Court House and Public Square.
Bonham, Texas.

Fannin County Community Health Needs Assessment

Fannin County Hospital Authority Board

May 30, 2019

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STROUDWATER

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Portland Headlight, whose beacon is featured in our logo, symbolizes the guidance and thought leadership we offer to clients as they navigate the challenging seas of today's healthcare industry environment.

EXECUTIVE SUMMARY

Key Findings and Takeaways

- Pre-natal/obstetric, pediatric, primary care, psychiatric and dental care are critical health needs within Fannin County
  - Data reveal each of the above services to be absent or significantly under-supplied
- Incidence of suicide and child abuse are significantly elevated above state and national averages
- Access to services is seen as greatly hindered by affordability issues as well as the supply of key needed providers
  - Fannin County does not have access to telepsych services
  - High rates of uninsured adults and children exist in Fannin County
- EMS services are over-extended due to geography and demands of prison and VA transports
- Enhancing access to preventive and wellness resources is also seen as a key need for a broad cross section of the County
- Transportation, affordable housing and educational opportunities for those not attending college are noted deficiencies currently
- On the plus side: TMC Bonham is seen as much improved in recent years and viewed as a critical resource

Key Findings, Continued

- A key element of any new or enhanced needed services endorsed and funded by FCHA is ensuring long-term financial sustainability

  - Developing partnerships may be a key strategy for developing a sustainable approach

  - FCHA funding can be leveraged as seed capital or matching funds

  - FCHA support for a grant writer will leverage local resources

  - FCHA will need to ensure appropriate oversight of programs and accountability mechanisms are in place

- Understanding approaches that are used elsewhere could also provide FCHA with insight into alternative models to enhance sustainability, accountability and efficacy

- FCHA develop a resource guide to provide education regarding available resources and services

Health Need Priorities Table

Priority	Interviews	Health Data	Community Survey Results	Strategy Sessions
Mental Health (psychiatric care, tele-psych, suicide prevention)	Yes	Yes	Yes	14 Votes
Lifestyle (wellness, nutrition, food insecurity, preventive care)	Yes	Yes	Yes	12 Votes
Primary/Pediatric Care/Women's Care/ Accessibility to Services	Yes	Yes	Yes	11 Votes
Resource Center				8 Votes
Housing	Yes	Yes	No	8 Votes
Child Abuse and Neglect	Yes	Yes	Yes	6 Votes
Maternal Fetal Health	Yes	Yes	Yes	5 Votes
Transportation	Yes	Yes	No	3 Votes
Dental Care	Yes	Yes	Yes	2 Votes

Priority 1: Mental Health

Interviews
- There is a lack of education on psychological issues for both adults and children
- Need for a program in all schools in Fannin County that helps find students who are vulnerable to depression
- In many parts of the county police get called in a mental health emergency. Training and consistency regarding mental health issues is a necessity.
- Lack of mental health providers in the county. The Children's Advocacy Center has only two people to refer to and one of those providers does not take Medicaid and the other is based in Sherman and requires transport.
- There is a need for two full time social workers. It would also be well received to have a psychologist.

Data Analysis
- Texas ranks last in the country for per-capita funding for mental illness
- Age-adjusted suicide mortality in Fannin County is double the TX average and nearly double the US average
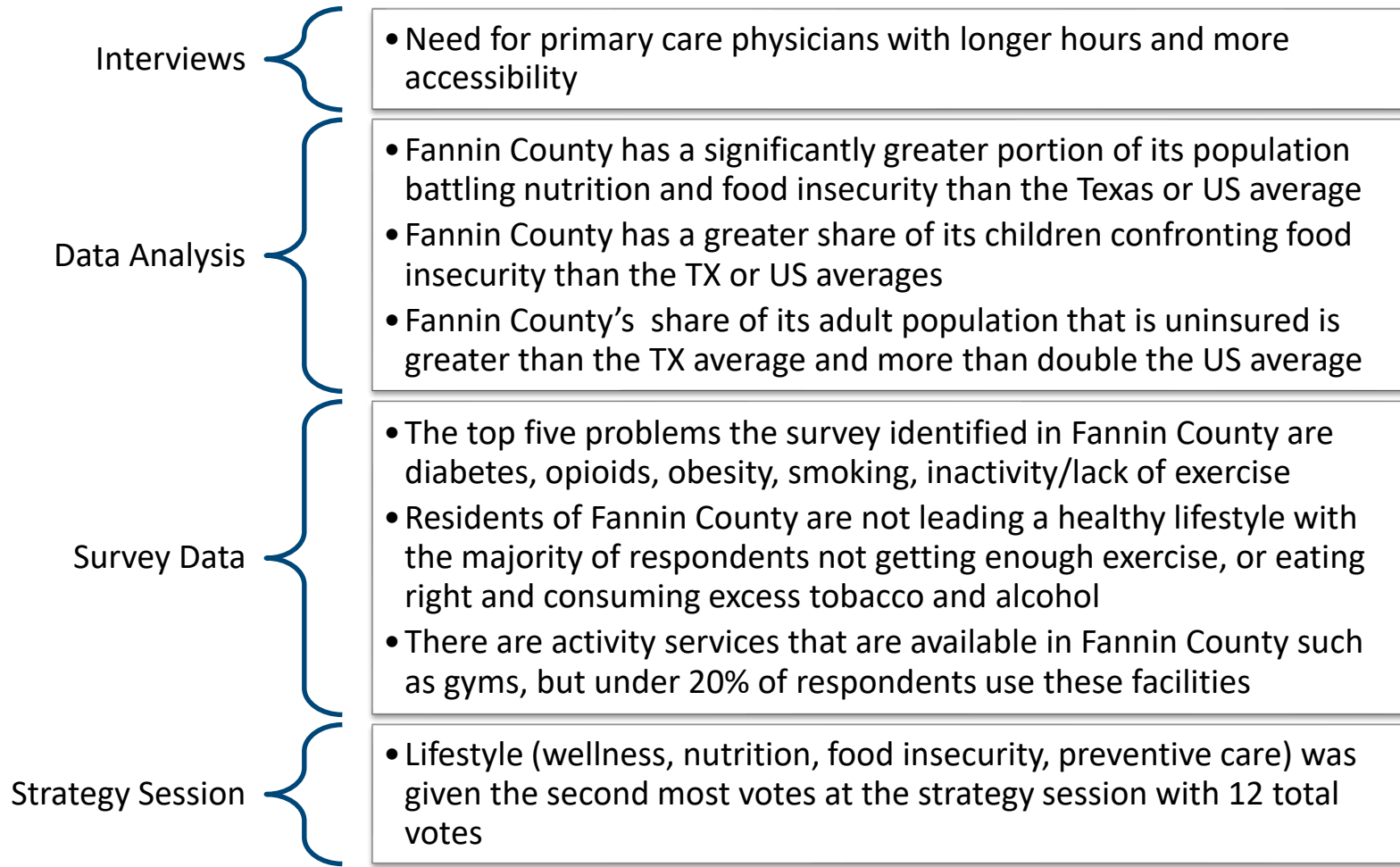- Nearly 14% of Fannin County's children age 9-17 have Emotional Disturbance or Addictive Disorders

