#

# Regional Healthcare Partnership 8 (RHP 8)

# DY7-8 Community Needs Assessment

**Submitted by RHP 8 Anchor: March 2018**

***Region Overview***

The community needs assessment describes the health status of RHP 8 by presenting data and tables on demographics, insurance coverage, healthcare infrastructure, projected changes, and key health challenges. This information is important to assist the community and its various stakeholders about the health concerns of Region 8. Initially, the assessment was completed in late-2011 during demonstration year 1 (DY1). Data derived from that initial assessment was essential for developing 40 meaningful Delivery System Reform Incentive Payment (DSRIP) projects that transformed healthcare delivery. The community needs assessment has been updated 2017 to assist DSRIP Performing Providers with the selection of outcome measure bundle(s)/measures as we transition into DY7-8. The updated assessment priority areas remained the same from the assessment originally submitted in 2011.

## Community Needs Assessment Approach

In an effort to update the community needs assessment as part of RHP Plan Update submission in spring 2018, the RHP 8 Anchor approached the assessment through a systematic process. A summary of the approach used by the Anchor to update the Region 8 community needs assessment is listed below:

1. Anchor updated secondary data based on what was originally submitted in RHP 8 Plan to HHSC and CMS in 2012.
2. Anchor gathered most recent and available community needs assessment studies to cover all counties within the RHP.
3. As part of unallocated funds process, community needs identified in proposals were added to the existing RHP 8 Community Needs table (see Table 3.10).
4. DSRIP Preforming Providers were asked to review and/or update table of community needs addressed and other federal funding listed in the current plan. The first of two open comment periods was available for RHP 8 stakeholder feedback beginning 12/19/17 through 1/5/18.
5. New information received during the open comment period (12/19/17-1/5/18) was incorporated into the draft DY7-8 RHP 8 Community Needs table and shared with all stakeholders at the RHP 8 Plan Public Kick-Off Meeting hosted at the Texas A&M Health Science Center Round Rock Campus on February 7, 2018.
6. As part of the HP 8 Plan Public Kick-Off Meeting, Region 8 stakeholders were asked to review information and provide comments and/or feedback for inclusion in the final, RHP 8 Plan Update. A second open comment period was available beginning 2/8/18 through 3/5/18.
7. New information received between 2/8/18-3/5/18 was incorporated into the RHP 8 Community Needs table (see Table 3.10).
8. Updated RHP 8 Community Needs were finalized and incorporated into the submitted RHP 8 Plan Update in March 2018.

## Demographics

### ***Population/Age***

Demographic information for RHP 8 was compiled using the US Census 2015 estimate. During 2015 the total population for Region 8 was estimated at 975,620, with Bell and Williamson accounting for roughly 85% of the residents in the Region. RHP 8 is approximately 8,547 square miles with a population density of 114.14 residents per square mile, which is slightly higher than Texas’ population density of 102.27 residents per square mile. The least populated county in RHP 8 is Mills with 4,900 residents. With the exception of Bell and Williamson, seven counties had a lower percent of their population under age 18 than Texas (26.3%). The majority of counties in RHP 8 had a greater proportion of older residents; 34.3% of residents are 65 years or older in Llano compared to the Texas rate of 11.7%. The majority of counties were close to the state’s percentages for males and females, 49.6% and 50.4% respectively, except for San Saba which was reported at 53.7% male and 46.3% female. [[1]](#footnote-1)

### Race/Ethnicity

During 2015 the population of Region 8 included nearly 1 million individuals. The percentage of Texas residents that identified as non-Hispanic White was 43%, which was lower than every county in RHP 8. The most rural counties in Region 8 such as Blanco, Llano, and Mills, had higher percentages of residents that identified as non-Hispanic White, and the lowest percentages of minority residents such as those who identified as Black, or of Hispanic or Latino origin.[[2]](#footnote-2)

### ***Income***

According to the most recent US Census 2015 estimate, the average median household income varied significantly within RHP 8. Median household incomes ranged from $38,929 in Mills to $73,750 in Williamson, with Texas’ median household income at $53,207. The per capita income in Texas was $26,999, which fell in the middle of the range of per capita income across RHP 8 with the lowest being in San Saba ($19,743) and the highest in Llano ($36,279).[[3]](#footnote-3)

During 2015 the federal poverty level (FPL) was $11,770 for an individual and $24,250 for a family of four. The highest levels of poverty in RHP 8 were in counties that had the lowest per capita income, such as San Saba, Mills, and Milam. The Texas rate of percentage of persons younger than 18 years of age living in poverty in 2015 was 26.3%, Bell and Williamson reported 27.8% and 26.7%, respectively.[[4]](#footnote-4)

Table 3-1 provides a summary of age, race/ethnicity, and income demographics for RHP 8.

