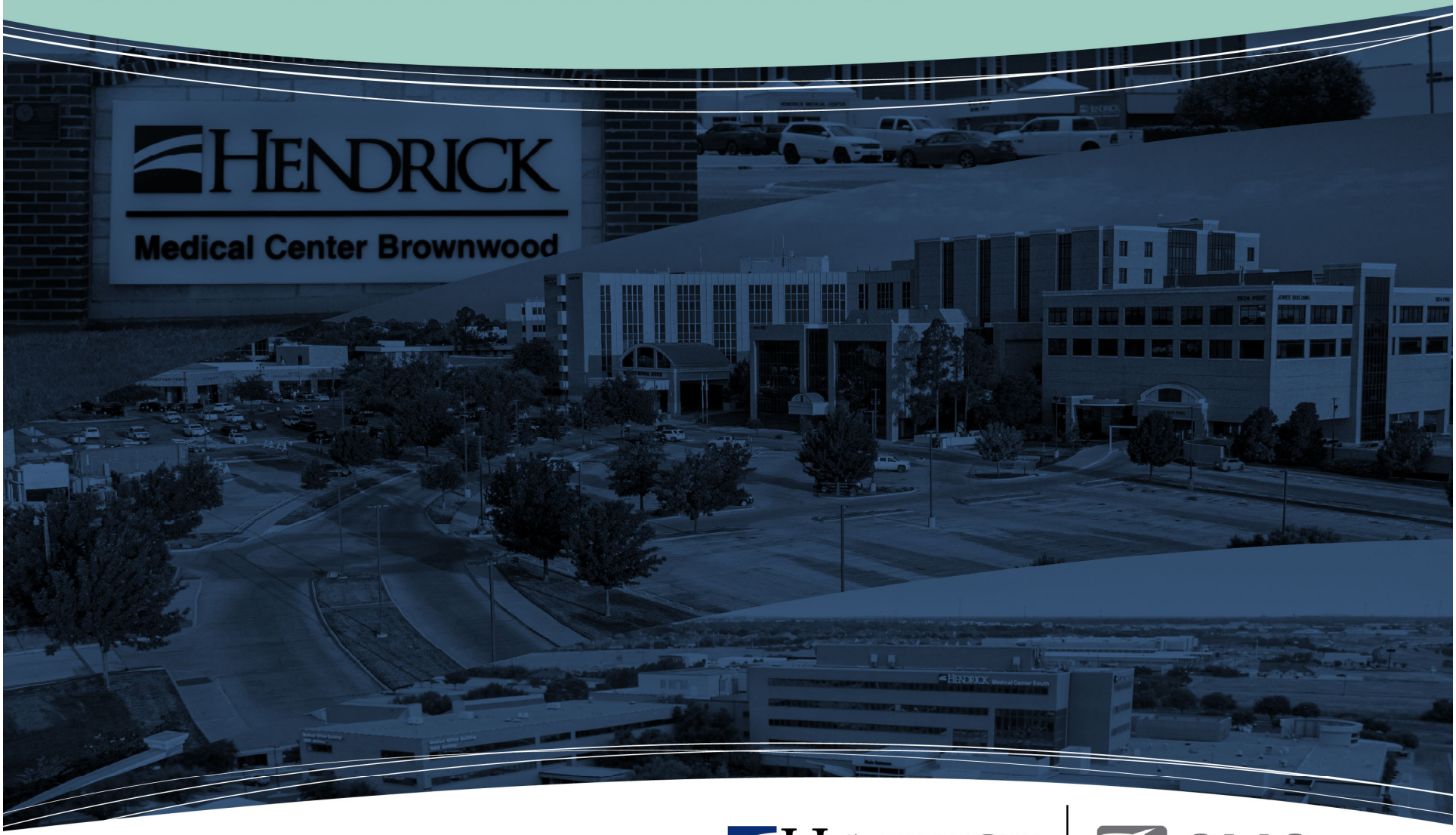
Community Health Needs Assessment

HENDRICK MEDICAL CENTER BROWNWOOD

2025



HENDRICK HEALTH | CHC Community Hospital Consulting

Table of Contents

Section 1: Community Health Needs Assessment 3
Executive Summary 4
Process and Methodology 10
Hospital Biography 16
Study Area 22
Demographic Overview 25
Health Data Overview 43
Community Input Findings 84
Local Community Health Reports 114
Input Regarding the Hospital's Previous CHNA 116
Evaluation of Hospital's Impact 118
Previous CHNA Prioritized Health Needs 130
2025 CHNA Preliminary Health Needs 132
Prioritization 134
Priority that will not be Addressed 139
Resources in the Community 141
Information Gaps 147
About Community Hospital Consulting 149
Appendix 151
Summary of Data Sources 152
Data References 155
HPSA and MUA/P Information 158
Priority Ballot 169

Section 2: Feedback, Comments and Paper Copies 176
Input Regarding the Hospital's Current CHNA 177

Section 1

Community Health Needs Assessment

Executive Summary

Executive Summary – Hendrick Medical Center Brownwood

A comprehensive, six-step community health needs assessment ("CHNA") was conducted for Hendrick Medical Center Brownwood and Hendrick Medical Center by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Taylor, Brown and Callahan Counties, Texas.

The final IRS regulations expressly permit hospital facilities with overlapping communities to collaborate and to adopt substantively identical CHNA reports to the extent appropriate. In compliance with IRS regulations, Hendrick Medical Center and Hendrick Medical Center Brownwood conducted a joint CHNA report and will conduct subsequent separate implementation plans to reflect the unique capabilities of the facilities and to reflect any material differences in the communities served by those facilities. Hendrick Medical Center also encompasses the Hendrick Medical Center South campus; however, because it operates under the same license as Hendrick Medical Center, it is incorporated within the Hendrick Medical Center CHNA report.

The CHNA Team, consisting of leadership from Hendrick Medical Center and Hendrick Medical Center Brownwood met with staff from CHC Consulting on July 9, 2025 to review the research findings and prioritize the community health needs. Five 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 list of prioritized needs, in descending order, is listed below:

1) Continued Emphasis on Healthcare Workforce Recruitment and Retention to Improve Access to Primary and Specialty Care
2) Increased Focus on Addressing Social Determinants of Health Across Underserved Populations to Reduce Health Disparities
3) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
4) Access to Mental and Behavioral Health Care Services and Providers
5) Access to Dental and Vision Care Services and Providers

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 their capacity to address the need. Based on the unique capabilities of the facilities, Hendrick Medical Center and Hendrick Medical Center Brownwood prioritized separately from one another in order to tailor their list of identified needs to their specific patient population and resources. Once this prioritization process was complete, Hendrick Medical Center leadership decided to address four of the five prioritized needs in various capacities through its implementation plan. While Hendrick Medical Center acknowledges that this is a significant need in the community, "Access to Dental and Vision Care Services and Providers" 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. Hendrick Medical Center will continue to support local organizations and efforts to address this need in the community.

Hospital leadership has developed an implementation plan to identify specific activities and services which directly address the identified 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 and annual updates and progress (as appropriate).

The Hendrick Medical Center Board reviewed and adopted the 2025 Community Health Needs Assessment on August 5, 2025.

Priority 1:

Continued emphasis on healthcare workforce recruitment to improve access to primary and specialty care

Brown and Callahan Counties exhibit considerably higher population-to-primary care physician ratios than both the state and national averages. Taylor and Callahan Counties have a higher rate of preventable hospital events among Medicare beneficiaries than both the state and national averages. Additionally, Taylor, Brown, and Callahan Counties are designated as Health Professional Shortage Areas and Brown and Callahan Counties are designated Medically Underserved Areas and Medically Underserved Populations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

The Hendrick Medical Center and Hendrick Medical Center Brownwood 2025 CHNA survey results showed that fifty percent or more of respondents indicated a need to recruit more health care providers and to recruit specialists who can provide services that are not currently available. Respondents listed mental health, neurology, pediatrics/pediatric subspecialties, pulmonology, ENT, cardiology, obstetrics/gynecology and primary care as the top providers and services that are needed or desired. Respondents mentioned a lack of primary care providers, specialists being booked out months, and some doctors no longer taking hospital call or having given up hospital privileges. Specific gaps include a lack of postpartum emergency triage, and an absence of mammography/sonogram technicians in some areas. Despite Brownwood having a wide range of services for its size, there are notable gaps, and the community struggles to attract enough providers to cover its large area.

Priority 2:

Increased focus on addressing social determinants of health across underserved populations to reduce health disparities

Taylor, Brown, and Callahan Counties face significant health disparities compared to the state of Texas, largely driven by various social determinants of health. All three counties have a lower percentage of residents with a bachelor or advanced degree and lower median household incomes than the state. Healthcare is estimated to be the highest monthly cost for residents in all three counties, further exacerbating financial burdens.

Poverty is a pervasive issue, with Taylor and Brown Counties having a higher percentage of families living below poverty than the state. Brown County also shows a larger percentage of children living in poverty than Texas. Food insecurity is another major concern, with Taylor and Brown Counties having more residents who are food insecure compared to the state and children in all three counties experiencing higher rates of food insecurity than the state. The average meal cost for residents in Taylor, Brown, and Callahan Counties is higher than in Texas. Additionally, Brown County has a larger percentage of its total population receiving SNAP benefits compared to the state.

Access to healthy food options is limited, as Taylor County has a lower rate of grocery stores compared to both the state and the nation. Conversely, Taylor, Brown, and Callahan Counties all have a higher rate of fast-food restaurants than the state and nation. Brown County also has a higher percentage of public school students eligible for free or reduced-price lunch than the state and a higher percentage of households without a motor vehicle than Texas, highlighting transportation barriers as well.

The Hendrick Medical Center and Hendrick Medical Center Brownwood 2025 CHNA survey results indicate a majority of respondents believe not everyone has adequate access to health services, particularly the low income/working poor, homeless, and individuals without transportation. Key concerns include the high cost of healthcare, co-pays, and deductibles, which make treatment inaccessible even for those with insurance, and a lack of free or low-cost care options for the uninsured and underinsured. Transportation is a major barrier for many populations, leading to missed appointments and difficulty reaching providers. Federal funding cuts are expected to severely impact healthcare services and local nonprofits, potentially increasing homelessness and poverty, forcing individuals to prioritize basic needs over medical care, and leading to more emergency room visits by those with limited resources. Increased access to health coverage and higher reimbursement rates are suggested as ways to direct resources more effectively. Additionally, survey respondents noted that understanding healthcare needs are linked with living and social needs as well.

Specific populations facing significant disparities include adolescents needing substance abuse treatment and prevention, the homeless contending with serious health conditions and stigma, infants and pediatric populations with limited specialist access and issues with Medicaid acceptance by dentists, and the LGBTQ+ community facing perceived bias and state restrictions on medical care. Non-U.S. citizens and those with limited English proficiency face barriers due to language differences, cultural misunderstandings, and a lack of knowledge about available services, compounded by the recent closure of a refugee-serving health clinic. Individuals with chronic diseases, disabilities, and those lacking social support also encounter challenges in accessing and managing care.

Priority 3:

Prevention, education and services to address high mortality rates, chronic diseases, preventable conditions and unhealthy lifestyles

Taylor, Brown, and Callahan Counties consistently have higher mortality rates than the state for diseases of the heart, malignant neoplasms, COVID-19, chronic lower respiratory diseases, accidents (unintentional injuries), and Alzheimer's disease. Taylor and Brown Counties also show higher mortality rates than the state for cerebrovascular diseases, diabetes mellitus, and chronic liver disease and cirrhosis. Additionally, Taylor County has a higher mortality rate than the state for intentional self-harm (suicide).

Taylor County has higher incidence and mortality rates than the state for prostate cancer, lung & bronchus cancer and colon & rectum cancer, as well as a higher mortality rate for breast cancer. Brown County exhibits higher incidence rates for lung & bronchus cancer and colon & rectum cancer, and higher mortality rates for breast cancer and lung & bronchus cancer. Callahan County has higher incidence rates for lung & bronchus cancer, prostate cancer, and colon & rectum cancer, and a higher mortality rate for lung & bronchus cancer.

Taylor County has a higher percentage of Medicare beneficiaries with diabetes than the state. All three counties have a higher percentage of adults who are obese than the state, Medicare beneficiaries with hypertension than the state, and adults with arthritis and asthma compared to the state. Taylor, Brown, and Callahan Counties have a higher teen birth rate than both the state and the nation. Taylor and Callahan Counties also have a higher percentage of infants with a low birthweight than the state and the nation. The percentage of Medicare beneficiary females that received at least one mammography screening in the past year in Brown and Callahan Counties were lower than the state. All three counties had a lower percentage of Medicare beneficiaries that received a flu shot in the past year than the state, and a lower percentage that ever received a pneumonia shot than the state.

The Hendrick Medical Center and Hendrick Medical Center Brownwood 2025 CHNA survey results indicate improving access to preventive care (screenings for chronic diseases, immunizations), health promotion and preventive education, promoting behavior change in unhealthy lifestyles, and promoting chronic disease management as a top healthcare priority in the community. Survey respondents selected obesity among adults, heart disease/stroke, and diabetes as three of the top five health concerns in the community. Respondents also selected understanding health insurance options as the top health education, promotion, and preventative service lacking in the community.

Survey respondents believe the healthcare system is difficult to navigate. While the internet is the primary source of health education for the community, followed by friends and family, many individuals seek health-related information only when experiencing symptoms. Survey respondents indicated nutrition/dietary programs, health fairs and screening events and diabetic education services are lacking in the community. Survey respondents further commented to say increased chronic disease education and management are crucial to prevent declining community health and catastrophic outcomes. Drug, alcohol, and tobacco abuse are identified by survey respondents as likely leading causes of preventable illness, along with obesity and preventable related diseases, which are straining healthcare resources. Vaccine hesitancy is also noted as an alarming concern. There's an emphasis on integrating health education, including nutrition, physical, and mental health, into school curriculum from an early age.

Priority 4:
Access to mental and behavioral health care services and providers

A higher percentage of adults in Taylor, Brown, and Callahan Counties experience depression compared to the state average. Taylor County also has a greater percentage of Medicare beneficiaries with depression than the state. A higher percentage of adults in all three counties self- reported that their mental health was not good for 14 or more days, surpassing the state's percentage. Callahan County, in particular, demonstrates a drastically higher population-to-mental and behavioral care provider ratio compared to Texas and the nation, indicating a severe shortage of mental healthcare professionals.

The Hendrick Medical Center and Hendrick Medical Center Brownwood 2025 CHNA survey results indicate that mental health was the most needed or desired specialty in the community, with 14 mentions. Survey respondents overwhelmingly selected mental health problems as one of the top 5 health concerns in the community. Mental health services were frequently specified as a healthcare priority by respondents.

Recruiting psychiatrists was also identified as a priority by survey respondents. When selecting barriers to accessing mental and behavioral health, at least fifty percent of respondents selected lack of coverage/financial hardship, difficulty navigating system/lack of awareness of available resources, insufficient number of providers, delays or complications in referrals to services, and long wait times for an appointment.

Fifty percent or more of respondents indicated that persons with mental illness and mental/behavioral conditions were lacking adequate access to health services and resources. Comments noted a significant need for various mental health services across all ages, but also specifically for the youth population, those on Medicaid and the underserved. Requests included psychiatric providers (especially pediatric psychiatrists), psychologists, counselors, and specialized therapists. Respondents commented that mental health services are primarily provided in crisis situations, with minimal proactive resources. Behavioral health services and mental health treatment are described as deficient, particularly regarding inpatient treatment, often requiring patients to travel significant distances. Promoting harm reduction services was mentioned as a healthcare priority for those who partake in higher–risk behaviors. There is a recognized need for more substance abuse prevention and treatment options for adults and adolescents, with concerns about increased overdoses due to funding cuts for prevention services.

Survey respondents mentioned a lack of substance abuse treatment beds and substance abuse resources. Behavioral health providers are noted as lacking, and an integrated community system is described as absent. Mental illness and homelessness were observed to be more common in this community as compared to others. Individuals experiencing homelessness, drug use, and sex work face significant barriers to accessing healthcare services due to stigma and perceived discrimination.

Process and Methodology

Process and Methodology

Background & Objectives

- The final IRS regulations expressly permit hospital facilities with overlapping communities to collaborate and to adopt substantively identical CHNA reports to the extent appropriate. In compliance with IRS regulations, Hendrick Medical Center and Hendrick Medical Center Brownwood conducted a joint CHNA report and will conduct subsequent separate implementation plans to reflect the unique capabilities of the facilities and to reflect any material differences in the communities served by those facilities.
- 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 on 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 Hendrick Medical Center
    - 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

Process and Methodology

Scope

- 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 Hendrick Medical Center Brownwood
  - A description of the hospital's defined study area
  - Definition and analysis of the communities served, including demographic and health data analyses
  - Findings from phone interviews and survey responses collecting input from community representatives, 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
    - Community leaders
  - 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
  - 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

Process and Methodology

Methodology

- Hendrick Medical Center worked with CHC Consulting in the development of its CHNA. Hendrick Medical Center provided essential data and resources necessary to initiate and complete the process, including the definition of Hendrick Medical Center's study area and the identification of key community stakeholders to be interviewed and surveyed.
- CHC Consulting conducted the following research:
    - A demographic analysis of the study area, utilizing demographic data from Syntellis
    - A study of the most recent health data available
    - Conducted one-on-one phone interviews and distributed surveys to individuals who have special knowledge of the communities and analyzed results
- The following people participated in some aspect of the CHNA process:
    - Brian Bessent, Hendrick Health Vice President, Chief Strategy and Experience Officer
    - Krista Baty, Hendrick Medical Center Brownwood Chief Administrative Officer
    - Jesiree Driskell, Hendrick Health Assistant Vice President Strategic Communication and Digital Experience
    - Dyllon Daulton, Community Initiatives Coordinator
    - Tanner McDaniel, Administrative Resident
- The methodology for each component of this study is summarized in the following section. In certain cases methodology is elaborated in the body of the report.

Process and Methodology

Methodology (continued)

- Hendrick Health Biography
  - Background information about Hendrick Health, mission, vision, values and services were provided by the hospital or taken from its website
- Study Area Definition
  - The study area for Hendrick Medical Center Brownwood is based on Texas Hospital Association (THA) hospital inpatient discharge data from July 2023 – June 2024 and discussions with hospital staff
- Demographics of the Study Area
  - Population demographics include population change by race, ethnicity, age, median household income analysis, unemployment and economic statistics in the study area
  - Demographic data sources include, but are not limited to, Syntellis, SparkMap, the U.S. Census Bureau, the United States Bureau of Labor Statistics and Feeding America
- Health Data Collection Process
  - A variety of sources (also listed in the reference section) were utilized in the health data collection process
  - Health data sources include, but are not limited to, the Centers for Disease Control and Prevention (CDC) WONDER Tool, the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, SparkMap, the Texas Central Cancer Registry, Small Area Health Insurance Estimates (SAHIE) and the U.S. Census Bureau
- Interview Methodology
  - Hendrick Medical Center Brownwood provided CHC Consulting with a list of persons with special knowledge of public health in Taylor, Brown and Callahan Counties, including public health representatives and other individuals who focus specifically on underrepresented groups
  - From that list, 2 in-depth phone interviews were conducted using a structured interview guide. CHC Consulting contacted a number of individuals in the community to participate in the interview process, but several were unable to complete an interview due to a variety of reasons. In order to gain more community input, an electronic community survey was implemented. Due to a lower number of completed interviews, for purposes of confidentiality, the survey and interview findings have been analyzed together and reported in the aggregate.

Process and Methodology

Methodology (continued)

- Interview Methodology (cont.)
  - 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. As mentioned above, qualitative data from the interviews was also analyzed and reported in the aggregated survey data for purposes of confidentiality.
- Survey Methodology
  - CHC Consulting developed an electronic survey tool distributed by Hendrick Medical Center Brownwood via email in April/May 2025. The survey was sent via email to individuals or organizations representing the needs of various community groups in Taylor, Brown and Callahan Counties
  - 122 individuals responded to the survey and those 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
  - Hendrick Medical Center Brownwood provided CHC Consulting with a report of community benefit activity progress since the previous CHNA report
- Prioritization Strategy
  - Five 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 prioritization process
  - See the prioritization section for a more detailed description of the prioritization methodology

Hospital Biography

Hospital Biography

About Hendrick Medical Center Brownwood

Welcome to Hendrick Medical Center Brownwood

Hendrick Health was founded in 1924 as a not-for-profit healthcare institution in response to a community need for quality healthcare. Throughout the decades, Hendrick has grown with the community, offering a wide range of comprehensive healthcare services to the Texas Midwest. In 2020, Hendrick Medical Center became Hendrick Health and expanded to a three campus system—Hendrick Medical Center and Hendrick Medical Center South in Abilene; and Hendrick Medical Center Brownwood in Brownwood.

Hendrick has received the Gallup Exceptional Workplace Award every year since the award's inception in 2007, the 2021 Modern Healthcare Best Places to Work for the third year, the 2020 CHIME Digital Health Most Wired, Level 8 Acute recognition, as well as its ongoing Pathway to Excellence designation from the American Nurses Credentialing Center.

The mission created 100 years ago continues today and it will remain so as Hendrick Health moves into the future, "to deliver high quality healthcare emphasizing excellence and compassion consistent with the healing ministry of Jesus Christ."

Source: Hendrick Health, https://www.hendrickhealth.org/; information accessed July 15, 2025.

Hospital Biography
About Hendrick Health (cont.)

About Hendrick Health

Headquartered in Abilene, Texas, Hendrick Health is a healthcare system owned and directed by a local, volunteer board since its founding in 1924 as a not-for-profit hospital in response to a community need for quality healthcare. Throughout the decades, the hospital has grown with the community, offering a wide range of comprehensive healthcare services to West Central Texas.

In 2020, Hendrick Medical Center became Hendrick Health and expanded to a three-hospital system—Hendrick Medical Center and Hendrick Medical Center South in Abilene; and Hendrick Medical Center Brownwood in Brownwood. Hendrick Health also includes Hendrick Clinic, a multispecialty medical group of physicians and other advanced professional providers. Today, Hendrick Health has more than 100 service locations and serves 24 counties.

Providing the strength of a complete system of health services, Hendrick continues to offer aggressive, innovative treatments and preventive healthcare measures that include cardiovascular care, neurology and neurosurgery, neonatal and pediatric intensive care, orthopedics, women's health and cancer services.

Community involvement is important to Hendrick, not just from a healthcare perspective. Staff and employees know what it means to give back. They help raise funds and give their time to Children's Miracle Network Hospitals, The United Way, Meals on Wheels and many other organizations.

Hendrick is an institution where people can feel a strong sense of belonging – an advanced medical provider the people of the region can call their own. Hendrick Health is affiliated with the Baptist General Convention of Texas and people of all ages and races receive precision care every day, regardless of the way they are able to pay.

Hendrick Health was founded by pioneering West Texans who believed in working together for better health. That legacy lives on today at Hendrick through medicine, ministry and research.

Source: Hendrick Health, "About Us", https://www.hendrickhealth.org/about-us/, information accessed July 15, 2025.

Hospital Biography

About Hendrick Medical Center Brownwood

About Hendrick Medical Center Brownwood

Hendrick Medical Center Brownwood, formerly Brownwood Regional Medical Center, is a 188-bed acute care facility that has provided quality, competent and compassionate care to the Central Texas area since 1969. By serving the surrounding counties, our commitment to progress in diagnosis and treatment options allows our dedicated medical care team to be the key to our success. Our services include inpatient care, a level four trauma center providing 24/7 emergent care with on-site access to helicopter transport, women's center/obstetric unit and Level II nursery, outpatient services, a sleep lab center, heart center/interventional cardiology (cardiac catheterization lab) cardiac rehab, Walker Cancer Center radiation/medical oncology/hematology, surgical services, gastroenterology lab and a hospitalist program.

Source: Hendrick Health, "About Us", https://www.hendrickhealth.org/about-us/, information accessed July 15, 2025.

Hospital Biography

Services Provided

Hendrick Regional Services Team are always available to assist you with any needs including:

- Patient Transfers or Patient Placement
- Referral processes
- Information regarding visiting specialists
- Coordinating education opportunities for your teams
- Liaison between hospitals/clinics and Hendrick Services
- Direct point-of-contact for all things Hendrick

Hendrick Health Specialties include:

- Anesthesia
- Cardiology
- Critical Care
- CV Surgery
- General Surgery
- Gastroenterology
- Hematology / Oncology
- Hospitalists
- Internal Medicine
- Interventional Radiology
- Maternal Fetal Medicine
- Neonatology
- Nephrology
- Neurology
- Neurosurgery
- OB/GYN
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Pain Management
- Pediatrics
- Plastic Surgery
- Podiatry
- Pulmonary Diseases
- Radiology
- Forensic Nurse Examiners
- Trauma and Acute Care
- Urology

Hendrick Medical Center is a 438-bed facility with inpatient, outpatient, medical, surgical, cancer, pediatric and emergency care. It maintains a Trauma Center Level III designation, as well as a Neonatal Intensive Care Unit Level III designation.

To find a list of current services available within the Hendrick Health system by location, please visit the following website: https://www.hendrickhealth.org/about-us/regional-services/

Source: Hendrick Health, "Locations, Hendrick Medical Center", https://www.hendrickhealth.org/locations/hendrick-medical-center/, accessed July 15, 2025.
Source: Hendrick Health, "About Us, Regional Services", https://www.hendrickhealth.org/about-us/regional-services/, accessed July 15, 2025.

Hospital Biography

Mission, Vision and Values

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

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

Our Core Values
As employees of Hendrick Health, we work together to fulfill our mission by living these values:

- **Integrity**
  - Reflect honesty, transparency and trust; do what is right all the time
- **Teamwork**
  - Value our diverse talents, backgrounds, ideas and experiences to improve outcomes and create solutions
- **Compassion**
  - Treat patients with dignity, sensitivity and empathy
- **Accountability**
  - Demonstrate efficient stewardship of our resources that consistently results in quality improvement and outstanding customer service
- **Optimism**
  - Expect the best possible outcomes while performing responsibilities and interacting with patients, visitors and fellow employees
- **Engagement**
  - Cultivate an environment of commitment, communication, personal and professional growth and a shared vision for success

Source: Hendrick Health, "About US, Our Mission", https://www.hendrickhealth.org/about-us/our-mission/; accessed July 15, 2025.

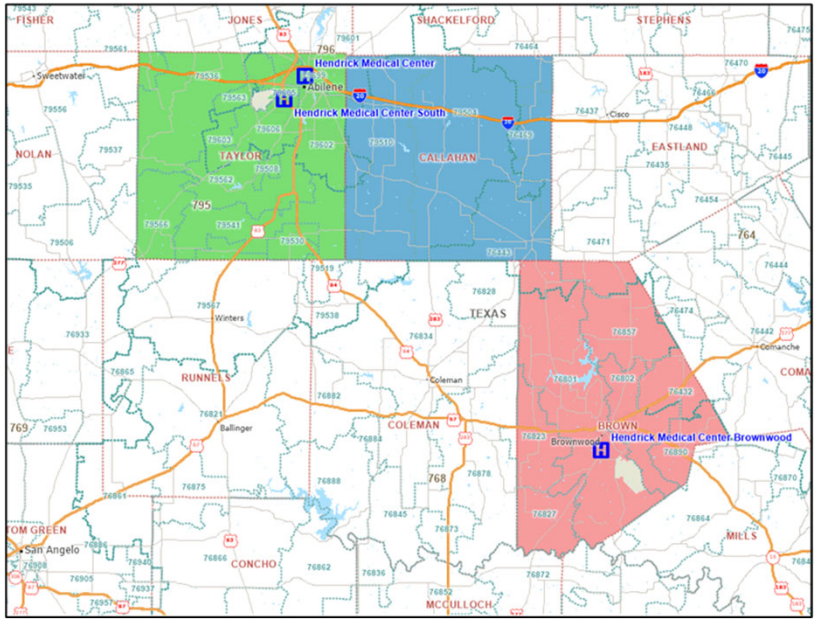
Study Area

Hendrick Health
Study Area

Hendrick Health – Patient Origin by County
July 1, 2023 - June 30, 2024

County	State	SY24 Inpatient Discharges	% of Total	Cumulative % of Total
Taylor	Texas	14,283	52.7%	52.7%
Brown	Texas	3,429	12.7%	65.4%
Callahan	Texas	1,390	5.1%	70.5%
All Others		8,012	29.5%	100.0%
Total		**27,114**	**100.0%**	

Source: Hospital inpatient discharge data provided by Texas Hospital Association (THA); July 2023 – June 2024. Data includes inpatient discharges for the following facilities within Hendrick Health: Hendrick Medical Center, Hendrick Medical Center South and Hendrick Medical Center Brownwood.



Note: the 2022 Hendrick Health CHNA and Implementation Plan reports studied Brown and Taylor Counties, Texas.

Taylor, Callahan and Brown Counties comprise 70.5% of SY 2024 Inpatient Discharges

Indicates the hospital

Hendrick Medical Center Brownwood

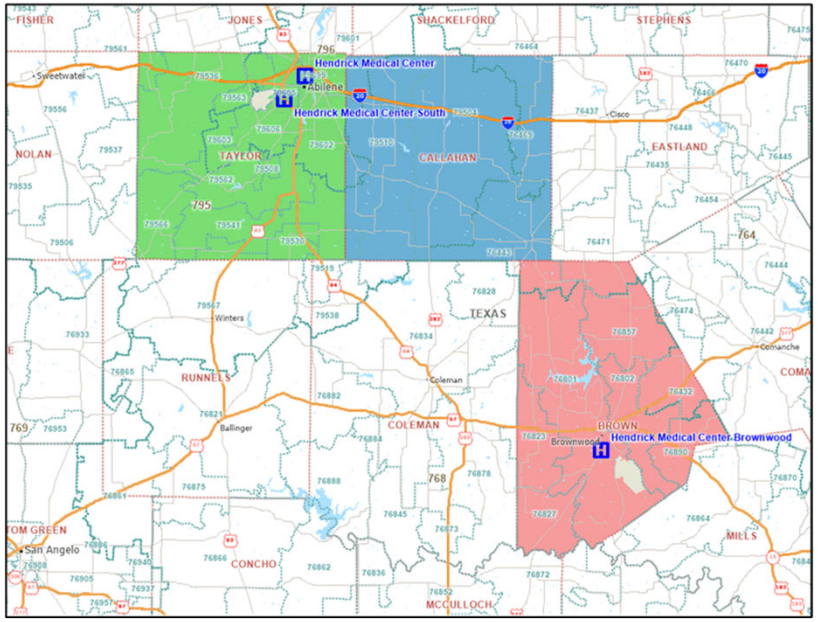
Study Area

Brownwood Market – Patient Origin by County

July 1, 2023 - June 30, 2024

County	State	SY24 Inpatient Discharges	% of Total	Cumulative % of Total
Taylor	Texas	2,491	68.8%	68.8%
Brown	Texas	29	0.8%	69.6%
Callahan	Texas	18	0.5%	70.1%
All Others		1,083	29.9%	100.0%
Total		**3,621**	**100.0%**	

Source: Hospital inpatient discharge data provided by Texas Hospital Association (THA); July 2023 – June 2024. Data includes inpatient discharges for the following facilities within Hendrick Health: Hendrick Medical Center Brownwood.



Note: the 2022 Hendrick Health CHNA and Implementation Plan reports studied Brown and Taylor Counties, Texas.

Taylor, Callahan and Brown Counties comprise 70.5% of SY 2024 Inpatient Discharges

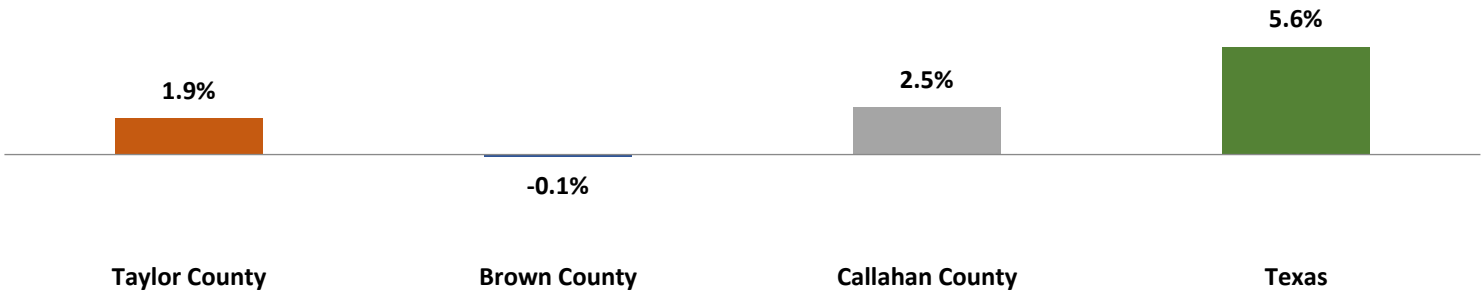
Indicates the hospital

Demographic Overview

Population Health

Population Growth

Projected 5-Year Population Growth
2024-2029



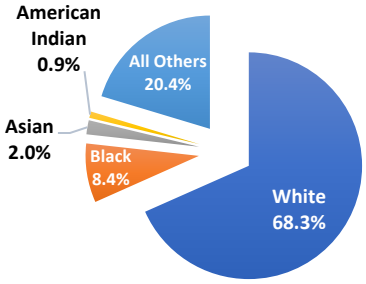
Overall Population Growth				
Geographic Location	**2024**	**2029**	**2024-2029 Change**	**2024-2029 % Change**
Taylor County	147,279	150,081	2,802	1.9%
Brown County	38,322	38,279	-43	-0.1%
Callahan County	14,216	14,568	352	2.5%
Texas	30,857,478	32,581,174	1,723,696	5.6%

Source: Syntellis, Canvas Demographic Report, 2025.

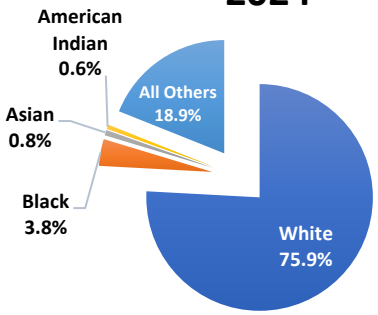
Population Health

Population Composition by Race/Ethnicity

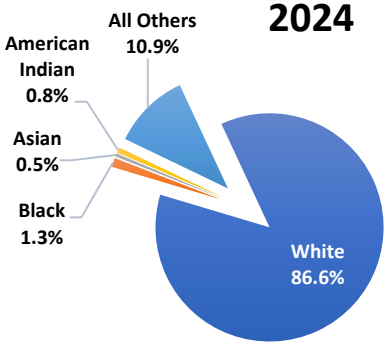
Taylor County 2024



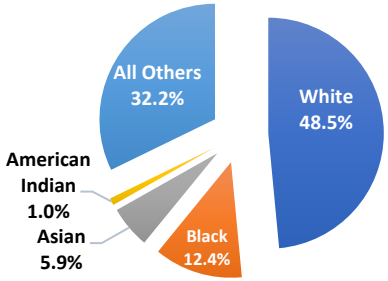
Brown County 2024



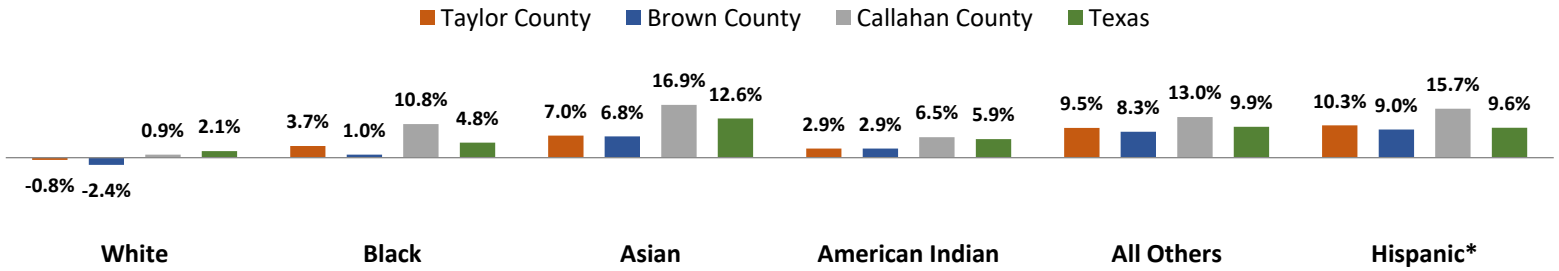
Callahan County 2024



Texas 2024



Race/Ethnicity Projected 5-Year Growth 2024-2029

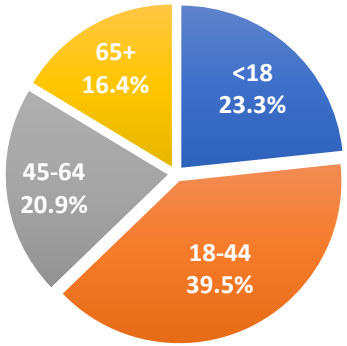


Source: Syntellis, Canvas Demographic Report, 2025.
*Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.
Note: "All Others" is a category for people who do not identify with 'White', 'Black', 'American Indian or Alaska Native', or 'Asian'.