Survey Data
- Survey respondents rated their access to mental services as extremely poor
- Respondents identified mental illness along with obesity as needing the most education and attention in the community

Strategy Session
- Mental Health was voted the number one priority by attendees of the FCHA Strategy Meeting receiving 14 votes

Priority 2: Lifestyle

Interviews
- Need for primary care physicians with longer hours and more accessibility

Data Analysis
- Fannin County has a significantly greater portion of its population battling nutrition and food insecurity than the Texas or US average
- Fannin County has a greater share of its children confronting food insecurity than the TX or US averages
- Fannin County's share of its adult population that is uninsured is greater than the TX average and more than double the US average

Survey Data
- The top five problems the survey identified in Fannin County are diabetes, opioids, obesity, smoking, inactivity/lack of exercise
- Residents of Fannin County are not leading a healthy lifestyle with the majority of respondents not getting enough exercise, or eating right and consuming excess tobacco and alcohol
- There are activity services that are available in Fannin County such as gyms, but under 20% of respondents use these facilities

Strategy Session
- Lifestyle (wellness, nutrition, food insecurity, preventive care) was given the second most votes at the strategy session with 12 total votes

Priority 3: Primary/Pediatric Care/Women's Care/Accessibility to Services

Interviews

- Currently no pediatrician practicing in the community
- Need primary care physicians in the community that accept all insurance including Medicare and Medicaid.
- Don't just need more doctors, but better more dedicated doctors as well.
- Currently no OBGYN practicing in the community
- Need a network of EMS/ambulance transport services so that they can reach individuals within 15 minutes of a call no matter where they are in the community. Worries about response time, inexperienced staff.

Data Analysis

- Fannin County has approximately 1/3 as many PCPs as the TX average per 100,000 population
- Fannin County has a modestly higher share of its adults without a regular doctor than TX. The variance with the US average is much greater.
- Fannin County has an estimated population of close to 16,000 females and there is currently no OBGYN practicing within the county. Many individuals cannot get to an OBGYN outside the county, and have little access to prenatal care.

Survey Data

- Respondents were unanimous that Fannin County needs additional healthcare providers. Over 50% of respondents identified primary care, behavioral health, pediatrics, and OBGYN as specific areas where providers are needed.
- Majority of survey responders rated the healthcare accessibility of Fannin County as fair.

Strategy Session

- Primary/Pediatric Care/Women's Care/ Accessibility to Services received 11 votes at the strategy session.

Priority 4: Resource Center

Interviews
- Need professionals to help with medication management. How and when to take. Monitoring compliance. Help with filling initial prescription AND refills. Help find the cheapest pharmacy.
- Need for navigators and professionals to help with insurance options, cost of care analysis, care options. Sometimes cost of care is assumed to be unaffordable, but may not be.

Data Analysis
- Fannin County has a much higher rate of preventable hospital visits than either the TX or US averages
- There is significant variability in income level, and insurance coverage

Survey Data
- The reputation of healthcare in Fannin County is causing individuals to seek care outside of the community. Specifically, when it comes to hospital, specialist, and primary care.
- The majority of individuals filling out the survey have never been patients at TMC-Bonham Hospital
- Individuals do not understand what the county offers in terms of services

Strategy Session
- Participants at the strategy session chose to create the priority of resource center, which received 8 votes, to help individuals without proper resources navigate the healthcare system in Fannin County and understand the services available

Priority 5: Housing

Interviews

- Limited local availability of foster homes
- There are few services and housing available for young sexual assault offenders who are above 18, but still teenagers
- Old housing stock
- Limited number of owners for multiple rental properties
- Strain on rental availability due to influx of construction workers for lakes projects

Data Analysis

- While housing cost burden in Fannin County is lower than the state and US averages, there are pockets of higher burden, including Bonham, and Honey Grove

Survey Data

- Did not appear in survey data

Strategy Session

- Received 8 votes from attendees

Priority 6: Child Abuse and Neglect

Interviews

- Educate the community on the Children's Advocacy Center, and signs/signals of abuse and child molestation
- Education for police officers on mental health and child abuse
- Need for a SANE (sexual assault nurse examiner). Currently have to refer to TMC in Denison, Wilson, and Jones. There is a need for nurses and hospital space, but the camera that would be used for identifying both sexual and physical abuse cases has been purchased.
- SANE nurses can have flexibility but sometimes need to take time off to go to court
- Need for stronger mental health support to deal with drug abuse

Data Analysis

- Fannin County is understaffed in social service workers focusing on children. The average CPS caseload per service worker per month in Fannin County was more than twice the state average.
- From 2017 to 2018 the number of alleged victims in Fannin County increased by 12%, and the number of confirmed victims increased by 25%. These factors most likely contributed to a 9.4% increase of children in CPS care.

Survey Data

- Fannin County rated poorly in addressing the health needs of infants and children

Strategy Session

- Child abuse and neglect received 6 votes

Priority 7: Maternal Fetal Health

Interviews
- Currently no OBGYN practicing in the community
- Currently no pediatrician practicing in the community

Data Analysis
- Fannin County has an estimated population of close to 16,000 females and there is currently no OBGYN practicing within the county. Many individuals cannot get to an OBGYN outside the county, and have little access to prenatal care.
- Almost 45% the mothers in Fannin County did not receive prenatal care in 2015
- As of 2016 the Texas state premature birth rate was 11.7% and fails to meet the March of Dimes goal of 8.1%

Survey Data
- Fannin County rated poorly in addressing the health needs of infants and children
- However, maternal and fetal health was not seen as a significant problem of causing disease or disability in the community

Strategy Session
- Maternal and fetal health was still seen as a priority by the strategy session attendees, but received a lower amount of votes (5 votes total)

Priority 8: Transportation

Interviews
- Need some sort of public transportation (Lyft, Uber, bus, gas vouchers etc.) so individuals without vehicles can make it to their physician appointments. TAPS no longer adequate.
- VA and prison transports and geography are a burden on ambulance / EMS services

Data Analysis
- No significant public transportation resource within the Texoma region
  - No early morning or night services
  - No taxis outside urban area
- TAPS public transportation provider has been shown to be inadequate to address transportation needs.
- Over 90 agencies providing some form of transportation in Texoma region (i.e., churches, school districts, senior living centers, etc.), however most are single purpose
- Ample opportunities for community-based organizations to provide transportation using their excess capacity

Survey Data
- Did not appear in survey data

Strategy Session
- Transportation was seen as a priority but only given 3 votes Transportation is in part grouped with accessibility, which is the third highest priority

Priority 9: Dental Health

Interviews
- Need 2-3 dentists in the community, or to incentivize local dentists to come in and provide services through a clinic. There were suggestions to partner with the Baylor School of Dentistry. Poor dental health leads to many other physical ailments.