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| **Table 3-1. RHP 8 POPULATION DATA (INCLUDING AGE, RACE/ETHINICITY, AND INCOME)** |
|  | **Bell** | **Blanco** | **Burnet** | **Lampasas** | **Llano** | **Milam** | **Mills** | **San Saba** | **Williamson** |
| **TOTAL COUNTY POPULATION (2015)** | 334,941 | 11,004 | 45,463 | 20,588 | 19,796 | 24,513 | 4,900 | 5,901 | 508,514 |
|  **AGE (2015)** |
| **% Less Than 18**  | 27.8% | 18.8% | 21.8% | 23.4% | 15.2% | 24.7% | 22.3% | 20.1% | 26.7% |
| **% Age 18-64** | 62.1% | 57.5% | 56.6% | 58.1% | 50.5% | 55.5% | 51.8% | 57.1% | 62.0% |
| **% Age 65+**  | 10.1% | 23.7% | 21.6% | 18.5% | 34.3% | 19.8% | 25.9% | 22.8% | 11.3% |
|  **GENDER (2015)** |
| **% Male** | 50.0% | 50.2% | 49.0% | 49.2% | 48.4% | 49.4% | 41.8% | 53.7% | 49.1% |
| **% Female**  | 50.0% | 49.8% | 51.0% | 50.8% | 51.6% | 50.6% | 51.2% | 46.3% | 50.9% |
|  **RACE/ETHNICITY (2015)** |
| **% White**  | 67.4% | 95.2% | 94.5% | 89.8% | 95.6% | 86.6% | 96.4% | 93.1% | 83.1% |
| **% Black**  | 22.9% | 1.1% | 2.2% | 4.3% | 1.4% | 9.8% | 1.1% | 3.5% | 6.8% |
| **% American Indian/Alaska Native** | 1.2% | 1.3% | 1.1% | 1.2% | 1.1% | 1.3% | 1.1% | 1.3% | 0.9% |
| **% Asian**  | 3.2% | 0.8% | 0.7% | 1.4% | 0.6% | 0.9% | 0.2% | 0.4% | 6.4% |
| **% Native Hawaiian or Other Pacific Islander** | 0.8% | 0.2% | 0.1% | 0.3% | 0.1% | N/A | N/A | N/A | 0.2% |
| **% Two or More Races** | 4.5% | 1.5% | 1.4% | 3.0% | 1.3% | 1.4% | 1.1% | 1.6% | 2.7% |
| **% Hispanic or Latino Origin** | 24.1% | 19.1% | 22.0% | 19.6% | 10.0% | 26.2% | 17.7% | 29.4% | 24.1% |
| **% White Not Hispanic** | 47.5% | 77.5% | 73.8% | 72.1% | 86.6% | 62.5% | 80.0% | 65.4% | 61.1% |
|  **INCOME** |
| **Households (2011-2015)** | 109,844 | 4,164 | 16,940 | 7,505 | 8,654 | 9,346 | 1,848 | 2,126 | 161,793 |
| **Per Capita Personal Income (2015)** | $23,535 | $29,148 | $26,578 | $23,772 | $36,279 | $22,130 | $22,804 | $19,743 | $31,876 |
| **Median Household Income (2015)**  | $50,550 | $55,504 | $49,732 | $49,630 | $48,259 | $38,929 | $43,920 | $39,040 | $73,750 |
| **Persons in Poverty (2015)** | 15.9% | 10.9% | 13.2% | 13.9% | 14.8% | 16.9% | 16.6% | 18.9% | 6.6% |
| **Total TANF Payments for Dec. 2016** | $97,505 | $241 | $3,969 | $2,724 | $1,589 | $4,103 | $1,214 | $142 | $24,192 |
| **Total TANF Cases for Dec. 2016[[5]](#footnote-5)** | 443 | 2 | 20 | 16 | 8 | 19 | 5 | 1 | 113 |
| **Average SNAP Monthly Payment (Dec. 2016)[[6]](#footnote-6)** | $280 | $228 | $246 | $255 | $228 | $250 | $249 | $241 | $276 |
| **Number of Recipients (Dec. 2016)** | 52,744 | 601 | 4,404 | 2,523 | 2,124 | 4,821 | 388 | 694 | 28,650 |

*\*N/A indicates not enough data available to calculate percentage.*

### ***Education***

According to the most recent data available from the 2014-2015 school year, the total child population for RHP 8 defined as ages 0-17, was 252,939. During the 2014-2015 school year the Texas dropout rate was reported at 6.6%. This rate varied by county in Region 8 from 1.9% in Williamson to 6.2% in Bell. Dropout rates for Lampasas and Llano were unable to be calculated due to incomplete data. The Texas rate for children in bilingual/English as a Second Language (ESL) programs was 17.8%; in Region 8 San Saba had the highest percentage of children enrolled in bilingual/ESL programs at 12.8%, and Mills had the lowest rate at 3.5%. The Texas rate for economically disadvantaged students who were eligible for free and reduced lunches during the 2014-2015 school year was 58.7%. San Saba reported the highest rate of children eligible for free and reduced lunches while Williamson had the lowest rate at 65.4% and 29.0%, respectively.[[7]](#footnote-7)

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| **Table 3-2. RHP 8 EDUCATION DATA[[8]](#footnote-8)** |
|  | **Bell** | **Blanco** | **Burnet** | **Lampasas** | **Llano** | **Milam** | **Mills** | **San Saba** | **Williamson** |
| **Total child population ages 0-17 (2014)** | 94,121 | 2,218 | 9,887 | 4,819 | 3,064 | 6,066 | 1,167 | 1,189 | 130,408 |
| **High school dropout rate (2014)** | 6.2% | 3.5% | 4.5% | N/A | N/A | 5.2% | 5.1% | 4.2% | 1.9% |
| **Population age 25+ with a college degree (Bachelor’s Degree or higher) (2011-2015)[[9]](#footnote-9)** | 23.1% | 28.4% | 22.7% | 21.0% | 27.6% | 16.7% | 22.1% | 29.8% | 39.3% |
| **Students in bilingual/ESL programs, percent (2014-2015)** | 7.2% | 6.7% | 10.1% | 3.6% | 4.5% | 6.8% | 3.5% | 12.8% | 8.5% |
| **Economically disadvantaged students eligible for free and reduced lunch program, percent (2014-2015)** | 56.2% | 46% | 58.2% | 53.2% | 60.8% | 65.3% | 61.6% | 65.4% | 29.0% |
| **Number of school districts** **(2015-2016 School Year)[[10]](#footnote-10)** | 12 | 2 | 2 | 2 | 1 | 6 | 3 | 3 | 12 |
| **Number of schools (2015-2016 School Year)[[11]](#footnote-11)** | 119 | 6 | 13 | 6 | 4 | 16 | 12 | 5 | 152 |

*\*N/A indicates not enough data available to calculate percentage.*

### ***Employment***

According to the most recent data available from 2014, unemployment rates in RHP 8 ranged from 3.7% in Blanco to 6.2% in Milam. Four counties in RHP 8 exceeded Texas’ 2014 rate of 5.1% (Bell, Lampasas, Llano, and Milam).[[12]](#footnote-12)

Region 8 is home to a wide range of employers in regards to type, size, and location. Types of companies and organizations that commonly employ the highest number of people continue to be manufacturing, healthcare, food and restaurant supply, retail, city and county government, and education. There were several employers in RHP 8 with over 1,000 employees which include the Veteran’s Administration Hospital in Bell County, Dell, Georgetown Independent School District, and Williamson County Government in Williamson County.