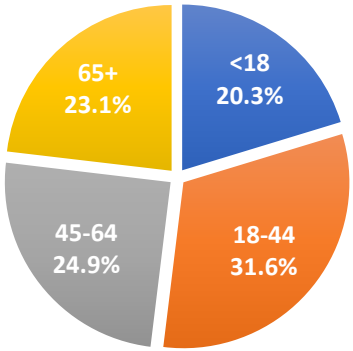
Population Health

Population Composition by Age Group

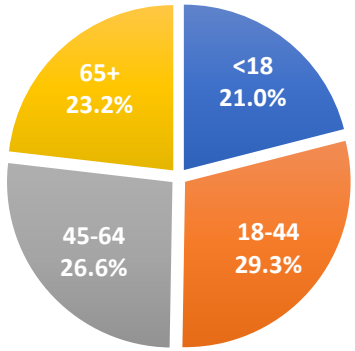
Taylor County 2024



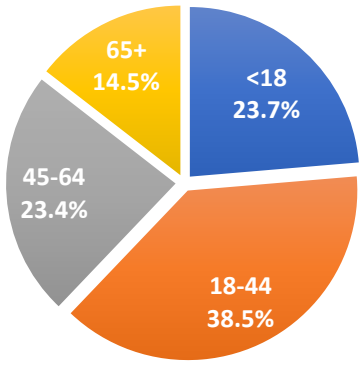
Brown County 2024



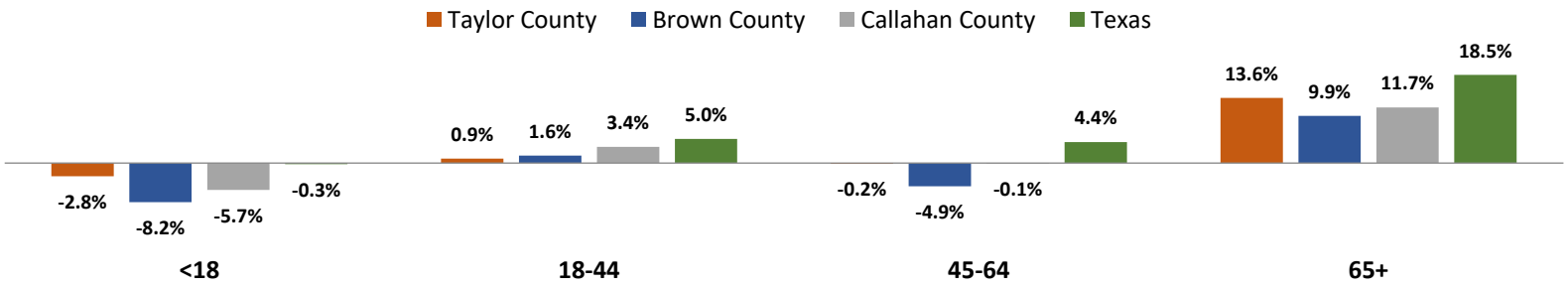
Callahan County 2024



Texas 2024



Age Projected 5-Year Growth 2024-2029

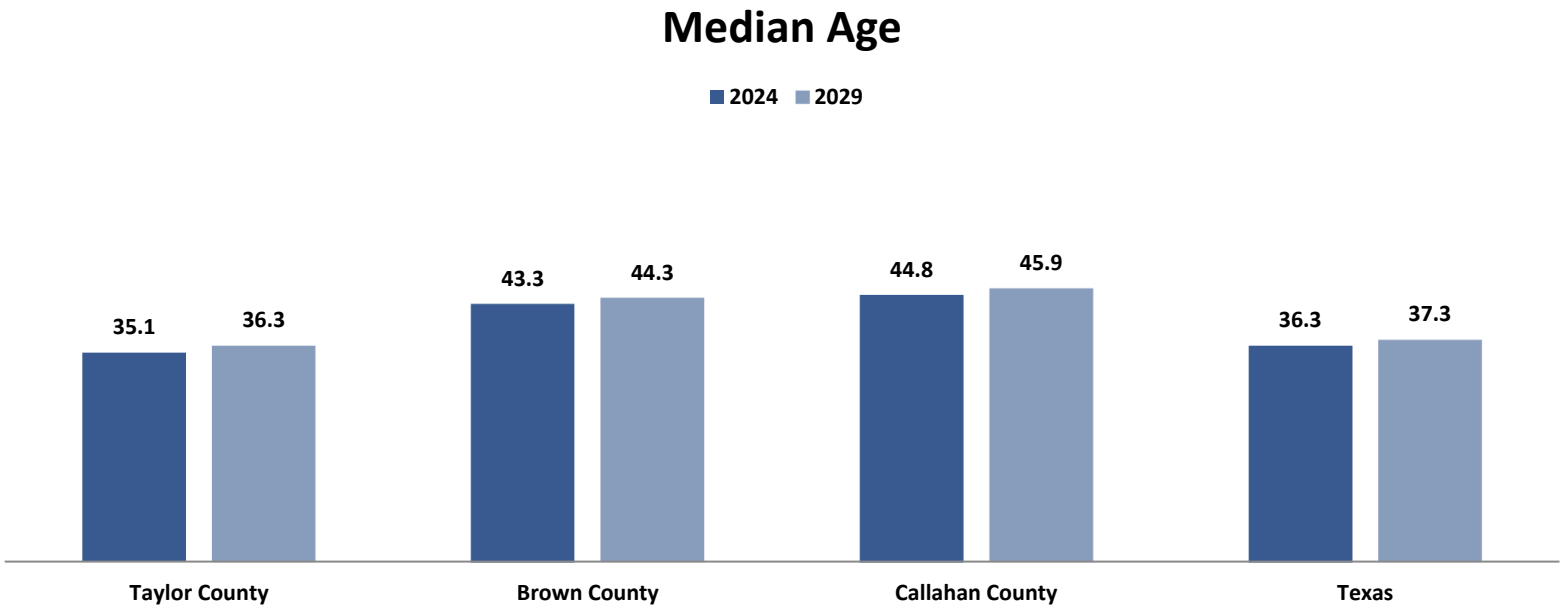


Source: Syntellis, Canvas Demographic Report, 2025.

Population Health

Median Age

- The median age in Taylor, Brown and Callahan Counties and the state are expected to increase over the next five years (2024-2029).
- Brown (43.3 years) and Callahan Counties (44.8 years) have an older median age than Texas (36.3 years), while Taylor County (35.1 years) has a younger median age than the state (2024).

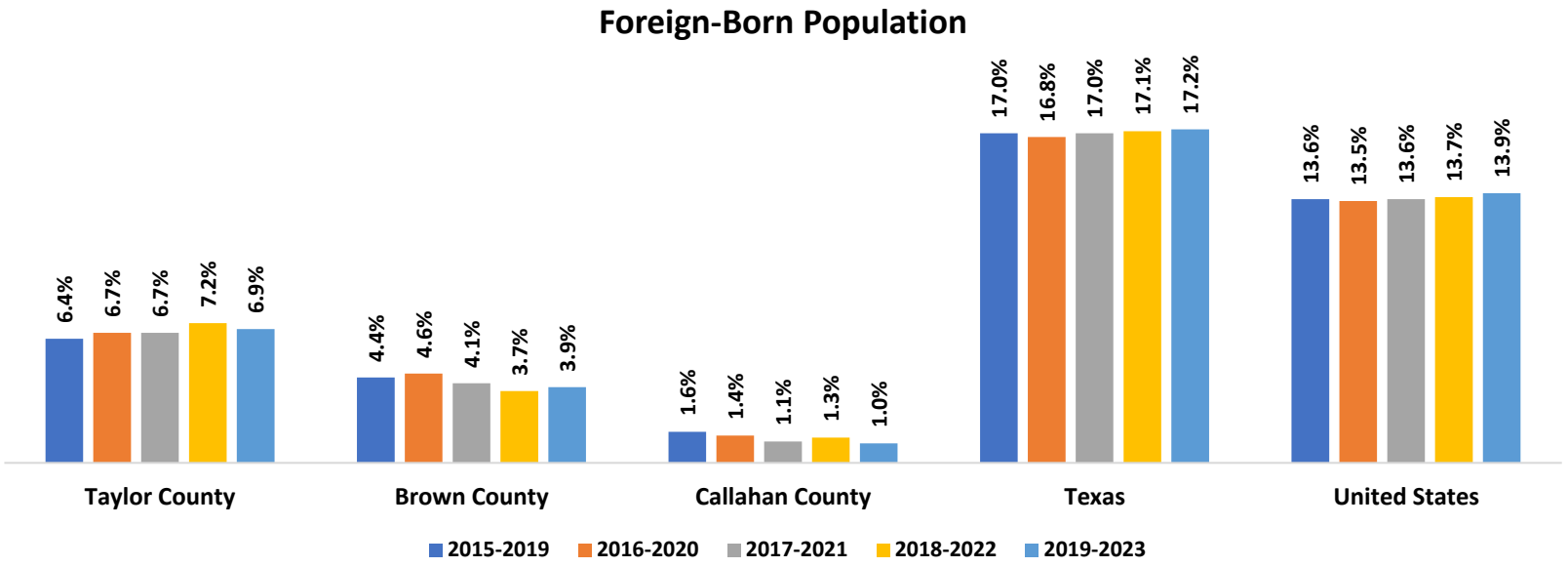


Source: Syntellis, Canvas Demographic Report, 2025.

Population Health

Subpopulation Composition

- Between 2015 and 2023, the percentage of foreign-born residents overall increased in Taylor County, the state and the nation, while Brown and Callahan Counties decreased.
- Between 2015 and 2023, Taylor, Brown and Callahan Counties maintained a lower percentage of foreign-born residents than the state and the nation.
- In 2019-2023, Taylor (6.9%), Brown (3.9%) and Callahan Counties (1.0%) had a lower percentage of foreign-born residents than the state (17.2%) and the nation (13.9%).

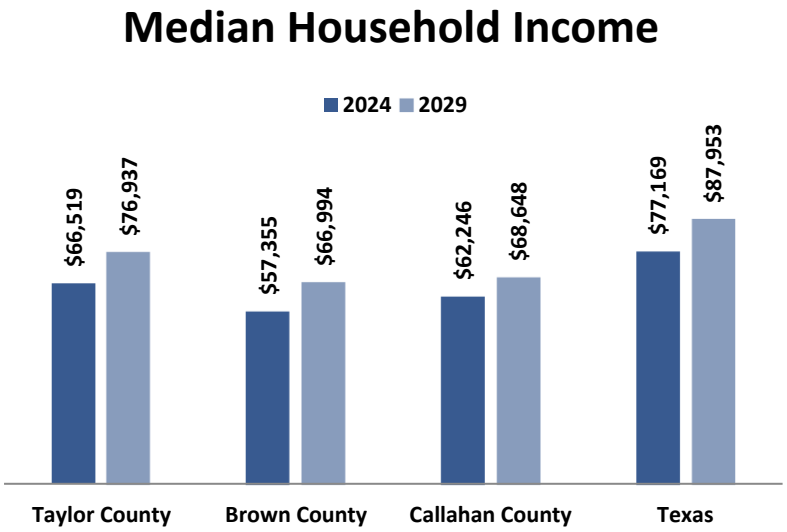


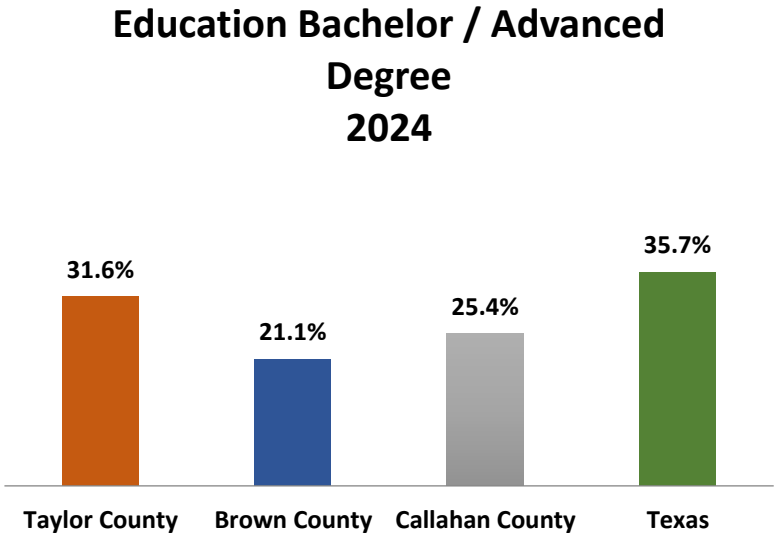
Source: United States Census Bureau, filtered for Taylor, Brown and Callahan Counties, TX, https://data.census.gov/table/ACSDP1Y2019.DP02?q=DP02&g=050XX00US48453&hidePreview=true&moe=false; data accessed May 29, 2025.
Note: Foreign-born means an individual who was born outside of the United States but lives in the United States currently.

Population Health

Median Household Income & Educational Attainment

- Between 2024 and 2029, the median household income in Taylor, Brown and Callahan Counties and the state are expected to increase.
- The median household income in Taylor ($66,519), Brown ($57,355) and Callahan Counties ($62,246) are lower than that of the state ($77,169) (2024).
- Taylor (31.6%), Brown (21.1%) and Callahan Counties (25.4%) have a lower percentage of residents with a bachelor or advanced degree than the state (35.7%) (2024).





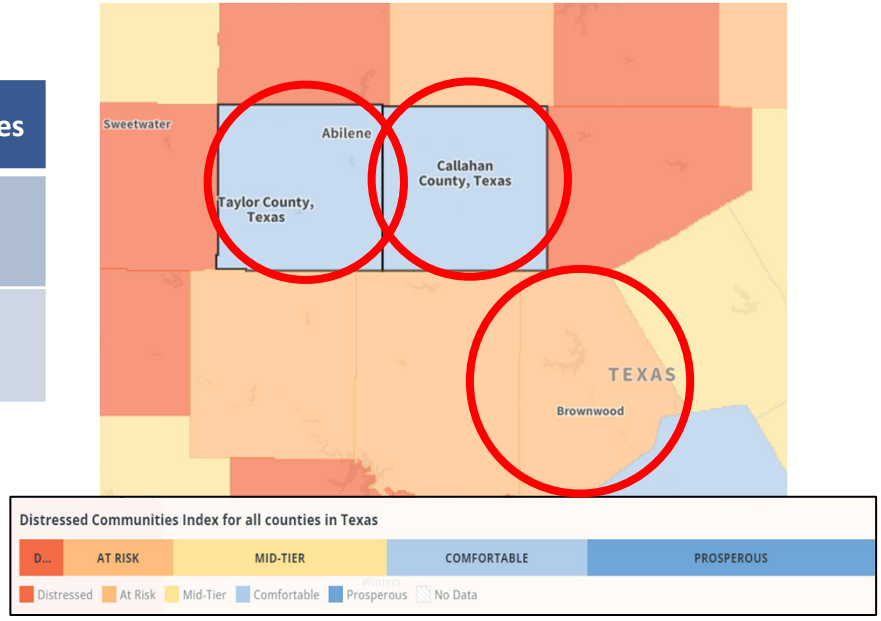
Source: Syntellis, Canvas Demographic Report, 2025.

Population Health

Distressed Communities Index

- In 2018-2022, 15.2% of the nation lived in a distressed community, as compared to 24.9% of the population that lived in a prosperous community.
- In 2018-2022, 22.8% of the population in Texas lived in a distressed community, as compared to 27.6% of the population that lived in a prosperous community.
- In 2018-2022, Taylor County falls in the comfortable category with a distress score of 31.7, Brown County falls within the at-risk category with a distress core of 75.4 and Callahan County falls within the comfortable category with a distress category 28.7.

	Texas	United States
Lives in a Distressed Community	22.8%	15.2%
Lives in a Prosperous Community	27.6%	24.9%



Source: Economic Innovation Group, DCI Interactive Map, filtered for Taylor, Brown and Callahan Counties, TX, https://eig.org/dci/interactive-map?path=state/; data accessed May 28, 2025.
Definition: 'Prosperous' has a final score of 0 all the way up to 'Distressed' which has a final score of 100.
Note: DCI edition used U.S. Census Bureau's American Community Survey (ACS) 5 – Year Estimates covering 2018 -2022.
Note: Distressed Communities Index (DCI) combines seven complementary economic indicators: no high school diploma, housing vacancy rate, adults not working, poverty rate, median income ratio, change in employment and change in establishments. Full definition for each economic indicator can be found in the appendix.

Population Health
Family Budget Map

- As of January 2025, the cost of living for a two-parent, two-child family in Taylor County is $91,115 or $7,593 per month, Brown County is $90,272 or $7,523 per month and Callahan County $90,927 or $7,577 per month.
- Healthcare is estimated to be the highest monthly cost for Taylor, Brown and Callahan Counties with taxes estimated to be the lowest monthly cost for Taylor and Brown Counties and other necessities for Callahan County, as of January 2025.

The cost of living for a two-parent, two-child family in **Taylor County, TX** is:

$91,115
per year

$7,593
per month

- **Housing:** $1,137/month
- **Food:** $921/month
- **Child care:** $1,071/month
- **Transportation:** $1,428/month
- **Health care:** $1,664/month
- **Other necessities:** $692/month
- **Taxes:** $680/month

The cost of living for a two-parent, two-child family in **Brown County, TX** is:

$90,272
per year

$7,523
per month

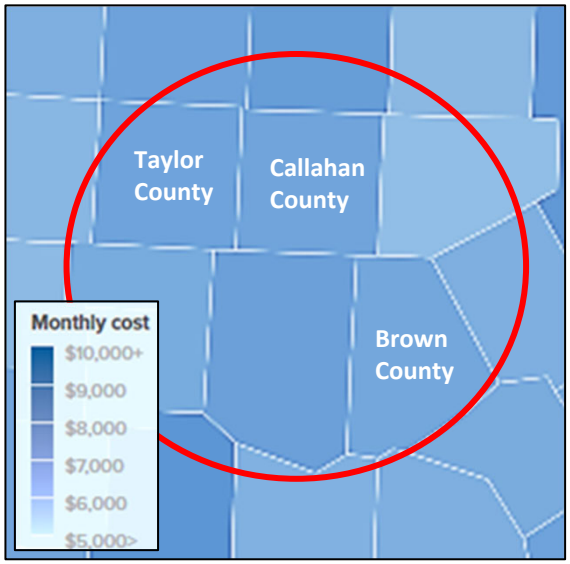
- **Housing:** $1,078/month
- **Food:** $932/month
- **Child care:** $1,008/month
- **Transportation:** $1,526/month
- **Health care:** $1,635/month
- **Other necessities:** $676/month
- **Taxes:** $668/month

The cost of living for a two-parent, two-child family in **Callahan County, TX** is:

$90,927
per year

$7,577
per month

- **Housing:** $902/month
- **Food:** $921/month
- **Child care:** $1,071/month
- **Transportation:** $1,730/month
- **Health care:** $1,664/month
- **Other necessities:** $613/month
- **Taxes:** $677/month



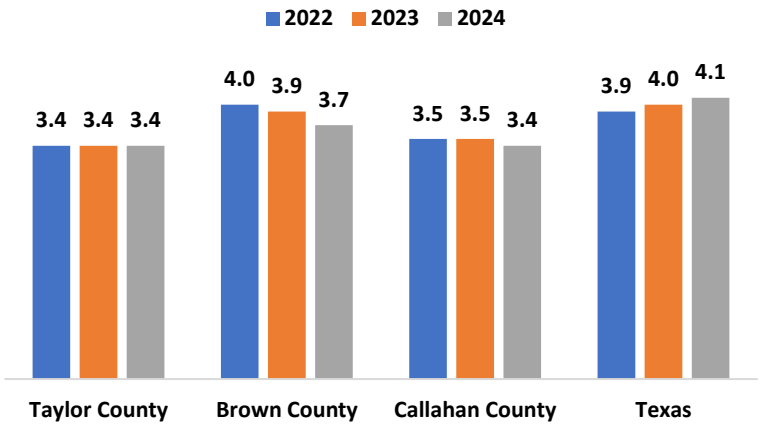
Source: Economic Policy Institute, Family Budget Map, filtered for Taylor, Brown and Callahan Counties, TX, https://www.epi.org/resources/budget/budget-map/; data accessed May 28, 2025.
Note: Data is from the 2025 edition of EPI's Family budget calculator. All data are in 2024 dollars.
Note: The budgets estimate community-specific costs for 10 family types (one or two adults with zero to four children) in all counties and metro areas in the United States. Compared with the federal poverty line and the Supplemental Poverty Measure, EPI's family budgets provide a more accurate and complete measure of economic security in America.
Other Necessities Definition: items that do not fall into the aforementioned categories but that are necessary for a modest yet adequate standard of living (ex: apparel, personal care, household supplies including furnishings and equipment, household operations, housekeeping supplies and telephone services, reading materials and school supplies).

Population Health

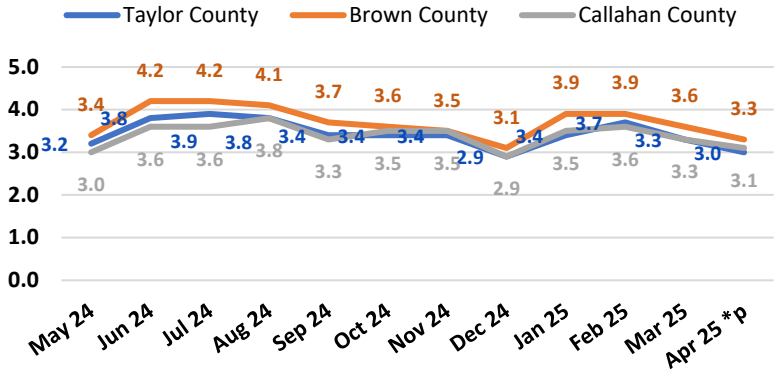
Unemployment

- Unemployment rates in Brown and Callahan Counties decreased and Taylor County remained consistent while the state increased between 2022 and 2024.
- In 2024, Taylor (3.4), Brown (3.7) and Callahan Counties (3.4) had a lower unemployment rate than the state (4.1).
- Over the most recent 12-month time period, monthly unemployment rates in Taylor, Brown and Callahan Counties overall fluctuated. December 2024 had the lowest unemployment rate for Taylor (2.9), Brown (3.1) and Callahan Counties (2.9) as compared to June and July 2024 for Brown County (4.2), June 2024 for Taylor County (3.9) and August 2024 for Callahan County (3.8) with the highest rate.

Unemployment
Annual Average, 2022-2024



Monthly Unemployment
Rates by Month
Most Recent 12-Month Period



Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, www.bls.gov/lau/#tables; data accessed May 29, 2025.
Definition: Unemployed persons include are all persons who had no employment during the reference week, were available for work, except for temporary illness and had made specific efforts to find employment some time during the 4 week-period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.
Note: "*p" indicates that the number associated with that month is a preliminary rate.

Population Health

Industry Workforce Categories

- As of 2019-2023, the majority of employed persons in Taylor, Brown and Callahan Counties are within Office & Administrative Support Occupations and Management Occupations. The most common employed groupings are as follows:

Taylor County

- Office & Administrative Support Occupations (11.1%)
- Sales & Related Occupations (10.2%)
- Management Occupations (8.8%)
- Education Instruction, & Library Occupations (8.1%)
- Construction & Extraction Occupations (6.3%)

Brown County

- Management Occupations (10.7%)
- Sales & Related Occupations (10.2%)
- Office & Administrative Support Occupations (9.5%)
- Production Occupations (7.5%)
- Construction & Extraction Occupations (7.3%)

Callahan County

- Office & Administrative Support Occupations (13.8%)
- Management Occupations (11.5%)
- Sales & Related Occupations (9.01%)
- Transportation Occupations (7.0%)
- Construction & Extraction Occupations (6.6%)

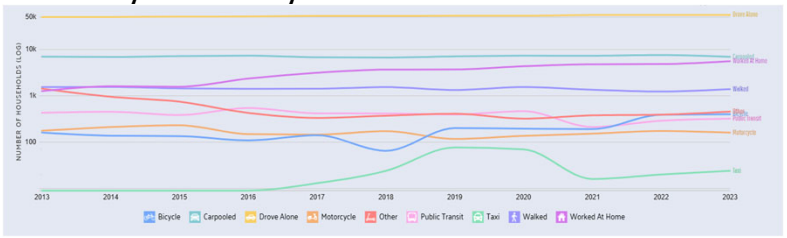
Source: Data USA, filtered for Taylor, Brown and Callahan Counties, TX, https://datausa.io/; data accessed June 19, 2025.

Population Health

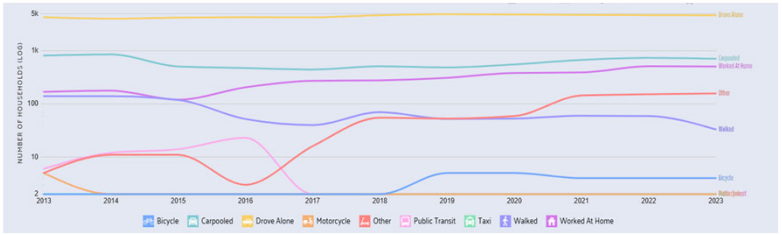
Means of Transportation

- In 2019-2023, driving alone was the most frequent means of transportation to work for Taylor, Brown and Callahan Counties and the state.
- In 2019-2023, carpooling was the second most common commute for Taylor, Brown and Callahan Counties while the state's was work at home.
- Taylor (16.4 minutes), Brown (19.2 minutes) and Callahan Counties (26.6 minutes) had a shorter mean travel time to work than the state (26.7 minutes) (2019-2023).

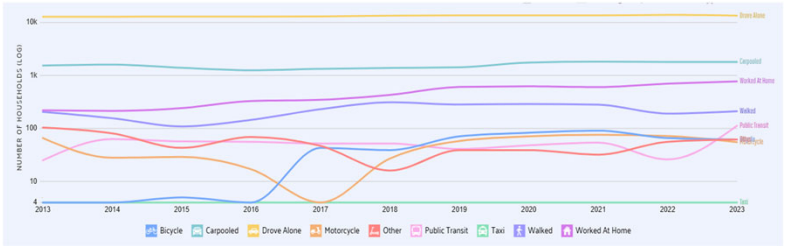
Taylor County Mean travel time to work: 16.4



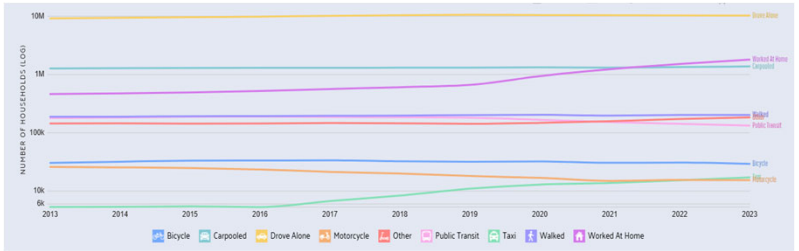
Callahan County Mean travel time to work: 26.6



Brown County Mean travel time to work: 19.2



Texas Mean travel time to work: 26.7

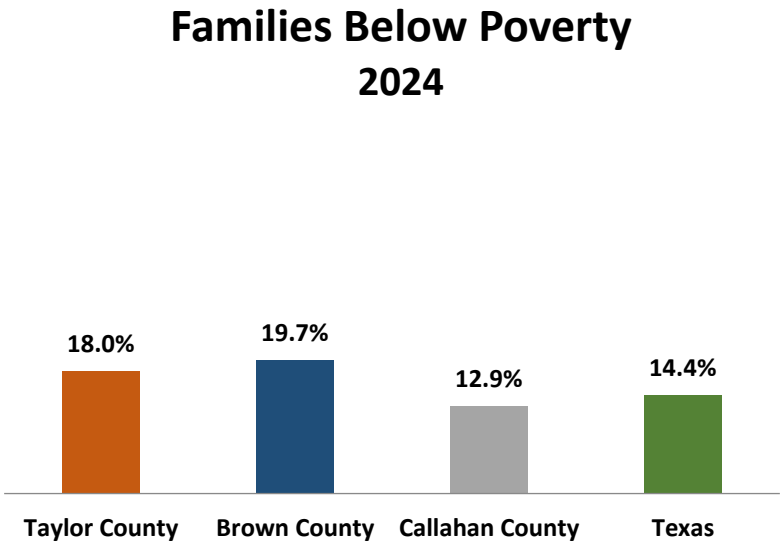


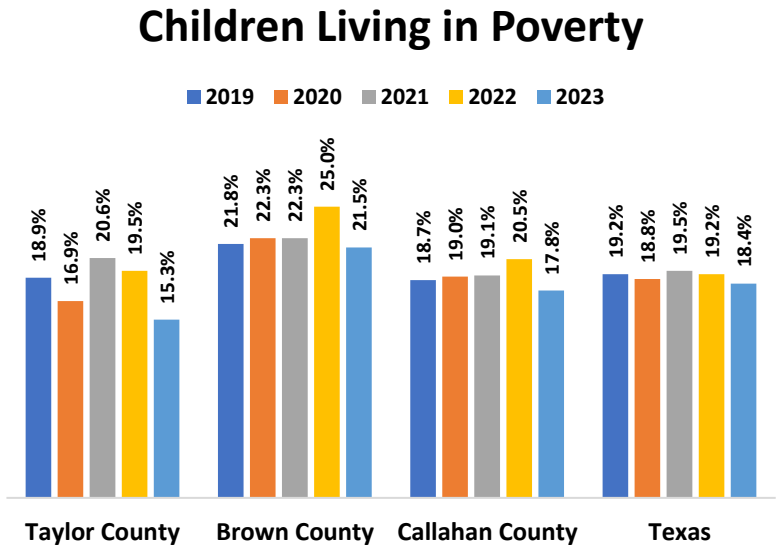
Source: Data USA, filtered for Taylor, Brown and Callahan Counties, TX, https://datausa.io/; data accessed June 19, 2025.

Population Health

Poverty

- Taylor (18.0%) and Brown Counties (19.7%) have a higher percentage of families living below poverty, while Callahan County (12.9%) has a lower percentage of families living below poverty as compared to the state (14.4%) (2024).
- Between 2019 and 2023, the percentage of children (<18 years) living in poverty in Taylor, Brown and Callahan Counties and the state overall decreased.
- Taylor (15.3%) and Callahan Counties (17.8%) had a lower percentage of children (<18 years) living in poverty than Texas (18.4%), while Brown County (21.5%) had a larger percentage (2023).





Source: Syntellis, Canvas Demographic Report, 2025.
Source: Small Area Income and Poverty Estimates (SAIPE), filtered for Taylor, Brown and Callahan Counties, TX, https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=aa_c; data accessed May 29, 2025.
Children Living In Poverty Definition: Estimated percentage of related children under age 18 living in families with incomes less than the federal poverty threshold.
Note: The 2025 Federal Poverty Guidelines define a household size of 4 as living below 100% of the federal poverty level if the household income is less than $32,150 and less than 200% of the federal poverty level if the household income is less than $64,300. Please see the appendix for the full 2025 Federal Poverty Guidelines.

Population Health

Food Insecurity

- According to Feeding America, Taylor (17.7%) and Brown (19.9%) Counties have more residents who are food insecure as compared to 17.6% in the state of Texas (2023).
- Additionally, children (under 18 years of age) in Taylor (22.3%), Brown (26.6%) and Callahan (24.3%) Counties are more food insecure as compared to 22.2% in the state (2023).
- The average meal cost for Taylor ($3.36), Brown ($3.35) and Callahan Counties ($3.36) residents is higher as compared to $3.11 in Texas (2023).

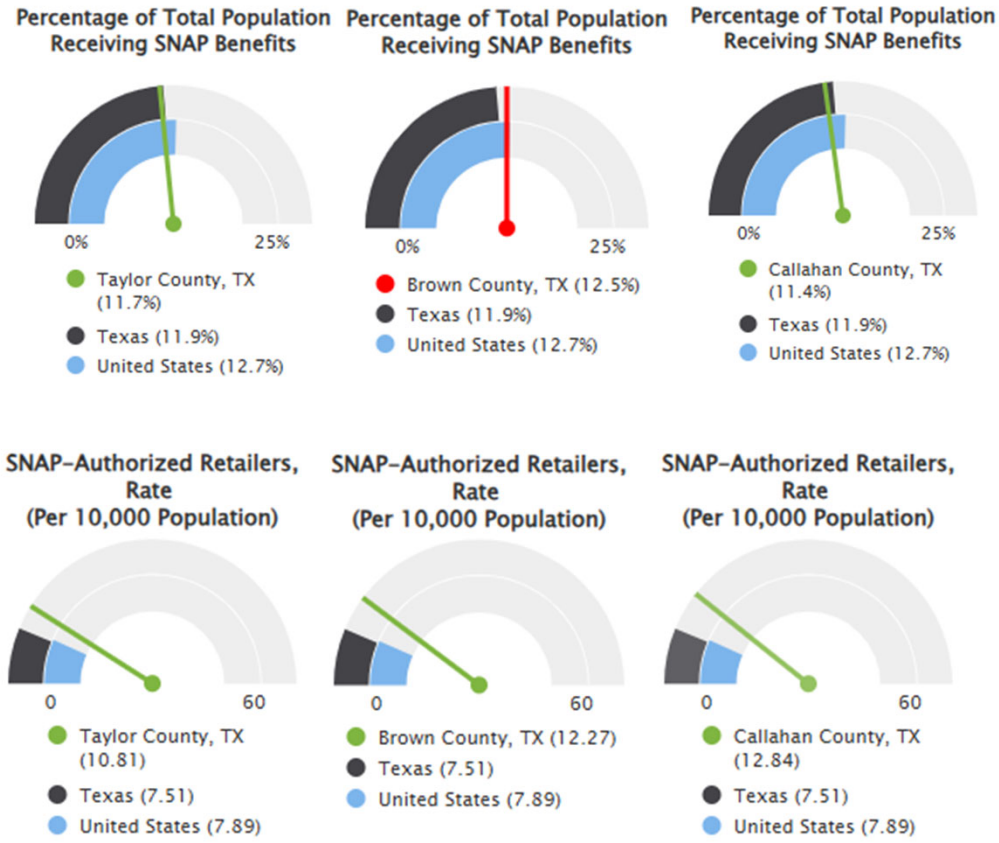
Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Taylor County	17.7%	22.3%	$3.36
Brown County	19.9%	26.6%	$3.35
Callahan County	16.4%	24.3%	$3.36
Texas	17.6%	22.2%	$3.11

Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for Taylor, Brown and Callahan Counties, TX, https://www.feedingamerica.org/research/map-the-meal-gap/by-county?_ga=2.33638371.33636223.1555016137-1895576297.1555016137&s_src=W194ORGSC; information accessed May 29, 2025.
Food Insecure Definition (Adult): Lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.
Food Insecure Definition (Child): Those children living in households experiencing food insecurity.
Average Meal Cost Definition: The average weekly dollar amount food-secure individuals report spending on food, as estimated in the Current Population Survey, divided by 21 (assuming three meals a day, seven days a week).

Population Health

Supplemental Nutrition Assistance Program (SNAP) Benefits

- In 2022, Taylor (11.7%) and Callahan Counties (11.4%) had a lower percentage of its total population receiving SNAP benefits than the state (11.9%) and the nation (12.7%) while Brown County (12.5%) had a higher percentage than the state and the nation.
- In 2025, Taylor (10.8 per 10,000), Brown (12.3 per 10,000) and Callahan Counties (12.8 per 10,000) have a higher rate of SNAP-authorized retailers per 10,000 population as compared to the state (7.5 per 10,000) and the nation (7.9 per 10,000).



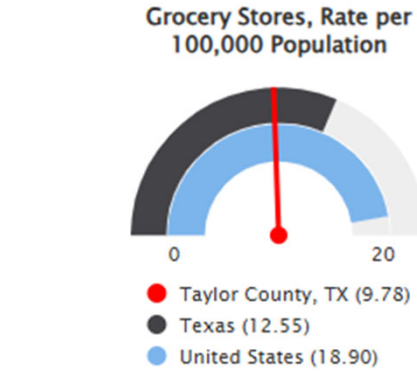
Note: a green dial indicates that the county has a better rate than the state and a red dial indicates that the county has a worse rate than the state.

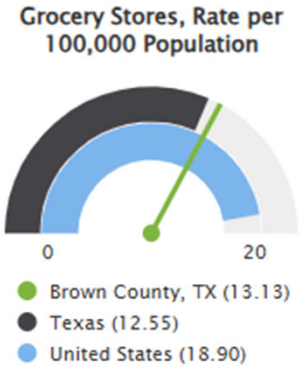
Source: SparkMap, Health Indicator Report: logged in and filtered for Taylor, Brown and Callahan Counties, TX, https://sparkmap.org/report/; data accessed May 21, 2025.
Population Receiving SNAP Definition: the average percentage of the population receiving SNAP benefits during the month of July during the most recent report year.
SNAP-Authorized Stores Definition: SNAP-authorized stores include grocery stores as well as supercenters, specialty food stores and convenience stores that are authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits. Taylor County contains a total of 156 SNAP-authorized retailers with a rate of 10.81, Brown County contains a total of 47 SNAP-authorized retailers with a rate of 12.27 and Callahan County contains a total of 18 SNAP-authorized retailers with a rate of 12.84.

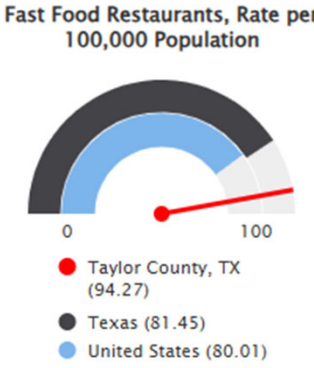
Population Health

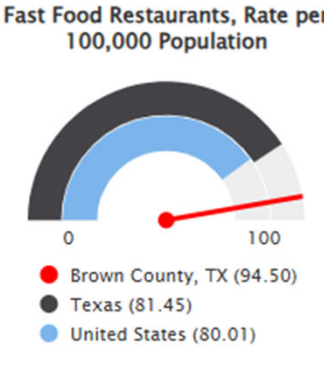
Grocery Stores

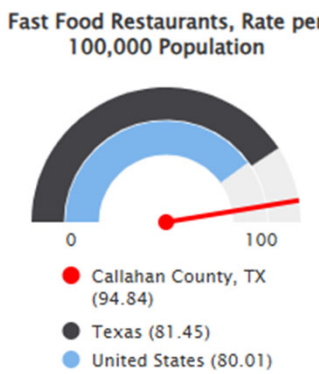
- In 2022, Taylor County (9.8 per 100,000) had a lower rate of grocery stores per 100,000 population as compared to the state (12.6 per 100,000) and the nation (18.9 per 100,000), while Brown County (13.1 per 100,000) had a higher rate than the state and the nation.
- In 2022, Taylor (94.3 per 100,000) , Brown (94.5 per 100,000) and Callahan Counties (94.8 per 100,000) had a higher rate of fast food restaurants per 100,000 population as compared to the state (81.5 per 100,000) and the nation (80.0 per 100,000).