Data Analysis
- Fannin County has less than 1/2 as many dentists as the TX average per 100,000 population, and as a result Fannin County has more than double the amount of adults with poor dental health as the Texas or US averages.

Survey Data
- Surprisingly considering Fannin County's low supply of dentists, survey respondents rated their access to dentists quite highly

Strategy Session
- Dental health was the last priority the strategy session identified with only 2 votes. Much of dental health can be grouped with Primary/Pediatric Care/Women's Care/ Accessibility to Services.

Summary of Planning Sessions

- 14 individuals attended the FCHE strategy planning meeting on Tuesday April 2nd, 2019

- These individuals reviewed the top priorities developed by Stroudwater and advised that the priority of "Accessibility" be combined with "Primary, Pediatric Care, and Women's Care," and that a new priority "Resource Center" be developed to address the need for education and guidance of what health resources Fannin County has to offer its community, and navigators and professionals to help with insurance options, cost of care analysis, care options.

- Individuals were then given 5 sticky dots or votes to distribute between the priorities to help rank them in terms of importance

- Three breakout strategy groups were formed and each group was given 3 of the top 5 voted on priorities Mental Health, Lifestyle, Primary/Pediatric Care/Women's Care/Accessibility to Services, Resource Center, and Housing

- For each priority the groups were asked to define the following:

  - Key obstacles and constraints

  - Essential resources

  - Potential community partnerships

  - Key measures/metrics

Summary of Planning Sessions – Group 1

Group 1: Mental Health, Lifestyle, and Primary/Pediatric Care/Women's Care/ Accessibility to Services. *Note group 1 reported all of their priorities together as the majority of obstacles, resources, partnerships, and measures addressed all of the priorities assigned to them.*

Obstacles and Constraints	Essential Resources	Partnerships	Measures/Metrics
• No mental health professionals • Transportation needed (only ambulance right now) • Major problem needs to be communicated to county • No substance abuse services • Parental consent is a problem for child care	• Need an OBGYN (part time) • Need pediatrician • Texas Health and Human Services can provide assistant • Part time psych services • Pet therapy/music therapy (nursing home/shut ins in particular) • Work more with schools to ID lack of support networks at home • Financial investment	• Medical community need more involvement • Texoma community center is good potential relationship • COC, Rotary, School admins,	• Continuous measurement of progress • Transportation provided • Referrals within the local medical community • Status updates • Reduce anxiety/depression measures • Maximize federal/state assistance (researcher and grant writer) • Housing problem directly related to health (what assistance is available?) • Resiliency programs in schools

Summary of Planning Sessions – Group 2

Group 2: Mental Health, Lifestyle, and Resource Center

Mental Health	Lifestyle	Resource Center
• Education and resources • Stigma of mental health is issues • Access/cost of mental health resources • Quick access to counselors/crisis workers • Work directly with school district (UT Southwestern Program) • Telepsych can help with stigma, anonymity • Group sessions/therapy (safe spaces)	• How to drive behavior? • Concentrate on young? • Diabetes education (diet, food bank education) • Work with school district • Resource center should be mobile • Need website for online queries • Build all orgs into the same site • Churches/ministerial alliances/pastor breakfasts • Work with local colleges/grad students/internships • Parental consent an issue	• Mobile? • Proactive • Website • Churches → ministerial alliance • Grad students → internships • Social workers • Parental consent issues

Group 3: Resource Center, Lifestyle, Housing

Resource Center	Lifestyle

• Bilingual
  • Bring all providers together
  • Hear For Texas (Grayson County) expanding to all types of services. Good model.
• Shared medical services building for providers
• Tax abatements for providers?
	• A&M Commerce
	  • Rural mental health grant (special funding request now with the state)
	• Texoma Health Foundation Park
	  • Integrated wellness program
	  • Wellness initiatives around the 80 acre park (activities scheduled)

Next Steps Community Action Networks/Collective Impact Models

- The next step for FCHA to address these priorities is to form a Community Action Network (CAN) to enforce a Collective Impact Model
- The key to forming an effective CAN is establishing secure partnerships within the community to help unite individuals towards the same goals and priorities
- Attendees of the FCHA strategy session and of the FCHA board need to identify representatives from influential organizations, groups, entities and other boards to be a part of the CAN

Examples of Representatives
• FCHA Board Members
• Law enforcement
• Paramedic
• District judge
• Member of the Behavioral Health Leadership Team
• Texoma Health Foundation
• Texas Department of Family and Protective Services
• Fannin Health Clinic
• Texoma Care Clinic
• Fannin County Children's Center
• TMC Bonham Hospital CEO/CFO
• Habitat for Humanity

Next Steps Community Action Networks/Collective Impact Models

- Once the CAN is established with set members and a meeting timeframe, the CAN should choose a priority to tackle and set goals for not just the CAN, but all participating organizations to make sure the community as a whole is working towards the same outcome

- The CAN should then follow the Collective Impact Model and work to fulfill the 5 Collective Impact Conditions as outlined later in this presentation

COMMON AGENDA	SHARED MEASUREMENT	MUTUALLY REINFORCING ACTIVITIES	CONTINUOUS COMMUNICATION	BACKBONE SUPPORT

Source: When Collective Impact Has an Impact: A Cross-Site Study of 25 Collective Impact Initiatives

Next Steps Community Action Networks/Collective Impact Models

There are three key roles that need to be filled to make the Collective Impact Model and Community Action Networks effective.

- Project Manager
- Data Manager
- Facilitator

Suggested solutions to this would be using FCHA funds to hire a part time grad student(s) (Masters in Public Health background or similar) or experienced professional on a part time basis to fill these positions and manage the Community Action Network.