Over 100,000 residents of Region 8 live below the FPL, many of whom work at low paying jobs that often do not provide insurance benefits. These people rely on the safety net for critical healthcare services and often obtain care through emergency departments due to lack of insurance and/or access to primary and/or behavioral healthcare.[[13]](#footnote-13)

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| **Table 3-3. WORKFORCE STATUS [[14]](#footnote-14)[[15]](#footnote-15)** |
|  | **Bell** | **Blanco** | **Burnet** | **Lampasas** | **Llano** | **Milam** | **Mills** | **San Saba** | **Williamson** |
| **Total Population (2015)** | 334,941 | 11,004 | 45,463 | 20,588 | 19,796 | 24,513 | 4,900 | 5,901 | 508,514 |
| **Percentage in Labor Force (2011-2015)** | 58.0% | 56.0% | 55.2% | 56.4% | 46.8% | 53.7% | 51.9% | 50.7% | 69.5% |
| **Percentage Unemployment**  | 5.8% | 3.7% | 4.2% | 5.6% | 5.2% | 6.3% | 4.4% | 4.6% | 4.3% |

### Health Coverage

The most recent US Census 2015 estimate indicated 17.1% of Texans were uninsured.[[16]](#footnote-16) According to the Texas Medical Association, “*Texas is the uninsured capital of the United States. More than 4.3 million Texans - including 623,000 children - lack health insurance. Texas' uninsurance rates create significant problems in the financing and delivery of healthcare to all Texans. Those who lack insurance coverage typically enjoy far-worse health status than their insured counterpart*s.”[[17]](#footnote-17)

Regional stakeholders understand insurance status continues to vary significantly among racial and ethnic groups. Individuals without insurance report problems obtaining needed medical care, including not having a consistent source of care, postponing care, or going without care or necessary prescriptions drugs due to cost. In Region 8, over 85,000 people (aged and disabled) were enrolled in Medicaid during October 2013. Based on total enrollment numbers, rates of persons on Medicaid differ based on geographic location and status. Additionally, estimates of those in RHP 8 who were uninsured during 2014, even after the passage of the Affordable Care Act (ACA) which initially sought to expand Medicaid, indicated seven counties faced over a 20% rate of uninsured individuals. Furthermore, a breakdown of those uninsured in the 138% FPL indicate variances ranging from 22.8% uninsured individuals in Bell to 44.2% in Blanco.[[18]](#footnote-18)

Uninsured persons are not able to seek out preventive care and as such many times do not seek medical care until their situation has gotten worse, at which point they commonly seek care in the emergency department which results in costly care. Region 8 DSRIP Performing Providers implemented multiple projects during the last six years that aimed to either expand primary and/or specialty care. These DSRIP projects were transformational in development and began offering patients the right care in the right place at the right time – whether through a school clinic or collaboration with a local free clinic.

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| **Table 3-4. RHP 8 INSURANCE COVERAGE[[19]](#footnote-19)** |
|  | **Bell** | **Blanco** | **Burnet** | **Lampasas** | **Llano** | **Milam** | **Mills** | **San Saba** | **Williamson** |
| **Medicaid Total Enrollment** **(Oct 2013)** | 40,078\* | 768 | 4,542 | 2,497 | 1,795 | 3,937 | 610 | 758 | 30,144 |
| **CHIP** | 27,287 | 507 | 3,108 | 1,696 | 1,114 | 2,567 | 381 | 514 | 21,770 |
| **Aged**  | 1,826 | 88 | 335 | 183 | 155 | 376 | 86 | 90 | 1,771 |
| **Disabled & Blind**  | 7,069 | 115 | 715 | 395 | 358 | 680 | 104 | 106 | 3,859 |
| **TANF Adults** | 2,179 | 30 | 168 | 111 | 75 | 169 | 15 | 19 | 1,360 |
| **Pregnant Women** | 1,715 | 28 | 216 | 112 | 93 | 145 | 24 | 29 | 1,384 |
| **Uninsured All Incomes, estimate (2014)** | 15.1% | 24.4% | 23.9% | 23.7% | 22.3% | 21.8% | 29.3% | 30.2% | 13.3% |
| **<=138% of FPL, estimate** | 22.8% | 44.2% | 35.9% | 36.6% | 35.0% | 30.6% | 43.4% | 40.4% | 30.5% |

## \*Bell County included two (2) “Medically Needy” Medicaid clients in October 2013.[[20]](#footnote-20)

## Healthcare Infrastructure and Environment

In RHP 8 there continues to be a substantial range of healthcare providers by type and location strewn across the nine counties. According to September 2016 data available from the Texas Department of State Health Services, Bell and Williamson continue to see the highest number of primary care providers in the region due to high population density. Additionally, the largest hospitals in Region 8 are located in Bell and Williamson. However, despite the number of overall healthcare professionals in Williamson, the ratio of residents to primary care providers continue to be well above the national benchmark and statewide average ratio. Thus, access to primary care in the most urban area of RHP 8 continue to face a shortage of healthcare professionals for the booming population. Four counties had single digits for total primary care providers: Blanco, Lampasas, Mills, and San Saba. Information outlined in Table 3-5 below mirrors information included in Table 3-8, in that all but one of the counties in RHP 8 is designated as a health professional shortage area in at least one of three areas.[[21]](#footnote-21)

| **Table 3-5.** **RHP 8 Primary Care Specialties, September 2016[[22]](#footnote-22)** |
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|  | **Bell** | **Blanco** | **Burnet** | **Lampasas** | **Llano** | **Milam** | **Mills** | **San Saba** | **Williamson** |
| **General Practice, Family Medicine** | 80 | 4 | 16 | 7 | 11 | 9 | 2 | 1 | 156 |
| **Pediatrics** | 72 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 79 |
| **Geriatrics** | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 |
| **Internal Medicine**  | 111 | 0 | 7 | 0 | 2 | 1 | 0 | 0 | 107 |
| **Obstetrics and Gynecology** | 34 | 0 | 4 | 0 | 2 | 0 | 0 | 0 | 51 |
| **Total Physicians – All Specialties**  | 299 | 4 | 32 | 7 | 15 | 11 | 2 | 1 | 395 |

### ***Hospital Sizes and Costs***

Using data from 2012 it was reported there were a total of 1,615 staffed beds in hospitals located in RHP 8 ranging from 20 beds at Baylor Scott & White Health Llano, to 638 beds at Baylor Scott & White Health Memorial. Across RHP 8 the average number of beds per hospital was 115. During 2012 RHP 8 UC charges totaled $569,616,125, with nearly a quarter of that amount coming from Baylor Scott & White Health Memorial. Uncompensated care (UC) compared to gross patient revenue as a percentage ranged from 1.6% at Reliant Rehabilitation Hospital in Round Rock to 17.6% at Seton Highland Lakes in Burnet.[[23]](#footnote-23)

Table 3-6 provides a summary of the hospitals in RHP 8 as well as their annual charges, UC, and bad debt.