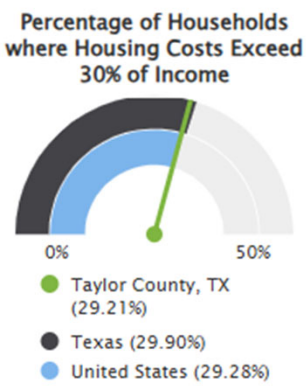


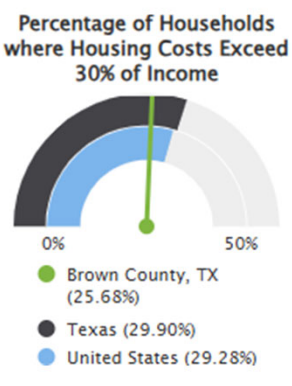
Note: a green dial indicates that the county has a better rate than the state and a red dial indicates that the county has a worse rate than the state.

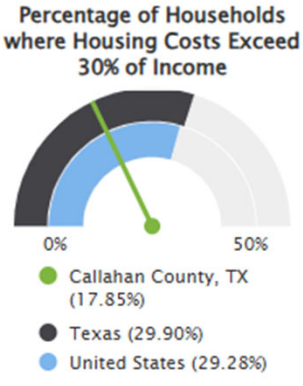
Source: SparkMap, Health Indicator Report: logged in and filtered for Taylor, Brown and Callahan Counties, TX, https://sparkmap.org/report/; data accessed June 17, 2025.
Grocery Store Definition: Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.
Fast Food Definition: Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.
Note: Counts of establishments < 3 are suppressed. Grocery store data in Callahan County has been suppressed.

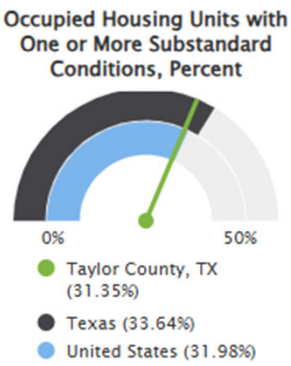
Population Health
Housing

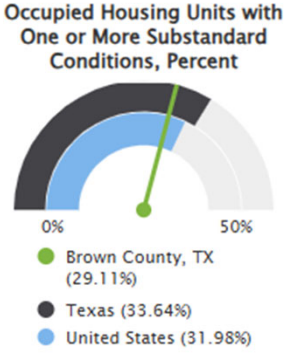
- Taylor (29.2%), Brown (25.7%) and Callahan Counties (17.9%) have a lower percentage of households where housing costs exceed 30% of total household income as compared to the state (29.9%) and the nation (29.3%) (2019-2023).
- The percent of occupied housing units with one or more substandard conditions in Taylor (31.4%), Brown (29.1%) and Callahan Counties (19.5%) are lower than the state (33.6%) and the nation (32.0%) (2019-2023).

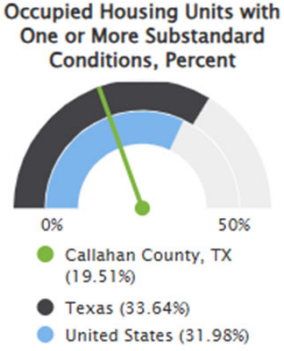












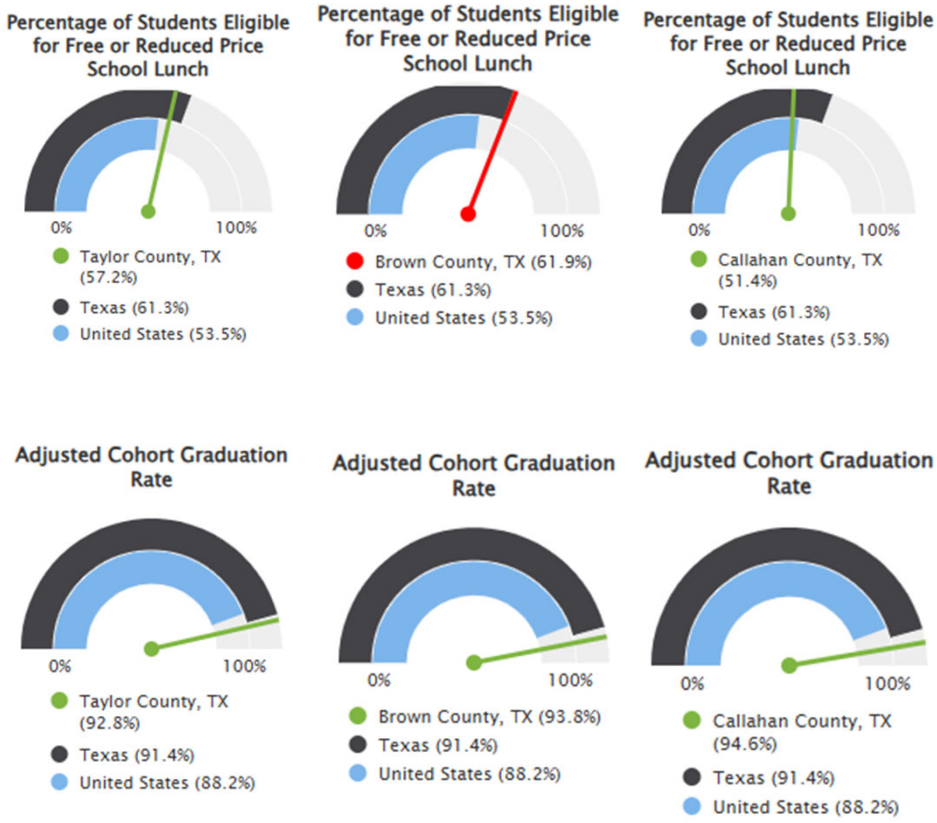
Note: a green dial indicates that the county has a better rate than the state and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Taylor, Brown and Callahan Counties, TX, https://sparkmap.org/report/; data accessed June 17, 2025.
Housing Costs Exceeds 30% of Income Definition: The percentage of the households where housing costs are 30% or more of total household income.
Substandard Conditions Definition: The number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30% and 5) gross rent as a percentage of household income greater than 30%.

Population Health

Children in the Study Area

- In 2022-2023, Taylor (57.2%) and Callahan Counties (51.4%) had a lower percentage of public school students eligible for free or reduced price lunch than the state (61.3%) and the nation (53.5%), while Brown County (61.9%) had a higher percentage.
- Taylor (92.8%), Brown (93.8%) and Callahan Counties (94.6%) had a higher high school graduation rate than the state (91.4%) and the nation (88.2%) (2022-2023).



Note: a green dial indicates that the county has a better rate than the state and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Taylor, Brown and Callahan Counties, TX, https://sparkmap.org/report/; data accessed May 21, 2025.
Eligible for Free/Reduced Price Lunch definition: Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).
Cohort Graduation Rate definition: receiving a high school diploma within four years.

Health Data Overview

Health Status
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 Cancer Registry
  - Small Area Health Insurance Estimates (SAHIE)
  - SparkMap
  - 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, information is 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 and county level data

Health Status

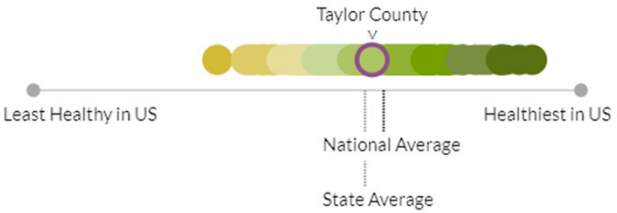
County Health Rankings & Roadmaps - Population Health and Well-being

- According to County Health Rankings & Roadmaps, Population Health and Well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being.
- Some examples of where each county was worse than the state for Population Health and Well-being include:

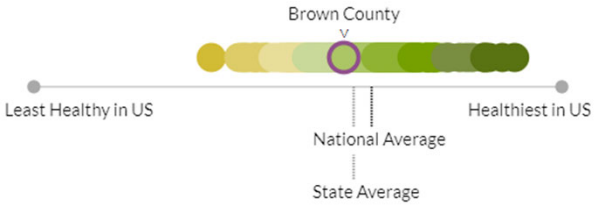
– Length Of Life:
  - Premature Death

– Quality Of Life:
  - Poor Physical Health Days
  - Poor Mental Health Days

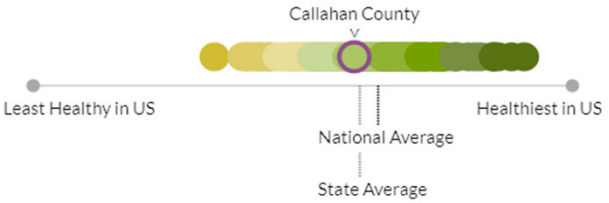
Taylor County



Brown County



Callahan County



Source: County Health Rankings & Roadmaps, **Health Indicator Report: filtered for Taylor, Brown and Callahan Counties,** TX; **www.countyhealthrankings.org**; data accessed May 29, 2025.

Health Status

County Health Rankings & Roadmaps - Community Conditions

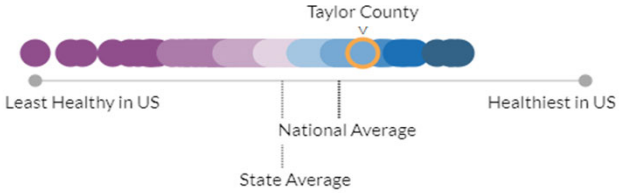
- According to County Health Rankings & Roadmaps, Community Conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship and age. Community Conditions are also referred to as the social determinants of health.
- Some examples of factors where each county was worse than the state for Community Conditions include:

– Health Infrastructure:
  - Access to Exercise Opportunities

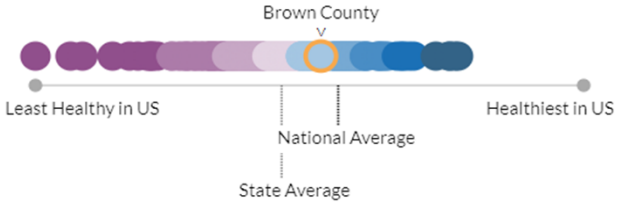
– Physical Environment:
  - Driving Alone to Work

– Social and Economic:
  - Some College
  - Injury Deaths

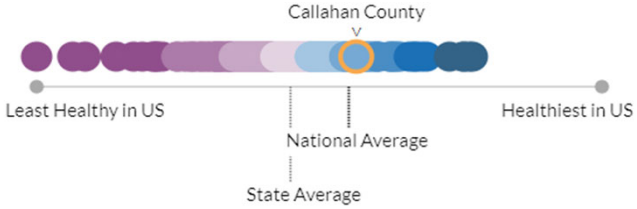
Taylor County



Brown County



Callahan County



Source: County Health Rankings & Roadmaps, **Health Indicator Report: filtered for Taylor, Brown and Callahan Counties,** TX; **www.countyhealthrankings.org**; data accessed May 29, 2025.

Health Status

Mortality – Leading Causes of Death (2020-2023)

Rank	Taylor County	Brown County	Callahan County	Texas
1	Diseases of heart (I00-I09,I11,I13,I20-I51)	Diseases of heart (I00-I09,I11,I13,I20-I51)	Diseases of heart (I00-I09,I11,I13,I20-I51)	Diseases of 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	COVID-19 (U07.1)	COVID-19 (U07.1)	COVID-19 (U07.1)	COVID-19 (U07.1)
4	Chronic lower respiratory diseases (J40-J47)	Chronic lower respiratory diseases (J40-J47)	Chronic lower respiratory diseases (J40-J47)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
5	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Cerebrovascular diseases (I60-I69)	Alzheimer's disease (G30)	Cerebrovascular diseases (I60-I69)
6	Alzheimer's disease (G30)	Diabetes mellitus (E10-E14)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Alzheimer's disease (G30)
7	Cerebrovascular diseases (I60-I69)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Cerebrovascular diseases (I60-I69)	Chronic lower respiratory diseases (J40-J47)
8	Diabetes mellitus (E10-E14)	Alzheimer's disease (G30)	-	Diabetes mellitus (E10-E14)
9	Chronic liver disease and cirrhosis (K70,K73-K74)	Chronic liver disease and cirrhosis (K70,K73-K74)	-	Chronic liver disease and cirrhosis (K70,K73-K74)
10	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	Septicemia (A40-A41)	-	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed July 2, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Leading Causes of Death Rates (2020-2023)

Cause of Death	Taylor County		Brown County		Callahan County		Texas	
	4Yr. Trend	Current (2022-2023)	4Yr. Trend	Current (2022-2023)	4Yr. Trend	Current (2022-2023)	4Yr. Trend	Current (2022-2023)
Diseases of heart (I00-I09,I11,I13,I20-I51)	▼	243.8	▲	426.8	▼	293.9	▼	166.5
Malignant neoplasms (C00-C97)	▼	174.7	▼	240.0	▼	227.4	▲	144.8
COVID-19 (U07.1)	▼	53.1	▼	77.8	▼	70.0	▼	29.4
Chronic lower respiratory diseases (J40-J47)	▲	67.5	▼	98.6	▲	115.4	▼	32.8
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	▲	59.9	▲	75.2	▲	91.0	▲	50.4
Alzheimer's disease (G30)	▼	46.9	▲	55.8	▼	77.0	▼	33.7
Cerebrovascular diseases (I60-I69)	▲	47.9	▲	71.4	Unreliable	Unreliable	▼	40.0
Diabetes mellitus (E10-E14)	▼	29.5	▼	54.5	Suppressed	Suppressed	▼	25.6
Chronic liver disease and cirrhosis (K70,K73-K74)	▲	23.6	▼	33.7	Suppressed	Suppressed	▼	16.9
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	▼	20.5	Unreliable	Unreliable	Unreliable	Unreliable	▲	14.5

▲ An up arrow indicates that the county or state's rate has trended upwards for that death category.
▼ A down arrow indicates that the county or state's rate has trended downwards for that death category.

If there is no arrow, that means that one of the timeframe's rate was either "Unreliable" or "Suppressed".

A green box indicates that the county's rate is lower than the state's rate for that death category.
A red box indicates that the county's rate is higher than the state's rate for that death category.

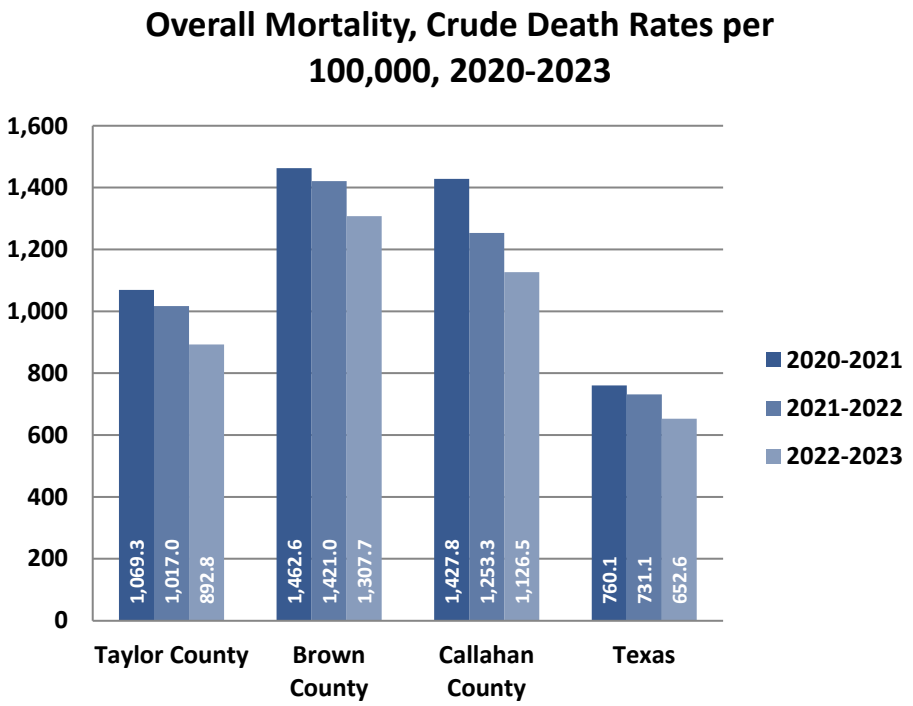
Note: This mortality table is in descending order based on 2020-2023 crude death rates for Taylor County.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed July 2, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Overall

- Overall mortality rates in Taylor, Brown and Callahan Counties remained higher than the state between 2020 and 2023.
- Overall mortality rates in Taylor, Brown and Callahan Counties and the state decreased between 2020 and 2023.
- In 2022-2023, the overall mortality rate in Taylor (892.8 per 100,00), Brown (1,307.7 per 100,00) and Callahan Counties (1,126.5 per 100,000) were higher than the state (652.6 per 100,000).



LOCATION	2020-2021		2021-2022		2022-2023		2020-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Taylor County	3,021	1,069.3	2,934	1,017.0	2,607	892.8	5,628	979.6
Brown County	1,109	1,462.6	1,088	1,421.0	1,008	1,307.7	2,117	1,384.5
Callahan County	403	1,427.8	355	1,253.3	322	1,126.5	725	1,276.2
Texas	447,589	760.1	435,412	731.1	395,036	652.6	842,625	705.6

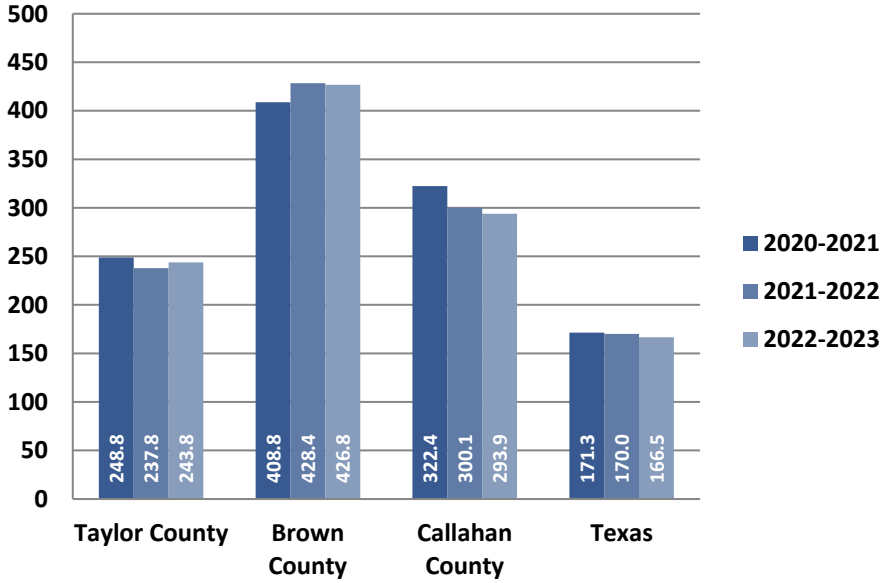
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed July 2, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Diseases of the Heart

- Heart disease is the leading cause of death in Taylor, Brown and Callahan Counties and the state (2020-2023).
- Between 2020 and 2023, heart disease mortality rates overall decreased in Taylor and Callahan Counties and the state while it increased in Brown County.
- In 2022-2023, the heart disease mortality rate in Taylor (243.8 per 100,000), Brown (426.8 per 100,000) and Callahan Counties (293.9 per 100,000) were higher than the state (166.5 per 100,000).

Diseases Of Heart, Crude Death Rates per 100,000, 2020-2023



LOCATION	2020-2021		2021-2022		2022-2023		2020-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Taylor County	703	248.8	686	237.8	712	243.8	1,415	246.3
Brown County	310	408.8	328	428.4	329	426.8	639	417.9
Callahan County	91	322.4	85	300.1	84	293.9	175	308.0
Texas	100,865	171.3	101,256	170.0	100,783	166.5	201,648	168.9

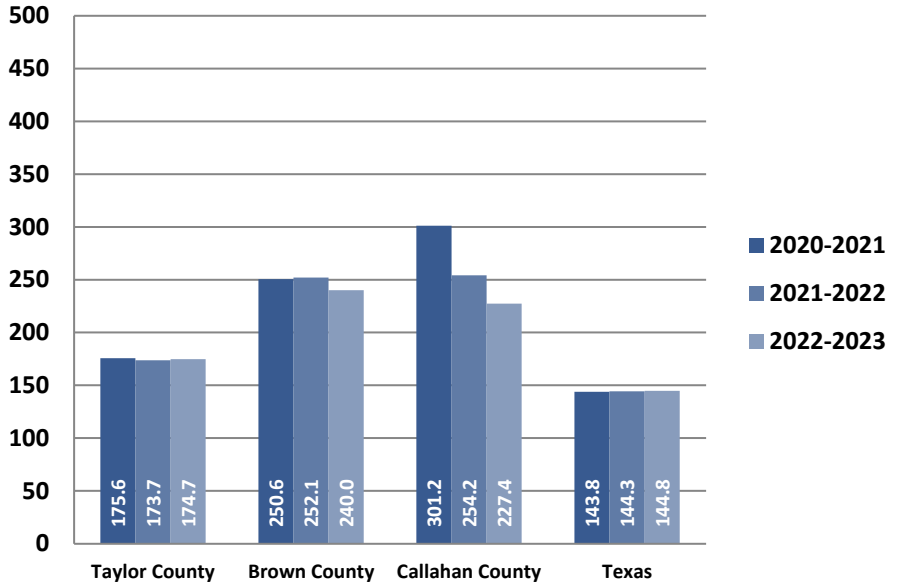
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed July 2, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Malignant Neoplasms

- Cancer is the second leading cause of death in Taylor, Brown and Callahan Counties and the state (2020-2023).
- Between 2020 and 2023, cancer mortality rates decreased in Taylor, Brown and Callahan Counties and slightly increased in the state.
- In 2022-2023, the cancer mortality rate in Taylor (174.7 per 100,000), Brown (240.0 per 100,000) and Callahan Counties (227.4 per 100,000) were higher than the state (144.8 per 100,000).

Malignant Neoplasms, Crude Death Rates per 100,000, 2020-2023



LOCATION	2020-2021		2021-2022		2022-2023		2020-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Taylor County	496	175.6	501	173.7	510	174.7	1,006	175.1
Brown County	190	250.6	193	252.1	185	240.0	375	245.2
Callahan County	85	301.2	72	254.2	65	227.4	150	264.0
Texas	84,694	143.8	85,955	144.3	87,644	144.8	172,338	144.3

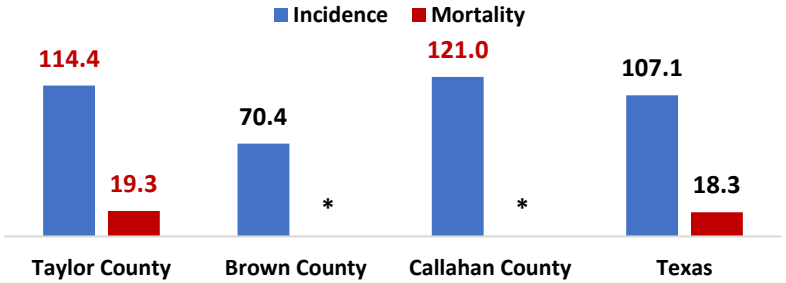
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed July 2, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.

Health Status

Cancer Incidence & Mortality by Type

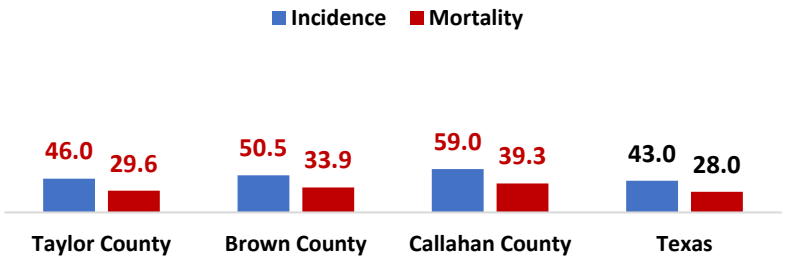
Prostate Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2020-2022



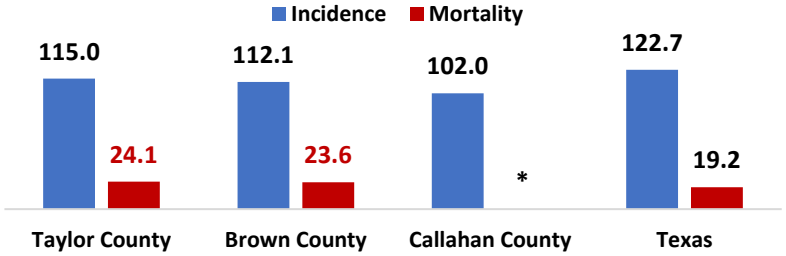
Lung & Bronchus Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2020-2022



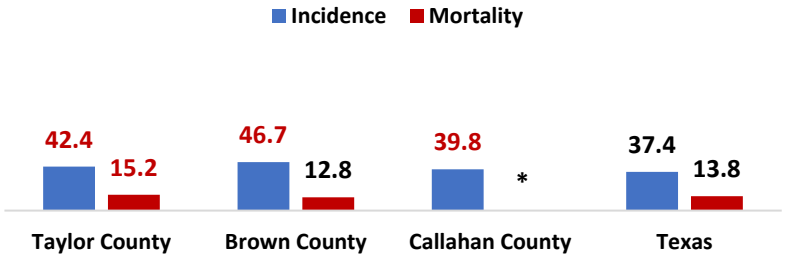
Breast Cancer (Female)

Age-adjusted Incidence & Mortality Rates per 100,000
2020-2022



Colon & Rectum Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2020-2022



Rates in red text are higher than the state.

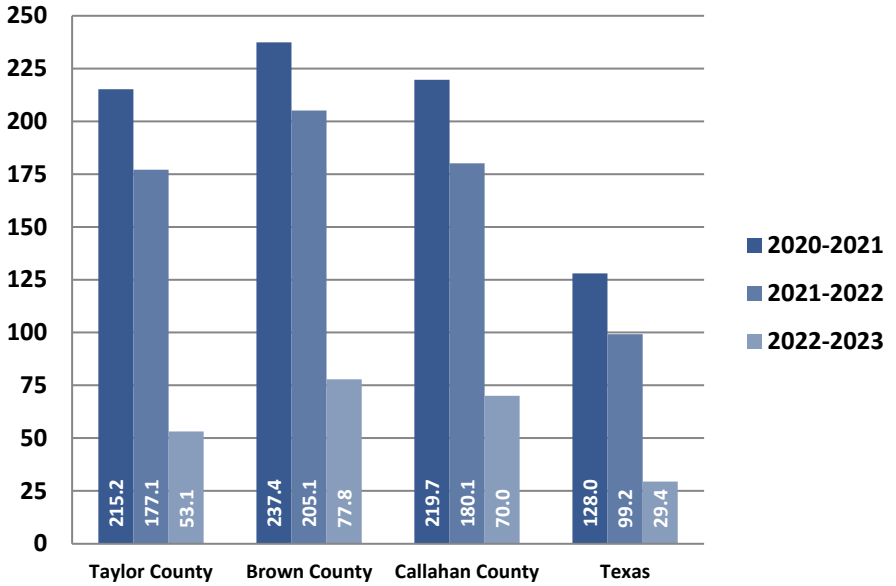
Source: Texas Cancer Registry, Cancer Incidence and Mortality by Site and County, https://www.cancer-rates.info/tx/; data accessed June 3, 2025.
Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population. *Counts/rates are suppressed if fewer than 16 cases were reported in the specified category; Counts < 16 are too few to calculate a stable age-adjusted rate.

Health Status

Mortality – COVID-19

- COVID-19 is the third leading cause of death in Taylor, Brown and Callahan Counties and the state (2020-2023).
- Between 2020 and 2023, COVID-19 mortality rates decreased in Taylor, Brown and Callahan Counties and the state.
- In 2022-2023, the COVID-19 mortality rate in Taylor (53.1 per 100,000), Brown (77.8 per 100,000) and Callahan Counties (70.0 per 100,000) were higher than the state (29.4 per 100,000).

COVID-19, Crude Death Rates per 100,000, 2020-2023



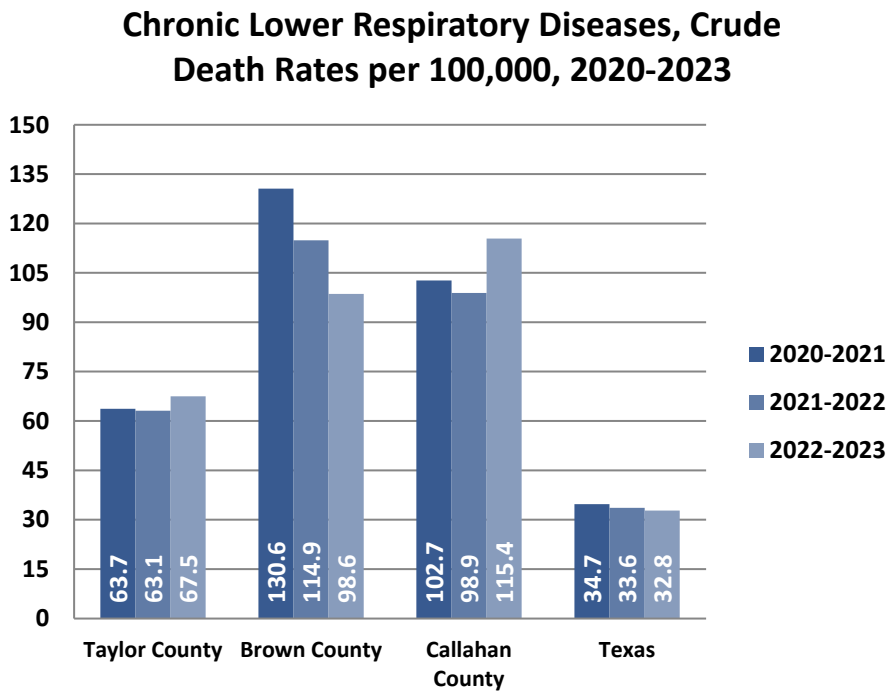
LOCATION	2020-2021		2021-2022		2022-2023		2020-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Taylor County	608	215.2	511	177.1	155	53.1	763	132.8
Brown County	180	237.4	157	205.1	60	77.8	240	157.0
Callahan County	62	219.7	51	180.1	20	70.0	82	144.3
Texas	75,356	128.0	59,089	99.2	17,812	29.4	93,168	78.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed July 2, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Chronic Lower Respiratory Diseases

- Chronic lower respiratory diseases (CLRD) are the fourth leading cause of death in Taylor, Brown and Callahan Counties and the seventh leading cause of death in the state (2020-2023).
- Between 2020 and 2023, CLRD mortality rates decreased in Brown County and the state while Taylor and Callahan Counties increased.
- In 2022-2023, the CLRD mortality rate in Taylor (67.5 per 100,000), Brown (98.6 per 100,000) and Callahan Counties (115.4 per 100,000) were higher than the state rate (32.8 per 100,000).



LOCATION	2020-2021		2021-2022		2022-2023		2020-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Taylor County	180	63.7	182	63.1	197	67.5	377	65.6
Brown County	99	130.6	88	114.9	76	98.6	175	114.4
Callahan County	29	102.7	28	98.9	33	115.4	62	109.1
Texas	20,428	34.7	20,040	33.6	19,862	32.8	40,290	33.7

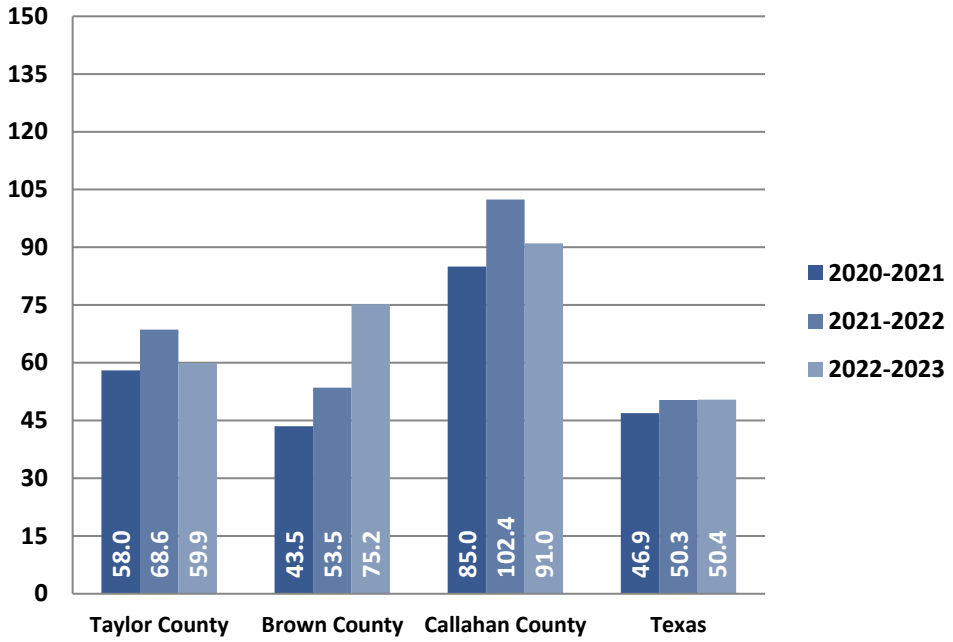
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed July 2, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Accidents

- Accidents are the fifth leading cause of death in Taylor County, the seventh leading cause of death in Brown County, the sixth leading cause of death in Callahan County and the fourth leading cause of death in the state (2020-2023).
- Between 2020 and 2023, accident mortality rates increased in Taylor, Brown and Callahan Counties and the state.
- In 2022-2023, the accident mortality rate in Taylor (59.9 per 100,000), Brown (75.2 per 100,000) and Callahan Counties (91.0 per 100,000) were higher than the rate in the state (50.4 per 100,000).
- The leading cause of fatal accidents in Taylor County was accidental poisoning and exposure to noxious substances and Brown County was motor vehicle accidents. Specific accident mortality rates were unreliable and suppressed for Callahan County due to small numbers (2022-2023).

Accidents, Crude Death Rates per 100,000, 2020-2023



LOCATION	2020-2021		2021-2022		2022-2023		2020-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Taylor County	164	58.0	198	68.6	175	59.9	339	59.0
Brown County	33	43.5	41	53.5	58	75.2	91	59.5
Callahan County	24	85.0	29	102.4	26	91.0	50	88.0
Texas	27,623	46.9	29,956	50.3	30,484	50.4	58,107	48.7

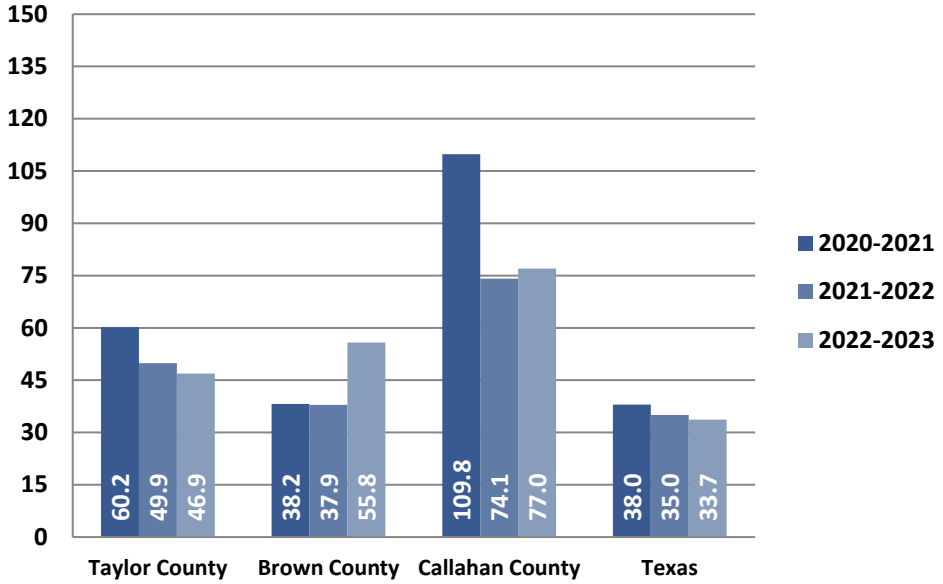
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed July 2, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.
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.

Health Status

Mortality – Alzheimer's Disease

- Alzheimer's disease is the sixth leading cause of death in Taylor County and the state, the eighth leading cause of death for Brown County and the fifth leading cause of death for Callahan County (2020-2023).
- Between 2020 and 2023, Alzheimer's disease mortality rates decreased in Taylor and Callahan Counties and the state while rates increased in Brown County.
- In 2022-2023, the Alzheimer's disease mortality rate in Taylor (46.9 per 100,000), Brown (55.8 per 100,000) and Callahan Counties (77.0 per 100,000) were higher than the state rate (33.7 per 100,000).