- Texas A&M University Commerce
- UT Southwest
- Texoma Foundation of other funder

INTERVIEW SUMMARIES

Interview Roster

Name	Organization/Occupation	Area
Glynda Hackney	Trenton Medical Records	Trenton
Joyce and Mark Buchannon	Leonard Business and active civic	Leonard
Jay Minton	Citizen Activist	Bonham
Carol Piller	Executive. Director Family Crisis Center	Bonham
Dr. Dana Sisk	Texoma Care Clinic Bonham	Bonham
Joe Dale	Texas Silver-Haired Legislator	Bonham
Richard Glaser	District Attorney Fannin County	Bonham
Ken and Mary Karl	JP Honeygrove/Spec needs parents	Honey Grove
Lori Blake	District Judge	Bonham
Jan Cooper	Mayor of Ladonia	Ladonia
Judy Conner	TCOG Program Manager Area Agency on Aging	Bonham
Paul Pucket, PA-C	Pucket Clinic - Honeygrove	Honey Grove
Karola Brookshire	Texas Department of Family and Protective Services	Honey Grove
Delores Clemens	Fannin Health Clinic - Ector	Ector
Michele Lemming and Bill Wilson	Texoma Health Foundation	Denison
Charles Butler	District Judge	Bonham
Dale McQueen	Director Chamber of Commerce	Bonham
Sandy Barber	Fannin County Childrens Center	Bonham
Erin Holt	Licensed Counseor	Bonham
Cindy Glaser Bankston	Glaser Foundation	Bonham
James E. Froelich III DO FACOFP	Family Medicine	Bonham
Bill Wilson	President McCraw Oil	Bonham
Keith Whiteside	EMT	Ravenna
Denise Sanderson	Hospice	Bonham
Kelly Wilsoin	Senior Care NH Honeygrove	Honey Grove
Darrell Brewer	Retired FEMA Director for County	Bonham
Claude Caffee	Mayor of Honeygrove	Honey Grove
David Farris	Owner Sandy Creek RV Park	Telephone
Chantal Carey	President Fannin County Habitat for Humanity	Bonham
Kelly Trompler	Bonham ISD Interim Superintendent	Bonham
Dr. Jerry Hopson DDS. FAGD	Dentist	Bonham
Tony Rodriguez	City Council	Bonham
Cody Nelson	Seventh & Main Baptist Church	Savoy

Board Interviews

Rick Sheddy
Monica Kissling
Jason Walker

Scheduled but did not inteview

Tom Turner	Owner Fannin County Leader News
John Trubey	Bonham City Council Board Member
Mark Johnson	Fannin County Sheriff
Dr. Raul Garay MD	Family Medicine
Ashley Kennon	Home Health Provider

Needs: Health

Lack of Medical Specialists

- Affordability: lack of insurance or high deductible health plans are a real barrier for accessing services
- Currently no OBGYN practicing in the community
- Currently no pediatrician practicing in the community
- Need 2-3 dentists in the community, or to incentivize local dentists to come in and provide services through a clinic. There were suggestions to partner with the Baylor School of Dentistry. Poor dental health leads to many other physical ailments.
- Need for an optometrist
- Need for a cardiologist so individuals can be treated at TMC Bonham and not just stabilized and moved
- Need for an orthopedic surgeon, especially with the aging population
- SNF unit is poorly run and needs a full time gerontologist
- Psychiatry needs are underserved

Ambulatory Transport Services

- Need a network of EMS/ambulance transport services so that they can reach individuals within 15 minutes of a call no matter where they are in the community. Worries about response time, inexperienced staff.
- VA and prison transports and geography are a burden an ambulance / EMS services

Primary Care

- Need primary care physicians in the community that accept all insurance including Medicare and Medicaid
- Don't just need more doctors, but better, more dedicated doctors as well
- Extended hours
- Physician/NP home visits

Needs: Health

Transportation	Hospital	Medication Management	Health Navigators
• Need some sort of public transportation (Lyft, Uber, bus, gas vouchers etc.) so individuals without vehicles can make it to their physician appointments. TAPS no longer adequate.	• Lack of physicians on call • Dated equipment • Ex. Radiology • ER, although improved, still needs help with billing, contracting with medical services, and the size of the waiting room	• Need professionals to help with medication management. How and when to take. Monitoring compliance. Help with filling initial prescription AND refills. Help find the cheapest pharmacy.	• Need for navigators and professionals to help with insurance options, cost of care analysis, care options. Sometimes cost of care is assumed to be unaffordable, but may not be.

Needs: Mental Health

Depression/Suicide	Program for Students	Education	Mental Health Providers
• 3 young adults have committed suicide in the past 6 months • Reports of 3rd and 4th graders with anxiety/suicidal thoughts • PTSD among younger veterans	• Need for a program in all schools in Fannin County that helps find students who are vulnerable to depression • A part time employee could provide this service to the 10 school districts in the county • Resiliency programs for all ages. How to cope with life challenges.	• There is a lack of education on psychological issues for both adults and children. • In many parts of the county police get called in a mental health emergency. Training and consistency regarding mental health issues is a necessity. • Training of high schoolers for non-college careers: vocational, technical, LPN, health professions a need • Need to find a way to involve families in the conversation and invite families to school/education functions around mental health • Resources available on key health issues: compile and publicize a list of resources for County residents	• Lack of mental health providers in the county. The Children's Advocacy Center has only two people to refer to and one of those providers does not take Medicaid and the other is based in Sherman and requires transport. • There needs to be more mental health support for youth. Fannin County does not have a lot of providers and there is a significant wait for Texoma Community. • If hospital provided room for counseling, judge could order individuals to go and receive care • There is a need for two full time social workers. It would also be well received to have a psychologist. • Psych ward at TMC Bonham? • Mental health screening at the ER

Needs: Social Service

Sexual and Physical Abuse/Drug Abuse	Children / Child Abuse	Ability to Recruit and Retain Volunteers	Women Empowerment	Sexual Assault Offender Treatment
• Need for a SANE (sexual assault nurse examiner). Currently have to refer to TMC in Denison, Wilson, and Jones. There is a need for nurses and hospital space, but the camera that would be used for identifying both sexual and physical abuse cases has been purchased. • SANE nurses can have flexibility but sometimes need to take time off to go to court • Need for stronger mental health support to deal with drug abuse	• Educate the community on the Children's Advocacy Center, and signs/signals of abuse and child molestation • Education for police officers on mental health and child abuse • Limited local availability of Foster Homes	• Ability to recruit long-term volunteers including physician volunteers at the Fannin Clinic	• Need someone who can teach women empowerment at the crises center and in schools • Life skills training in the crises center and in schools is also critical	• There are few services available for young sexual assault offenders who are above 18, but still teenagers • Currently, only have one sexual offender treatment provider in Lamar County. Would be helpful if this provider could commit some of their time to Fannin County.