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| **Table 3-6. RHP 8 HOSPITAL DATA (SIZES and COSTS), 2012[[24]](#footnote-24)** |
|  | **City (County)** | **Ownership Type** | **Staffed Beds** | **Bad Debt****Charges ($)** | **Charity Charges ($)** | **Total UC Care ($)** | **Net Patient Revenue ($)** | **Total Gross Pt. Revenue ($)** | **UC Care % of Gross Pt. Revenue** |
| Metroplex Hospital | Killeen(Bell) | Non-Profit | 177 | $7,114,467 | $50,429,769 | $57,544,236 | $114,129,048 | $466,622,866 | 12.3% |
| Baylor Scott & White Health Continuing Care Hospital | Temple(Bell) | Non-Profit | 50 | $3,314,990 | $2,676,120 | $5,991,110 | $19,578,072 | $63,965,474 | 9.4% |
| Baylor Scott & White Health Memorial Hospital  | Temple(Bell) | Non-Profit | 638 | $87,199,375 | $147,410,247 | $234,609,622 | $802,309,146 | $2,719,810,698 | 8.6% |
| Seton Medical Center Harker Heights  | Temple(Bell) | For-Profit | 83 | $11,782,400 | $0 | $11,782,400 | $23,315,565 | $85,753,364 | 13.7% |
| Seton Highland Lakes | Burnet(Burnet) | Non-Profit | 25 | $13,214,335 | $14,649,913 | $27,864,248 | $57,811,040 | $158,040,842 | 17.6% |
| Rollins Brook Community Hospital | Lampasas(Lampasas) | Non-Profit | 35 | $798,222 | $4,144,860 | $4,943,082 | $14,545,853 | $41,505,721 | 11.9% |
| Baylor Scott & White Health Llano | Llano(Llano) | Non-Profit | 20 | $5,217,608 | $671,870 | $5,889,478 | $26,955,579 | $53,532,048 | 11.0% |
| Little River Healthcare | Rockdale(Milam) | For-Profit | 21 | $6,061,283 | $1,080,000 | $7,141,283 | $29,757,350 | $75,502,635 | 9.5% |
| Cedar Park Regional Medical Center | Cedar Park(Williamson) | For-Profit | 85 | $22,233,635 | $5,828,629 | $28,062,264 | $80,245,252 | $326,889,668 | 8.6% |
| Reliant Rehabilitation Hospital Central Texas | Round Rock(Williamson) | For-Profit | 75 | $180,709 | $325,295 | $506,004 | $21,148,168 | $30,982,905 | 1.6% |
| St. David’s Round Rock Medical Center | Round Rock(Williamson) | Non-Profit | 156 | $10,514,579 | $48,069,866 | $58,584,445 | $132,118,078 | $623,566,564 | 9.4% |
| Baylor Scott & White Health Taylor | Taylor(Williamson) | Non-Profit | 23 | $4,357,066 | $261,612 | $4,618,678 | $13,030,764 | $33,846,553 | 13.6% |
| Baylor Scott & White Health Round Rock | Round Rock(Williamson) | Non-Profit | 84 | $25,508,079 | $1,930,691 | $27,438,770 | $133,016,762 | $463,201,261 | 5.9% |
| Seton Medical Center Williamson | Round Rock(Williamson) | Non-Profit | 143 | $29,781,051 | $64,859,454 | $94,640,505 | $157,563,704 | $694,711,768 | 13.6% |

*\*St. David’s Georgetown shares a provider number with St. David’s Healthcare in Travis County which is in RHP 7 and is not reflected in this table.*

### ***Potentially Preventable Hospitalizations***

Potentially preventable hospitalizations (PPHs) are a burden on the healthcare system, especially in areas of limited resources. Many of the problems chronic health patients face may be alleviated through a coordinated care system that includes improved access to care, patient education, and care management to ensure patients receive the right care in the right place at the right time. Chronic diseases such as chronic obstructive pulmonary disease and diabetes account for a large percentage of the total number of PPHs across Region 8. According to data available from the Texas Department of State Health Services, RHP 8 hospitals reported a total of 25,181 PPHs between 2011 and 2014, with an average length of stay of 3.9 days. During this time period total hospital charges were $737,214,874, with an average hospital charge of $29,277.[[25]](#footnote-25)

Since the implementation of DSRIP projects across RHP 8, DSRIP Performing Providers report their projects have a direct and positive effect on providing the right care in the right place at the right time to the Medicaid and low-income or uninsured population; projects have helped reduce unnecessary emergency department (ED) visits which allows hospitals to bring down overall costs and utilize their staff and resources more efficiently.

Table 3-7 summarizes potentially preventable hospitalizations in RHP 8.

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| **Table 3-7. RHP 8 POTENTIALLY PREVENTABLE HOSPITALIZATIONS, 2011-2014[[26]](#footnote-26)** |
| **Condition** | **Bell** | **Blanco** | **Burnet** | **Lampasas** | **Llano** | **Milam** | **Mills** | **San Saba** | **Williamson** |
| **Angina** **(without procedures)** | 89 | N/A | --- | --- | --- | --- | --- | --- | 75 |
| **Bacterial Pneumonia** | 1,412 | 57 | 385 | 242 | 366 | 331 | 22 | 59 | 2,289 |
| **COPD** | 1,200 | 45 | 376 | 215 | 266 | 268 | 16 | 33 | 1,841 |
| **Congestive Heart Failure** | 2,333 | 100 | 326 | 285 | 225 | 246 | 19 | 37 | 2,107 |
| **Dehydration** | 599 | 26 | 126 | 162 | 91 | 136 | --- | 22 | 772 |
| **Diabetes Long-term Complications** | 780 | 22 | 109 | 69 | 41 | 82 | 12 | 14 | 756 |
| **Diabetes Short-term Complications** | 671 | 19 | 44 | 27 | 36 | 36 | --- | --- | 481 |
| **Hypertension** | 371 | --- | 71 | 36 | 26 | 59 | --- | --- | 443 |
| **Urinary Tract Infection** | 1,099 | 45 | 320 | 228 | 153 | 299 | --- | 22 | 1,539 |
| **TOTAL PP Hospitalizations** | **8,554** | **314** | **1,757** | **1,264** | **1,204** | **1,457** | **69** | **187** | **10,303** |

*N/A = Hospitals with fewer than fifty discharges in a quarter or with fewer than 5 discharges of a particular gender, including "unknown" values ranging from 1-11 hospitalizations are masked as “---“.*

### ***Services and Systems***

Seton Healthcare Family, St. David’s Healthcare, Baylor Scott & White Health, and Community Health Systems are hospital systems in RHP 8. Seton operates facilities located in Bell, Burnet and Williamson, and Baylor Scott & White Health has a large presence with hospitals and clinics throughout Bell, Burnet, Llano and Williamson. Hospitals in Region 8 provide a full continuum of care – services offered include primary and specialty care, chronic disease management, labor and delivery, general and specialty surgery, intensive care, behavioral healthcare services, rehabilitation, and emergency care. The most comprehensive services are available through the hospital systems in Bell and Williamson, while healthcare resources are less abundant in the more rural counties of RHP 8.