Alzheimer's Disease, Crude Death Rates per 100,000, 2020-2023



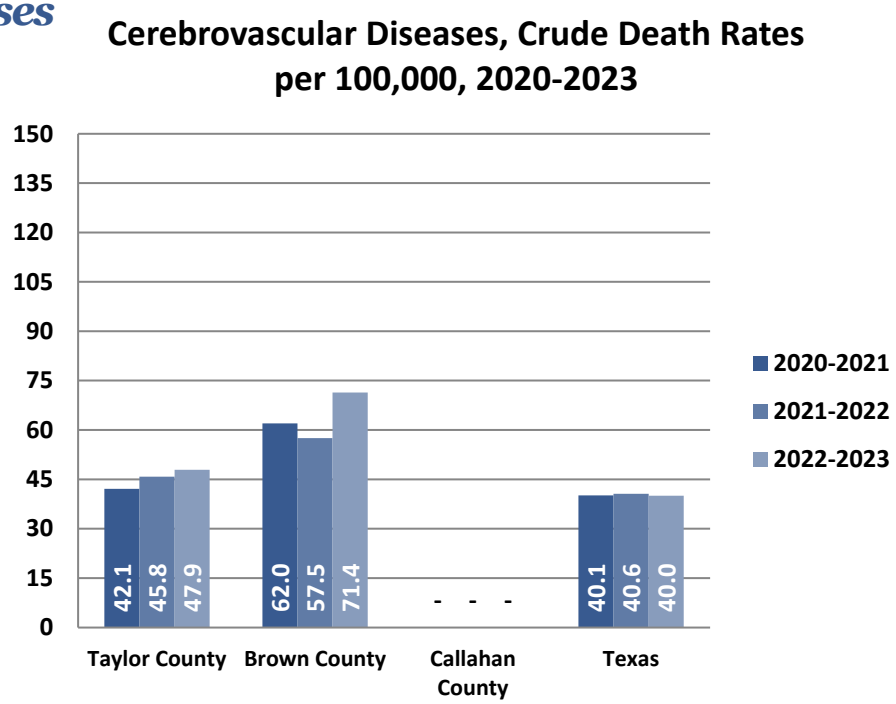
LOCATION	2020-2021		2021-2022		2022-2023		2020-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Taylor County	170	60.2	144	49.9	137	46.9	307	53.4
Brown County	29	38.2	29	37.9	43	55.8	72	47.1
Callahan County	31	109.8	21	74.1	22	77.0	53	93.3
Texas	22,355	38.0	20,864	35.0	20,396	33.7	42,751	35.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed July 2, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Cerebrovascular Diseases

- Cerebrovascular diseases are the seventh leading cause of death in Taylor and Callahan Counties, the fifth leading cause of death for Brown County and the state (2020-2023).
- Between 2020 and 2023, cerebrovascular diseases mortality rates increased in Taylor and Brown Counties and slightly decreased in the state.
- In 2022-2023, the cerebrovascular diseases mortality rate in Taylor (47.9 per 100,000) and Brown Counties (71.4 per 100,000) were higher than the state (40.0 per 100,000).



LOCATION	2020-2021		2021-2022		2022-2023		2020-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Taylor County	119	42.1	132	45.8	140	47.9	259	45.1
Brown County	47	62.0	44	57.5	55	71.4	102	66.7
Callahan County	13	Unreliable	Suppressed	Suppressed	12	Unreliable	25	44.0
Texas	23,611	40.1	24,169	40.6	24,186	40.0	47,797	40.0

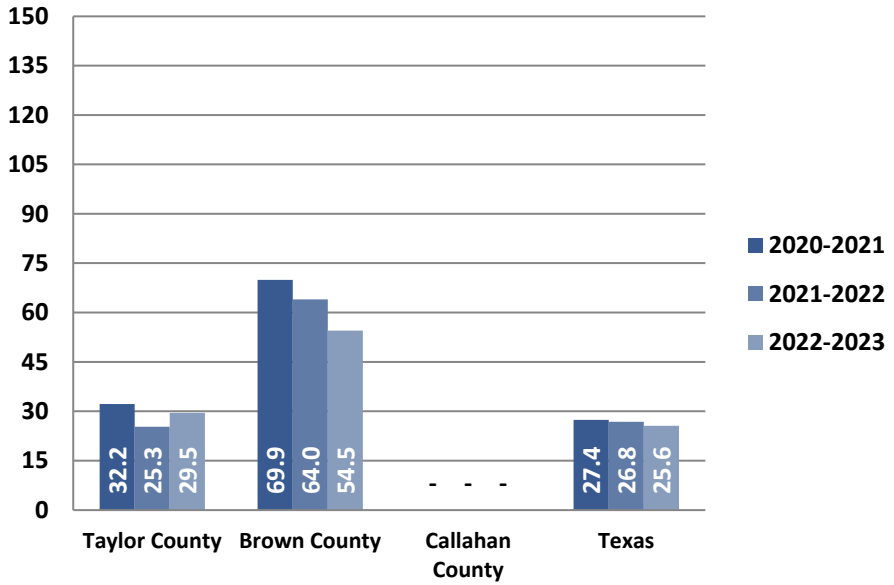
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed July 2, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.
Note: "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously. Rates are marked as "unreliable" when the death count is less than 20. All sub-national data representing zero to nine (0-9) deaths or births are "suppressed".

Health Status

Mortality – Diabetes Mellitus

- Diabetes mellitus is the eighth leading cause of death in Taylor County and the state, the sixth leading cause of death in Brown County and is not a top leading cause of death for Callahan County (2020-2023).
- Between 2020 and 2023, the diabetes mortality rate decreased in Taylor and Brown Counties and the state.
- In 2022-2023, the diabetes mortality rate in Taylor (29.5 per 100,000) and Brown Counties (54.5 per 100,000) were higher than the state (25.6 per 100,000).

Diabetes Mellitus, Crude Death Rates per 100,000, 2020-2023



LOCATION	2020-2021		2021-2022		2022-2023		2020-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Taylor County	91	32.2	73	25.3	86	29.5	177	30.8
Brown County	53	69.9	49	64.0	42	54.5	95	62.1
Callahan County	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed	16	Unreliable
Texas	16,126	27.4	15,989	26.8	15,497	25.6	31,623	26.5

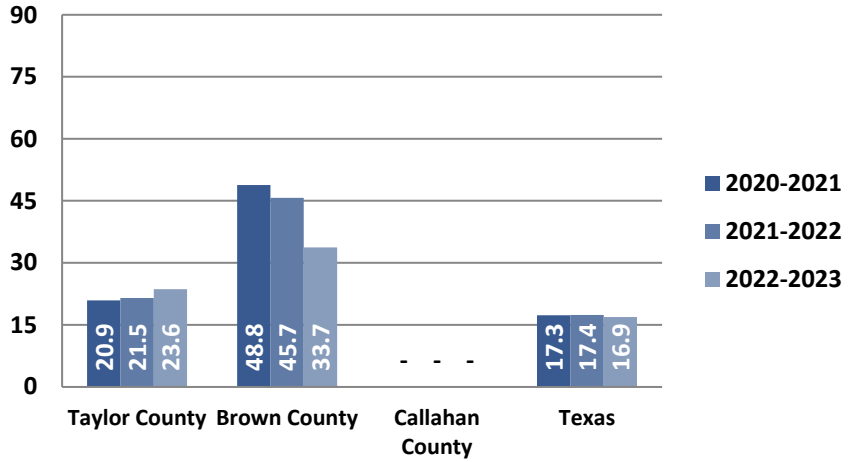
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed July 2, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.
Note: "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously. Rates are marked as "unreliable" when the death count is less than 20. All sub-national data representing zero to nine (0-9) deaths or births are "suppressed".

Health Status

Mortality – Chronic Liver Disease and Cirrhosis

- Chronic liver disease and cirrhosis is the ninth leading cause of death in Taylor and Brown Counties and the state and is not a top leading cause of death for Callahan County (2020-2023).
- Between 2020 and 2023, chronic liver disease and cirrhosis mortality rates increased in Taylor County and decreased in Brown County and the state.
- In 2022-2023, the chronic liver disease and cirrhosis mortality rate in Taylor (23.6 per 100,000) and Brown Counties (33.7 per 100,000) were higher than the state (16.9 per 100,000).

Chronic Liver Disease And Cirrhosis, Crude Death Rates per 100,000, 2020-2023



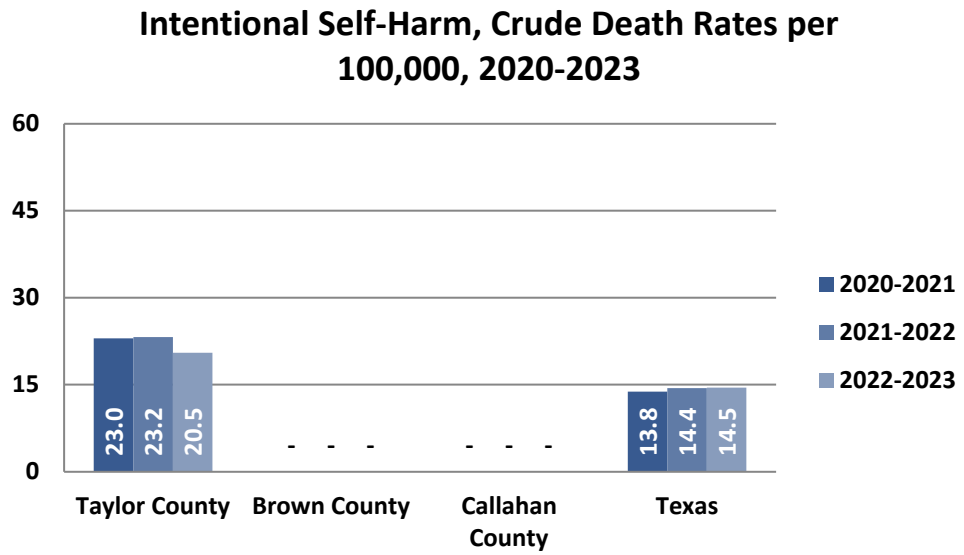
LOCATION	2020-2021		2021-2022		2022-2023		2020-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Taylor County	59	20.9	62	21.5	69	23.6	128	22.3
Brown County	37	48.8	35	45.7	26	33.7	63	41.2
Callahan County	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed	13	Unreliable
Texas	10,203	17.3	10,352	17.4	10,247	16.9	20,450	17.1

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed July 2, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.
Note: "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously. Rates are marked as "unreliable" when the death count is less than 20. All sub-national data representing zero to nine (0-9) deaths or births are "suppressed".

Health Status

Mortality – Intentional Self-Harm (Suicide)

- Intentional self-harm (suicide) is the tenth leading cause of death in Taylor County and is not a leading cause of death in Brown and Callahan Counties and the state (2020-2023).
- Between 2020 and 2023, suicide mortality rates decreased in Taylor County and the state.
- In 2022-2023, the suicide mortality rate in Taylor County (20.5 per 100,000) was higher than the state rate (14.5 per 100,000).



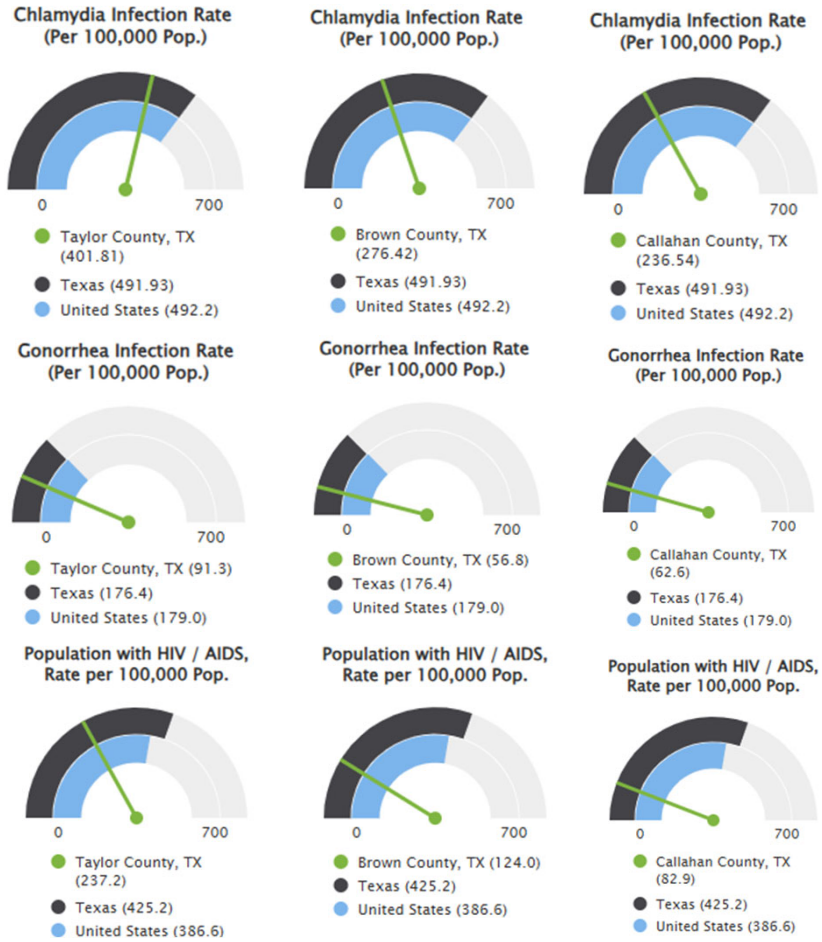
LOCATION	2020-2021		2021-2022		2022-2023		2020-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Taylor County	65	23.0	67	23.2	60	20.5	125	21.8
Brown County	16	Unreliable	18	Unreliable	17	Unreliable	33	21.6
Callahan County	Suppressed	Suppressed	11	Unreliable	11	Unreliable	18	Unreliable
Texas	8,117	13.8	8,561	14.4	8,750	14.5	16,867	14.1

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed July 2, 2025.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.
Note: "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously. Rates are marked as "unreliable" when the death count is less than 20. All sub-national data representing zero to nine (0-9) deaths or births are "suppressed".

Health Status

Communicable Diseases – Chlamydia, Gonorrhea, & HIV/AIDs

- In 2023, the chlamydia incidence rates in Taylor (401.8 per 100,000), Brown (276.4 per 100,000) and Callahan Counties (236.5 per 100,000) were lower than the state (491.9 per 100,000) and the nation (492.2 per 100,000).
- In 2023, the gonorrhea incidence rates in Taylor (91.3 per 100,000), Brown (56.8 per 100,000) and Callahan Counties (62.6 per 100,000) were lower than the state (176.4 per 100,000) and the nation (179.0 per 100,000).
- In 2022, the HIV/AIDs incidence rates in Taylor (237.2 per 100,000), Brown (124.0 per 100,000) and Callahan Counties (82.9 per 100,000) was lower than the state rate (425.2 per 100,000) and the nation (386.6 per 100,000).



Note: a green dial indicates that the county has a better rate than the state and a red dial indicates that the county has a worse rate than the state.

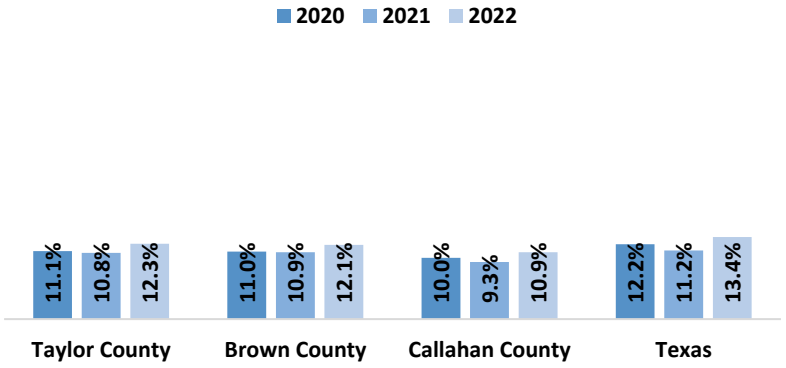
Source: SparkMap, Health Indicator Report: logged in and filtered for Taylor, Brown and Callahan Counties, TX, https://sparkmap.org/report/; data accessed May 21, 2025.

Health Status

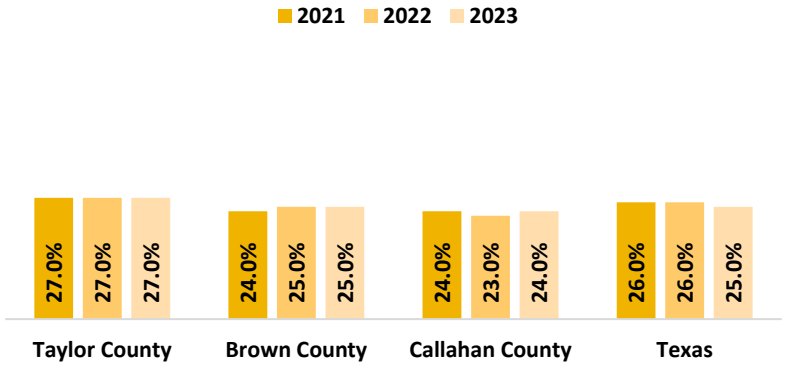
Chronic Conditions – Diabetes

- Between 2020 and 2022, the percentage of adults (age 18+) with diabetes in Taylor, Brown and Callahan Counties and the state increased.
- In 2022, Taylor (12.3%), Brown (12.1%) and Callahan Counties (10.9%) had a lower percentage of adults (age 18+) with diabetes than the state (13.4%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with diabetes increased in Brown County, decreased in the state, remained consistent in Taylor County and fluctuated in Callahan County.
- In 2023, Taylor County (27.0%) had a higher percentage of Medicare beneficiaries with diabetes than the state (25.0%).

Diabetes, Percentage, Adults (age 18+), 2020-2022



Diabetes, Percentage, Medicare, 2021-2023



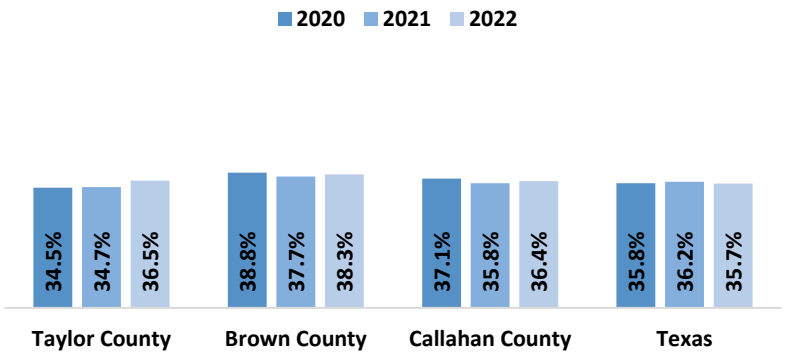
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed June 2, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Taylor, Brown and Callahan Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed May 30, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Taylor, Brown and Callahan Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed May 30, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Taylor, Brown and Callahan Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed May 30, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed May 30, 2025.
Definition: Adults who report being told by a doctor or other health professional that they have diabetes (other than diabetes during pregnancy for female respondents).

Health Status

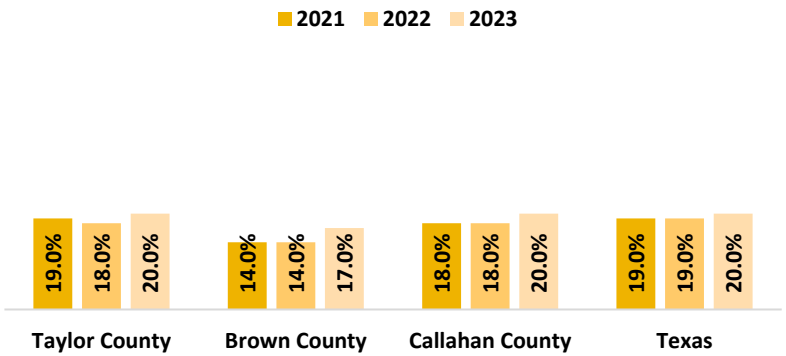
Chronic Conditions – Obesity

- Between 2020 and 2022, the percentage of adults (age 18+) who were obese in Brown and Callahan Counties and the state slightly decreased while Taylor County increased.
- In 2022, Taylor (36.5%), Brown (38.3%) and Callahan Counties (36.4%) had a higher percentage of adults (age 18+) who were obese than the state (35.7%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries who were obese in Taylor, Brown and Callahan Counties and the state increased.
- In 2023, Taylor (20.0%) and Callahan Counties (20.0%) had a similar percentage of Medicare beneficiaries who were obese as compared to the state (20.0%).

Obesity, Percentage, Adults (age 18+), 2020-2022



Obesity, Percentage, Medicare, 2021-2023

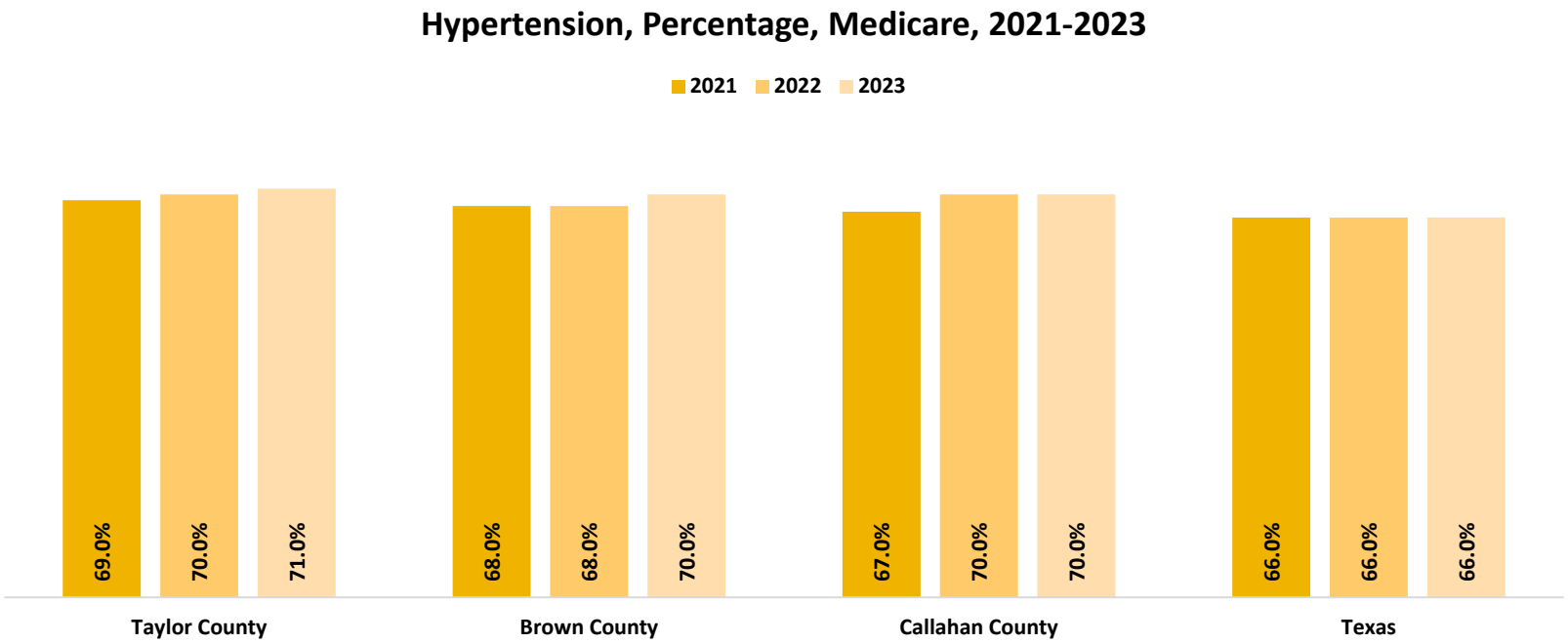


Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed June 2, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Taylor, Brown and Callahan Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed May 30, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Taylor, Brown and Callahan Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed May 30, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Taylor, Brown and Callahan Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed May 30, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed May 30, 2025.
Definition: Respondents aged ≥18 years who have a body mass index (BMI) ≥30.0 kg/m² calculated from self-reported weight and height. Exclude the following: Height: data from respondents measuring <3 ft or ≥8 ft; Weight: data from respondents weighing <50 lbs or ≥650 lbs and BMI: data from respondents with BMI <12 kg/m2 or ≥100 kg/m2.

Health Status

Chronic Conditions – Hypertension

- Between 2021 and 2023, the percentage of Medicare beneficiaries with hypertension in Taylor, Brown and Callahan Counties increased and the state remained consistent.
- In 2023, Taylor (71.0%), Brown (70.0%) and Callahan Counties (70.0%) had a higher percentage of Medicare beneficiaries with hypertension than the state (66.0%).



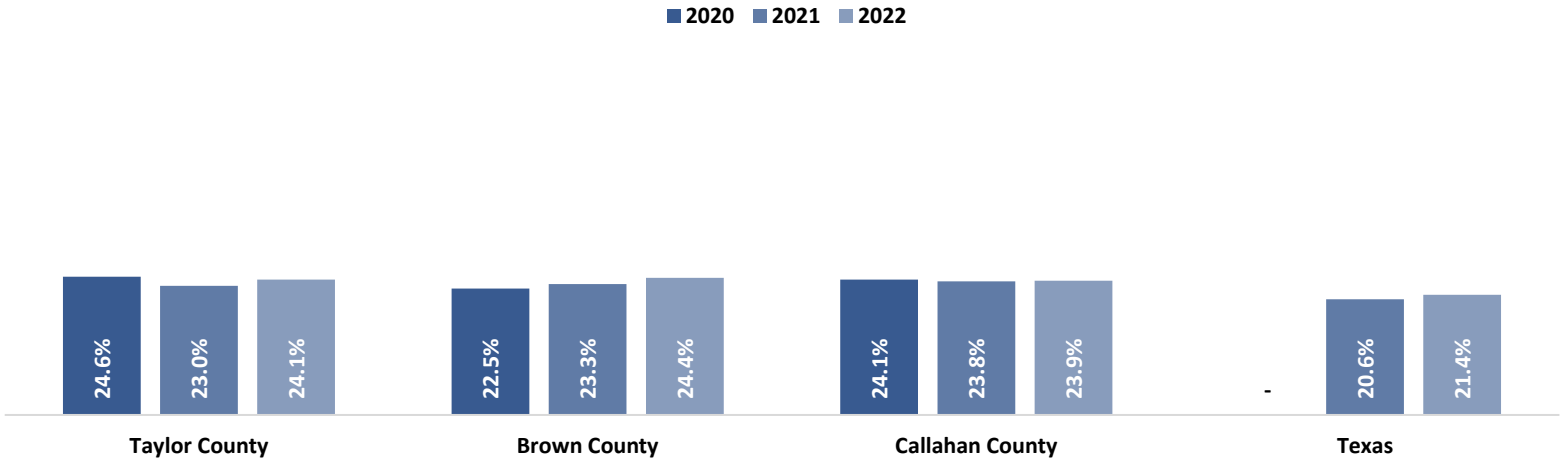
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed June 2, 2025.

Health Status

Chronic Conditions – Arthritis

- Between 2020 and 2022, the percentage of adults (age 18+) with arthritis in Brown County increased, while Taylor and Callahan Counties slightly decreased.
- In 2022, Taylor (24.1%), Brown (24.4%) and Callahan Counties (23.9%) had a higher percentage of adults (age 18+) who have arthritis than the state (21.4%).

Arthritis, Percentage, Adults (age 18+), 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Taylor, Brown and Callahan Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed May 30, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Taylor, Brown and Callahan Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed May 30, 2025.
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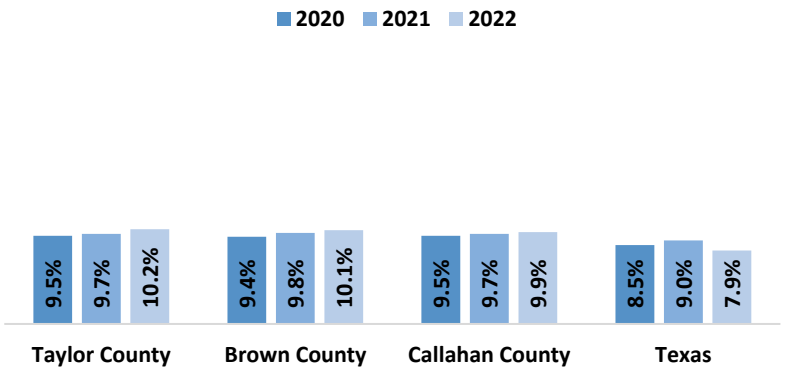
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed May 30, 2025.
Definition: Having arthritis (reporting 'yes' to the question: "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?").
"-" Note: Data may be missing due to factors such as a small sample size, the question not being asked in a particular year, or the source used to collect the data being limited to core questions asked nationwide across all states.

Health Status

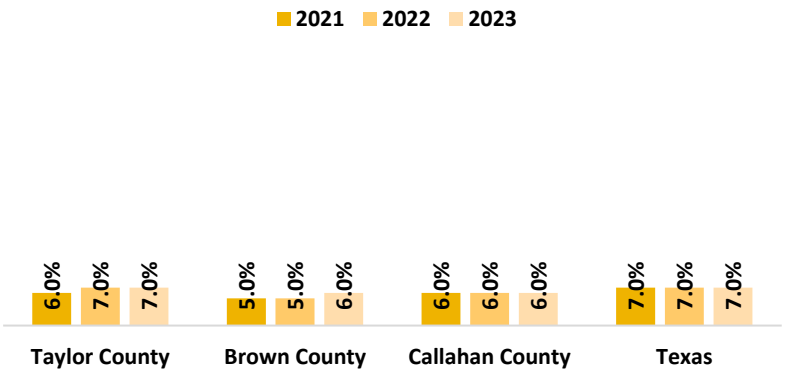
Chronic Conditions – Asthma

- Between 2020 and 2022, the percentage of adults (age 18+) with asthma in Taylor, Brown and Callahan Counties increased and the state overall decreased.
- In 2022, Taylor (10.2%), Brown (10.1%) and Callahan Counties (9.9%) had a higher percentage of adults (age 18+) with asthma than the state (7.9%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with asthma in Taylor and Brown Counties increased, while Callahan County and the state remained consistent.
- In 2023, the percentage of Medicare beneficiaries with asthma in Taylor County (7.0%) was consistent with the state (7.0%).

Asthma, Percentage, Adults (age 18+), 2020-2022



Asthma, Percentage, Medicare, 2021-2023



Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed June 2, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Taylor, Brown and Callahan Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed May 30, 2025.
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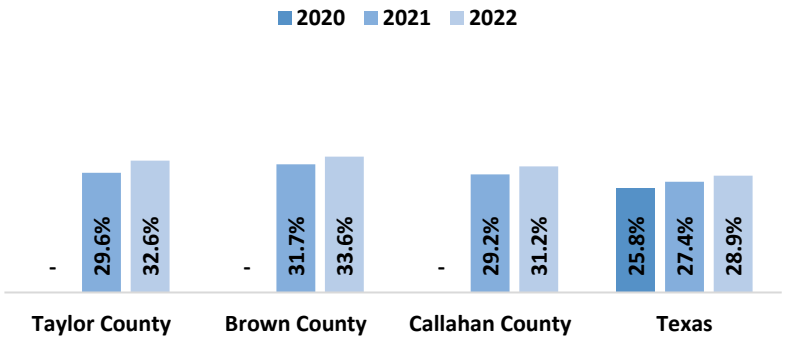
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed May 30, 2025.
Definition: Having current asthma (reporting 'yes' to both of the questions, "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question, "Do you still have asthma?").

Health Status

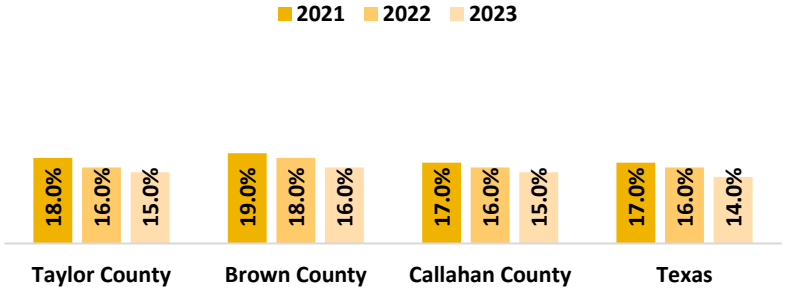
Chronic Conditions – Disability

- Between 2020 and 2022, the percentage of adults with a disability in the state increased.
- In 2022, Taylor (32.6%), Brown (33.6%) and Callahan Counties (31.2%) had a higher percentage of adults (age 18+) with a disability than the state (28.9%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with a disability in Taylor, Brown and Callahan Counties and the state decreased.
- In 2023, Taylor (15.0%), Brown (16.0%) and Callahan Counties (15.0%) had a higher percentage of Medicare beneficiaries with a disability than the state (14.0%).

Disability, Percentage, Adults (age 18+), 2020-2022



Disability (reason for Medicare eligibility), Percentage, Medicare, 2021-2023



Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed June 2, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Taylor, Brown and Callahan Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed May 30, 2025.
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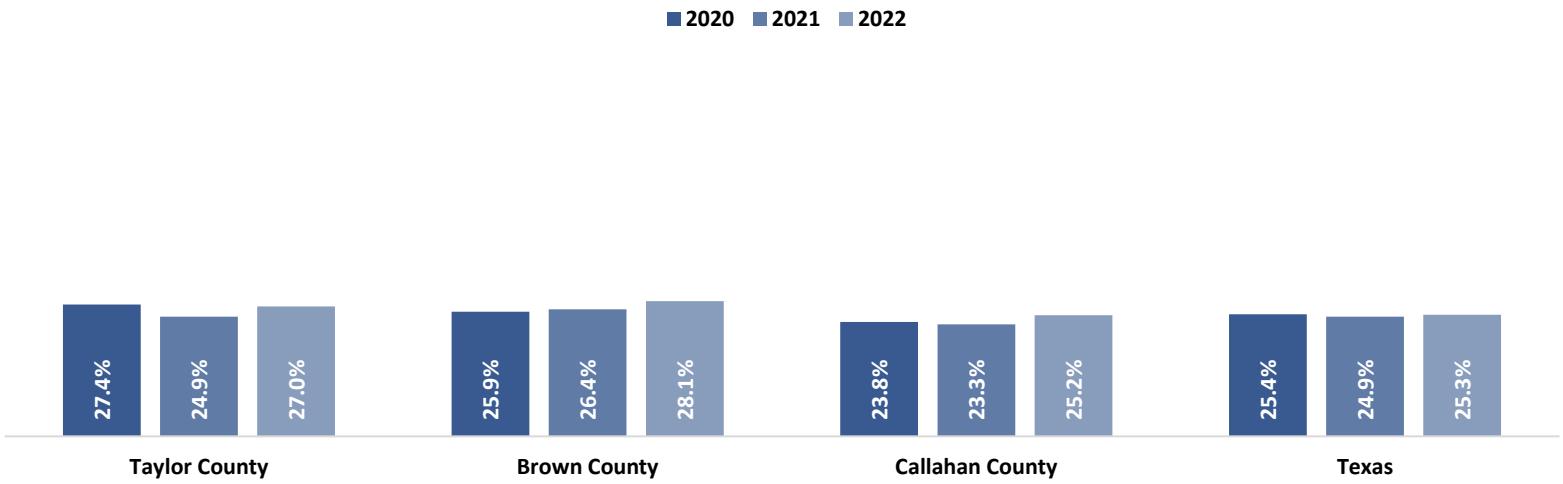
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed May 30, 2025.
Definition: Adults who said yes to at least one of six disability questions related to serious difficulty including (1) hearing, (2) vision, (3) concentrating, remembering, or making decisions (i.e., cognition), (4) walking or climbing stairs (i.e., mobility), (5) dressing or bathing (i.e., self-care) and (6) doing errands alone (i.e., independent living).
"-" Note: Data may be missing due to factors such as a small sample size, the question not being asked in a particular year, or the source used to collect the data being limited to core questions asked nationwide across all states.

Health Status

Health Behaviors – Physical Inactivity

- Between 2020 and 2022, the percentage of adults (age 18+) who reported having no leisure-time for physical activity in Brown and Callahan Counties increased and Taylor County and the state slightly decreased.
- In 2022, Taylor (27.0%) and Brown Counties (28.1%) had a higher percentage of adults (age 18+) who reported having no leisure-time for physical activity than the state (25.3%).

No Leisure-Time For Physical Activity, Percentage, Adults (age 18+), 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Taylor, Brown and Callahan Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed May 30, 2025.
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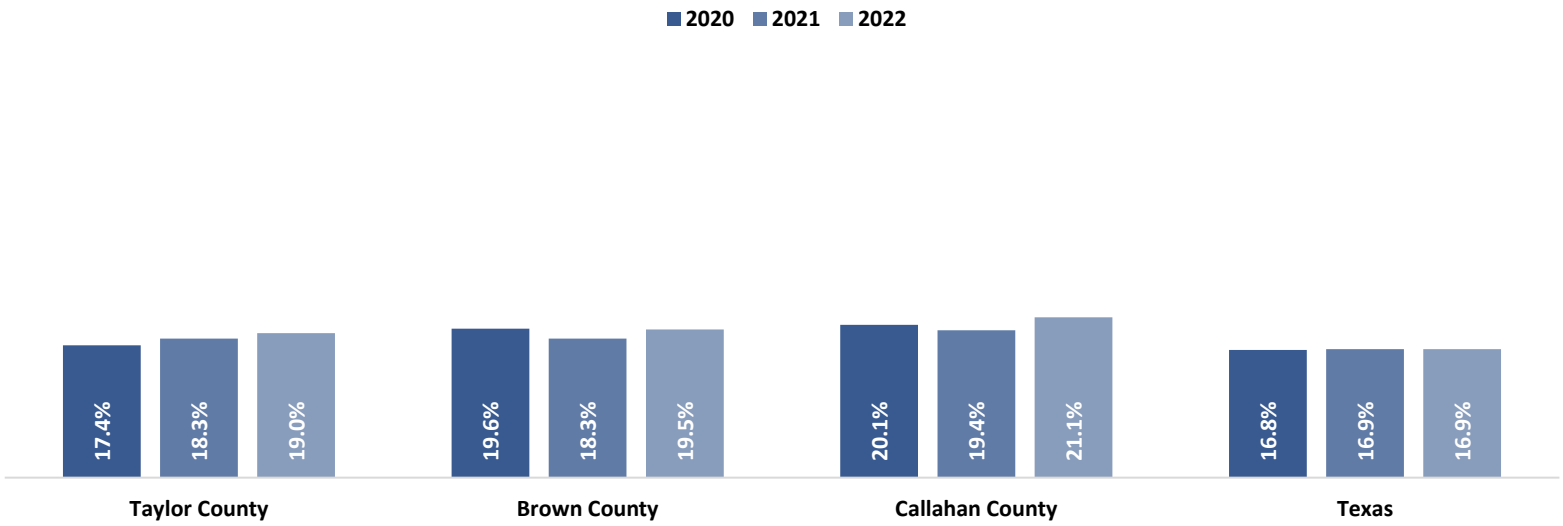
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed May 30, 2025.
Definition: Having no leisure-time physical activity (reporting 'No' to the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?").