Challenges to Meeting Needs

Reputation	Financial Sustainability	Transparency	Communication and Collaboration	Recruitment
•Many individuals appreciate Harley and the hospital leadership, but are worried about the transition •Hospital is recovering from past poor reputation in the community even though it has improved. Many interviewees chose the hospital as a backbone of the community. "Better than people realize." Keep this going with outreach and quality.	•Concern that if money dries up programs need to be sustainable •Many individuals want to make sure that if money is put into something there is accountability for that investment •Partnerships, matching funds, seed money and leveraging FCHA funds with grant money may be important strategies •Make sure the service provided is spread through the community and not focused in one area •Give programs time to work/be revised. 6 month to yearlong trials. •$8M in bad debt/indigent care at TMC Bonham is a source of concern	•Board needs to be clear about where the money is going to go and what is being done with it •Accountability, minutes, goals, timelines, evidence-based approaches •FCHA is not equipped to manage programs. Vetting, oversight and accountability are core competencies for funding programs.	•Economic divide causes people to not trust one another •Make sure there is strong management •FCHA has no long-term plan	•Some existing doctors may not want competition •Can't recruit enough female primary care doctors

Five-Year Ideal Vision

|		
Improved EMS/ Ambulance Services	Enhanced Vocational Education/Training Options	Improved Transportation to Services
Improved Awareness of Available Resources and Services	Improved Access for Women's/ Pediatric Health Services	Recruitment of More Service Providers
Improved Access Re: Abuse and Mental Health in the Community	Positive Impact on Entire County's Wellness and Preventive Care	FCHA/Community Have a Long-Term Plan

DEMOGRAPHIC OVERVIEW

Service Area
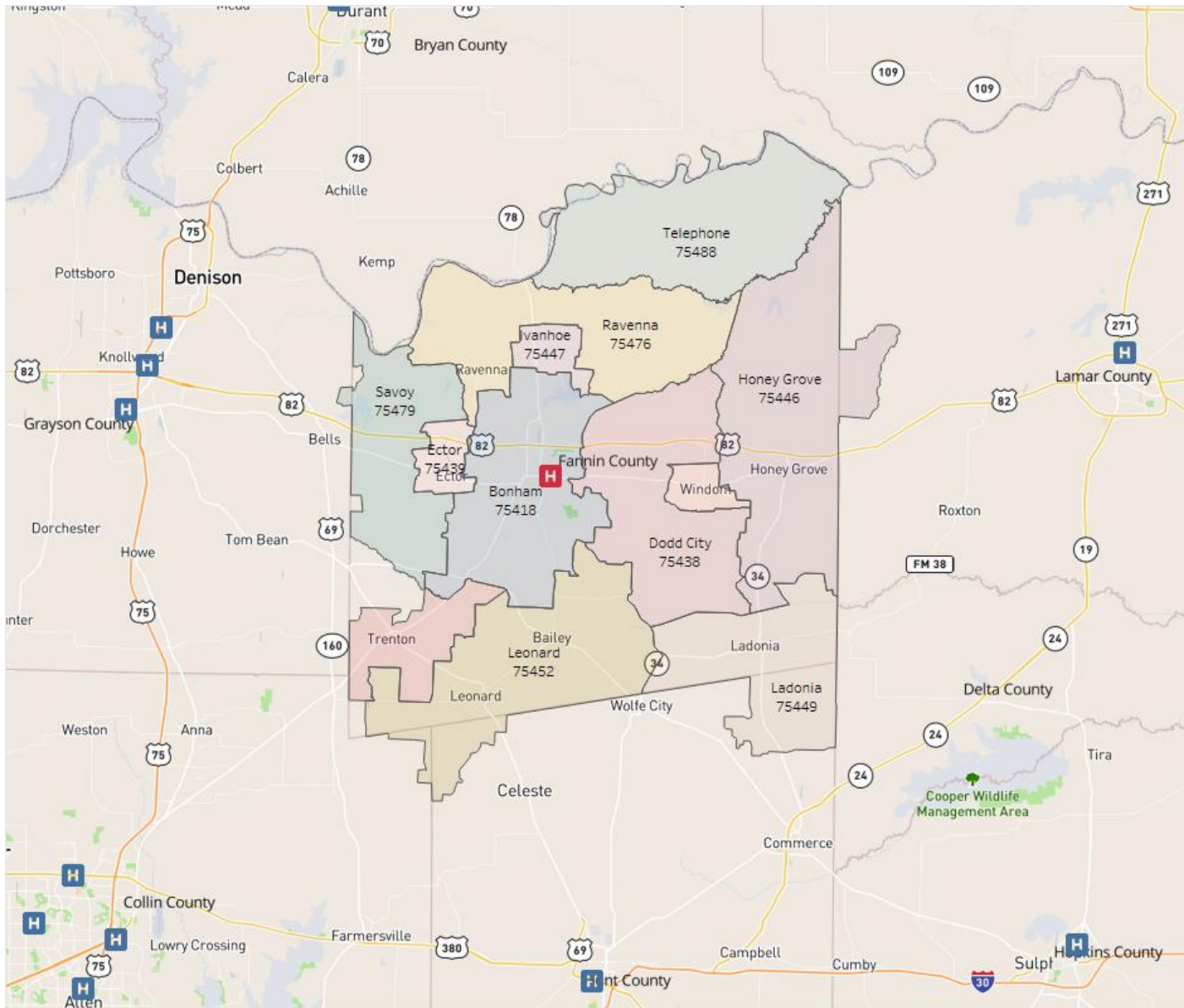
- Least populated, most rural county in Texoma region