### ***Health Professional Shortage Area Designations***

In RHP 8 all counties (with the exception of Bell) are currently designated as health professional shortage areas (HPSAs) in at least one of three possible areas (primary care, dental, and mental health). Three counties (Lampasas, Llano, and Williamson) are designated as HPSAs in all three areas.[[27]](#footnote-27)

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| **Table 3-8. RHP 8 HEALTH PROFESSIONAL SHORTAGE AREA DESIGNATIONS[[28]](#footnote-28)** |
|  | **Bell** | **Blanco** | **Burnet** | **Lampasas** | **Llano** | **Milam** | **Mills** | **San Saba** | **Williamson** |
| **Primary Care** | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| **Dental** | No | No | Yes | No | Yes | No | No | No | Yes |
| **Mental Health** | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

## Update on Regional DSRIP Implementation during Life of Waiver

According to the most recent US Census 2015 estimate the population of Region 8 is slightly below 1 million at 975,620.[[29]](#footnote-29) During 2015 Williamson was ranked as the number one fastest growing county in the country with population growth soaring at 7.94% between 2010 and 2012.[[30]](#footnote-30) While population growth is typically a positive economic indicator it also poses a burden to the existing healthcare service infrastructure. This proves even more burdensome considering Williamson is already recognized as a HPSA in all three areas (primary care, dental, and mental health).

It does not go unnoticed that the most remote and sparse areas of the state are still not adequately covered. Given that a high rate of residents in rural counties are over the age of 65, routine care for chronic conditions and specialty care are desperately needed in addition to behavioral health services.

Region 8 expects to be affected by The University of Texas at Austin Dell Medical School located in RHP 7 which opened its doors in May 2017. The new medical facility is certainly attracting additional research and medical professionals to the area, and depending on whether these professionals are drawn more from other institutions in the nation or move within the state, they will certainly bring with them new ideas that may affect DSRIP Performing Providers that operate in both Regions.

***Current Department of Health and Human Services-Funded Initiatives***

RHP 8 DSRIP Performing Providers continue to strategically align program goals with community needs while remaining mindful of existing, or similar, federally funded initiatives or grants through the Department of Health and Human Services.

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| **Table 3-9. U.S. DEPARTMENT OF HEALTH and HUMAN SERVICES (DHHS) FUNDED INITIATIVES** |
| **Entity**  | **DHHS Funded initiative** | **Brief Project Description**  |
| **Baylor Scott & White Health Llano** | Accountable Care Organizations (ACOs) | Application submitted |
| **Baylor Scott & White Health Llano** | Healthcare Innovation Awards | [Clinic-based programs] Participating as a member site of High Value Healthcare Collaborative (HVHC) on a) initiatives to improve patient engagement for diabetes and congestive heart failure management and b) improve shared decision making for preference sensitive surgical procedures |
| **Baylor Scott & White Health Memorial** | Accountable Care Organizations (ACOs) | Application submitted |
| **Baylor Scott & White Health Memorial** | Healthcare Innovation Awards | [Clinic-based programs] Participating as a member site of HVHC on a) initiatives to improve patient engagement for diabetes and congestive heart failure management and b) improve shared decision making for preference sensitive surgical procedures |
| **Bell County Public Health District** | Women, Infants and Children (WIC) | Funding to conduct WIC activities in Bell County |
| **Bluebonnet Trails Community Services** | Electronic Health Records (EHR) Incentive Payments | Provided to assist in moving Medical Records to electronic format; no Waiver projects propose doing this, but all use EHR |
| **Bluebonnet Trails Community Services** | FQHC/ RHC/ School-based health center grants, including capital grants | Health Resources and Services Administration (HRSA) Grant to build a clinic in Seguin that will house an FQHC and Bluebonnet staff and services; this is capital investment and does not overlap services proposed in Seguin |
| **Bluebonnet Trails Community Services** | Community Mental Health Services Block Grant | Routine mental health services on an outpatient basis. We will provide outpatient services in Expansion project for Taylor clinic, but those services are not for the same populations |
| **Bluebonnet Trails Community Services** | Substance Abuse Prevention and Treatment Block Grant | Outreach, Screening, Assessment and Referral (OSAR) services grant to provide assessment and referral to persons seeking services for Substance Use Disorders; we are planning a Pass 2 project in RHP 8 to provide direct services not OSAR services that comprise our OSAR contract |
| **Central Counties Services** | Community Mental Health Services Block Grant | Central Counties Services annually receives Mental Health Block Grant funds dollars that are used for general services for both groups; no 1115 Waiver projects supplant how these funds are currently used by Central Counties Services |
| **Little River Healthcare** | EHR Incentive Payments | Little River Healthcare will use an EHR to document services performed by provider, however, Waiver 1115 funding will not be used for implementing and maintaining the EHR software |
| **Seton Highland Lakes Hospital** | Pioneer ACO Model | Indirect affiliation via parent company |
| **Seton Highland Lakes Hospital** | Bundled Payments for Care Improvement | Indirect affiliation via parent company |

|  |
| --- |
| **Table 3-9. U.S. DEPARTMENT OF HEALTH and HUMAN SERVICES (DHHS) FUNDED INITIATIVES** |
| **Entity**  | **DHHS Funded initiative** | **Brief Project Description**  |
| **Seton Highland Lakes Hospital** | Partnership for Patients | Indirect affiliation via parent company |
| **Seton Highland Lakes Hospital** | EHR Incentive Payments | Indirect affiliation via parent company |
| **St. David’s Round Rock Medical Center** | EHR Incentive Payments | Facilities have adopted EHRs and have met Meaningful Use Stage 1 requirements |
| **Williamson County and Cities Health Department** | Maternal and Child Health Grants | Subcontract for the provision of Title V Child Health Services that include screening and eligibility determination, direct clinical and/or dental services, laboratory services and appropriate referrals as necessary; this grant only covers approximately 125 individuals. Waiver funding will be used to expand services to a larger population |
| **Williamson County and Cities Health Department** | Women, Infants and Children (WIC) | Funding to conduct WIC activities in Williamson County |

## Summary of Key Community Needs

After reviewing current community needs assessments made available by hospitals, counties, and cities located in Region 8, the RHP 8 Anchor reviewed the original Community Needs Assessment as finalized and submitted in the original RHP 8 Plan to HHSC and CMS in early-2013. The Anchor did not add any additional Community Needs to the table based off Community Needs Assessments reviewed during this first round.