Health Status

Health Behaviors – Binge Drinking

- Between 2020 and 2022, the percentage of adults (age 18+) who binge drink in Taylor and Callahan Counties and the state increased, while Brown County slightly decreased.
- In 2022, Taylor (19.0%), Brown (19.5%) and Callahan Counties (21.1%) had a higher percentage of adults (age 18+) who binge drink than the state (16.9%).

Binge Drinking, Percentage, Adults (age 18+), 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Taylor, Brown and Callahan Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed May 30, 2025.
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Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed May 30, 2025.
Definition: Adults who report having ≥5 drinks (men) or ≥4 drinks (women) on ≥1 occasion during the previous 30 days.

Health Status

Health Behaviors – Smoking

- Between 2020 and 2022, the percentage of adults (age 18+) who smoke in Taylor, Brown and Callahan Counties and the state decreased.
- In 2022, Taylor (15.6%), Brown (16.9%) and Callahan Counties (16.8%) had a higher percentage of adults (age 18+) who smoke than the state (12.0%).

Smoking Status (Current Smoker), Percentage, Adults (age 18+), 2020-2022

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Taylor, Brown and Callahan Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed May 30, 2025.
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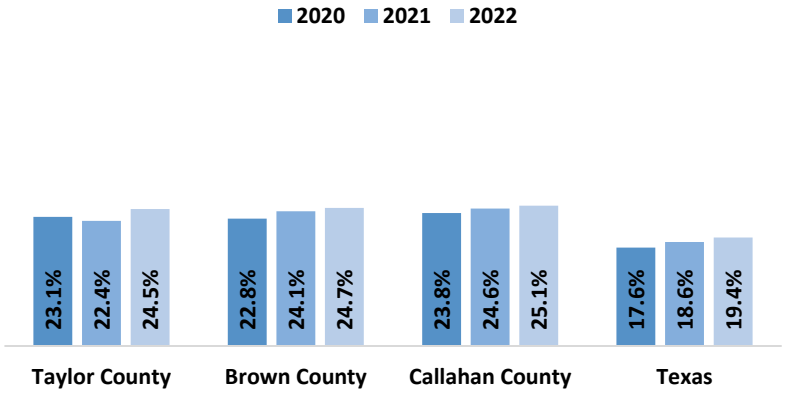
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed May 30, 2025.
Definition: Adults who report having smoked ≥ 100 cigarettes in their lifetime and currently smoke every day or some days.

Health Status

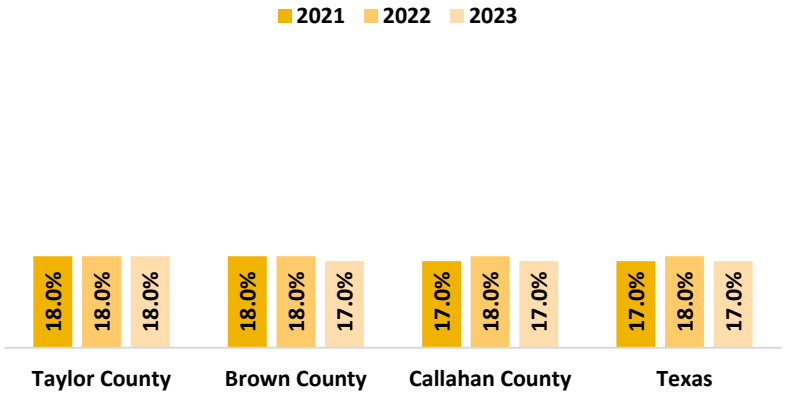
Mental Health – Depressive Disorders

- Between 2020 and 2022, the percentage of adults (age 18+) with depression in Taylor, Brown and Callahan Counties and the state increased.
- In 2022, Taylor (24.5%), Brown (24.7%) and Callahan Counties (25.1%) had a higher percentage of adults (age 18+) with depression than the state (19.4%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with depression in Brown County decreased, Taylor County remained consistent and Callahan County and the state fluctuated.
- In 2023, Taylor County (18.0%) had a higher percentage of Medicare beneficiaries with depression than the state (17.0%).

Depression, Percentage, Adults (age 18+), 2020-2022



Depression, Percentage, Medicare, 2021-2023



Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed June 2, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Taylor, Brown and Callahan Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed May 30, 2025.
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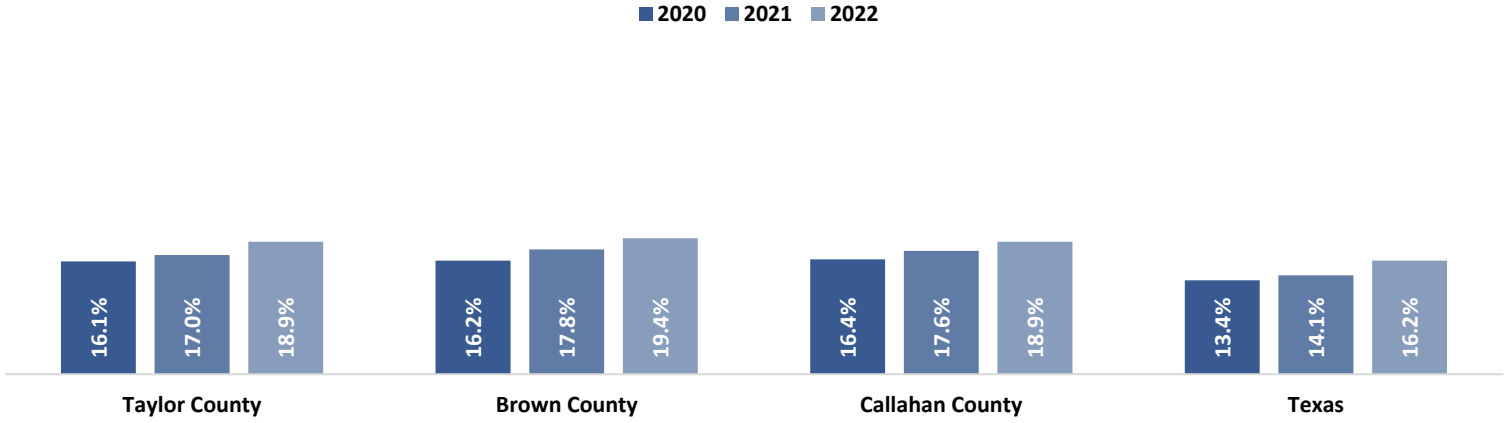
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed May 30, 2025.
Definition: Adults who responded yes to having ever been told by a doctor, nurse, or other health professional they had a depressive disorder, including depression, major depression, dysthymia, or minor depression.

Health Status

Mental Health – Frequent Mental Distress

- Between 2020 and 2022, the percentage of adults (age 18+) who self-reported that their mental health was not good for 14+ days increased in Taylor, Brown and Callahan Counties and the state.
- In 2022, Taylor (18.9%), Brown (19.4%) and Callahan Counties (18.9%) had a higher percentage of adults (age 18+) who self-reported that their mental health was not good for 14+ days than the state (16.2%).

Frequent Mental Distress, Percentage, Adults (age 18+), 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Taylor, Brown and Callahan Counties, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed May 30, 2025.
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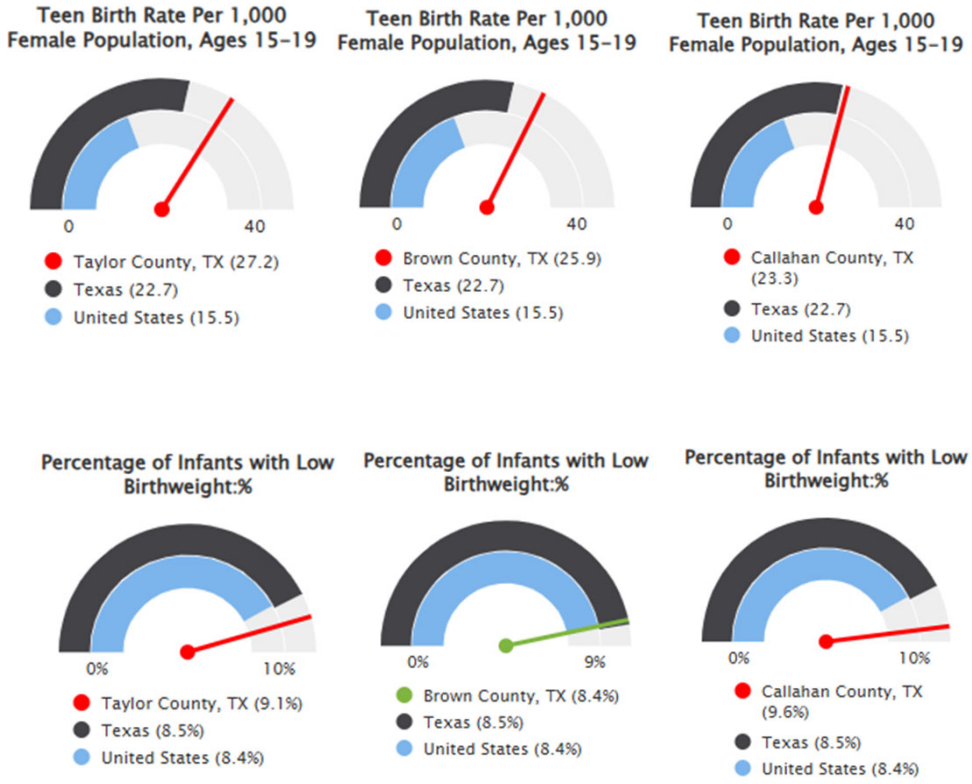
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed May 30, 2025.
Definition: Adults aged ≥ 18 years who report that their mental health (including stress, depression and problems with emotions) was not good for 14 or more days during the past 30 days.

Health Status

Maternal & Child Health – Teen Births and Low Birthweight

- Taylor (27.2 per 1,000), Brown (25.9 per 1,000) and Callahan Counties (23.3 per 1,000) have a higher teen birth rate per 1,000 females (ages 15-19) than the state (22.7 per 1,000) and the nation (15.5 per 1,000) (2017-2023).
- Taylor (9.1%) and Callahan Counties (9.6%) have a higher percentage of infants with a low birthweight than the state (8.5%) and the nation (8.4%) (2017-2023).



Note: a green dial indicates that the county has a better rate than the state and a red dial indicates that the county has a worse rate than the state.

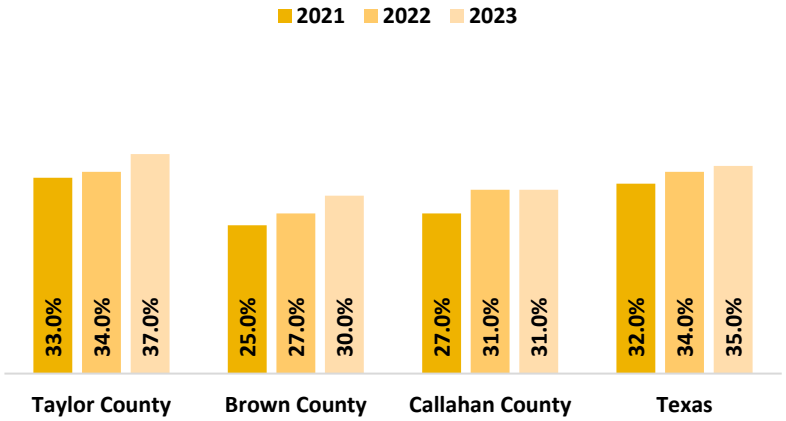
Source: SparkMap, Health Indicator Report: logged in and filtered for Taylor, Brown and Callahan Counties, TX, https://sparkmap.org/report/; data accessed May 21, 2025.
Teen Birth Definition: teen birth rate per 1,000 female population age 15-19.
Low Birthweight Definition: the percentage of live births where the infant weighed less than 2,500 grams.

Health Status

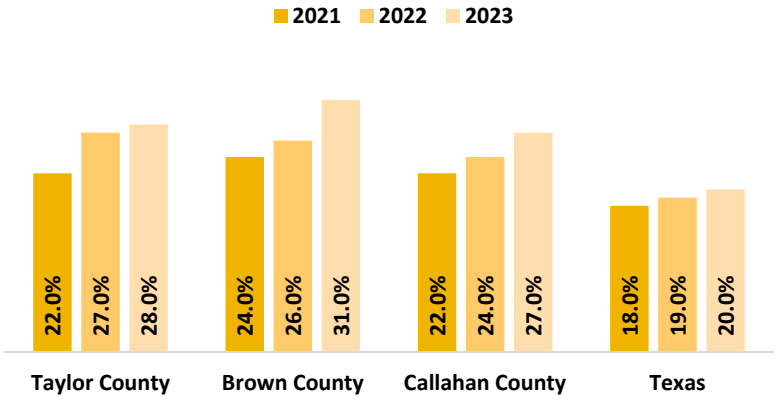
Preventive Care – Mammography & Prostate Screening (Medicare)

- Between 2021 and 2023, the percentage of females (age 35+) that received at least one mammography screening in the past year increased in Taylor, Brown and Callahan Counties and the state.
- In 2023, the percentage of females (age 35+) that received at least one mammography screening in the past year in Brown (30.0%) and Callahan Counties (31.0%) were lower than the state (35.0%).
- Between 2021 and 2023, the percentage of males (age 50+) that received at least one prostate screening in the past year increased in Taylor, Brown and Callahan Counties and the state.
- In 2023, the percentage of males (age 50+) that received at least one prostate screening in the past year in Taylor (28.0%), Brown (31.0%) and Callahan Counties (27.0%) were higher than the state (20.0%).

Mammography Screening, Percentage, Medicare, Females (age 35+), 2021-2023



Prostate Cancer Screening, Percentage, Medicare, Males (age 50+), 2021-2023

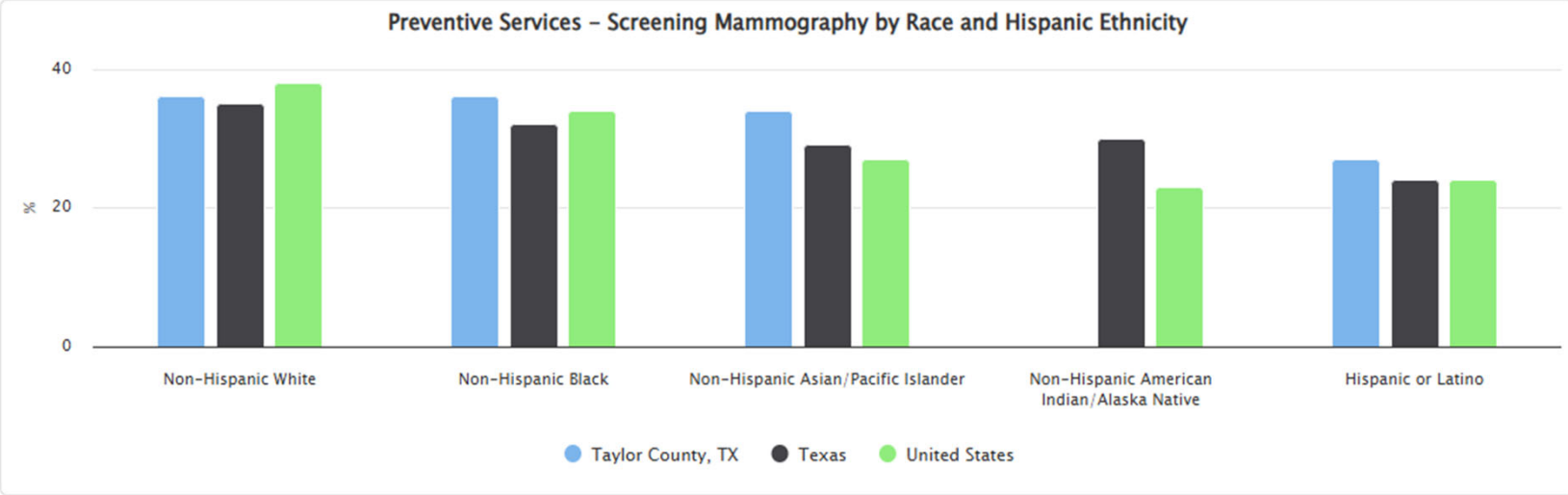


Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed June 2, 2025.
Mammography Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for mammography services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for mammography services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; male beneficiaries; and female beneficiaries aged less than 35.
Prostate Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for prostate cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for prostate cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; female beneficiaries; and male beneficiaries aged less than 50.

Health Status

Preventive Care – Mammography Screening by Race/Ethnicity
Taylor County

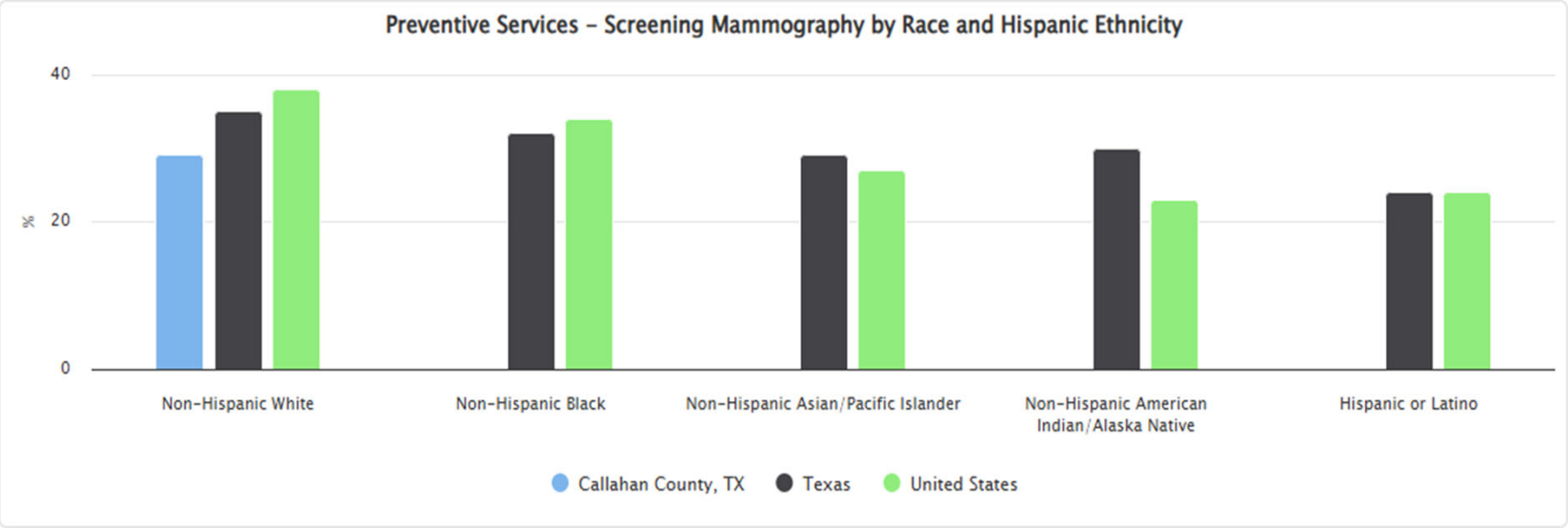
- In 2023, all of the racial/ethnic groups that had statistically reliable rates calculated in Taylor County had higher percentages of residents seeking mammogram services as compared to the state.
- The Non-Hispanic White populations in Brown County and in Callahan County had a lower percentage of residents seeking mammogram services than the state.



Source: SparkMap, Health Indicator Report: logged in and filtered for Taylor, Brown and Callahan Counties, TX, https://sparkmap.org/report/; data accessed July 24, 2025.
Mammography Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for mammography services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for mammography services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; male beneficiaries; and female beneficiaries aged less than 35.

Health Status

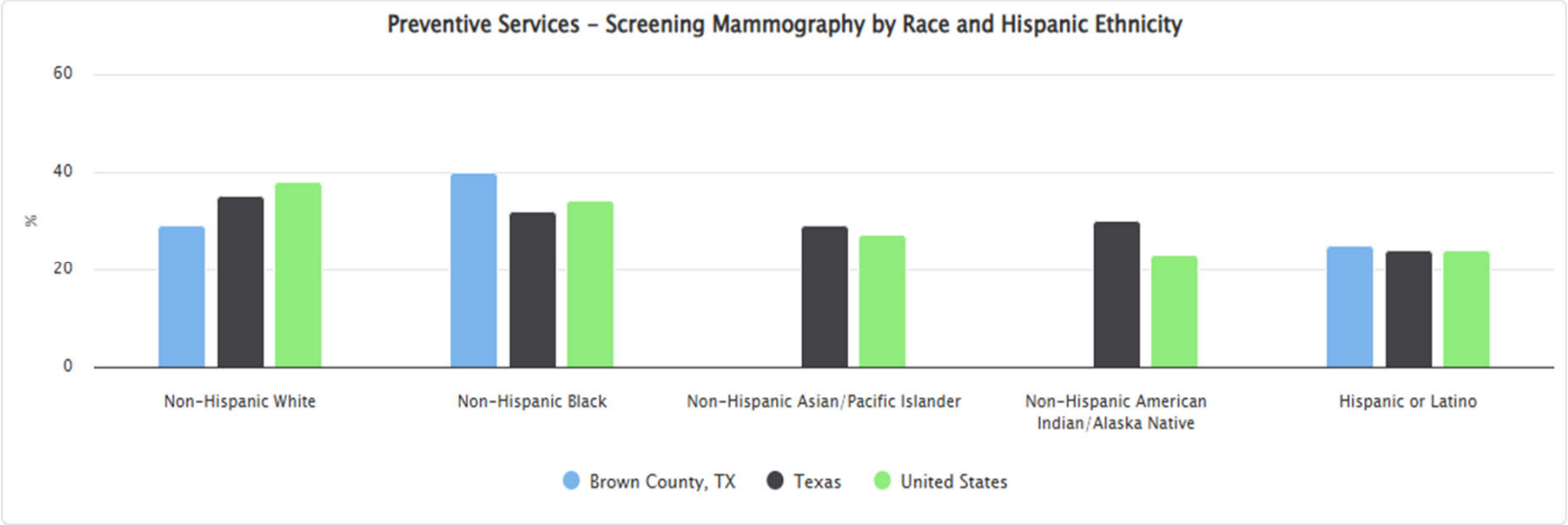
Preventive Care – Mammography Screening by Race/Ethnicity
Callahan County



Source: SparkMap, Health Indicator Report: logged in and filtered for Taylor, Brown and Callahan Counties, TX, https://sparkmap.org/report/; data accessed July 24, 2025.
Mammography Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for mammography services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for mammography services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; male beneficiaries; and female beneficiaries aged less than 35.

Health Status

Preventive Care – Mammography Screening by Race/Ethnicity
Brown County



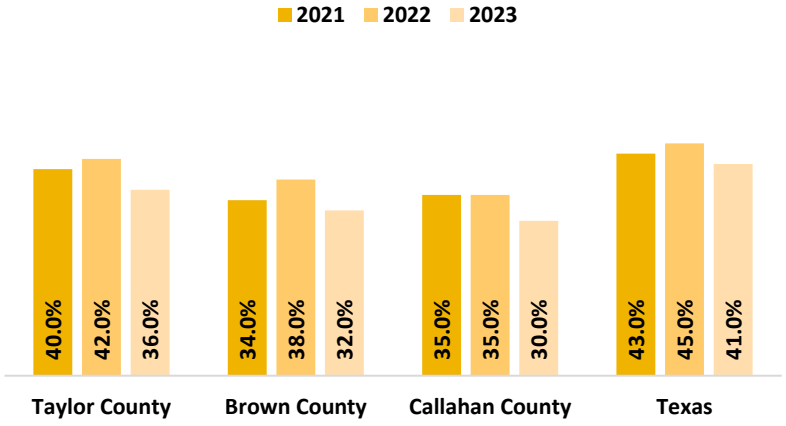
Source: SparkMap, Health Indicator Report: logged in and filtered for Taylor, Brown and Callahan Counties, TX, https://sparkmap.org/report/; data accessed July 24, 2025.
Mammography Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for mammography services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for mammography services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; male beneficiaries; and female beneficiaries aged less than 35.

Health Status

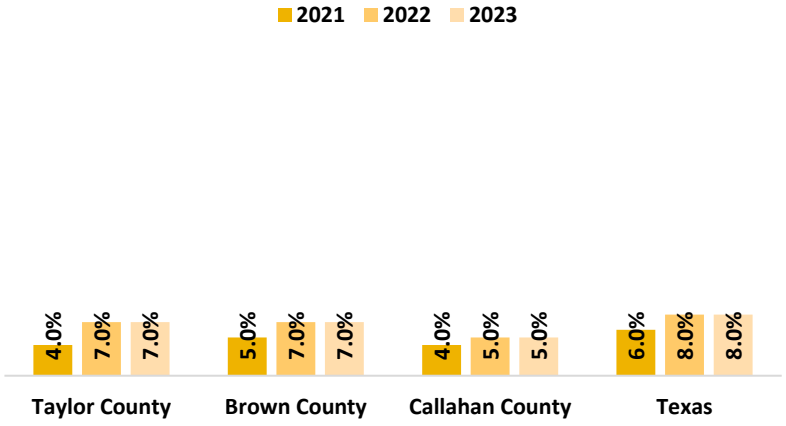
Preventive Care – Influenza & Pneumococcal Vaccination (Medicare)

- Between 2021 and 2023, the percentage of Medicare beneficiaries that received a flu shot in the past year in Taylor, Brown and Callahan Counties and the state decreased.
- In 2023, Taylor (36.0%), Brown (32.0%) and Callahan Counties (30.0%) had a lower percentage of Medicare beneficiaries that received a flu shot in the past year than the state (41.0%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries that ever received a pneumonia shot in Taylor, Brown and Callahan Counties and the state increased.
- In 2023, Taylor (7.0%), Brown (7.0%) and Callahan Counties (5.0%) had a lower percentage of Medicare beneficiaries that ever received a pneumonia shot than the state (8.0%).

Influenza Virus Vaccine, Percentage, Medicare, 2021-2023



Pneumococcal Vaccine (Ever), Percentage, Medicare, 2021-2023

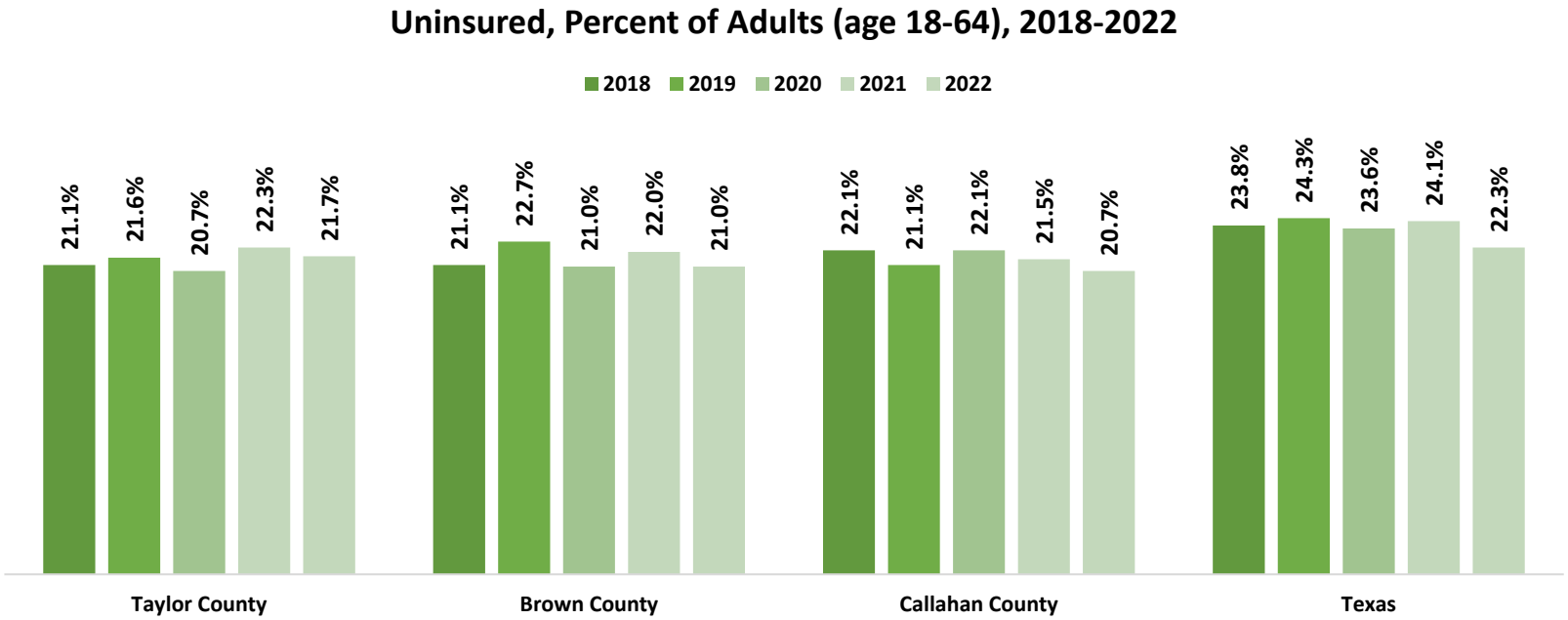


Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed June 2, 2025.
Influenza Virus Vaccine Definition: Received an influenza vaccination in the past year.
Pneumococcal Vaccine Definition: Received a pneumococcal vaccination (PPV) ever.

Health Status

Health Care Access – Uninsured

- Taylor County experienced an increase in the percent of uninsured adults (age 18-64) between 2018 and 2022, while Brown and Callahan Counties and the state experienced a decrease.
- As of 2022, Taylor (21.7%), Brown (21.0%) and Callahan Counties (20.7%) had a lower percent of uninsured adults (age 18-64) as compared to the state (22.3%).

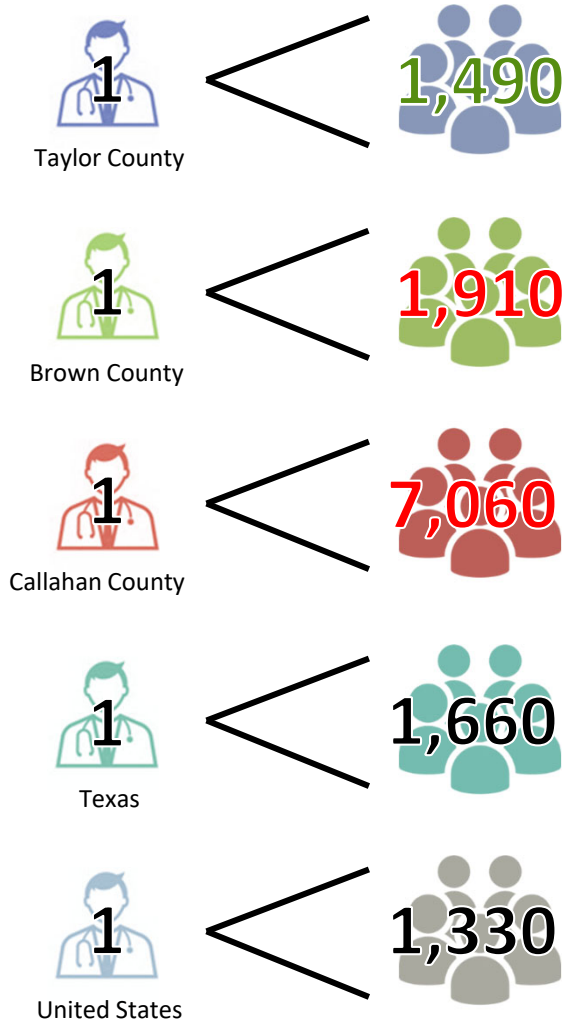


Source: United States Census Bureau, Small Area Health Insurance Estimates, filtered for Taylor, Brown and Callahan Counties, TX, https://www.census.gov/data-tools/demo/sahie/#/; data accessed June 18, 2025.

Health Status

Health Care Access – Primary Care Physicians

- Sufficient availability of primary care physicians is essential for preventive and primary care.
  - In 2021, the population to primary care physician ratio in Brown (1,910:1) and Callahan Counties (7,060:1) were higher than the state (1,660:1) and the nation (1,330:1).

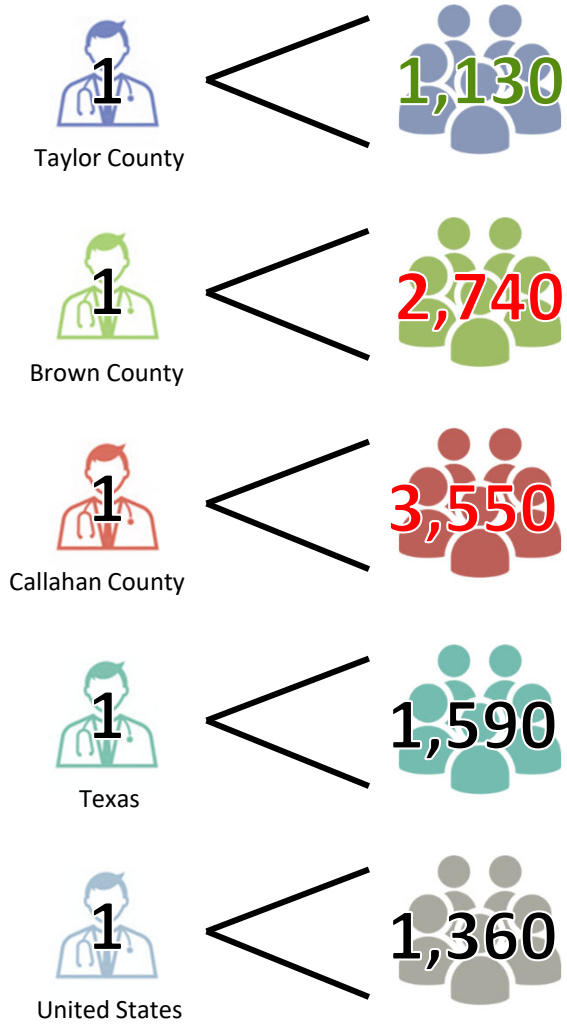


Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Taylor, Brown and Callahan Counties, TX, https://www.countyhealthrankings.org/; data accessed May 29, 2025.
Definition: The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. "Primary care physicians" classified 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.

Health Status

Health Care Access – Dental Care Providers

- Lack of sufficient dental providers is a barrier to accessing oral health care. Untreated dental disease can lead to serious health effects including pain, infection and tooth loss.
  - In 2022, the population to dental provider ratio in Brown (2,740:1) and Callahan Counties (3,550:1) were higher than the state (1,590:1) and the nation (1,360:1).

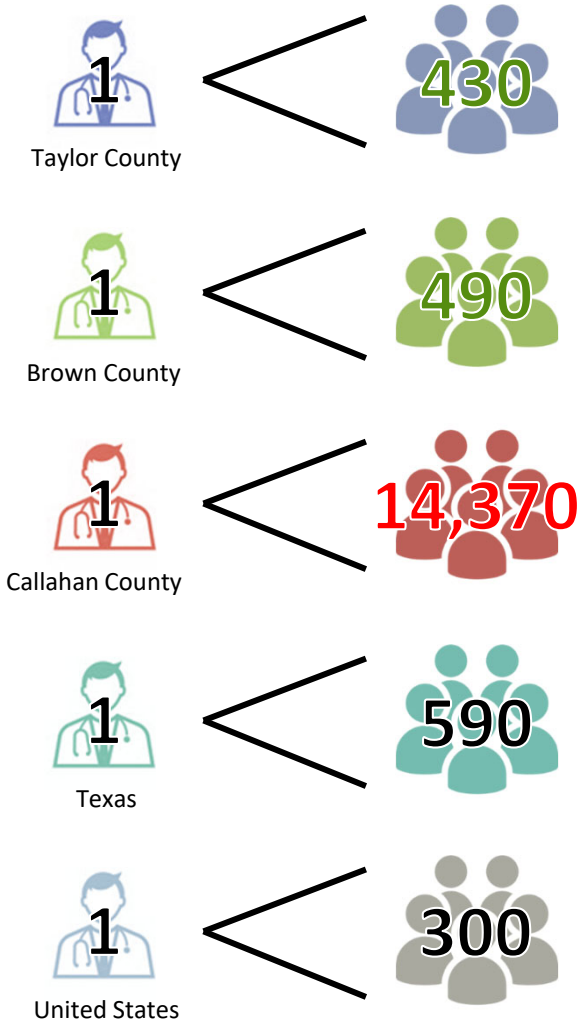


Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Taylor, Brown and Callahan Counties, TX, https://www.countyhealthrankings.org/; data accessed May 29, 2024.
Definition: The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists. All dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry and who practice within the scope of that license.

Health Status

Health Care Access – Mental Health Care Providers

- Lack of access to mental health care providers not only affects overall individual wellness but also impacts the health of a community.
  - In 2024, the population to mental health provider ratio in Callahan County (14,370:1) was higher than the state (590:1) and the nation (300:1).