- More limited resources compared to other NE Texas counties

Population Demographics

Service Area Population

	Current Population	5yr Estimate
	33,924	34,820

Age Groups	Current	Forecast	# Change	% Change
0-17	7,002	6,949	-53	-0.8%
18-44	11,166	11,545	379	3.4%
45-64	9,017	8,679	-338	-3.7%
65+	6,739	7,647	908	13.5%
Grand Total	33,924	34,820	896	2.6%
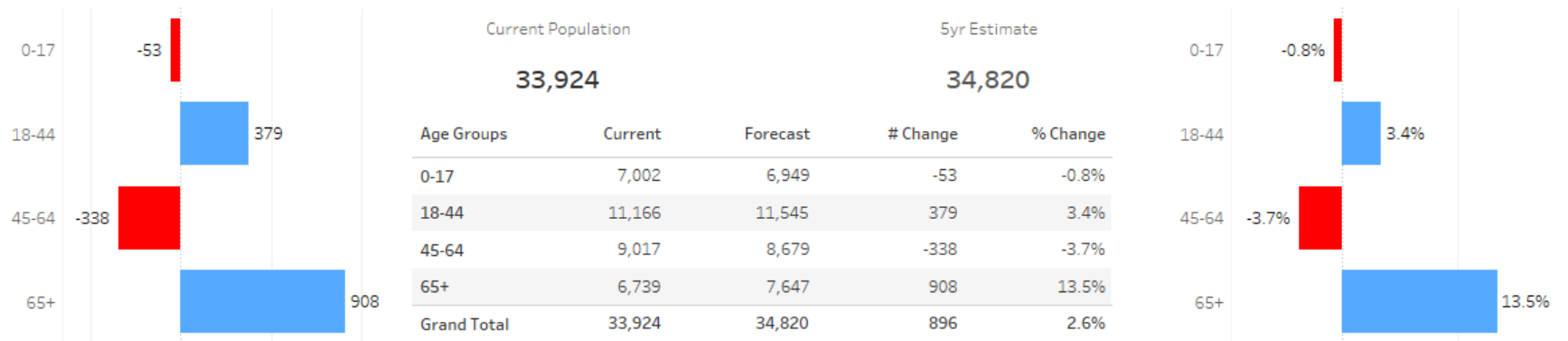
Show Population Map by Change
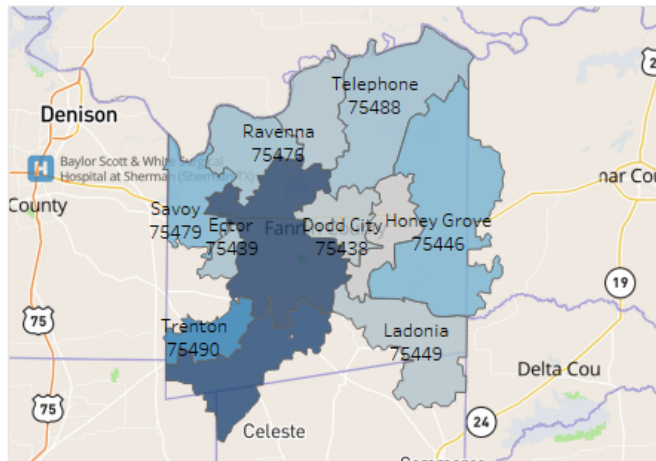
PO Name	Zip Code	Current Pop	Forecast Pop	# Change	% Change
Bonham	75418	14,121	14,400	279	2.0%
Dodd City	75438	1,145	1,156	11	1.0%
Ector	75439	963	985	22	2.3%
Honey Grove	75446	3,099	3,145	46	1.5%
Ivanhoe	75447	909	927	18	2.0%
Ladonia	75449	1,153	1,167	14	1.2%
Leonard	75452	4,896	5,162	266	5.4%
Ravenna	75476	1,656	1,684	28	1.7%
Savoy	75479	1,898	1,944	46	2.4%
Telephone	75488	1,116	1,143	27	2.4%
Trenton	75490	2,495	2,634	139	5.6%
Windom	75492	473	473	0	0.0%

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Source: Truven Health Analytics

Growth is concentrated in the age 65+ cohort and the Bonham, Leonard and Trenton corridor.

Population Demographics: In-Migration

Type
- Dental Care
- Education
- Environment
- Food
- Income
- Insurance
- Medical Care
- Mental Health
- Mortality
- Physical Health
- ● Population
- Smoking

Metric
Percent Population In-Migration

	Metric Value
Fannin County, TX	13.16
Texas	6.78
United States	6.17

A relatively high rate of in-migration may reflect folks getting priced out of the metro-plex by higher cost of living.
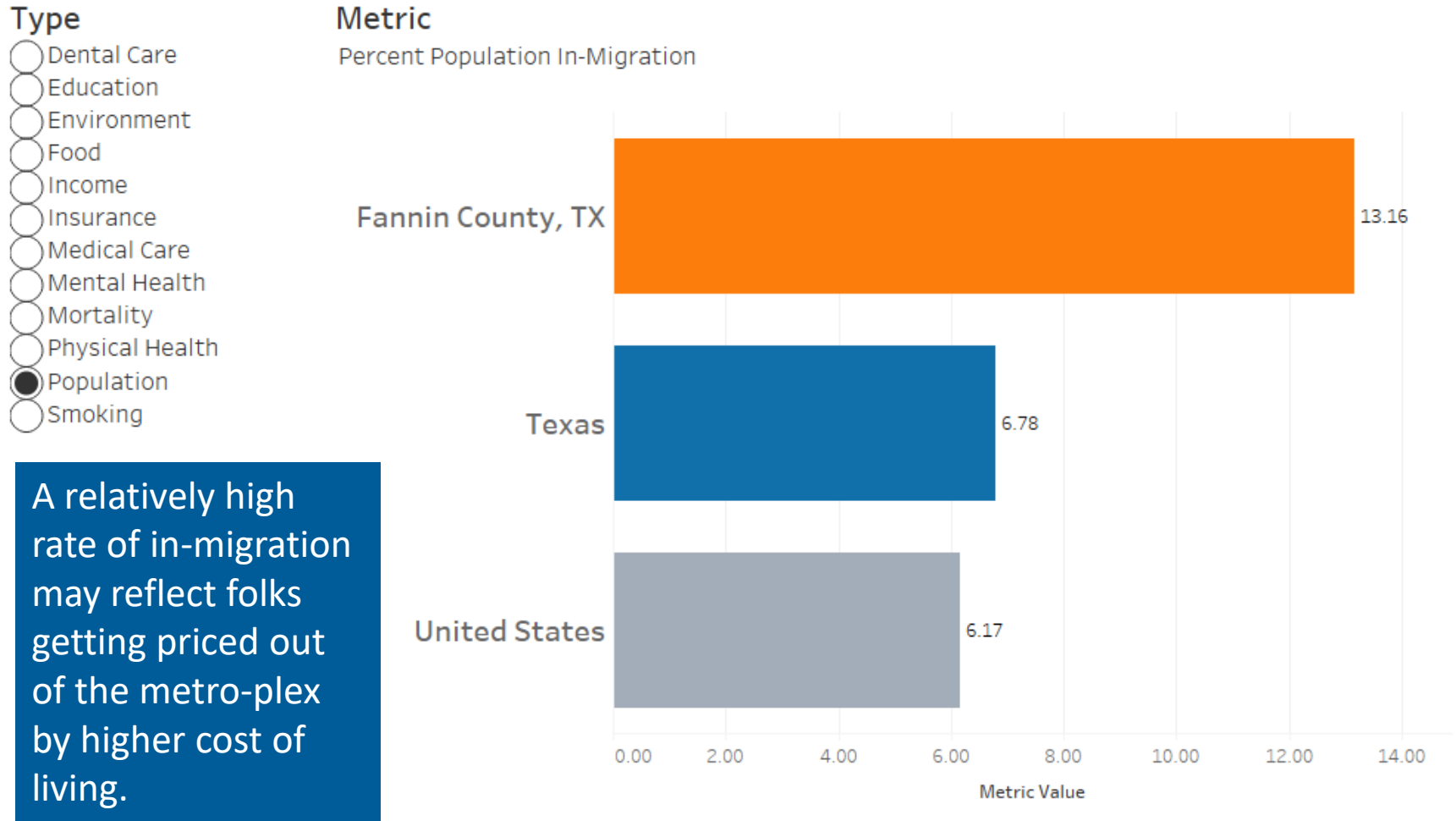
This indicator reports information about population in-migration by assessing changes in residence within a one year period. Persons who moved to a new household from outside of their current county of residence, from outside their state of residence, or from abroad are considered part of the in-migrated population.