During DY6, RHP 8 was one of eight regions that had remaining DSRIP funds from the initial waiver that went unallocated due to lack of available IGT to leverage those funds in the past. As a result, there was an opportunity for new eligible, and existing DSRIP Performing Providers to request the use of additional DSRIP funding beginning in DY7. The Anchor developed a transparent process that would allow new eligible, and existing DSRIP Performing Providers in the region to submit Provider Proposal Forms for use of these additional funds. The Provider Proposal Forms were scored by volunteers from our sister region (RHP 17) and those scores were used to develop the regional prioritized list.

The RHP 8 Anchor received a total of ten (10) Provider Proposal Forms; after reviewing the submitted Forms the RHP 8 Anchor added new Community Needs that were listed on the forms to the existing RHP 8 Summary of Community Needs Table 3-10.

Overall the three health challenges RHP 8 stakeholders agree as needing to remain in focus include:

1. Limited access to primary care;
2. Limited access to behavioral/mental health services; and
3. Lack of coordinated care, especially for those with multiple needs.

| Table 3-10. SUMMARY OF COMMUNITY NEEDS |
| --- |
| **Identification Number** | **Brief Description of Community Needs Addressed through RHP 8 Projects** | **Data Source for Identified Need** |
| **CN.1 Limited Access to Primary Care** |
| **CN.1.1** | Limited access to the primary care within Milam County |  |
| **CN.1.2** | Limited access to primary care for Williamson County residents under 200% FPL | * [**Williamson County and Cities Health District, 2016 Community Health Assessment**](http://www.wcchd.org/about_us/docs/2016wilcocha_v3.1.pdf)
* [**ICare 2.0 (2011 Vulnerable Population Report)**](http://icc-centex.org/wp-content/uploads/2012/07/Vulnerable-Populations-2011_final.pdf)
 |
| **CN.1.3** | Limited access to primary care for rural and uninsured Williamson County residents | * [**Williamson County and Cities Health District, 2016 Community Health Assessment**](http://www.wcchd.org/about_us/docs/2016wilcocha_v3.1.pdf)
* [**Central Texas Sustainability Indicators Project**](http://indicatorsproject.com/health/)
* [**ICare 2.0 (2011 Vulnerable Population Report)**](http://icc-centex.org/wp-content/uploads/2012/07/Vulnerable-Populations-2011_final.pdf)
 |
| **CN.1.4** | Limited access to primary healthcare for indigent and uninsured populations in Burnet County | * [**Williamson County and Cities Health District, 2016 Community Health Assessment**](http://www.wcchd.org/about_us/docs/2016wilcocha_v3.1.pdf)
* [**Central Texas Sustainability Indicators Project**](http://indicatorsproject.com/health/)
 |
| **CN.1.5** | Limited access to emergent care and limited awareness of which levels of care are appropriate for different health needs places undue burden on the Emergency Department and Emergency Medical System in Llano and Milam counties |  |
| **CN.1.6** | Limited access to primary care for preventive services with same day or next day appointments and extended hours | * [**Williamson County and Cities Health District, 2016 Community Health Assessment**](http://www.wcchd.org/about_us/docs/2016wilcocha_v3.1.pdf)
* [**Central Texas Sustainability Indicators Project**](http://indicatorsproject.com/health/)
* [**County Health Rankings**](http://www.countyhealthrankings.org/)
 |
| **CN.1.7** | Limited access to preventive interventions for women of child bearing age and individuals with diagnosed chronic disease in Williamson County  | * [**Texas Department of State Health Services – Health Facts Profiles**](http://www.dshs.state.tx.us/chs/cfs/Texas-Health-Facts-Profiles/)
* [**Texas Medicaid Managed Care STAR Quality of Care Report**](https://hhs.texas.gov/sites/default/files/ann-qual-care-rep-star-fy2010.pdf)
* [**County Health Rankings**](http://www.countyhealthrankings.org/)
* [**Williamson County and Cities Health District, 2016 Community Health Assessment**](http://www.wcchd.org/about_us/docs/2016wilcocha_v3.1.pdf)
 |
| **CN.1.8** | Limited access to preventive care (cancer screenings) in Milam County | * [**Breast Cancer in Texas: A Closer Look**](http://www.cprit.state.tx.us/images/uploads/report_breastc_a_closer_look.pdf)
* [**Cervical Cancer in Texas**](http://www.cprit.state.tx.us/images/uploads/cervical_cancer_in_texas_tcr_2010_low.pdf)
* [**Colorectal Cancer in Texas**](http://www.cprit.state.tx.us/images/uploads/colorectal_cancer_in_texas_tcr_2010_low.pdf)
 |
| **CN.1.9** | Increase access to testing and treatment of STDs in Bell County | * [**Texas Department of State Health Services – Health Facts Profiles**](http://www.dshs.texas.gov/chs/cfs/Texas-Health-Facts-Profiles/)
 |
| **CN.1.10** | Increase STD testing of females aged 14-45 to reduce potential complications of untreated STDs (i.e. pelvic inflammatory disease) | * [**Texas Department of State Health Services – Health Facts Profiles**](http://www.dshs.texas.gov/chs/cfs/Texas-Health-Facts-Profiles/)
* [**Texas Medicaid Managed Care STAR Quality of Care Report**](https://hhs.texas.gov/sites/default/files/ann-qual-care-rep-star-fy2010.pdf)
* [**Texas STD Surveillance Report**](http://www.dshs.texas.gov/Layouts/ContentPage.aspx?PageID=34561&id=4962&terms=Texas+2011+STD+Surveillance+Report)
 |
| **CN.1.11** | Patient navigation and ED diversion (helping patients navigate to primary care providers to avoid unnecessary emergency department visits) |  |
| **CN.1.12** | Primary care prevention - Healthy Texans (provide preventive and primary care to improve the care of residents in the community) |  |
| **CN.2 Limited Access to Behavioral Health/Mental Health Services** |
| **CN.2.1** | Limited access to behavioral health services for rural, poor and under/ uninsured populations (medications, case management, counseling, diagnoses) in Williamson County | * [**HRSA Health Professional Shortage Areas**](https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx)
* [**Williamson County and Cities Health District, 2016 Community Health Assessment**](http://www.wcchd.org/about_us/docs/2016wilcocha_v3.1.pdf)
* [**Texas Medicaid Managed Care STAR Quality of Care Report**](https://hhs.texas.gov/sites/default/files/ann-qual-care-rep-star-fy2010.pdf)
* [**Central Texas Sustainability Indicators Project**](http://indicatorsproject.com/health/)
 |
| **CN.2.2** | Limited access for serious mentally ill adults to crisis services in Williamson County | * [**Williamson County and Cities Health District, 2016 Community Health Assessment**](http://www.wcchd.org/about_us/docs/2016wilcocha_v3.1.pdf)
* [**Central Texas Sustainability Indicators Project**](http://indicatorsproject.com/health/)
 |
| **CN.2.3** | Limited access for youth with severe emotional disturbances to behavioral health community crisis services in Williamson and Burnet Counties | * [**Williamson County and Cities Health District, 2016 Community Health Assessment**](http://www.wcchd.org/about_us/docs/2016wilcocha_v3.1.pdf)
* [**Texas Medicaid Managed Care STAR Quality of Care Report**](https://hhs.texas.gov/sites/default/files/ann-qual-care-rep-star-fy2010.pdf)
* [**Central Texas Sustainability Indicators Project**](http://indicatorsproject.com/health/)
 |
| **CN.2.4** | Limited access for serious mentally ill adults to crisis services in Burnet County | * [**Williamson County and Cities Health District, 2016 Community Health Assessment**](http://www.wcchd.org/about_us/docs/2016wilcocha_v3.1.pdf)
* [**Central Texas Sustainability Indicators Project**](http://indicatorsproject.com/health/)
 |