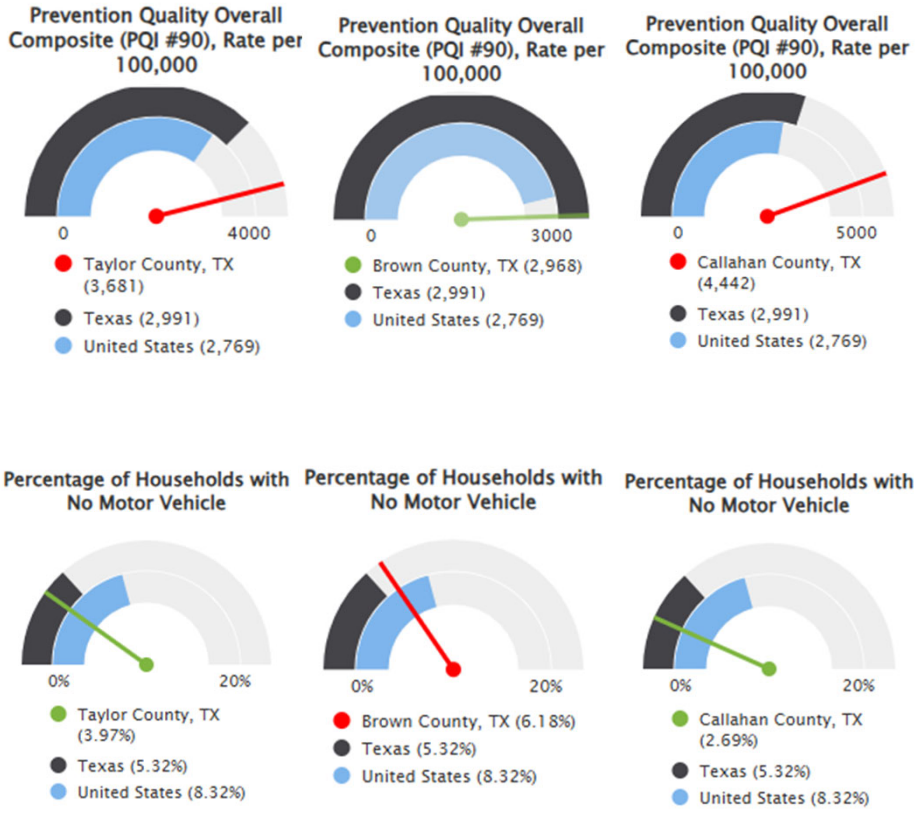


Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Taylor, Brown and Callahan Counties, TX, https://www.countyhealthrankings.org/; data accessed May 29, 2024.
Definition: The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. Psychiatrists, psychologists, clinical social workers and counselors that specialize in mental health care.

Health Status

Health Care Access – Common Barriers to Care

- **Lack of adequate and available primary care resources for patients to access may lead to increased preventable hospitalizations.**
  - In 2022, the rate of preventable hospital events in Taylor County (3,681 per 100,000 Medicare beneficiaries) and Callahan County (4,442 per 100,000 Medicare beneficiaries) were higher than the state (2,991 per 100,000 Medicare beneficiaries) and the nation (2,769 per 100,000 Medicare beneficiaries).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
  - In 2019-2023, 6.2% of households in Brown County had a higher percent of no motor vehicle than 5.3% in Texas, while 4.0% of households in Taylor County and 2.7% of households in Callahan County had a lower percent as compared to 5.3% in Texas and 8.3% in the nation.



Note: a green dial indicates that the county has a better rate than the state and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Taylor, Brown and Callahan Counties, TX, https://sparkmap.org/report/; data accessed June 19, 2025.
Definition: PQIs are population based and adjusted for age and sex and include admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection.

Community Input Findings

Overview

- Gathered input from individuals/organizations identified by Hendrick Health via interviews and electronic surveys in April/May 2025
  - 122 survey respondents
  - 2 phone interviews *(CHC Consulting contacted a number of individuals in the community to participate in the interview process, but several were unable to complete an interview due to a variety of reasons)*
- Respondents were only allowed to take the survey once but were encouraged to forward the survey to additional community leaders
  - CHC Consulting was 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
- 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
  - Member of medically underserved, low-income and minority populations in the community, or individuals or organizations serving or representing the interests of such populations
- Due to a lower number of completed interviews, for purposes of confidentiality, the survey and interview findings have been analyzed together and reported in the aggregate

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Methodology

- CHC Consulting did not verify any comments or depictions made by any individuals who were surveyed/interviewed. Participants expressed their perception of the health of the community based on their professional and/or personal experiences, as well as the experiences of others around them. It is important to note that individual perceptions may highlight opportunities to increase awareness of local resources available in the community.
- This analysis is developed from the survey or interview results and the CHC Consulting team identified and themes from the results and included them within this report. None of the comments within this analysis represent any opinion of CHC Consulting or the CHC Consulting professionals associated with this engagement. Some information may be paraphrased comments. The comments included within the analysis are considered to have been common themes from participants as our interpretation of having the same or close meaning as other participants.
- *The CHC Consulting team incorporated all relevant comments provided by survey or interview respondents that directly addressed each specific question. Comments deemed unrelated to the analysis were excluded from the published findings; however, all feedback has been shared with the Hendrick Health leadership team for their consideration.*

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Summary of Key Findings

- **Key Healthcare Priorities:** Top priorities include improving access to care for underserved populations, increasing preventive care and health education, recruiting more providers (especially specialists) and promoting chronic disease management.
- **Significant Access Gaps:** A majority of respondents (68.6%) believe not everyone has adequate healthcare access, particularly those with mental illness, mental/behavioral conditions, low income, homelessness and lack of transportation.
- **Overwhelming Need for Mental Health Services:** There is a severe and widespread shortage of mental health services and providers across all age groups, including psychiatrists, psychologists and counselors, with significant barriers to inpatient and outpatient treatment.
- **Major Barriers to Care:** The primary barriers identified are lack of insurance coverage/financial hardship and difficulty navigating the healthcare system/lack of awareness of resources. Recruitment challenges for doctors in rural areas also contribute.
- **Reliance on ER for Non-Emergencies:** Many individuals use the emergency room for non-emergent needs due to a lack of primary care relationships, no upfront costs, limited after-hours options and perceived lower wait times.

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Organizations Responding to Survey

- Abilene Ag Service & Supply
- Abilene Chamber of Commerce
- Abilene Christian University
- Abilene Convention & Visitors Bureau
- Abilene Hope Haven
- Abilene ISD
- Abilene-Taylor County Public Health District
- Betty Hardwick Center (HUD Housing)
- Big Country CASA
- Boots on the Ground Ministry
- Brownwood/Brown County Health Department
- City Light
- City of Abilene/Planning & Development/Neighborhood Services Department
- Community Foundation of Abilene (CFA)
- Dignity Health Management Center
- Directors Investment Group
- First Financial Bankshares
- Goodwill West Texas
- Habitat for Humanity Abilene
- Hendrick Health
- Hendrick Health Club - Hendrick Medical Center
- Hendrick Health System Board
- Hendrick Medical Center
- Hendrick Medical Center Brownwood
- Hendrick Pulmonary Rehabilitation
- Jacob & Martin
- Let Us Breathe Abilene
- New Beginnings Big Country
- Pediatric Associates
- Pregnancy Resources of Abilene
- Retired
- Retired Healthcare Executive
- Self Employed
- Shining Star Fellowship
- Texas Family Initiative (TFI) - 2INgage
- Texas Midwest Emergency Physicians
- Texas Tech University
- Texas Tech University Health Sciences Center
- TexasBank
- The Grace Museum
- Treehouse Safe Exchange & Training Center
- United Way Abilene
- West Central Texas Council Of Governments
- West Texas Harm Reduction
- West Texas Homeless Network
- Wylie ISD

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.
Note: Not all respondents provided an organization.
Note: Information for communities served and organizations responding to the survey are self-reported and included as appropriate.

Communities Served

- Abilene, TX
- Albany, TX
- Amarillo, TX
- Anson, TX
- Baird, TX
- Ballinger, TX
- Bangs, TX
- Big Spring, TX
- Brady, TX
- Breckenridge, TX
- Brookesmith, TX
- Brown County
- Brownwood, TX
- Buffalo Gap, TX
- Callahan County
- Canada
- Central West Texas Region
- Cisco, TX
- Clyde, TX
- Coke County
- Coleman County
- Comanche County
- Cross Plains, TX
- Dallas, TX
- Dyess Air Force Base (AFB)
- Early, TX
- Eastland County
- El Paso, TX
- Erath County
- Fisher County
- Goldthwaite, TX
- Hamilton County
- Hamlin, TX
- Haskell County
- Hawley, TX
- Howard County
- Jones County
- Kent County
- Knox County
- Lampasas County
- Lawn, TX
- Lubbock, TX
- May, TX
- McCulloch County
- Merkel, TX
- Midland, TX
- Mills County
- Mitchell County
- Nolan County
- Odessa, TX
- Ovalo, TX
- Permian Basin
- Ranger, TX

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.
Note: Information for communities served and organizations responding to the survey are self-reported and included as appropriate.

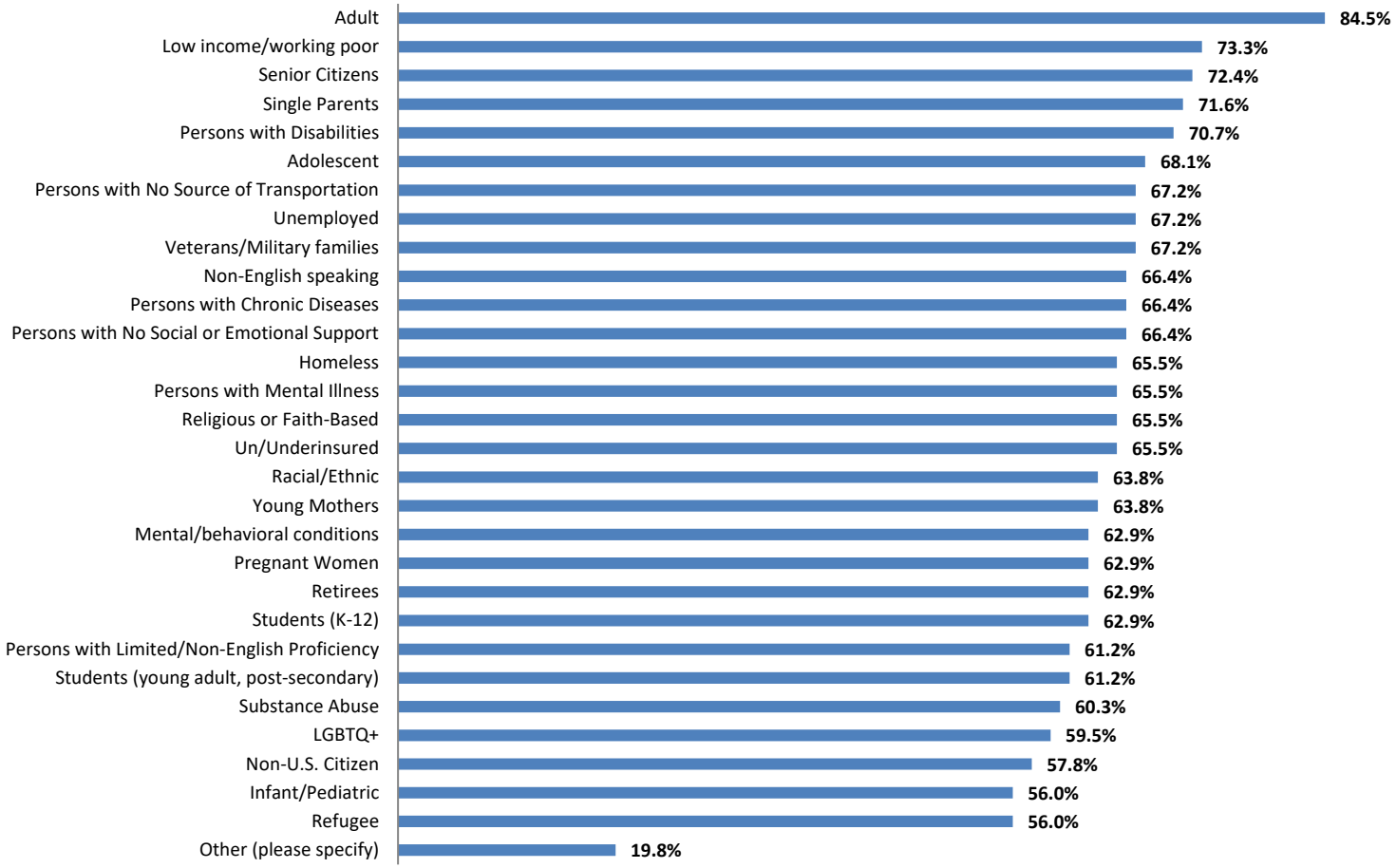
Communities Served (cont.)

- Rising Star, TX
- Rotan, TX
- Runnels County
- San Angelo, TX
- San Saba County
- Santa Anna, TX
- Scurry County
- Shackelford County
- Snyder, TX
- Stamford, TX
- Stephens County
- Sterling County
- Stonewall County
- Sweetwater, TX
- Taylor County
- Texas
- Throckmorton County
- Tom Green County
- Trent, TX
- Tuscola, TX
- Tye, TX
- United States
- Weatherford, TX
- Wichita Falls, TX
- Winters, TX
- Women
- Zephyr, TX
- 19 counties of West Central Texas
- 24 counties contiguous to Taylor County
- 27 counties in North-Central Texas
- “Indigent services for population in 19 counties. Areas of assistance are in health, education and financial security”
- “Big Country”
- “Primarily the greater Abilene area, but it also has a presence in the DFW market”
- “The same counties that Hendrick serves”
- “West Texas service area of Abilene, El Paso, Amarillo, Lubbock and the Permian Basin and in between”

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.
Note: Information for communities served and organizations responding to the survey are self-reported and included as appropriate.

Populations Served

- Survey respondents reported serving or identifying with the following groups through their organizations:



n=96

Participants were able to select multiple responses.

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

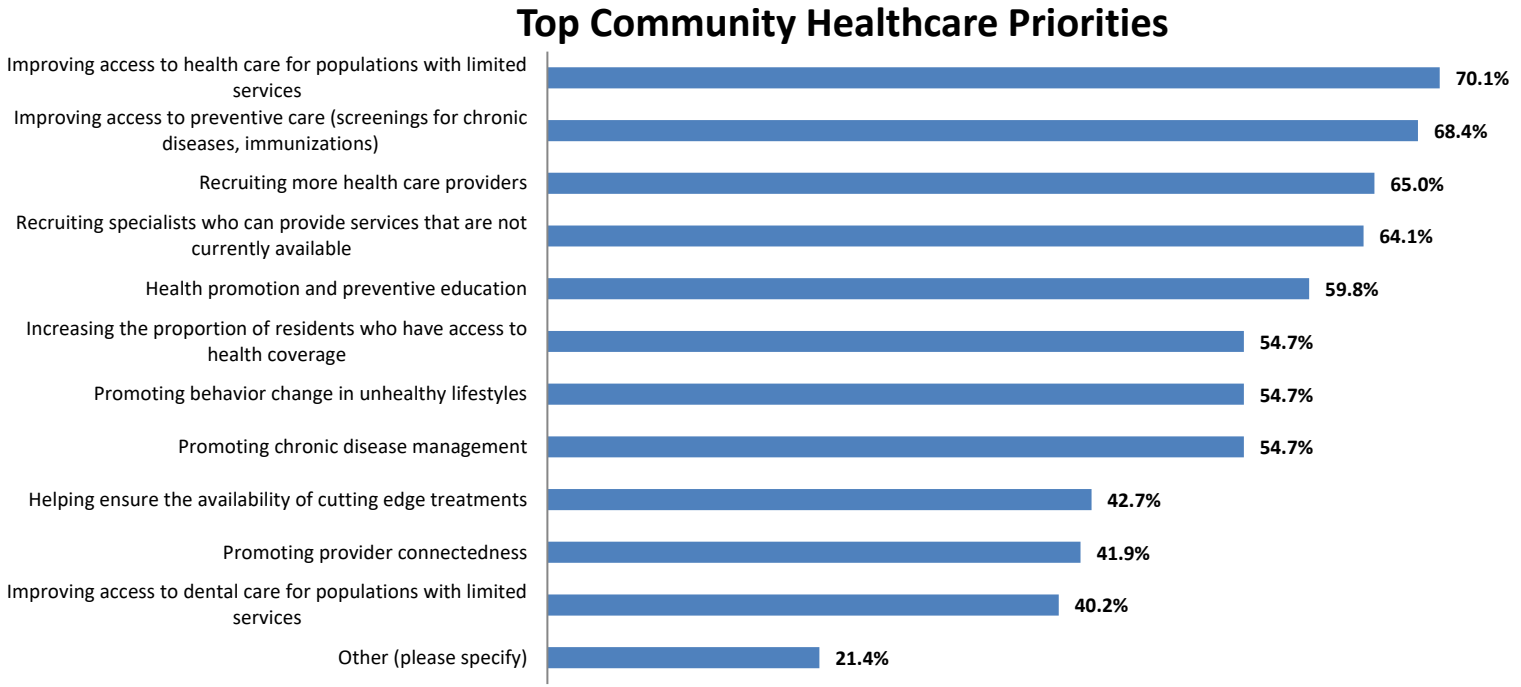
Populations Served (cont.)

- Respondents who indicated “Other” further specified:
    - We serve children in the foster care system who can or may fall in the selected groups
    - The Community Foundation of Abilene (CFA) does not provide any direct services but instead provides valuable grant funding to area nonprofits that serve the above listed populations
    - All citizens
    - As a church, we work with a wide variety of groups
    - We serve whoever may walk through our doors
    - As a hospital, we treat everyone
    - We are an institution of higher education; we serve many different types of students through educational programs and some clinical practice
    - We are an acute care hospital, we treat everyone that we can meet their medical needs
    - Public schools probably serve more of these
    - We are a bank so we serve all who choose to bank with us
    - HIV positive patients
    - General Public with legal needs primarily real estate, personal assets, wills and estates, health and disability needs and benefits available
    - We serve funeral home owners and their families. At various times, that could be anyone and everyone on this list. Normally, however, it is people who are 70 and older
    - All patients are treated within the organization
    - We are an association of business
    - We may not specialize care for some of these groups but we serve all

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Healthcare Priorities

- 50% or more of respondents indicated improving access to health care for populations with limited services, improving access to preventive care (screenings for chronic diseases, immunizations), recruiting more health care providers, recruiting specialists who can provide services that are not currently available, health promotion and preventive education, increasing the proportion of residents who have access to health coverage, promoting behavior change in unhealthy lifestyles and promoting chronic disease management as a top healthcare priority in the community



n=117

Participants were able to select multiple responses.

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Healthcare Priorities (cont.)

- Respondents who indicated “Other” further specified:
    - Helping to close the gap for those who have insurance but cannot afford the co-pays or deductibles, which makes treatment inaccessible
    - Bring down the cost of healthcare and make more care available with insurance. For instance, I had skin cancer and am not sure how much of my procedure will be covered by my insurance. Will some people forgo these procedures if they are not covered
    - Provide safety net services that are available to all (not just on a needed basis) so the safety net lifts people up and does not hold them down. Specific targets for these services should include homelessness and mental illness
    - Substance abuse treatment and preventative measures for adult and adolescent populations
    - Psychiatrists for our youth in foster care
    - Behavioral health
    - Mental health services
    - Mental health remains an underserved specialty
    - Programs to care for those with behavioral health conditions
    - Access to mental health services and respite services, including inpatient psychiatric treatment facilities
    - Improving access to medical detox for residents of Taylor County
    - Behavioral health – inpatient and outpatient services
    - Outpatient behavioral health for all ages
    - Increase access to mental health. Our community has to drive 40 minutes up to two hours to receive mental health care
    - Recruiting Specialists: Psychiatry and Health Workers

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

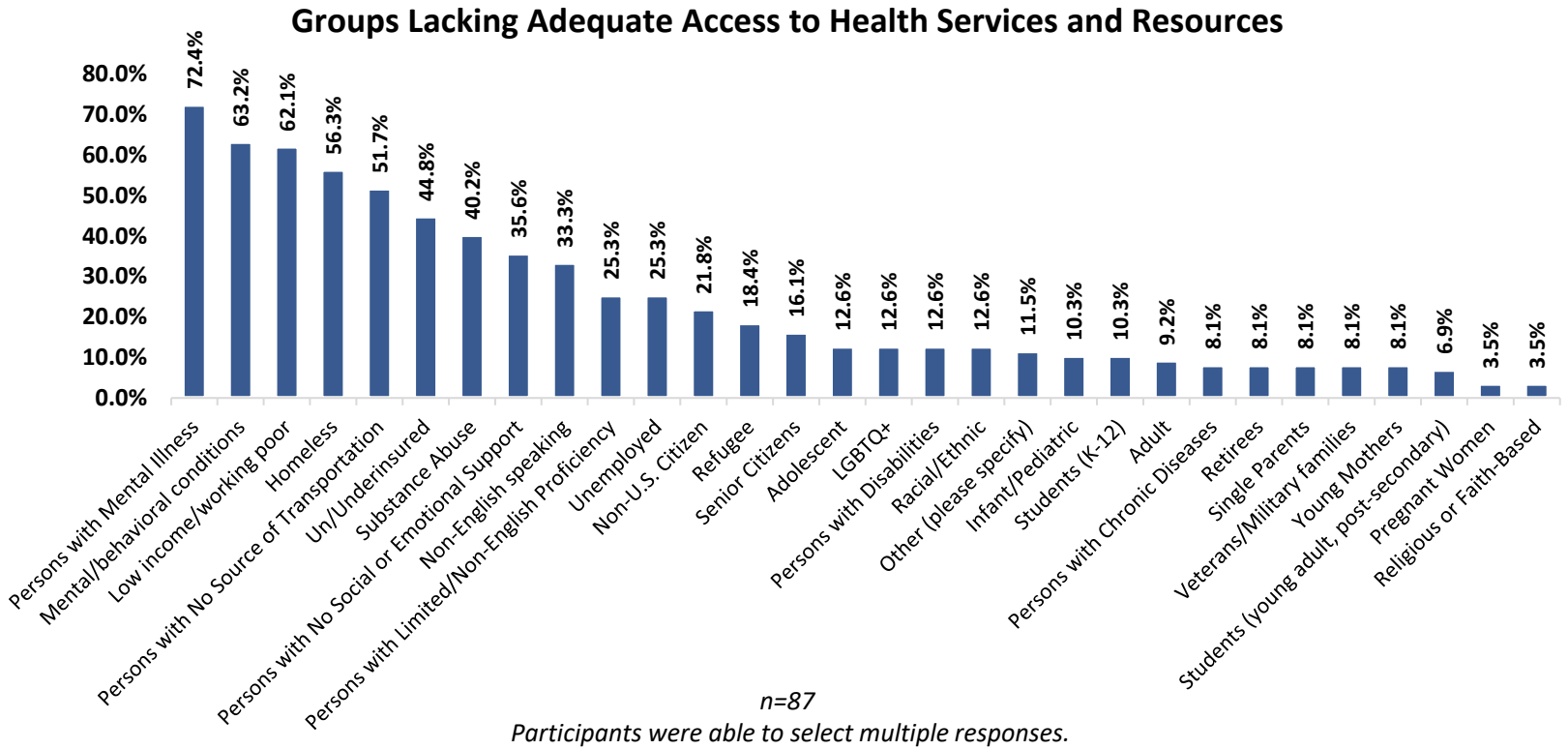
Healthcare Priorities (cont.)

- Respondents who indicated “Other” further specified:
    - More OB/GYNs who accept pregnancy Medicaid
    - OB/GYN providers
    - Maternal-fetal medicine (perinatologist)
    - Assess need for a pediatric intensivist program
    - GI and dermatology willing to see pediatric patients
    - Promoting harm reduction services for those who partake in high-risk behavior and are not interested in stopping
    - Need to focus on rural health
    - Transportation for at-risk individuals without transportation options in rural communities
    - Increased transportation (access and timeliness). Currently, the process is very difficult for patients to navigate and it takes multiple hours to complete a single visit, making it impractical for many people. Providing transportation for those unable to get to healthcare providers
    - Adults in children’s lives need to be healthy
    - Patients in the elderly population struggle with proper nutrition, which can be because they do not have the ability to chew their food. They barely have enough money for necessities and dental work is not done, causing many other issues
    - Providing resources and education on healthcare concerns in a disaster or public emergency. A goal is to make and keep our community healthy and self-aware of health needs
    - Consolidating all third-party apps and technology services into one portal for patients and their families
    - Promoting the benefits and use of palliative care for chronic and end-stage disease management
    - Parenting classes

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Health Adequacy for Specific Populations

- 68.6% (72 of 105) of respondents believe not everyone in the community has adequate access to health services, resources and opportunities to stay healthy
- 50.0% or more of respondents indicated that persons with mental illness, mental/behavioral conditions, low income/working poor, homeless and persons with no source of transportation were lacking adequate access to health services and resources



n=87

Participants were able to select multiple responses.

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Health Adequacy for Specific Populations (cont.)

- Respondents who indicated “Other” further specified:
    - Middle-income individuals who cannot personally afford care but earn too much for assistance
    - Those without insurance or who are uninsured/underinsured
    - Private practice physicians, Freestanding Emergency Departments (FSEDs), Urgent Care Clinics (UCs), etc., will not see patients without insurance or Medicaid
    - The lack of a supportive caregiver limits patient access and voice for needs
    - Sex workers
    - Everyone
    - I would think all have access, not sure if all use it
    - I believe everyone has an opportunity to access healthcare needs

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Health Adequacy for Specific Populations (cont.)

- Participants outlined critical access barriers and disparities in health and healthcare services affecting vulnerable populations across the study area. Several themes emerged, including limited provider availability, lack of transportation, financial and insurance barriers and stigma or bias in care settings:

  ***Transportation**: Impacts nearly every population, especially rural, elderly, homeless and disabled.*

  ***Financial Barriers**: Insurance status and out-of-pocket costs prevent both urgent and preventive care.*

  ***Stigma & Trust**: Affects homeless, LGBTQ+ and substance-using populations, limiting care-seeking.*

  ***Workforce Shortages**: Most pronounced in behavioral health, dental care and pediatrics.*

  ***Language & Cultural Competence**: Non-English speakers and refugees face critical access issues.*

- Summarized information by subpopulation is included below:

Adolescents & Young Adults

- Limited access to behavioral health services, particularly inpatient psychiatric care.
- Shortage of substance use prevention and treatment resources.
- Local facilities and schools are struggling to meet growing mental health needs.

Homeless Individuals

- High rates of untreated mental health and substance use issues.
- No shelters in Brown County; widespread transportation and healthcare access issues.
- Stigma, lack of trust in providers and systemic barriers (ID, housing, contact info) hinder care.

Low-Income / Working Poor / Uninsured / Underinsured

- Many are ineligible for Medicaid but cannot afford marketplace insurance.
- Out-of-pocket costs, copays and lack of providers accepting Medicaid/CHIP prevent access.
- Transportation is a persistent barrier, as is limited understanding of available services.

Mental/Behavioral Health Population

- Severe shortage of mental health providers, crisis services and inpatient beds.
- Youth and adults face long wait times or must travel for care.
- Behavioral health resources are underfunded; existing centers are at capacity.

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Health Adequacy for Specific Populations (cont.)

LGBTQ+ Individuals

- Care access limited by provider bias, state-level restrictions and fear of legal consequences.
- Lack of local referral options and cultural competency discourages care-seeking.

Non-English Speakers, Refugees and Non-U.S. Citizens

- Language barriers, lack of culturally competent care and fear of legal reprisal limit access.
- Recent closure of refugee-focused health services worsens care gaps.

Individuals with Disabilities

- Transportation and insurance limitations restrict care, especially for assistive devices.
- Public transit options are insufficient for those with mobility, hearing, or vision challenges.

Children & Infants

- Lack of pediatric specialists and dental providers accepting Medicaid/CHIP.
- Delays in care due to long travel distances and limited provider availability.

Persons with No Transportation

- Widespread issue across nearly all subpopulations—leads to missed appointments, unmet prescriptions and delayed care.
- Rurality and limited public transit exacerbate access gaps.

Elderly

- Increasing numbers in the unhoused population with complex medical needs.
- Poor access due to transportation challenges, cognitive/sensory impairments and Medicare Advantage restrictions.

Pregnant Women & Single Mothers

- Difficulty affording or accessing routine and specialty care.
- Some rely on repeated pregnancies to qualify for insulin coverage, revealing major system gaps.

Chronic Disease Patients

- Poor health literacy and lack of coordinated care lead to unmanaged conditions.
- Medicaid reimbursement too low to support home health or chronic care management.

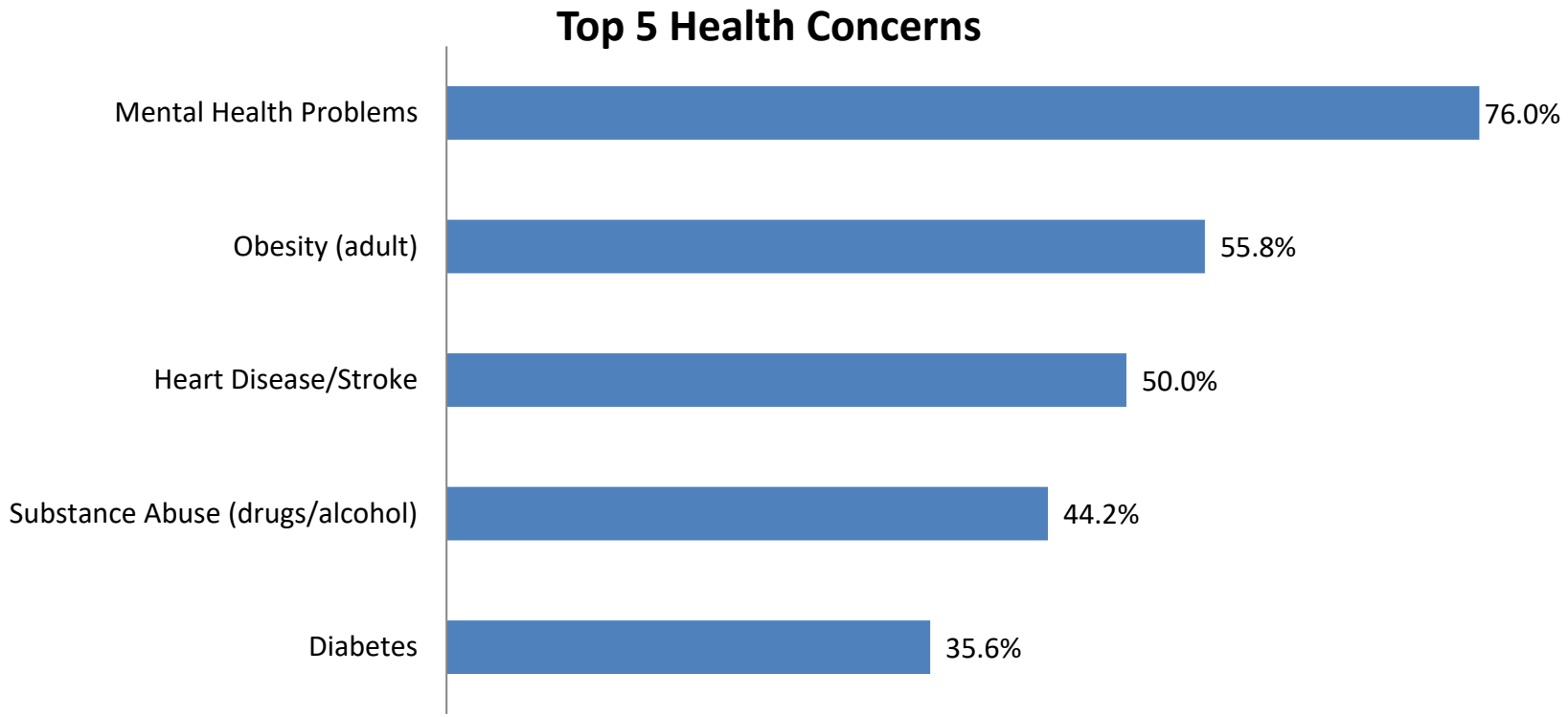
Veterans & Military Families

- Face bureaucratic delays and inconsistent access through the VA system.
- Access issues tied to benefits navigation, not always SDOH-related.

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Most Important Health Concerns

- Survey respondents ranked the following as the community's top five health concerns:



n=104
Participants were able to select multiple responses.

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Differences Across Healthcare Settings

- 77.5% (79 of 102) of respondents believe individuals in the community DO NOT understand the difference between a primary care clinic, urgent care/after hours clinic and the emergency room
- Respondents were asked to select reasons why individuals in the community might choose to use the emergency room rather than a clinic or urgent care for non-emergent needs. The following were selected, ranked in order of frequency:
    1. Lack of established relationship with a primary care provider
    2. No co-pays/up front costs at the ER
    3. Limited/lack of knowledge about the importance of having a primary care provider
    4. Lack of after hour care options
    5. Personal perceived emergency
    6. Being seen 'quicker' / wait time
    7. Proximity to care
    8. Unable to find a doctor who knows/understands their culture, identity, beliefs or language

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

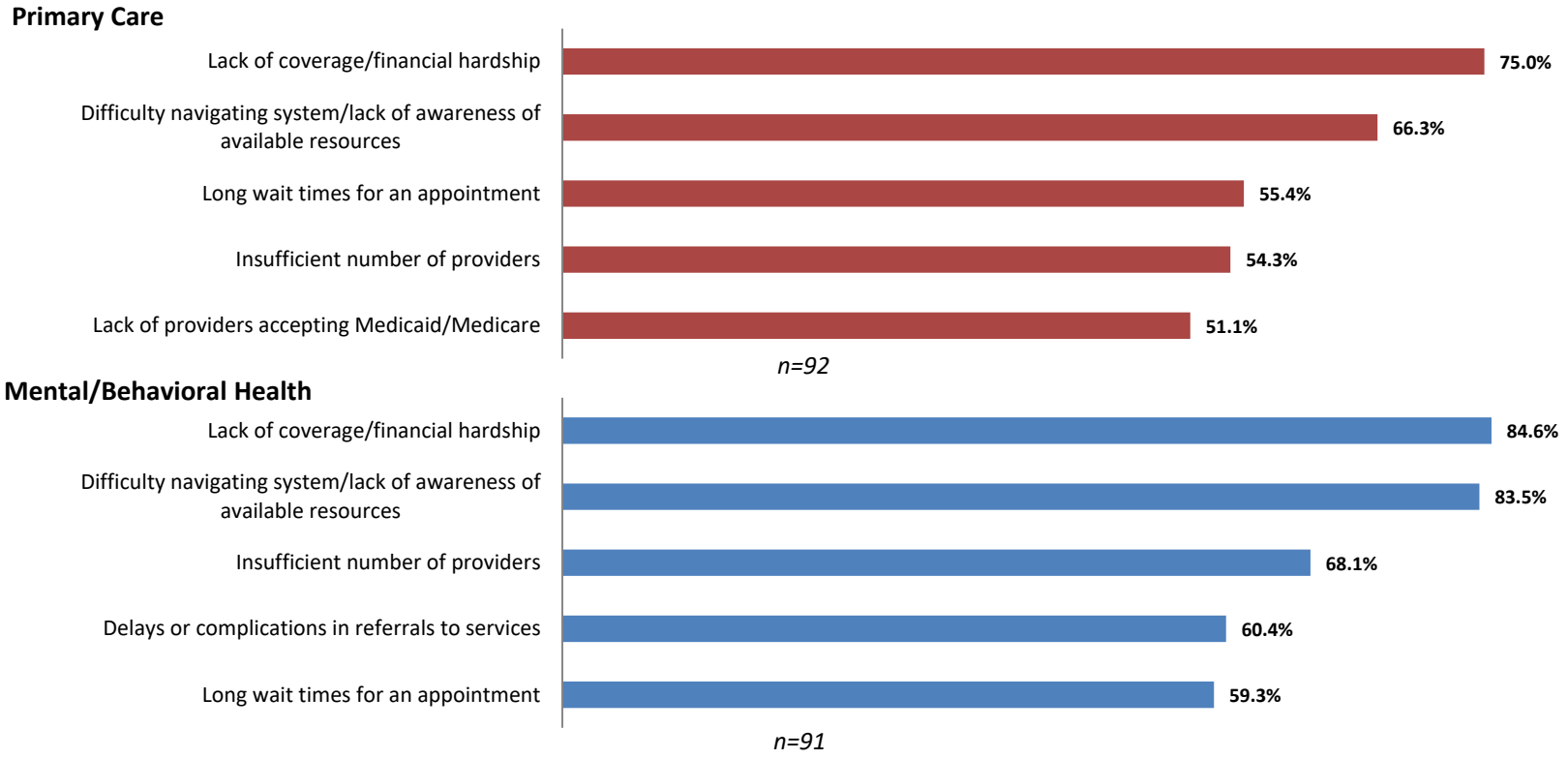
Differences Across Healthcare Settings (cont.)

- **Respondents who indicated "Other" further specified:**
  - Seeking shelter and food
  - Access to primary care
  - Urgent Care clinics and walk in clinics can but do not provide the level of care they used to be able to such as IV fluids, shots etc. I have personally experienced going first to walk in/urgent care and then still having to go the ER. The education/information to the public needs to align with what the providers can actually provide.
  - Habit
  - Doesn't matter to uninsured where they go
  - No funding
  - Limited/lack of knowledge of what an emergency condition is; lack of understanding of roles of both ER and primary care.
  - I see gaps in types of care. Obviously, we are rural we don't have a lot that the bigger areas have

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Barriers to Care

- Respondents were asked to select barriers to care for residents across different care settings. The top 5 barriers for each type of care are represented below:
  - *Lack of coverage/financial hardship was selected as the top barrier to care with difficulty navigating system/lack of awareness of available resources as the second barrier to care for all four types of care*



Participants were able to select multiple responses.