Population Demographics: Share of Veterans

Type
- Dental Care
- Education
- Environment
- Food
- Income
- Insurance
- Medical Care
- Mental Health
- Mortality
- Physical Health
- ● Population
- Smoking

Metric
Veterans, Percent of Total Population
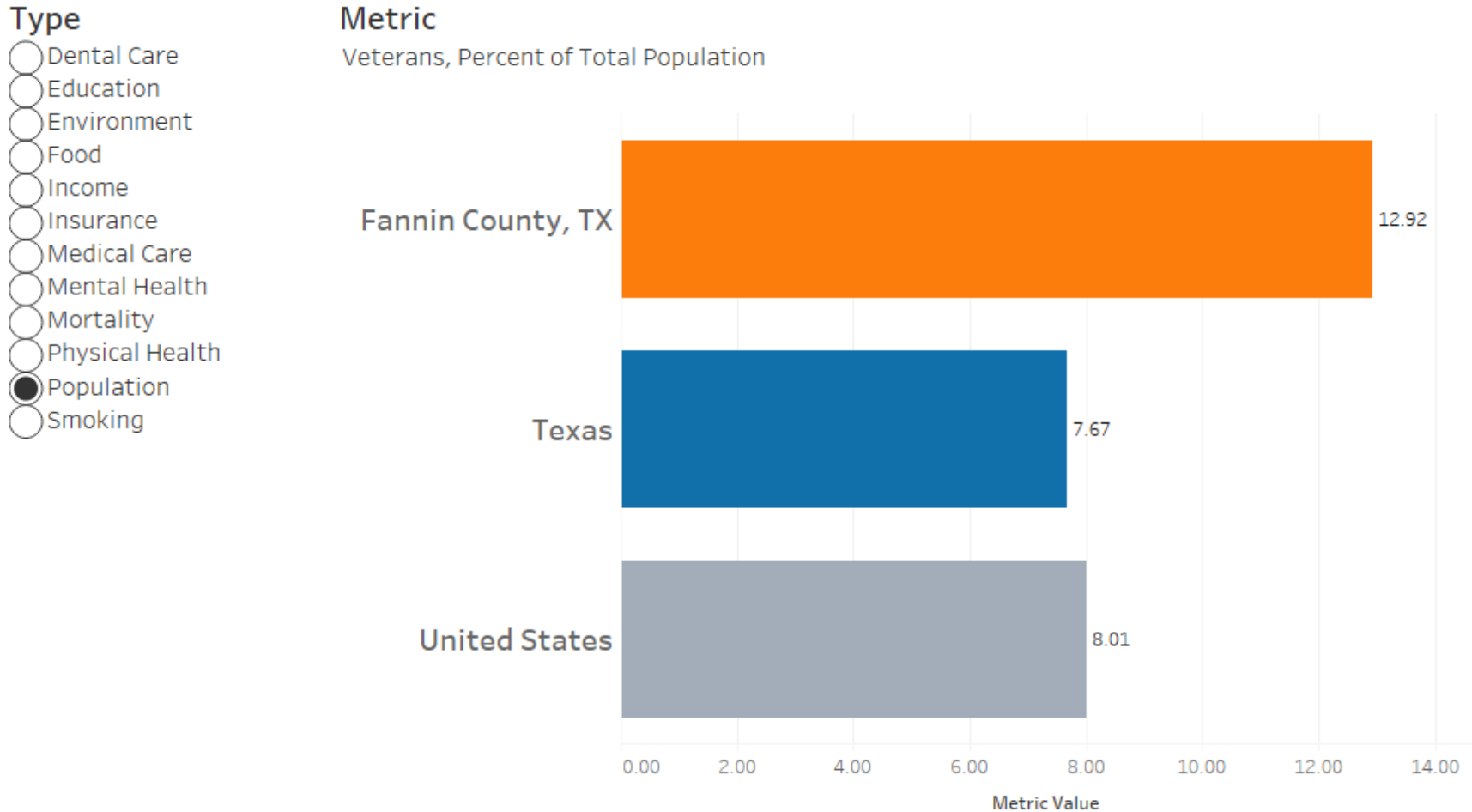
This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II.

Per Capita Income

Type
- Dental Care
- Education
- Environment
- Food
- ● Income
- Insurance
- Medical Care
- Mental Health
- Mortality
- Physical Health
- Population
- Smoking

Metric
Per Capita Income ($)