| **CN.2.5** | Limited access to behavioral health services, primarily substance abuse services for adults and youth who are poor and under/uninsured populations in need of outpatient and intensive outpatient care in Burnet and Williamson Counties | * [**Williamson County and Cities Health District, 2016 Community Health Assessment**](http://www.wcchd.org/about_us/docs/2016wilcocha_v3.1.pdf)
* [**HRSA Health Professional Shortage Areas**](https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx)
 |
| **CN.2.6** | Limited access to behavioral health services for rural populations in Mills and San Saba counties | * [**HRSA Health Professional Shortage Areas**](https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx)
 |
| **CN.2.7** | Lack of school-based behavioral health services in the Temple ISD | * [**Temple ISD Health Services**](https://www.tisd.org/apps/pages/index.jsp?uREC_ID=339298&type=d&pREC_ID=770017)
 |
| **CN.2.8** | Lack of access for adult behavioral healthcare in Bell, Lampasas and Milam Counties | * [**HRSA Health Professional Shortage Areas**](https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx)
 |
| **CN.2.9** | Lack of social support services for high intellectually functioning Autism and Asperger's population (18 years and older) in Bell County | * [**County Health Rankings**](http://www.countyhealthrankings.org/)
* [**State of Texas Dept. of Aging and Disability Services**](http://www.dars.state.tx.us/)
 |
| **CN.2.10** | Limited access for serious mentally ill adults to crisis services in Bell, Lampasas and Milam Counties | * [**HRSA Health Professional Shortage Areas**](https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx)
 |
| **CN.2.11** | Improve behavioral health service access and capacity in Bell, Lampasas, and Milam Counties | * [**HRSA Health Professional Shortage Areas**](https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx)
 |
| **CN.2.12** | Limited access in Williamson County to behavioral health services for adults with serious mental illnesses who are transitioning from inpatient care and crises into community living | * [**Williamson County and Cities Health District, 2016 Community Health Assessment**](http://www.wcchd.org/about_us/docs/2016wilcocha_v3.1.pdf)
* [**Central Texas Sustainability Indicators Project**](http://indicatorsproject.com/health/)
 |
| **CN.2.13** | Limited access to adult behavioral health services in Williamson County | * [**HRSA Health Professional Shortage Areas**](https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx)
 |
| **CN.2.14** | Limited access to behavioral health services and disparities in access to care and health outcomes for adults and youth who are intellectually and developmentally disabled in Williamson County | * [**Williamson County and Cities Health District, 2016 Community Health Assessment**](http://www.wcchd.org/about_us/docs/2016wilcocha_v3.1.pdf)
* [**Texas Medicaid Managed Care STAR Quality of Care Report**](https://hhs.texas.gov/sites/default/files/ann-qual-care-rep-star-fy2010.pdf)
* [**Central Texas Sustainability Indicators Project**](http://indicatorsproject.com/health/)
* [**ICare 2.0 Vulnerable Population Report**](http://icc-centex.org/wp-content/uploads/2012/07/Vulnerable-Populations-2011_final.pdf)
* [**State of Texas Dept. of Aging and Disability Services**](http://www.dars.state.tx.us/)
 |
| **CN.2.15** | Limited access to behavioral health services for adults and youth in Williamson and Burnet Counties who are involved in the adult and youth justice system | * [**Texas Criminal Justice Coalition - Williamson County Juvenile Justice Data Sheet**](http://countyresources.texascjc.org/sites/default/files/youth_county_data_sheets/Williamson%20County%20Data%20Sheet%20%28Sep%202012%29_0.pdf)
 |
| **CN.2.16** | Lack of behavioral health professionals in Llano and Blanco Counties | * [**HRSA Health Professional Shortage Areas**](https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx)
 |
| **CN.2.17** | Lack of community support services for persons with severe and persistent mental health diagnoses in Bell County | * [**Bell County Community Health Needs Assessment**](http://setonharkerheights.net/wp-content/uploads/2013/12/Final-Bell-County-CHNA-Written-Report-06_24_13.pdf)
 |
| **CN.2.18** | Limited access to behavioral health crisis services and delayed responses to early signs of behavioral health issues in Llano County | * [**HRSA Health Professional Shortage Areas**](https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx)
 |
| **CN.2.19** | Limited access to behavioral health services for individuals who have suffered trauma in Blanco and Llano counties | * [**HRSA Health Professional Shortage Areas**](https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx)
 |
| **CN.2.20** | Limited access to behavioral health services for individuals with both psychiatric issues and substance use disorders in Blanco and Llano counties | * [**HRSA Health Professional Shortage Areas**](https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx)
 |
| **CN.2.21** | Limited access to behavioral health services for veterans in Blanco and Llano counties | * [**HRSA Health Professional Shortage Areas**](https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx)
 |
| **CN.2.22** | Limited access to whole health peer behavioral health services for individuals in Llano and Blanco counties | * [**HRSA Health Professional Shortage Areas**](https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx)
 |
| **CN.2.23** | Limited coordinated care exists in Bell County for persons with behavioral health needs in Bell County being appropriately triaged in the emergency department to ensure they receive the appropriate level of healthcare | * [**Bell County Economics of Behavioral Wellness Summit**](https://files.acrobat.com/a/preview/d5f4fbd6-64e7-45cc-ad8f-4bc7c01ad816)
 |
| **CN.3 Lack of Coordinated Care, Especially for Those with Multiple Needs** |
| **CN.3.1** | Limited coordinated care exists in Bell County for disparity groups having co-occurring behavior health needs and chronic diseases resulting from prolonged use of psychotropic medications | * [**Bell County Community Health Needs Assessment**](http://setonharkerheights.net/wp-content/uploads/2013/12/Final-Bell-County-CHNA-Written-Report-06_24_13.pdf)
 |
| **CN.3.2** | Limited coordinated care exists in Bell County for disparity groups having co-occurring behavioral health needs and STDs | * [**Texas Department of State Health Services – Health Facts Profiles**](http://www.dshs.texas.gov/chs/cfs/Texas-Health-Facts-Profiles/)
 |
| **CN.3.3** | Inconsistency in data collection which identifies health disparities and populations at risk | * [**Williamson County Epidemiology Report**](http://www.wcchd.org/statistics_and_reports/docs/2011_Epidemiology_Report.pdf)
 |
| **CN.3.4** | Fragmented system in navigating access to appropriate level of care for uninsured Williamson County residents | * [**Community Health Profile of Williamson County Precincts**](http://assets.thehcn.net/content/sites/wcchd/CHA_Final_Approved_Draft_3_15_13.pdf)
 |
| **CN.3.5** | Discontinuity of care and limited awareness of available resources and services among indigent, uninsured and Medicaid populations in Bell County leads to potentially avoidable ED and hospital utilization | * [**Bell County Community Health Needs Assessment**](http://setonharkerheights.net/wp-content/uploads/2013/12/Final-Bell-County-CHNA-Written-Report-06_24_13.pdf)
 |
| **CN. 3.6** | Care transitions and hospital readmissions (ensuring the right care is received after a hospital discharge to prevent readmission) |  |

