Implementation Plan 2026-2028

Community Health Needs Assessment

HENDRICK MEDICAL CENTER

HENDRICK HEALTH | CHC Community Hospital Consulting

Hendrick Medical Center
FY 2026 - FY 2028 Implementation Plan

A comprehensive, six-step community health needs assessment ("CHNA") was conducted for Hendrick Medical Center Brownwood and the Hendrick Medical Center (Hendrick) 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 Health 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.) Access to Mental and Behavioral Health Care Services and Providers
2.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
3.) Continued Emphasis on Healthcare Workforce Recruitment and Retention to Improve Access to Primary and Specialty Care
4.) Increased Focus on Addressing Social Determinants of Health Across Underserved Populations to Reduce Health Disparities
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 and the 2026-2028 Implementation Plan on December 4, 2025.

Priority #1: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

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.

Alignment with Hendrick Strategic Pillar:

Access, Growth and Capacity, Connected Care

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
1.A. Hendrick will continue to offer Tele Psych services to its patients.	CMO, CNO							
1.B. Hendrick looks to expand Hendrick Forensic Nurse Examiner (FNE) program by providing new education sessions to schools and universities regarding early recognition and care of those who have experienced sexual assault and domestic violence and provide increased education to hospital staff on recognition of domestic violence and the signs of maltreatment of children.	CNO							
1.C. Hendrick provides leadership participation on the local Behavioral Advisory Committee to assist with resources encouraging appropriate treatment programs for individuals to reduce unnecessary emergency department or inpatient hospital visits.	CNO							
1.D. Hendrick partners with Betty Hardwick, the local Mental Health Authority, to provide access and resources to patients in our community.	CNO							

Priority #2: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Rationale:

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.

Alignment with Hendrick Strategic Pillar:

Quality and Safety, Engagement, Connected Care, Access

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
2.A. Hendrick will continue to increase educational opportunities for the public concerning wellness topics and health risk concerns, host various support and educational groups at the facility, and support and participate in local health-related events to highlight hospital services and offer a variety of health screenings.	AVP Strategic Communications and Digital Experience	Examples include, but are not limited to, chemotherapy class, classes for prediabetes and weight loss, Business Mercado, one-on-one Medication Therapy Management (MTM) sessions, on-site pharmacist consultations at various clinics and community outreach settings, promotion of services/ educational materials via media outlets, cholesterol and glucose screenings at community events						
2.B. Hendrick addresses diabetes in the community through education, awareness, and patient support initiatives. Efforts include marketing and hosting outpatient classes for prediabetes and weight loss, promoting online educational resources, and collaborating with pharmacists and case managers to improve medication adherence and remove barriers to care.	VP QUA							
2.C. Hendrick addresses heart failure by focusing on patient education, follow-up care, and medication management. The hospital schedules follow-up appointments for heart failure patients at discharge and provides them with educational materials.	CMO							
2.D. Hendrick addresses pulmonary health by providing education to patients through quarterly medication classes, an annual Asthma Camp for children, and a monthly "Better Breathers Club" for adults. Additionally, Hendrick has a Pulmonary Navigator to assist with managing patients with lung diseases and collaborate with pharmacists to ensure patients have support with their medications and access to assistance programs.	AVP Clinical Services							
2.E. Hendrick continues to increase patient awareness of "Welcome to Medicare" and annual wellness visits at Hendrick Clinic.	HC CAO							

Rationale:

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.