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

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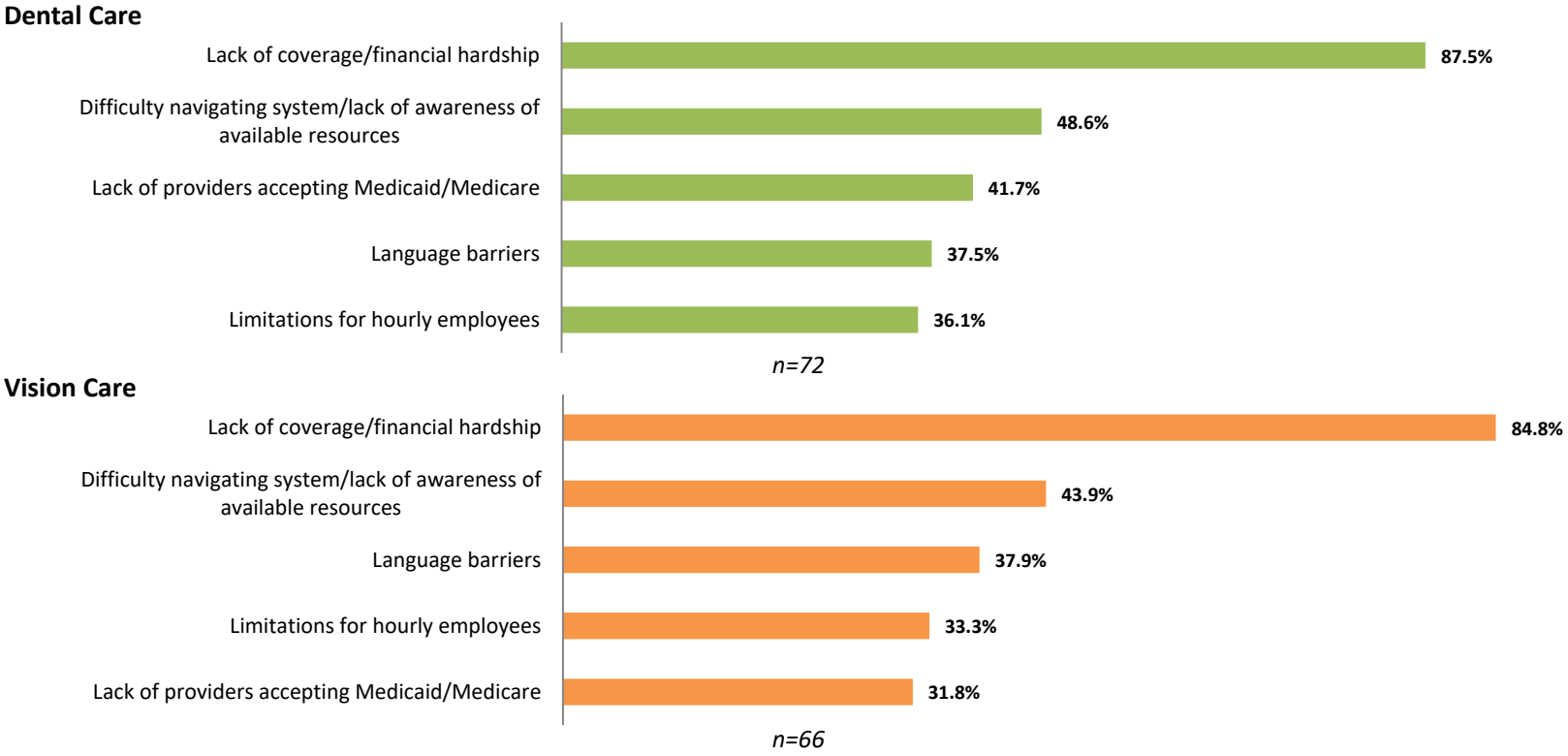
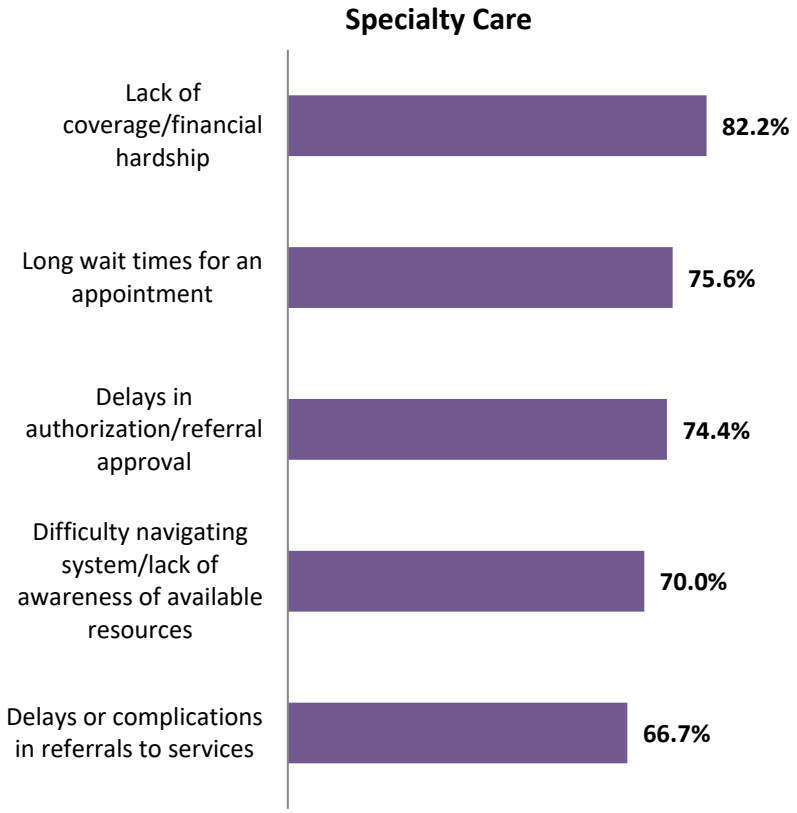


Participants were able to select multiple responses.

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Barriers to Care
Specialty Care

- The top 5 barriers for specialty care are represented below:



n=90
Participants were able to select multiple responses.

- When asked which (if any) specialists or services were needed/desired in the community, respondents noted (in descending order of number of times mentioned and then alpha order):

- *Mental Health (20)*
- *Neurology (14)*
- *Pediatrics (General & Sub Specialties) (11)*
- *Pulmonology (10)*
- *ENT (8)*
- *Cardiology (6)*
- *OB/GYN (6)*
- *Primary Care (6)*
- *Endocrinology (5)*
- *Gastroenterology (5)*
- *Rheumatology (4)*
- *Oncology (3)*
- *Radiology (3)*
- *Urology (3)*
- *Dental Providers (2)*
- *Dermatology (2)*
- *Nephrology (2)*
- *Nutrition Education Specialists (2)*
- *Ophthalmology (2)*
- *Pain Management (2)*
- *Anesthesiology (1)*
- *Functional Medicine Doctors (1)*
- *General Surgery (1)*
- *Oral Surgery/ Oral and Maxillofacial Surgery (OMFS) (1)*
- *Orthopedics (1)*
- *Sports Medicine Doctor (1)*
- *Adolescent Drug Treatment (1)*

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

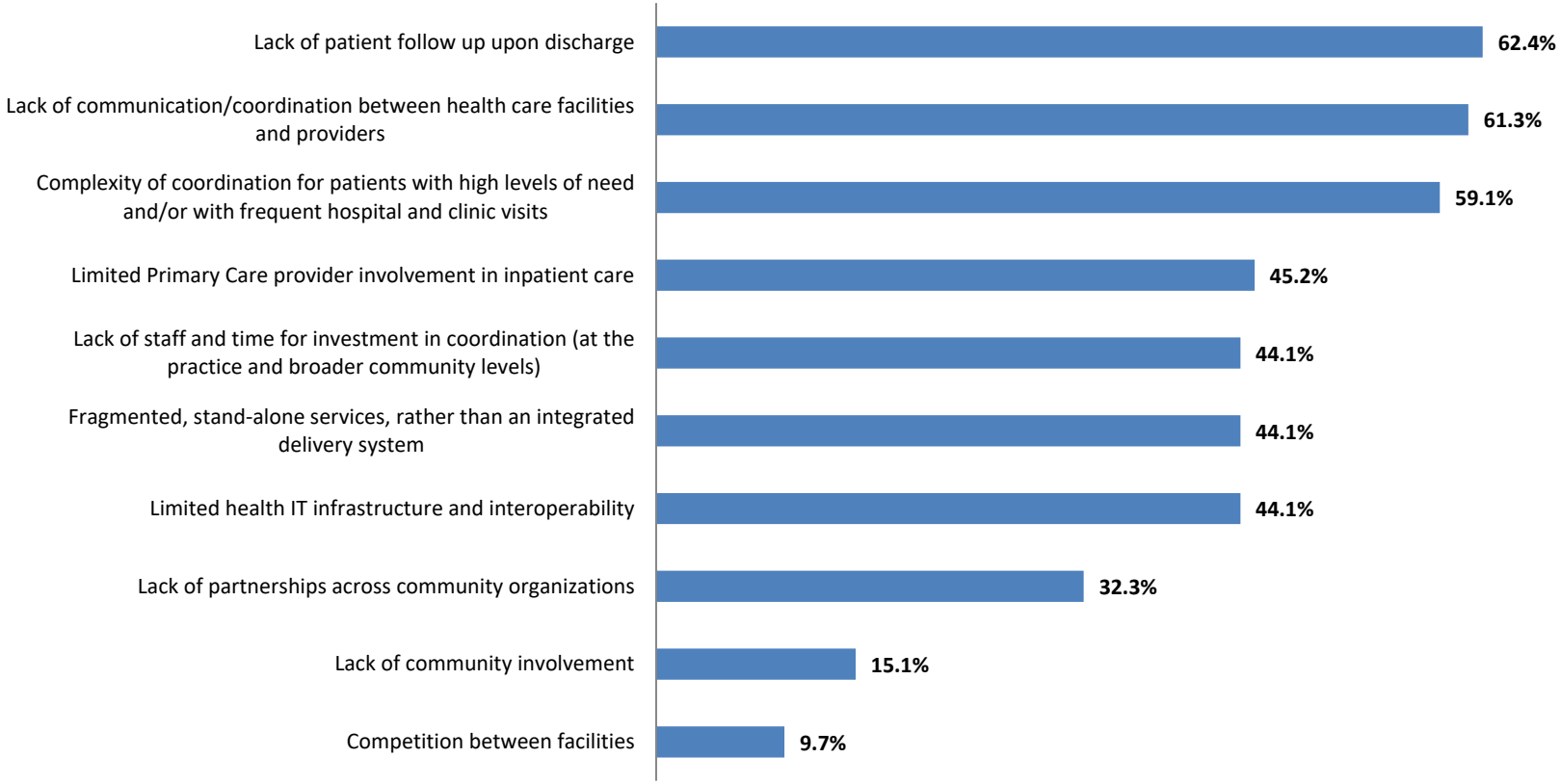
Barriers to Care (cont.)

- Below is a summary of additional respondent commentary:
  - ***Overwhelming Need for Mental Health Services****: A significant and widespread need for various mental health services exists across all ages, especially for youth, those on Medicaid and the underserved. This includes psychiatric (especially pediatric psychiatrists), psychologists, counselors and specialized therapists.*
  - ***Pediatric Sub-specialty Shortages****: There's a significant and recurrent demand for various pediatric sub-specialties, including ophthalmology, gastroenterology, orthopedics and general pediatric specialties, with difficulties in recruitment and insurance acceptance (Medicaid) being noted challenges.*
  - ***Access for Underserved Populations****: Identified as a critical need for providers who accept Medicaid, offer services to uninsured and underserved populations and address significant access barriers for these groups in various specialties (mental health, general primary care, pediatric specialists).*
  - ***Specific Gaps in Care****: Key specific gaps include lack of postpartum emergency triage, difficulty finding pediatric eye care, limited vision care and absence of mammography/sonogram technicians in some areas.*
  - ***Brown County Specific Needs****: Some specialties are specifically tied to Brown County, suggesting identified needs (ENT, Pediatric, OB/GYN, gastroenterology, general surgery, endocrinology, pulmonology).*
- Respondents who indicated “Other” further specified:
  - *Everything about the system is difficult and lack of providers and affordability is a very big barrier for a community with high poverty rates (and, also the working poor).*
  - *It's hard to recruit those doctors to come to the rural areas because there's such a need for it. They don't want to come to little Brownwood.*

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Continuum of Care

- Respondents were asked to select obstacles that affect the transition of care between healthcare settings or providers. The following are ranked in order of frequency:



n=93

Participants were able to select multiple responses.

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

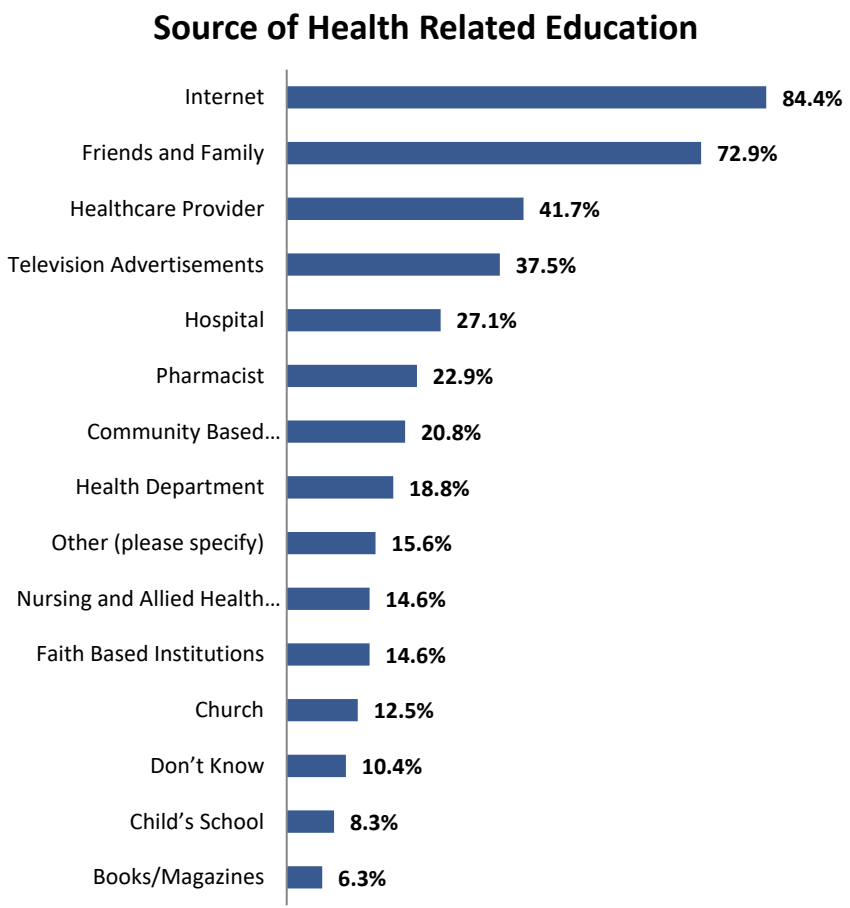
Continuum of Care (cont.)

- Respondents who indicated “Other” further specified:
  - *Lack of PCPs*
  - *Many specialty clinics require a parent to be motivated to advocate for their kids and to follow up.*
  - *Lack of ownership and proactiveness from the patient*
  - *Lack of community involvement & coordination for patients*
  - *Disparate medical records between ambulatory and acute care. Lack of follow up - patients receiving a lot of information, particularly elderly patients and the follow up plan/process is not clearly communicated or outlined to patient in writing to ensure adherence to plan.*
  - *Lack of providers wanting to relocate to Brown County.*

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Health Education

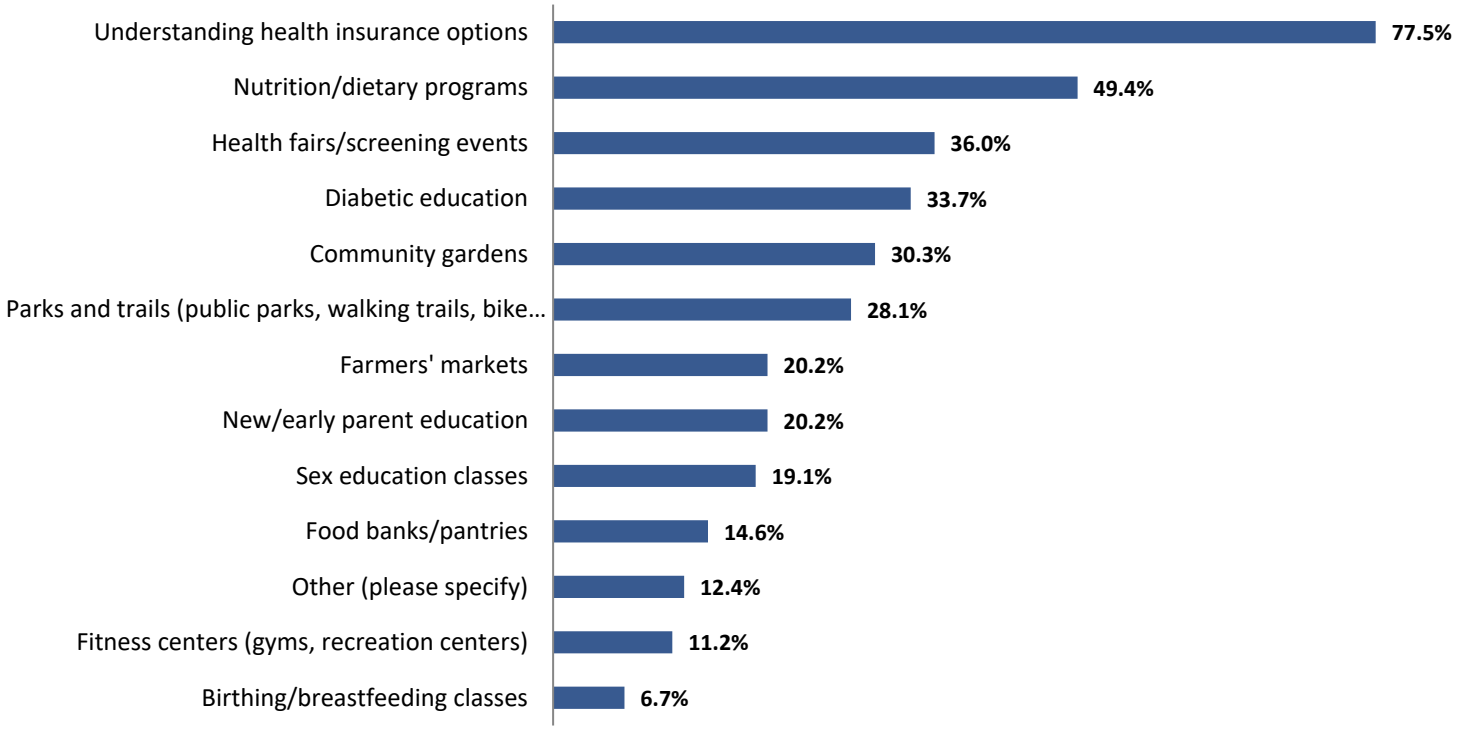
- 84.4% of respondents believe that community members get their health-related education from the internet followed by 72.9% who say their friends and family
- The respondents who indicated “Other” further specified:
  - TikTok, Instagram, Facebook
  - Google
  - Blogs
  - Social influencers
  - Health fairs
  - ChatGPT
  - Magazine ads
  - Social media
  - Podcasts
  - Radio
  - Billboards
  - “Medical friends”
  - “Most people are not educated on health-related issues until they are experiencing symptoms.”



Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Health Education Services

- Respondents were asked to select which health education, promotion and preventive services are lacking in the community. The following are ranked in order of frequency:



n=89

Participants were able to select multiple responses.

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Health Education Services

- Respondents who indicated “Other” further specified:
    - *Utilizing community health workers is a more cost-effective way to address "frequent fliers" within emergency rooms.*
    - *Behavioral health*
    - *Pulmonary Education (COPD)*
    - *Sex education in Abilene ISD is not adequate*
    - *Immunizations*
    - *Enclosed pool*
    - *Senior fitness*
    - *It isn’t just a farmer’s market, but what a local farmer’s market can provide.*
    - *Free health opportunities (there are some present but need more opportunities)*
    - *Motor vehicle crashes are more likely due to street markings that are faded beyond recognition and lack of enforcement of traffic laws.*
    - *Need more screenings with information on how to navigate the healthcare system in making an appointment with the appropriate physician.*
    - *We have some of these elements but maybe they could be better or have more of them.*

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Final Comments

- When asked to give any additional comments regarding the community's health, respondents commented:
  - *Thank you for what you do.*
  - *Federal funding cuts will significantly impact Hendrick, as well as local nonprofits that serve in healthcare and meet basic needs. We can anticipate increased homelessness, increased poverty and more people choosing between food/lights and medical care. Hendrick should expect to see more patients entering the emergency room with little to no resources to cover their expenses. If chronic disease education/maintenance is not increased, we can expect community health to continue to decline and catastrophic results increase (limb loss, fatal heart episodes, etc.).*
  - *Coalition building is extremely challenging and coordination of efforts.*
  - *Behavioral health and access to PCPs are lacking. An integrated community system is lacking.*
  - *From experience, my primary care provider can obtain information about my specialty care and has always been kept informed via online shared information.*
  - *Great community but need more services for the very poor.*
  - *Seeking out those less fortunate who need healthcare - that is not their only need. It is a community issue that would require more than one agency to become involved to help those less fortunate. It is more than just health care needs but living needs, social needs as well.*
  - *Mental illness and homelessness seem to be more common here than other communities.*
  - *There is still a low income population that does not know how to access the appropriate healthcare. More neighborhood and business events pertaining to access are needed.*
  - *Harm reduction services save lives, help reduce readmissions to the hospital and save the hospital money.*
  - *Education needs to start in the schools and be a part of the curriculum of every grade on health: nutrition, physical and mental.*
  - *Overall, we are moving in a positive direction now that the hospital has been bought out and new owners are in control, more community involvement, education on what is offered and what is going to be offered in the future. (Brown County respondent)*

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Final Comments (cont.)

- When asked to give any additional comments regarding the community's health, respondents commented:
  - *Abilene tries to maintain good access to the community but has a hard time attracting enough providers to cover the population of our area. There is a limited number of hospitals to cover a large area of West Texas. Providing health care to a community is costly. Many in our area have the perception that the hospitals and doctors in our area make too much money and don't realize that margins for both are really low. Health care providers have become more concerned with quality of life issues than some were in the past and no longer want to work long hours or take call. The community doesn't understand that concept and wants direct communication with their provider and not a hospitalist. Many doctors don't want to take call and have given up hospital privileges.*
  - *Brownwood has a wide range of services and technology for a mid-sized community. There are notable gaps.*
  - *Abilene is a military and medical center. We need to do everything possible to provide all medical and health needs for the Big Country.*
  - *Drug, alcohol and tobacco abuse are probably the leading cause of preventable illness in the community.*
  - *Obesity and preventable related diseases are causing strain in healthcare.*
  - *Vaccine hesitancy is alarming.*
  - *Dementia awareness and approaches or strategies to respond appropriately.*
  - *I believe that indigent care has a large impact on costs associated with our health system. If access to health coverage were more broadly available and reimbursement rates were higher, our system might be able to direct resources to the areas where greater impact can be achieved.*
  - *I think the community is like others I've lived, many are overweight. We have a serious lack of pedestrian friendly areas around the city connecting it and the surrounding suburbs, parks should have community pools and amenities like bike trails. I don't understand why many people here litter like they do. No recycling is a bit strange.*
  - *Lack of specialist in Brownwood. Also, the ones that are here are so booked it takes months to see them. Need more primary care. Providers pick which patients they take which further limits access to care.*

Source: Hendrick Health 2025 Community Health Needs Assessment Surveys and Interviews conducted by Community Hospital Consulting; April/May 2025.

Local Community Health Reports

ContinueCARE Hospital at Hendrick Medical Center

Community Health Needs Assessment - 2025

- ContinueCARE Hospital at Hendrick Medical Center operates in collaboration with our host hospital, Hendrick Medical Center. As part of this agreement, we lease space and purchase certain ancillary services from our host hospital.
- A comprehensive, six-step community health needs assessment ("CHNA") was conducted for ContinueCARE Hospital at Hendrick Medical Center (CCHHMC) by CHC ContinueCARE. This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Taylor County, Texas.

Methodology

- ContinueCARE Hospital at Hendrick Medical Center utilized CHC ContinueCARE to help complete their community health needs assessment
- The community health needs assessment report encompasses demographic data, health data and one-on-one interviews with individuals who have special knowledge of the communities

Prioritized Needs

- ContinueCARE Hospital at Hendrick Medical Center's prioritized health needs are:
    1. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
    2. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
    3. Access to Primary and Specialty Care Services and Providers

Source: ContinueCARE Hospital at Hendrick Medical Center, 2025 Community Health Needs Assessment, https://hendrick.continuecare.org/chna/; information accessed July 17, 2025.

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 go to the hospital's website at the site of download.

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 2023 to 2025 Implementation Plan.

Implementation Plan 2023- 2025| Updates
Priorities Being Addressed

- **Priority 1 – Access to Appropriate Care**
  - Affordable prescription drugs
  - Hospital and healthcare staff shortages including staff recruitment and provider retirement planning
  - Coordination of patient care between the hospital and other clinics, doctors or other health service providers
  - Transportation services for people needing to go to doctor's appointments or the hospital
  - Education and referrals for financial support and community affordable health care services and programs
  - Primary care services such as a family doctor or other provider of routine care

- **Priority 2 – Awareness, Prevention and Screening**
  - Community awareness of available services and programs
  - Women's health services
  - Chronic disease case management or "navigators"
  - Chronic disease screenings (e.g. heart disease, stroke, high blood pressure)
  - Programs for diabetes prevention, awareness and care
  - Affordable prescription drugs
  - Programs for obesity prevention, awareness and care

- **Priority 3 – Crisis, Emergency and Behavioral Services**
  - Mental health services for adults and children
  - Domestic violence and sexual assault prevention, intervention and care services
  - Healthcare and social services for people experiencing homelessness
  - Emergency care and trauma services, including critical care beds

Implementation Plan 2023- 2025| Updates
Priority 1 – Access to Appropriate Care

- **Strategy 1 – Improve access to primary care**
  1) Action - Recruit 2 additional primary care physicians to serve the patient population of Brown County and the surrounding area.
     - Added primary care physician: Dr. Lyndsey Estrada – Family Medicine
  2) Action – Increase coordination of care and primary care provider (PCP) assignment for unassigned patients following Hendrick Urgent Care visits and Hendrick ED visits through appropriate referrals.
     - No reported updates on this action
  3) Action – Increase patient awareness of "Welcome to Medicare" and annual wellness visits at Hendrick Clinic.
     - In 2023, 3,000+ Medicare Annual Exams were completed
     - Marketing activated "Actium", focusing on outreach to patients needing a Medical Annual Exam.
     - In 2024, 4,000+ completed Medicare Annual Exams
     - 2025 data not yet reported
  4) Action – Participate in the Hendrick Health Patient Family Advisory Council (PFAC) to assess the patient healthcare experience and address access concerns across the continuum.
     - PFAC implemented in September 2022 and met bimonthly (6 times) throughout the year.
  5) Action – Increase transportation options for healthcare-related needs.
     - No reported updates on this action

Implementation Plan 2023- 2025| Updates
Priority 1 – Access to Appropriate Care (cont.)

- **Strategy 1 – Improve access to primary care (cont.)**
  6) Action – Assess the patient's health-related social needs and provide information about community resources and support services.
     - Patients are screened by nursing and case management for Social Determinants of Health (SDOH) needs within 24 hours or as soon as possible. Connection with necessary resources is established for each patient.
     - Every patient receives a PAL folder during their admission in the event a need arises. The PAL folder includes a 211 Resource List.
  7) Action – Develop a written action plan to address at least one health care disparity identified in the local patient population.
     - No reported update on this action
- **Strategy 2 – Improve services to help individuals learn about and enroll in programs that provide financial support for healthcare**
  1) Action – Increase public knowledge of open enrollment opportunities through public distribution of educational materials and at least one public open enrollment event per year.
     - No reported update on this action
  2) Action – Increase patient enrollment by 10% annually through the marketplace enrollment.
     - No reported update on this action
  3) Action – Implement and collaborate with new vendor (Atlas) to assist individuals in obtaining coverage or assistance with copay/deductible for cancer-related services.
     - No reported update on this action
  4) Action – Provide patients and physician offices with comprehensive, updated information and instructions for Hendrick Financial Resource Assistance program to assist with needs prior to hospitalizations and surgical visits.
     - No reported update on this action

Implementation Plan 2023- 2025| Updates
Priority 1 – Access to Appropriate Care (cont.)

- **Strategy 3 – Retain and recruit the healthcare workforce needed to ensure local access to healthcare for our service area's residents**
    1) Action – Initiate re-recruitment campaign for employees who have left Hendrick or retired to increase healthcare workforce options.
        - Registered Nurse (RN) "boomerang" campaign launched in December 2022. Contact RNs at 90 days, 6 months and one year after a RN leaves the organization.
    2) Action – Collaborate with local universities to create a variety of offerings, increasing the nursing and allied health recruitment pipeline.
        - Implemented the Workforce Development Department
            - Career Journey tuition assistance program for non Hendrick employees – 8 RNs
            - Pay-as-You-Go tuition assistance for Hendrick employees. – 27 RN, 5 LVN
            - Dual Credit Scholarships – 87 applicants
    3) Action – Further develop the Nurse Tech program, which allows nursing students to work for HMCB and obtain clinical credit simultaneously with the goal of increasing our nursing student pipeline.
        - 113 RN nurse techs hired in 2023
        - 29 RN nurse techs promoted to RNs in 2023
        - Program is expanding to include LVN nurse techs and LVN to RN nurse techs

Implementation Plan 2023- 2025| Updates
Priority 1 – Access to Appropriate Care (cont.)

- **Strategy 3 – Retain and recruit the healthcare workforce needed to ensure local access to healthcare for our service area's residents**
    4) Action – Provide increased support to employees to reduce stress and burnout via support through Hendrick Leadership Development Institute and its initiatives, employee wellness programs, and mental health initiatives to include low to no-cost counseling for employees.
        - At the end of 2022, Hendrick offered Tava Health, an online counseling service to all its employees. The service was made available to healthcare workers via a grant. The service was well-received and well-utilized.
        - There is a contract under legal review for a service called Vitalize Care. Vitalize offers the "Vitalize Platform," a technology-based well-being platform for healthcare organizations. For healthcare workers, the Vitalize Platform offers a mobile app with resources and access to group coaching that aims to improve mental and emotional well-being.
        - Hendrick continues to offer counseling services through its Employee Assistance Program (EAP) and through Life Renovations.
    5) Action – Explore potential of integration of online employee counseling with current health plan and/or creating a pool of local independent counselors for employees' needs.
        - Discussion of an online counseling vendor being added as a provider with the BSW health plan took place, but was cost prohibitive.
        - New capabilities are being explored through the UMR health plan.

Implementation Plan 2023- 2025| Updates
Priority 2 – Awareness, Prevention and Screening

- **Strategy 1 – Promote chronic disease management by addressing issues related to medication accessibility, knowledge, education and compliance with medication therapy**
    1) Action – Increase the number of patients served and prescriptions dispensed by working with local pharmacies to offer prescription delivery.
        - No reported update on this action
    2) Action – Provide in-hospital pharmacy education prior to discharge.
        - No reported update on this action
    3) Action – Implement new educational programs including quarterly “Pillbox Talks” to senior living centers and churches.
        - No reported update on this action
    4) Action – Provide patient education on the patient portal about access to educational information regarding medications and to provide ability to ask questions about their medications.
        - No reported update on this action
- **Strategy 2 – Improve chronic disease management efforts through education and early interventions for diabetes, heart failure, pulmonary disorders, and cancer related conditions**

    Diabetes updates:

    1) Action – Provide education to Hendrick Clinic providers and independent physicians about referring prediabetes and weight-loss patient populations to Hendrick Diabetes Center outpatient class.
        - The Hendrick Diabetes Center increased marketing efforts on class availability over prediabetes and weight-loss.
        - 2024 class participation:
            - 14 participants in prediabetes classes
            - 18 participants in weight-loss classes

Implementation Plan 2023- 2025| Updates
Priority 2 – Awareness, Prevention and Screening (cont.)

- **Strategy 2 – Improve chronic disease management efforts through education and early interventions for diabetes, heart failure, pulmonary disorders, and cancer related conditions (cont.)**

  Diabetes updates (cont.):

  2) Action – Initiate and promote online educational resources for weight loss and prediabetes on the Hendrick website.
     - No progress has been made on this action.
  3) Action – Advance the prediabetes awareness program to the Hendrick Emergency Department.
     - Progress has been limited due to shortage of staff champion of the program.
  4) Action – Promote diabetes support and education via inpatient referrals, quarterly newsletter, World Diabetes Day, Diabetes Expo, and other community events.
     - Hospital pharmacists were provided, in collaboration with case management, to assist patients with diabetic medications.
  5) Action – Provide hospital pharmacists, in collaboration with case management, to assist patients by updating home medication lists, reviewing medication and diabetic supply needs, providing education and support, improving adherence and compliance with therapy, removing barriers of access to medications, and facilitating assistance programs before discharge from the hospital.
     - The Diabetes Center has been staffed with an on-site pharmacist.

Implementation Plan 2023- 2025| Updates
Priority 2 – Awareness, Prevention and Screening (cont.)

- **Strategy 2 – Improve chronic disease management efforts through education and early interventions for diabetes, heart failure, pulmonary disorders, and cancer related conditions (cont.)**

  Heart Failure updates:

  6) Action – Schedule follow-up appointments for patients diagnosed with heart failure within 7 days of inpatient discharge.
     - Staffed a new RN nurse navigator that see all inpatients and follows up after discharge.
     - To ensure compliance with follow-up appointments, patients are provided with congestive heart failure (CHF) education materials after discharge.
  7) Action – Provide heart failure education (i.e. risk factors, prevention and treatment options) in varying community settings at least 3 times annually.
     - No reported update on this action
  8) Action – Provide hospital pharmacists in collaboration with case management to assist patients by updating home medication lists, reviewing medication needs, providing education and support, helping improve compliance with therapy, removing barriers to access of medications, and facilitating assistance programs before discharge from the hospital.
     - No reported update on this action
  9) Action – Implement satellite congestive heart failure clinic in Brownwood by 2024.
     - A pharmacist was established on-site at the Hendrick Heart Failure Clinic, to obtain home medication lists, perform medication therapy management and provide drug information and counseling to those patients.

  Pulmonary updates:

  10) Action – Implement Pulmonary Rehab program
     - The Pulmonary Rehab program was implemented in 2023

Implementation Plan 2023- 2025| Updates
Priority 2 – Awareness, Prevention and Screening (cont.)

- **Strategy 2 – Improve chronic disease management efforts through education and early interventions for diabetes, heart failure, pulmonary disorders, and cancer related conditions (cont.)**

  Cancer updates:

  11) Action – Implement nurse navigator program to guide patients and assess needs through patient interviews and direct to appropriate programs/services.
      - No reported update on this action
  12) Action – Provide educational chemotherapy class within one week to patients beginning chemotherapy treatment.
      - No reported update on this action
  13) Action – Expand collaboration with Brown County Hospital Authority Board to provide assistance with transportation and cost of medication for cancer-related needs.
      - No reported update on this action

  *Breast Cancer update*s:

  11) Action – Increase funding to the Hendrick Health Hope Fund, which provides mammograms at no and low cost by completing ongoing fundraising efforts and one community fundraising event each year.
      - Bunco for Breast Cancer fundraised:
          - $125,536 in fiscal year 2023
          - $150,214 in fiscal year 2024
  12) Action – Implement breast navigation program for women diagnosed with breast cancer, in conjunction with the Hendrick Breast Institute.
      - Breast Institute established in Brownwood in fiscal year 2023
      - 261 Breast Cancer Navigated Patients throughout fiscal year 2024

Implementation Plan 2023- 2025| Updates
Priority 3 – Crisis, Emergency and Behavioral Services

- **Strategy – Collaborate with local entities to improve early intervention services for patients experiencing crisis, emergency and behavior health issues**
  - Action – Add Tele Psych services by Q1 of 2023
    - TelePsychiatry services implemented at both HMC South and HMC Brownwood in 2023.
  - Action – Provide participation, advisement, and collaboration with Brownwood's Crisis Response Teams (CRTs) to assist with direction of appropriate facility referrals for mental health patients to decrease unneeded emergency department visits.
    - No reported update on this action
  - Action – Provide leadership participation and collaboration with local agencies to better address health needs and resources for the area homeless population.
    - No reported update on this action
  - Action – Expand Hendrick Sexual Assault Nurse Examiner (SANE) program.
    - No reported update on this action

Please visit https://www.hendrickhealth.org/community/community-health-needs-assessment/ to review the 2023-2025 Implementation plan.

Previous CHNA Prioritized Health Needs

Previous Prioritized Needs

2022 Prioritized Needs

1. Access to Appropriate Care
2. Awareness, Prevention, and Screening
3. Crisis, Emergency, and Behavioral Services

Source: Hendrick Health, 2022 Hendrick Health – Brownwood Market Community Health Needs Assessment and Implementation Plan, https://www.hendrickhealth.org/community/community-health-needs-assessment/; data accessed June 20, 2025.

2025 CHNA Preliminary Health Needs

2025 Preliminary Health Needs

- Access to Dental and Vision Care Services and Providers
- Access to Mental and Behavioral Health Care Services and Providers
- Continued Emphasis on Healthcare Workforce Recruitment and Retention to Improve Access to Primary and Specialty Care
- Increased Focus on Addressing Social Determinants of Health Across Underserved Populations to Reduce Health Disparities
- Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Prioritization

The Prioritization Process

- In July 2025, leadership from Hendrick Medical Center Brownwood and Hendrick Medical Center met with CHC Consulting to review data findings and prioritize the community's health needs.
- Attendees from the hospital included:
  - Brian Bessent, Hendrick Health Vice President, Chief Strategy and Experience Officer
  - Krista Baty, Hendrick Medical Center Brownwood Chief Administrative Officer
  - Jesiree Driskell, Hendrick Health Assistant Vice President Strategic Communication and Digital Experience
  - Dyllon Daulton, Community Initiatives Coordinator
  - Tanner McDaniel, Administrative Resident
- Based on the unique capabilities of the facilities, Hendrick Medical Center and Hendrick Medical Center Brownwood prioritized separately from one another in order to tailor their list of identified needs to their specific patient population and resources.
- Leadership 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.