1. Source: <http://www.census.gov/quickfacts/table/PST045216/00> [↑](#footnote-ref-1)
2. Source: <http://www.census.gov/quickfacts/table/PST045216/00> [↑](#footnote-ref-2)
3. Source: <http://www.census.gov/quickfacts/table/PST045216/00> [↑](#footnote-ref-3)
4. Source: <https://aspe.hhs.gov/2015-poverty-guidelines> [↑](#footnote-ref-4)
5. Source: <https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/temporary-assistance-needy-families-tanf-statistics> [↑](#footnote-ref-5)
6. Source: <https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/supplemental-nutritional-assistance-program-snap-statistics> [↑](#footnote-ref-6)
7. Source: <http://datacenter.kidscount.org/data#TX/5/0/char/0> [↑](#footnote-ref-7)
8. Source: <http://datacenter.kidscount.org/data#TX/5/0/char/0> [↑](#footnote-ref-8)
9. Source: <http://www.census.gov/quickfacts/table/PST045216/00> [↑](#footnote-ref-9)
10. Source: <https://rptsvr1.tea.texas.gov/adhocrpt/adgeo.html> [↑](#footnote-ref-10)
11. Source: <https://rptsvr1.tea.texas.gov/adhocrpt/adgeo.html> [↑](#footnote-ref-11)
12. Source: <http://www.countyhealthrankings.org/app/texas/2016/measure/factors/23/map> [↑](#footnote-ref-12)
13. Source: <http://www.census.gov/quickfacts/table/PST045216/00> [↑](#footnote-ref-13)
14. Source: <http://www.countyhealthrankings.org/app/texas/2016/measure/factors/23/map> [↑](#footnote-ref-14)
15. Source: <http://www.census.gov/quickfacts/table/PST045216/00> [↑](#footnote-ref-15)
16. Source: <http://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-257.pdf> [↑](#footnote-ref-16)
17. Source: <https://www.texmed.org/uninsured_in_texas/> [↑](#footnote-ref-17)
18. Source: <https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/healthcare-statistics> [↑](#footnote-ref-18)
19. ## Source:<https://www.census.gov/did/www/sahie/data/interactive/sahie.html?s_appName=sahie&s_statefips=48&s_stcou=48027,48031,48053,48331,48333,48281,48299,48411,48491&s_iprcat=0&map_yearSelector=2014&s_year=2014&menu=map_proxy>

 [↑](#footnote-ref-19)
20. Source: <https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/healthcare-statistics> [↑](#footnote-ref-20)
21. Source: <http://dshs.texas.gov/chs/hprc/tables/2016/16PCSpec.aspx> [↑](#footnote-ref-21)
22. Source: <http://dshs.texas.gov/chs/hprc/tables/2016/16PCSpec.aspx> [↑](#footnote-ref-22)
23. Source: 2012 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospital Tracking Database, <http://www.dshs.texas.gov/chs/hosp/hosp5/> [↑](#footnote-ref-23)
24. *Source:* [*http://www.dshs.texas.gov/chs/hosp/hosp5/*](http://www.dshs.texas.gov/chs/hosp/hosp5/) [↑](#footnote-ref-24)
25. Source: <http://healthdata.dshs.texas.gov/Hospital/PotentiallyPreventableHospitalizations> [↑](#footnote-ref-25)
26. Source: <http://healthdata.dshs.texas.gov/Hospital/PotentiallyPreventableHospitalizations> [↑](#footnote-ref-26)
27. Source: <https://datawarehouse.hrsa.gov/Tools/Analyzers/hpsafind.aspx> [↑](#footnote-ref-27)
28. Source: <https://datawarehouse.hrsa.gov/Tools/Analyzers/hpsafind.aspx> [↑](#footnote-ref-28)
29. Source: <http://www.census.gov/quickfacts/table/PST045216/00> [↑](#footnote-ref-29)
30. Source: <https://www.forbes.com/pictures/edgl45fihj/no-1-williamson-county-texas/#425840185a92> [↑](#footnote-ref-30)