Alignment with Hendrick Strategic Pillar:

Growth and Capacity, Connected Care, Engagement

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
3.A. Hendrick offers a variety of specialty services to increase local access to care for residents, and continues to recruit appropriate providers to the community as needed/opportunities arise.	CMO							
3.B. Hendrick will continue to participate in the Hendrick Health Patient Family Advisory Council (PFAC) to assist with the patient healthcare experience and access concerns across the continuum.	CSXO							
3.C. Hendrick will continue to focus on the re-recruitment campaign for employees who have left Hendrick or retired to increase healthcare workforce options.	VP HR							
3.D. Hendrick continues to focus on growing healthcare professionals through partnerships with local universities to create a variety of offerings, increasing the nursing and allied health recruitment pipeline. Scholarship and tuition assistance opportunities are available as appropriate.	VP HR	Pay-as-You-Go tuition assistance, Career Journey tuition assistance program, McMurry, Hardin-Simmons, Abilene Christian University and Cisco College						
3.E. Hendrick holds a "Healthcare Academy" with Cisco College that prepares (and provides scholarships as needed) students through dual credit to enter a nursing program upon graduation from high school and become an RN in two years.	VP HR							
3.F. Hendrick continues its Nurse Tech development program which trains unlicensed nurse techs into LVN and RN licensed nurses. This allows nursing students to work for Hendrick and obtain clinical credit simultaneously with the goal of increasing our nursing student pipeline.	VP HR, CNO							
3.G. Hendrick provides increased support to employees to reduce stress and burnout via support through Hendrick Leadership Development and Culture Department and its initiatives, employee wellness programs, and mental health initiatives to include low- to no-cost counseling for employees.	VP HR	Vitalize Platform						

Priority #4: Increased Focus on Addressing Social Determinants of Health Across Underserved Populations to Reduce Health Disparities

Rationale:

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.

Alignment with Hendrick Strategic Pillar:

Engagement, Access, Quality and Safety

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
4.A. Hendrick will continue to screen and identify health disparities among the patient population and develop a written action plan to address at least one health care disparity identified in the local patient population. Connection with necessary resources is established for each patient, and every patient receives a PAL folder during their admission in the event a need arises that includes a 211 Resource List.	CNO							
4.B. Hendrick will continue to 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 to Hendrick Clinic and other local partners, including, but not limited to: Abilene Community Health Center, Medical Care Mission, and independent physicians.	AVP Strategic Communications and Digital Experience							
4.C. Hendrick has implemented an action plan and data collection process to evaluate and address racial disparities in patient care. This initiative specifically focuses on post-partum hemorrhage and severe hypertension in pregnant and delivering women. To accomplish this, a Social Determinants of Health committee was formed to collaborate with the Quality Assurance Performance Improvement committee, with data being tracked on a monthly basis.	CNO							
4.D. Hendrick's Charity Care program expanded to serve both uninsured and financially limited patients with Hendrick Health and community resources. Hendrick also provides 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.	CFO							
4.E. Hendrick plans to continue to increase the number of patients served and prescriptions dispensed in current Hendrick programs by providing additional pharmacy locations and offering prescription delivery.	AVP Clinical Services							
4.F. Hendrick provides leadership participation, advisement and collaboration with the West Texas Homeless Coalition to better address health needs and resources for the area homeless population.	Community Initiatives							
4.G. Hendrick continues to increase transportation options for healthcare related needs.	Director of Case Management	Expand service options of rideshare program, Coordinate with the City of Abilene to create bus route to the Hendrick South campus						
4.H. Hendrick hosts and participates in local events and donation drives to benefit underserved organizations and populations in the community.	Community Initiatives	Mission Thanksgiving with Love & Care Ministries, Winter drive for City Light Community Ministries, etc.						
4.K. Hendrick addresses breast cancer through several initiatives, such as increasing funding for the Hendrick Health Hope Fund to provide low-cost mammograms, continuing to run a breast institute navigation program, and increasing mammogram rates for women in Taylor and Callahan Counties through various community education and outreach events.	VP Foundation							
4.L. Hendrick continues to address cancer through multiple initiatives, such as: assessing new patients for their needs, providing resources and offering an educational chemotherapy class to patients starting treatment. The plan also focuses on financial assistance early cancer screening for unfunded and under-funded patients.	HC CAO							

Feedback, Questions or Comments?

- Please address any written comments on on the Hendrick Medical Center or Hendrick Medical Center 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/