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.	**Hendrick Medical Center Brownwood Capacity**
a.	Are people at Hendrick Medical Center Brownwood 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)

Health Needs Ranking

- Hendrick Medical Center Brownwood leadership participated in a prioritized ballot process to rank the health needs in order of importance, resulting in the following order:

1. Continued Emphasis on Healthcare Workforce Recruitment and Retention to Improve Access to Primary and Specialty Care
2. Increased Focus on Addressing Social Determinants of Health Across Underserved Populations to Reduce Health Disparities
3. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
4. Access to Mental and Behavioral Health Care Services and Providers
5. Access to Dental and Vision Care Services and Providers

Final Priorities

- Hendrick Medical Center Brownwood leadership decided to address four out of the five ranked health needs. The final health priorities that the Brownwood market will address through its Implementation Plan are, in descending order:

1. Continued Emphasis on Healthcare Workforce Recruitment and Retention to Improve Access to Primary and Specialty Care
2. Increased Focus on Addressing Social Determinants of Health Across Underserved Populations to Reduce Health Disparities
3. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
4. Access to Mental and Behavioral Health Care Services and Providers

Priority That Will Not Be Addressed

Need That Will Not Be Addressed

- Hendrick Medical Center Brownwood decided not to specifically address “Access to Dental and Vision Care Services and Providers” largely due to its capacity to address that need.
- While Hendrick Medical Center Brownwood acknowledges that this is a significant need in the community, “Access to Dental and Vision Care Services and Providers” is not addressed 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.
- Hendrick Medical Center Brownwood will continue to support local organizations and efforts to address this need in the community.

Resources in the Community

Additional Resources in the Community

- In addition to the services provided by Hendrick Medical Center Brownwood, other charity care services and health resources that are available in Taylor, Brown and Callahan Counties are included in this section.

Community Resource List

June 2025

Organization	Service Description	Phone Number	Website
BASIC NEEDS (FOOD & CLOTHING)			
Abilene Baptist Social Ministries	Food & clothing	+1 (325) 672-4193	https://www.acbaptists.org/ministries
Beltway Park	Food pantry	+1 (325) 692-6540	https://beltway.org/
BOBS Breakfast on Beech Street	Meal site	+1 (325) 669-7566	https://www.facebook.com/breakfastonbeechstreet/
Call for Help 2-1-1	Hotline for list of services	+1 (325) 673-8211	https://acallforhelp.communityos.org/
Christian Service Center	Food & clothing; appointment only	+1 (325) 673-7531	https://www.cscabilene.org/
City Light Community Ministries	Meal site; utilities; rent	+1 (325) 673-6686	https://www.nonprofitcompass.org/organizations/city-light-community-ministries
First Central Presbyterian Church	Food pantry	+1 (325) 677-3501	https://fcpc.net/
Food Bank of West Central Texas	Food bank	+1 (325) 695-6311	https://fbwct.org/
Friends for Life	Life skill, financial, & companionship	+1 (325) 672-2635	https://friendsforlife.org/
Love&Care Ministries	Food; financial; ID; SS; gas cards	+1 (325) 670-0246	https://lcmin.com/
Meals on Wheels	Home delivered meals	+1 (325) 672-5050	https://www.mealsonwheelsplus.com/
Rose Park Senior Activity Center	Meal site ages 60 and up	+1 (325) 734-5300	https://abilenetx.gov/175/Seniors
Salvation Army	Meal Site	+1 (325) 677-1408	https://southernusa.salvationarmy.org/texas-abilene
SNAP Food Stamps	State benefit	+1 (877) 541-7905	https://www.yourtexasbenefits.com
United Methodist Church Food Pantry & Food Distribution Center	Food pantry	+1 (325) 864-6605	https://methodist-pantry.edan.io/
COUNSELING & PSYCHIATRIC			
Betty Hardwick Center	Walk-ins before 3pm	+1 (325) 690-5100	https://bettyhardwick.org/
MHMR Crisis Hotline	24hr hotline	+1 (800) 758-3344	https://bettyhardwick.org/24-hour-crisis-hotline/
Ministry Counseling and Enrichment	Counseling	+1 (325) 672-9999	http://www.ministryofcounseling.com/
New Horizons	Counseling	+1 (325) 437-3777	https://www.newhorizonsinc.com/locations/abilene/
Oceans Behavioral Health	In-patient & out-patient	+1 (325) 468-8782	https://oceanshealthcare.com/ohc-location/abilene/
Presbyterian Children's Homes and Services	Counseling	+1 (325) 864-9731	https://www.pchas.org/
River Crest Hospital	In-patient behavioral heath	+1 (325) 757-4700	https://rivercresthospital.com/
Shades of Hope	Residential treatment for addictions, self-harm and eating disorders	+1 (800) 588-4673	https://shadesofhope.com/
DETOX & DRUG REHAB			
180 House	Housing and step program	+1 (325) 673-0180	https://180house.com/
Basin Detox Management Center	Drug & alcohol rehab	+1 (432) 520-2990	N/A
Nehemiah Abilene	Housing and step program	+1 (325) 232-7499	https://nehemiahabilene.org/
Nexus Family Recovery Center	In-patient substance abuse treatment	+1 (214) 321-0156	https://nexusrecovery.org/
PermiaCare Turning Point	Substance abuse treatment - indigent	+1 (844) 420-3964	https://www.permiacare.org/turning-point/
Phoenix House Texas	Substance abuse treatment for teens	+1 (844) 748-3927	https://phoenixhousetx.org/
Red River Hospital	Behavioral healthcare	+1 (844) 572-1644	https://www.redriverhospital.com/
Reed Adolescent Center	Substance abuse treatment for teens	+1 (806) 291-4422	https://centralplains.org/
Rise Discipleship	Free substance abuse rehab program	+1 (325) 232-5449	https://www.risehome.org/
River Crest Hospital	Behavioral Health	+1 (325) 757-4700	https://rivercresthospital.com/
Salvation Army	Inpatient Recovery Program	+1 (325) 677-1408	https://southernusa.salvationarmy.org/texas-abilene

Community Resource List

June 2025

Selena Center for Youth Potential	Substance abuse treatment for teens	+1 (210) 223-4004	N/A
Serenity House	In-patient and support groups-indigent	+1 (866) 795-4673	https://serenitytexas.com/
HOME & FINANCIAL SERVICES			
Abilene Neighborhood Services Division	Home repair; remodel	+1 (325) 437-4576	https://www.abilenetx.gov/459/Neighborhood-Services
Cancer Services Network	Gas cards; cancer patients only	+1 (325) 672-0040	https://www.cancerservicesnetwork.org/
Habitat for Humanity	Home weatherization	+1 (325) 670-0489	https://habitatabi.org/
Rolling Plains Management Corporation	Home weatherization services; utility assistance	+1 (325) 672-2969	https://rollingplains.org/
Salvation Army	Rent $ utility assistance	+1 (325) 677-1408	https://southernusa.salvationarmy.org/texas-abilene
Taylor County Indigent Health	Utility assistance	+1 (325) 674-1341	https://www.taylorcounty.texas.gov/
Taylor County Social Services	Financial	+1 (325) 674-1341	https://www.taylorcounty.texas.gov/179/Social-Services
Workforce Solutions of West Central Texas	Employment	+1 (325) 795-4200	https://wfswct.org/
LEGAL/PROTECTIVE SERVICES			
Abilene Police Crimes against Persons	Unit in the APD that investigates high-profile crimes	+1 (325) 673-8331	https://www.abilenetx.gov/519/Investigations
Attorney General	Child Support	+1 (325) 672-4480	https://www.texasattorneygeneral.gov/
Child/Adult Protective Services	Call when Urgent, report online when not	+1 (800) 252-5400	https://www.txabusehotline.org
National Domestic Violence Hotline	24/7 hotline	+1 (800) 799-7233	https://www.thehotline.org/
Regional Victim Crisis Center	24/7 phone line	+1 (325) 677-7895	https://regionalvictimcrisiscenter.org/
St. Vincent de Paul Community Service	Financial	+1 (325) 672-0623	https://ssvpusa.org/
MEDICAL SERVICES			
Abilene Community Health Center	Medical	+1 (325) 696-0600	https://www.ttuhsc.edu/nursing/combest/abilene.aspx
Dignity Health Management Center	Case management services to patients with HIV or AIDS	+1 (325) 672-3077	https://www.dignityhmc.org/
Hendrick Medical Center	Hospital	+1 (325) 670-2000	https://www.hendrickhealth.org
Hendrick Medical Center South	Hospital	+1 (325) 428-1000	https://www.hendrickhealth.org
MERCY Health Care Center	Medical/Dental/Shots/Birth Certificate	+1 (325) 692-5600	https://www.abilenetx.gov/387/Mercy-Health-Care-Center
Presbyterian Medical Care Mission	Medical/Dental/RX/Counseling/Therapy	+1 (325) 672-5601	https://pmcm.org/
Resource Care	Albany, Baird, Breckenridge, Clyde, Cross Plains	+1 (325) 762-2447	https://www.resourcecare.org/
Taylor County Indigent Health	Application Process Required	+1 (325) 674-1341	https://applyihs.com/taylorco
VA Clinic	Veteran only Medical	+1 (325) 695-3252	https://www.va.gov/west-texas-health-care/locations/abilene-va-clinic/
SENIOR & DISABILITY SERVICES			
Aging and Disability Resource Center	In home services	+1 (855) 937-2372	https://www.hhs.texas.gov/services/aging/long-term-care/aging-disability-resource-centers
Arcadia Home Care & Staffing	Private pay in home services	+1 (325) 695-1962	https://www.arcadiahomecare.com/
Area Agency on Aging	Senior services; medicare RX programs	+1 (800) 252-9240	https://www.hhs.texas.gov/providers/long-term-care-providers/area-agencies-aging-aaa
Comfort Keepers Private	Pay in home services	+1 (325) 672-7744	https://www.comfortkeepers.com
Diamond Creek in Home Care	Private pay in home services	+1 (325) 267-9612	https://www.diamondcreekcare.com/
Disability in Action	Resources for the disabled	+1 (325) 672-5460	https://disabilityinaction.org/
Elite Private Care Services	Private pay in home services	+1 (325) 307-7217	N/A

Community Resource List

June 2025

Home Helpers	Private pay/LTC insurance	+1 (325) 222-0482	N/A
Home Instead Senior Care	Private pay in home services	+1 (325) 670-9610	https://www.care.homeinstead.com/
Outreach Health Services	Private pay/Medicaid	+1 (325) 676-2281	https://www.outreachhealth.com/
Social Security Administration	1202 ES 11th st.	+1 (877) 607-9525	https://www.ssa.gov/
Touching Hearts	Private pay/LTC insurance	+1 (325) 704-4474	https://www.touchinghearts.com/
Visiting Angel's	Private pay/Medicaid	+1 (325) 437-9500	N/A
SHELTER			
Abilene Hope Haven	Single adult; family program	+1 (325) 677-4673	https://www.abilenehopehaven.org/
Abilene Housing Authority	Public/voucher programs	+1 (325) 676-6385	https://www.abileneha.org/
American Red Cross Abilene	Emergency/disaster housing	+1 (325) 677-2622	https://www.redcross.org
BCFS Health and Human Services	Family & youth services	+1 (325) 692-0033	https://bcfscsd.org/location_regions/abilene/
Disability Resources Incorporated	Group home	+1 (325) 677-6815	https://driabilene.org/
Gateway Family Services	Domestic violence Snyder	+1 (325) 573-1822	https://www.facebook.com/people/Gateway-Family-Services-Inc/100064524557068/
Habitat for Humanity Abilene	Sweat equity program	+1 (325) 670-0489	https://habitatabi.org/
Houses for Healing	Temporary housing for those receiving medical treatment	+1 (325) 673-4673	https://housesforhealing.com/
Noah Project	Domestic violence Abilene	+1 (325) 676-7107	https://noahproject.org/
Salvation Army	5 days free; homeless to work program	+1 (325) 677-1408	https://southernusa.salvationarmy.org/texas-abilene
The ARK	Domestic violence Brownwood	+1 (325) 643-2699	https://arkshelter.org/
TRANSPORTATION			
City and Rural Rides (CARR)	County transport	+1 (800) 710-2277	https://cityandruralrides.com/
City Link	Bus tickets and para-transit application	+1 (325) 676-6287	https://www.abilenetx.gov/citylink
Double Mountain Coach	County transport	+1 (940) 989-2239	https://www.doublemountainservices.com/contact-us.html
Greyhound	Bus	+1 (800) 231-2222	https://www.greyhound.com/bus/abilene-tx/abilene-7-eleven
Medicaid Transportation	Home address must be correct w/ Medicaid	+1 (877) 633-8747	https://www.hhs.texas.gov/services/health/transportation
RoadRunner Taxi	Taxi	+1 (325) 232-3295	https://www.roadrunnertaxitx.com/
Rose Park Senior Activity Center	Age 60 and up; advance notice; donation	+1 (325) 734-5300	https://abilenetx.gov/175/Seniors
Spartan PublicTransportation	County transport	+1 (806) 462-8747	https://spartanpublictransit.com/services/
WOMEN & CHILDREN			
Abilene Recovery Council (PADRES)	Case Management Services for parents with children impacted by substance abuse	+1 (325) 673-2242	https://abirecovery.org/parenting-awareness-drug-risk-education-services/
Attorney General's Office	Child support and public assistance	+1 (325) 672-4480	https://www.csapps.oag.texas.gov/
Ben Richey Boys Ranch & Family Program	Housing program for single mothers	+1 (325) 692-2500	https://benrichey.org/
CHIP (Children's Medicaid)	Low income insurance for children	+1 (877) 543-7669	https://www.hhs.texas.gov/services/health/medicaid-chip
Early Childhood Invervention	Developmental issues	+1 (210) 261-3300	https://www.chcs-eci.org/
Hendrick Home for Children	Transitional living for single mothers	+1 (325) 692-0112	https://www.hendrickhome.org/

Community Resource List

June 2025

MCH Family Outreach	Parent education and support	+1 (325) 672-9398	https://www.mch.org/locations/abilene/
Pregnancy Resources of Abilene	Prenatal; baby items	+1 (325) 672-6415	https://www.prabilene.com/
Safe Families for Children	Family support during crisis	+1 (325) 338-2984	https://safe-families.org/
St. Mark's Episcopal Church	Diapers; car seat; baby items	+1 (325) 261-1612	https://stmarks.dionwt.org/Ministries/baby-room.html
WIC	Baby formula and food	+1 (800) 942-3678	https://www.texaswic.org/
Workforce Solutions' Child Care Services	Cost of daycare assistance; wait-list	+1 (325) 795-4200	https://wfswct.org/31/Child-Care

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.
  - Due to smaller population numbers and the general rural nature of Taylor, Brown and Callahan Counties, 1-year estimates for the majority of data indicators are statistically unreliable. Therefore, sets of years were combined to increase the reliability of the data while maintaining the combined county-level perspective.
  - Links included for sources were accurate when data was collected.

About Community Hospital 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 Consulting provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. For more information about CHC Consulting , please visit the website at: www.chc.com

Appendix Items

1. Summary of Data Sources
2. Data References
3. HPSA and MUA/P Information
4. Priority Ballot

Summary of Data Sources

Appendix Item # 1

Summary of Data Sources

- **Demographics**
  - This study utilized demographic data from **Syntellis.**
  - The **United States Census Bureau**, provides foreign-born population statistics by county and state; https://data.census.gov/table/ACSDP1Y2019.DP02?q=DP02&g=050XX00US48453&hidePreview=true&moe=false.
  - This study utilizes data from the **Economic Innovation Group**, which provides distressed community index scores by county and state: https://eig.org/dci/interactive-map?path=state/.
  - **Data USA** provides access to industry workforce categories and means of transportation data at the county and state level: https://datausa.io/.
  - Food insecurity information is pulled from **Feeding America's Map the Meal Gap**, which provides food insecurity data by county, congressional district and state: http://map.feedingamerica.org/.
  - This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at https://sparkmap.org/report/.
  - 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 data collected by the **Small Area Income and Poverty Estimates (SAIPE)**, that provides child poverty estimates by county and state; https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html.
  - **Economic Policy Institute, Family Budget Map** provides a break down of estimates monthly costs in specific categories for Taylor, Brown and Callahan Counties, TX; https://www.epi.org/resources/budget/budget-map/.
- **Health Data**
  - The **County Health Rankings & Roadmaps (CHR&R)**, a program of the University of Wisconsin Population Health Institute, draws attention to why there are differences in health within and across communities. The program highlights policies and practices that can help everyone be as healthy as possible. CHR&R aims to grow a shared understanding of health, equity and the power of communities to improve health for all. This work is rooted in a long-term vision where all people and places have what they need to thrive; http://www.countyhealthrankings.org/.
  - The **Centers for Disease Control and Prevention National Center for Health Statistics WONDER Tool** provides access to public health statistics and community health data including, but not limited to, mortality, chronic conditions and communicable diseases; http://wonder.cdc.gov/ucd-icd10.html.

Summary of Data Sources

- **Health Data (continued)**
  - This study utilizes a state level data from **Center for Disease Control and Prevention, Chronic Disease Indicators**, filtered for Texas; https://www.cdc.gov/cdi/.
  - This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: Local Data for Better Health**, County Data 2022 Release, filtered for Taylor, Brown and Callahan Counties, TX; https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data.
  - This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: Local Data for Better Health**, County Data 2023 Release, filtered for Taylor, Brown and Callahan Counties, TX; https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data.
  - This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: Local Data for Better Health**, County Data 2024 Release, filtered for Taylor, Brown and Callahan Counties, TX; https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data.
  - This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at https://engagementnetwork.org/.
  - The **U.S. Census Bureau's Small Area Health Insurance Estimates** program produces the only source of data for single-year estimates of health insurance coverage status for all counties in the U.S. by selected economic and demographic characteristics. Data can be accessed at https://www.census.gov/data-tools/demo/sahie/index.html.
  - The **U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)** provides Medically Underserved Area / Population and Health Professional Shortage Area scores and can be accessed at: https://datawarehouse.hrsa.gov/tools/analyzers.aspx.
  - The **Texas Cancer Registry** is a statewide, population-based registry that serves as the foundation for measuring the cancer burden in Texas. Data can be accessed at: https://www.cancer-rates.info/tx/.
  - The **Centers for Medicare & Medicaid Services, Office of Minority Health** provides public tools to better understand disparities in chronic diseases. Data can be accessed at: https://data.cms.gov/mapping-medicare-disparities.
- **Phone Interviews & Survey**
  - CHC Consulting conducted interviews and worked with Hendrick Medical Center Brownwood to distribute an electronic survey in April/May 2025. Interviews and analysis were conducted by Raegen Price, CHC Consulting Senior Planning Analyst.

Data References

Appendix Item #2

Distressed Communities Index

- The Distressed Communities Index (DCI) brings attention to the deep disparities in economic well-being that separate U.S. communities. The latest Census data is used to sort zip codes, counties and congressional districts into five quintiles of well-being: **prosperous**, **comfortable**, **mid-tier**, **at risk** and **distressed**. The index allows us to explore disparities within and across cities and states, as well.

- The seven components of the index are:
    1. **No high school diploma:** Share of the 25 and older population without a high school diploma or equivalent.
    2. **Housing vacancy rate:** Share of habitable housing that is unoccupied, excluding properties that are for seasonal, recreational, or occasional use.
    3. **Adults not working:** Share of the prime-age (25-54) population that is not currently employed.
    4. **Poverty rate:** Share of the population below the poverty line.
    5. **Median income ratio:** Median household income as a share of metro area median household income (or state, for non-metro areas and all congressional districts).
    6. **Changes in employment:** Percent change in the number of jobs over the past five years.
    7. **Changes in establishments:** Percent change in the number of business establishments over the past five years.

Source: Economic Innovation Group, Methodology; https://eig.org/distressed-communities/?geo=states&lat=38.01&lon=-96.42&z=4.32&showAbout=true; data accessed March 4, 2025.

2025 Poverty Guidelines

2025 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	**Poverty guideline**
1	$15,650
2	$21,150
3	$26,650
4	$32,150
5	$37,650
6	$43,150
7	$48,650
8	$54,150
For families/households with more than 8 persons, add $5,500 for each additional person.	

Source: Poverty Guidelines, Office Of The Assistant Secretary For Planning and Evaluation, https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines; data accessed June 3, 2025.

HPSA and MUA/P Information

Appendix Item #3

Health Professional Shortage Areas
Background

- Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:
  - Primary care
  - Dental health
  - Mental health
- These shortages may be geographic-, population-, or facility-based:
  - **Geographic Area**: A shortage of providers for the entire population within a defined geographic area.
  - **Population Groups**: A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers and other groups)
  - **Facilities**:
    - Other Facility (OFAC)
    - Correctional Facility
    - State Mental Hospitals
    - Automatic Facility HPSAs (FQHCs, FQHC Look-A-Likes, Indian Health Facilities, HIS and Tribal Hospitals, Dual-funded Community Health Centers/Tribal Clinics, CMS-Certified Rural Health Clinics (RHCs) that meet National Health Service Corps (NHSC) site requirements)
- HRSA reviews these applications to determine if they meet the eligibility criteria for designation. The main eligibility criterion is that the proposed designation meets a threshold ratio for population to providers.
- Once designated, HRSA scores HPSAs on a scale of 0-25 for primary care and mental health and 0-26 for dental health, with higher scores indicating greater need.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed July 14, 2025.

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7487759494	Brown County	Geographic HPSA	Texas	Brown County, TX	1.81	17	NA	Designated	Rural	03/18/2020	07/28/2021

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Texas	Brown	Brown	Single County	48049	Rural

Primary Care	1489921680	LI-Brown County	Low Income Population HPSA	Texas	Brown County, TX	1.648	12	16	Designated	Rural	03/19/2019	09/10/2021

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Texas	Brown	Brown	Single County	48049	Rural

Primary Care	14899948D4	Cross Timbers Health Clinics, Inc.	Federally Qualified Health Center	Texas	Comanche County, TX		17	18	Designated	Rural	11/26/2003	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
AccelHealth - Brownwood Main	2100 Crockett Dr	Brownwood	TX	76801-5913	Brown	Rural
AccelHealth - DeLeon	1100 W Reynosa Ave	De Leon	TX	76444-1630	Comanche	Rural
AccelHealth - DeLeon Annex	1000 S Texas St STE B	De Leon	TX	76444-2739	Comanche	Rural
AccelHealth - Stephenville	135 River North Blvd	Stephenville	TX	76401-1804	Erath	Rural

Mental Health	748999481M	Cross Timbers Health Clinics, Inc.	Federally Qualified Health Center	Texas	Comanche County, TX		20	NA	Designated	Rural	11/26/2003	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
AccelHealth - Brownwood Main	2100 Crockett Dr	Brownwood	TX	76801-5913	Brown	Rural
AccelHealth - DeLeon	1100 W Reynosa Ave	De Leon	TX	76444-1630	Comanche	Rural
AccelHealth - DeLeon Annex	1000 S Texas St STE B	De Leon	TX	76444-2739	Comanche	Rural
AccelHealth – Stephenville	135 River North Blvd	Stephenville	TX	76401-1804	Erath	Rural

Dental Health	6489994890	Cross Timbers Health Clinics, Inc.	Federally Qualified Health Center	Texas	Comanche County, TX		25	NA	Designated	Rural	11/26/2003	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
AccelHealth - Brownwood Main	2100 Crockett Dr	Brownwood	TX	76801-5913	Brown	Rural
AccelHealth - DeLeon	1100 W Reynosa Ave	De Leon	TX	76444-1630	Comanche	Rural
AccelHealth - DeLeon Annex	1000 S Texas St STE B	De Leon	TX	76444-2739	Comanche	Rural
AccelHealth - Stephenville	135 River North Blvd	Stephenville	TX	76401-1804	Erath	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7489108029	Callahan County	Geographic HPSA	Texas	Callahan County, TX	0.69	16	NA	Designated	Rural	04/14/2000	07/28/2021

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Texas	Callahan	Callahan	Single County	48059	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6488635580	LI - Callahan County	Low Income Population HPSA	Texas	Callahan County, TX	0.502	11	NA	Designated	Rural	04/07/2020	09/10/2021

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Texas	Callahan	Callahan	Single County	48059	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	148999489B	Shackelford County Community Resource Center	Federally Qualified Health Center	Texas	Shackelford County, TX		18	20	Designated	Rural	08/25/2006	09/10/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Baird on Peyton - Admin Site	501 Peyton St	Baird	TX	79504-4700	Callahan	Rural
ResourceCare - Baird on Peyton	527 Peyton St	Baird	TX	79504-4700	Callahan	Rural
ResourceCare Breckenridge	2802 W Walker St	Breckenridge	TX	76424-4000	Stephens	Rural
ResourceCare Clyde	1712 N Access Rd	Clyde	TX	79510-3352	Callahan	Rural
ResourceCare Cross Plains	301 S Main St	Cross Plains	TX	76443-2581	Callahan	Rural
ResourceCare Cross Plains Admin	200 N Main St	Cross Plains	TX	76443-3312	Callahan	Rural
ResourceCare Merkel	217 Edwards	Merkel	TX	79536-3803	Taylor	Non-Rural
SHACKELFORD COUNTY COMMUNITY RESOURCE CENTER	725 Pate St	Albany	TX	76430-3225	Shackelford	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	748999483Q	Shackelford County Community Resource Center	Federally Qualified Health Center	Texas	Shackelford County, TX		20	NA	Designated	Rural	09/30/2005	09/10/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Baird on Peyton - Admin Site	501 Peyton St	Baird	TX	79504-4700	Callahan	Rural
ResourceCare - Baird on Peyton	527 Peyton St	Baird	TX	79504-4700	Callahan	Rural
ResourceCare Breckenridge	2802 W Walker St	Breckenridge	TX	76424-4000	Stephens	Rural
ResourceCare Clyde	1712 N Access Rd	Clyde	TX	79510-3352	Callahan	Rural
ResourceCare Cross Plains	301 S Main St	Cross Plains	TX	76443-2581	Callahan	Rural
ResourceCare Cross Plains Admin	200 N Main St	Cross Plains	TX	76443-3312	Callahan	Rural
ResourceCare Merkel	217 Edwards	Merkel	TX	79536-3803	Taylor	Non-Rural
SHACKELFORD COUNTY COMMUNITY RESOURCE CENTER	725 Pate St	Albany	TX	76430-3225	Shackelford	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	64899948F8	Shackelford County Community Resource Center	Federally Qualified Health Center	Texas	Shackelford County, TX		21	NA	Designated	Rural	09/30/2005	09/10/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Baird on Peyton - Admin Site	501 Peyton St	Baird	TX	79504-4700	Callahan	Rural
ResourceCare - Baird on Peyton	527 Peyton St	Baird	TX	79504-4700	Callahan	Rural
ResourceCare Breckenridge	2802 W Walker St	Breckenridge	TX	76424-4000	Stephens	Rural
ResourceCare Clyde	1712 N Access Rd	Clyde	TX	79510-3352	Callahan	Rural
ResourceCare Cross Plains	301 S Main St	Cross Plains	TX	76443-2581	Callahan	Rural
ResourceCare Cross Plains Admin	200 N Main St	Cross Plains	TX	76443-3312	Callahan	Rural
ResourceCare Merkel	217 Edwards	Merkel	TX	79536-3803	Taylor	Non-Rural
SHACKELFORD COUNTY COMMUNITY RESOURCE CENTER	725 Pate St	Albany	TX	76430-3225	Shackelford	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	748441	Taylor County	Geographic HPSA	Texas	Taylor County, TX	3.33	14	NA	Designated	Partially Rural	12/29/2017	08/06/2021

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Texas	Taylor	Taylor	Single County	48441	Partially Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1481280137	LI-Taylor County	Low Income Population HPSA	Texas	Taylor County, TX	8.419	15	16	Designated	Partially Rural	08/02/2018	09/10/2021

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Texas	Taylor	Taylor	Single County	48441	Partially Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6484114735	LI - Taylor County	Low Income Population HPSA	Texas	Taylor County, TX	9.638	17	NA	Designated	Partially Rural	07/30/2020	09/10/2021

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Texas	Taylor	Taylor	Single County	48441	Partially Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	148999489B	Shackelford County Community Resource Center	Federally Qualified Health Center	Texas	Shackelford County, TX		18	20	Designated	Rural	08/25/2006	09/10/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Baird on Peyton - Admin Site	501 Peyton St	Baird	TX	79504-4700	Callahan	Rural
ResourceCare - Baird on Peyton	527 Peyton St	Baird	TX	79504-4700	Callahan	Rural
ResourceCare Breckenridge	2802 W Walker St	Breckenridge	TX	76424-4000	Stephens	Rural
ResourceCare Clyde	1712 N Access Rd	Clyde	TX	79510-3352	Callahan	Rural
ResourceCare Cross Plains	301 S Main St	Cross Plains	TX	76443-2581	Callahan	Rural
ResourceCare Cross Plains Admin	200 N Main St	Cross Plains	TX	76443-3312	Callahan	Rural
ResourceCare Merkel	217 Edwards	Merkel	TX	79536-3803	Taylor	Non-Rural
SHACKELFORD COUNTY COMMUNITY RESOURCE CENTER	725 Pate St	Albany	TX	76430-3225	Shackelford	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	748999483Q	Shackelford County Community Resource Center	Federally Qualified Health Center	Texas	Shackelford County, TX		20	NA	Designated	Rural	09/30/2005	09/10/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	64899948F8	Shackelford County Community Resource Center	Federally Qualified Health Center	Texas	Shackelford County, TX		21	NA	Designated	Rural	09/30/2005	09/10/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Baird on Peyton - Admin Site	501 Peyton St	Baird	TX	79504-4700	Callahan	Rural
ResourceCare - Baird on Peyton	527 Peyton St	Baird	TX	79504-4700	Callahan	Rural
ResourceCare Breckenridge	2802 W Walker St	Breckenridge	TX	76424-4000	Stephens	Rural
ResourceCare Clyde	1712 N Access Rd	Clyde	TX	79510-3352	Callahan	Rural
ResourceCare Cross Plains	301 S Main St	Cross Plains	TX	76443-2581	Callahan	Rural
ResourceCare Cross Plains Admin	200 N Main St	Cross Plains	TX	76443-3312	Callahan	Rural
ResourceCare Merkel	217 Edwards	Merkel	TX	79536-3803	Taylor	Non-Rural
SHACKELFORD COUNTY COMMUNITY RESOURCE CENTER	725 Pate St	Albany	TX	76430-3225	Shackelford	Rural

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Baird on Peyton - Admin Site	501 Peyton St	Baird	TX	79504-4700	Callahan	Rural
ResourceCare - Baird on Peyton	527 Peyton St	Baird	TX	79504-4700	Callahan	Rural
ResourceCare Breckenridge	2802 W Walker St	Breckenridge	TX	76424-4000	Stephens	Rural
ResourceCare Clyde	1712 N Access Rd	Clyde	TX	79510-3352	Callahan	Rural
ResourceCare Cross Plains	301 S Main St	Cross Plains	TX	76443-2581	Callahan	Rural
ResourceCare Cross Plains Admin	200 N Main St	Cross Plains	TX	76443-3312	Callahan	Rural
ResourceCare Merkel	217 Edwards	Merkel	TX	79536-3803	Taylor	Non-Rural
SHACKELFORD COUNTY COMMUNITY RESOURCE CENTER	725 Pate St	Albany	TX	76430-3225	Shackelford	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	14899948J1	Texas Tech University Health Sciences Center	Federally Qualified Health Center	Texas	Lubbock County, TX		21	20	Designated	Non-Rural	03/01/2009	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Abilene Community Health Center	1749 Pine St	Abilene	TX	79601-3043	Taylor	Non-Rural
Combest Central Community Health Center	6501 University Ave	Lubbock	TX	79413-5849	Lubbock	Non-Rural
Larry Combest Community Health and Wellness Center	301 40th St	Lubbock	TX	79404-2746	Lubbock	Non-Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	74899948A3	Texas Tech University Health Sciences Center	Federally Qualified Health Center	Texas	Lubbock County, TX		18	NA	Designated	Non-Rural	03/01/2009	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Abilene Community Health Center	1749 Pine St	Abilene	TX	79601-3043	Taylor	Non-Rural
Combest Central Community Health Center	6501 University Ave	Lubbock	TX	79413-5849	Lubbock	Non-Rural
Larry Combest Community Health and Wellness Center	301 40th St	Lubbock	TX	79404-2746	Lubbock	Non-Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	64899948L8	Texas Tech University Health Sciences Center	Federally Qualified Health Center	Texas	Lubbock County, TX		25	NA	Designated	Non-Rural	03/01/2009	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Abilene Community Health Center	1749 Pine St	Abilene	TX	79601-3043	Taylor	Non-Rural
Combest Central Community Health Center	6501 University Ave	Lubbock	TX	79413-5849	Lubbock	Non-Rural
Larry Combest Community Health and Wellness Center	301 40th St	Lubbock	TX	79404-2746	Lubbock	Non-Rural

Medically Underserved Areas/Populations

Background

- Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.
- MUAs have a shortage of primary care services for residents within a geographic area such as:
  - A whole county
  - A group of neighboring counties
  - A group or urban census tracts
  - A group of county or civil divisions
- MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care services. These groups may face economic, cultural, or linguistic barriers to health care. Examples include, but are not limited to:
  - Homeless
  - Low income
  - Medicaid eligible
  - Native American
  - Migrant farmworkers

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed July 14, 2025.

Medically Underserved Areas/Populations

Background (continued)

- The Index of Medical Underservice (IMU) is applied to data on a service area to obtain a score for the area. IMU is calculated based on four criteria:
    1. Population to provider ratio
    2. Percent of the population below the federal poverty level
    3. Percent of the population over age 65
    4. Infant mortality rate
- The 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.
- *Please note that there are currently no Medically Underserved Area or Medically Underserved Population designations in Taylor County, Texas.*

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed July 14, 2025.

data.HRSA.gov

Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1488607010	Brown County	Medically Underserved Area	Texas	Brown County, TX	62.0	Designated	Rural	11/01/1978	11/29/2019

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Texas	Brown	Brown	Single County	48049	Rural

data.HRSA.gov

Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1485395036	Callahan County	Medically Underserved Area	Texas	Callahan County, TX	57.0	Designated	Rural	11/01/1978	09/12/2024

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Texas	Callahan	Callahan	Single County	48059	Rural

Priority Ballot

Appendix Item #4

Hendrick Medical Center Brownwood 2025 Prioritization CHNA Findings

Prioritization Ballot

Upon reviewing the comprehensive preliminary findings report for the 2025 Hendrick Medical Center Brownwood Community Health Needs Assessment (CHNA), we have identified the following needs for the Hendrick Medical Center Brownwood CHNA Team to prioritize *in order of importance.*

Please review the following criteria (Size and Prevalence of the Issue, Effectiveness of Interventions and Hendrick Medical Center Brownwood Capacity) that we would like for you to use when identifying the top community health priorities for Hendrick Medical Center Brownwood, then cast 3 votes for each priority.

1. Size and Prevalence of the Issue

In thinking about the "Size and Prevalence" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

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

In thinking about the "Effectiveness of Interventions" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

a. How likely is it that actions taken by Hendrick Medical Center Brownwood will make a difference?

b. How likely is it that actions taken by Hendrick Medical Center Brownwood 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. Hendrick Medical Center Brownwood Capacity

In thinking about the Capacity of Hendrick Medical Center Brownwood to address the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

a. Are people at Hendrick Medical Center Brownwood 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)

Please note that the identified health needs below are in alphabetical order for now, and will be shifted in order of importance once they are ranked by the CHNA Team.

* 1. Access to Dental and Vision Care Services and Providers

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	○	○	○	○	○
Effectiveness of Interventions	○	○	○	○	○
Hendrick Medical Center Brownwood Capacity	○	○	○	○	○

* 2. Access to Mental and Behavioral Health Care Services and Providers

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	○	○	○	○	○
Effectiveness of Interventions	○	○	○	○	○
Hendrick Medical Center Brownwood Capacity	○	○	○	○	○

* 3. Continued Emphasis on Healthcare Workforce Recruitment and Retention to Improve Access to Primary and Specialty Care

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	○	○	○	○	○
Effectiveness of Interventions	○	○	○	○	○
Hendrick Medical Center Brownwood Capacity	○	○	○	○	○

* 4. Increased Focus on Addressing Social Determinants of Health Across Underserved Populations to Reduce Health Disparities

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	○	○	○	○	○
Effectiveness of Interventions	○	○	○	○	○
Hendrick Medical Center Brownwood Capacity	○	○	○	○	○

* 5. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	○	○	○	○	○
Effectiveness of Interventions	○	○	○	○	○
Hendrick Medical Center Brownwood Capacity	○	○	○	○	○

* 6. When thinking about the above needs, are there any on this list that you DO NOT feel that Hendrick Medical Center Brownwood could/would work on over the next 3 years?

	Yes, we could/should work on this issue.	No, we cannot/should not work on this issue.
Access to Dental and Vision Care Services and Providers	○	○
Access to Mental and Behavioral Health Care Services and Providers	○	○
Continued Emphasis on Healthcare Workforce Recruitment and Retention to Improve Access to Primary and Specialty Care	○	○
Increased Focus on Addressing Social Determinants of Health Across Underserved Populations to Reduce Health Disparities	○	○
Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles	○	○

Section 2

Feedback, Comments and Paper Copies

Input Regarding the Hospital's Current CHNA

CHNA Feedback Invitation

- 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.
- Hendrick Medical Center Brownwood invites all community members to provide feedback on its existing CHNA and Implementation Plan.
- To provide input on this CHNA please see details at the end of this report or go to the hospital's website at the site of download.

Feedback, Questions or Comments?

Please address any written comments on the Hendrick Medical Center Brownwood CHNA or requests for a paper copy to:

Hendrick Health

Community Health Needs Assessment

1900 Pine Street

Abilene, TX 79601

Please find the most up to date contact information on the Hendrick Health website under Community > Community Health Needs Assessment:

https://www.hendrickhealth.org/community/community-health-needs-assessment/

Hendrick Health

and

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