Fannin County, TX — 21,428.00
Texas — 27,828.00
United States — 29,829.00

Per Capita Income is well below both the Texas and US averages.
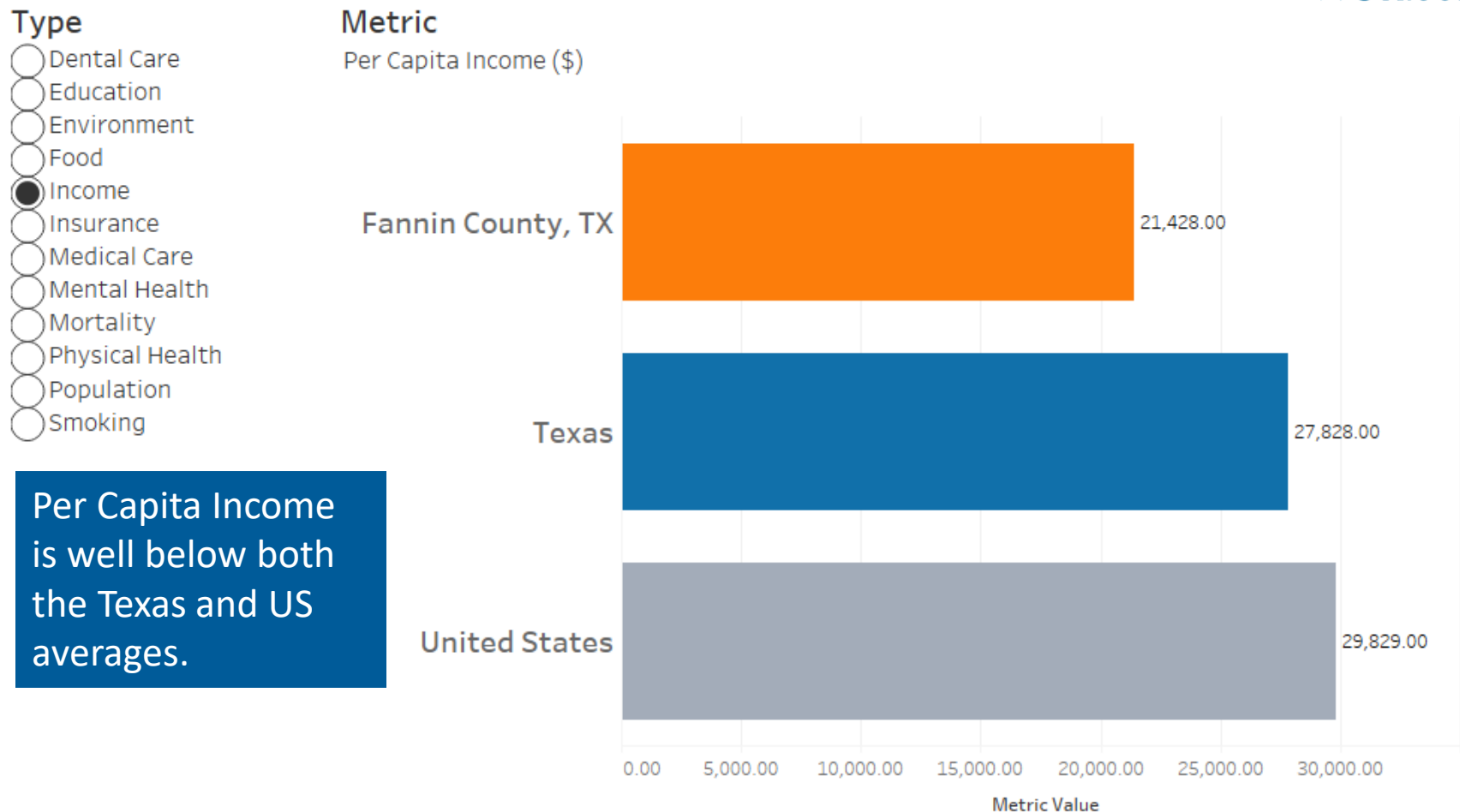
The per capita income for the report area is $21,428. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Poverty/Income Level: Public Assistance

Type
- Dental Care
- Education
- Environment
- Food
- ● Income
- Insurance
- Medical Care
- Mental Health
- Mortality
- Physical Health
- Population
- Smoking

Metric

Percent Households with Public Assistance Income
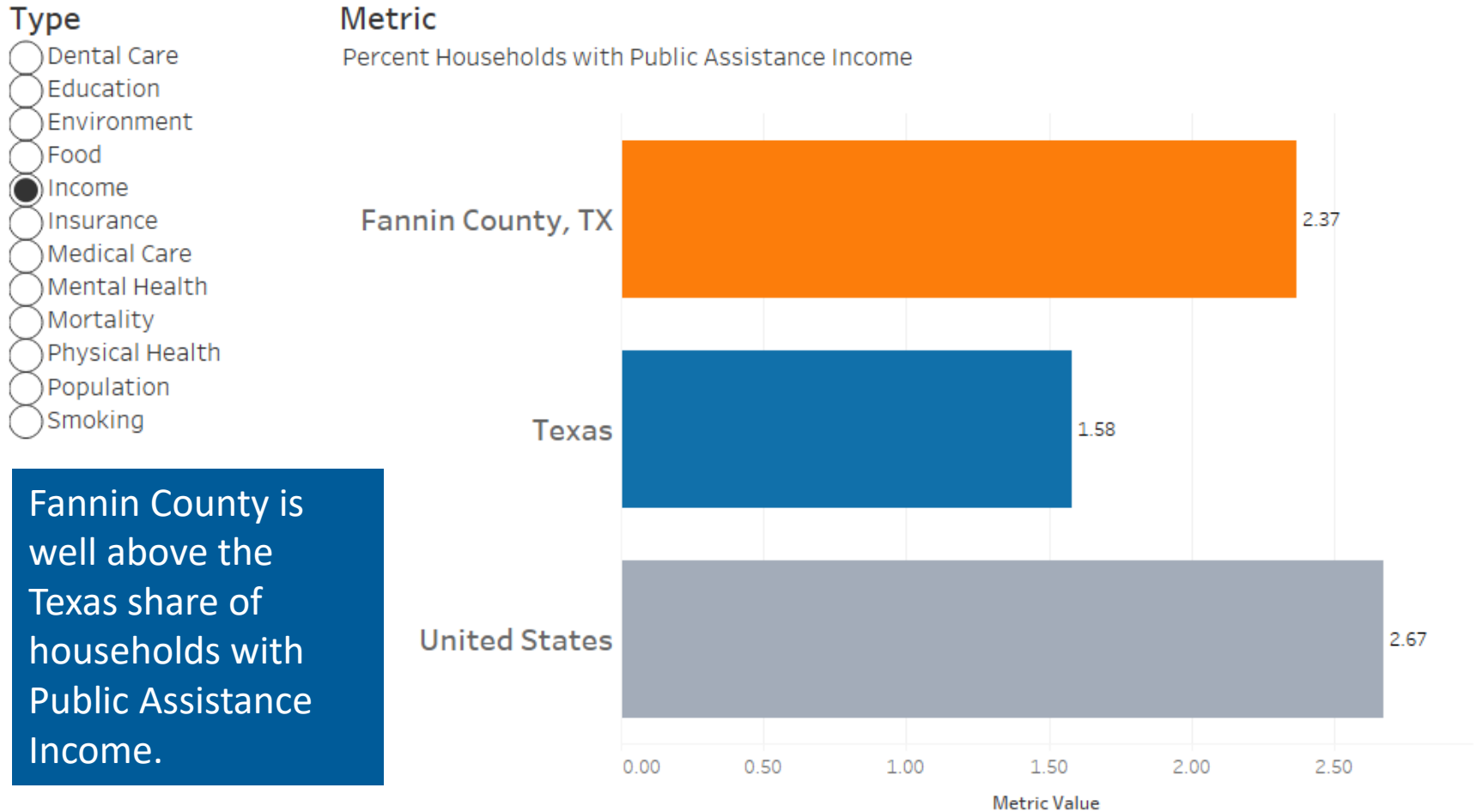
Fannin County is well above the Texas share of households with Public Assistance Income.

Region	Metric Value
Fannin County, TX	2.37
Texas	1.58
United States	2.67

This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

Poverty/Income Level

Type
- Dental Care
- Education
- Environment
- Food
- ● Income
- Insurance
- Medical Care
- Mental Health
- Mortality
- Physical Health
- Population
- Smoking

Metric
Percent Population with Income at or Below 200% FPL

Fannin County, TX — 38.82

Texas — 37.22

United States — 33.61

Metric Value

Fannin County has a greater portion of its population below 200% of the Federal Poverty Line. This finding may be mitigated by Fannin County's lower cost of living.

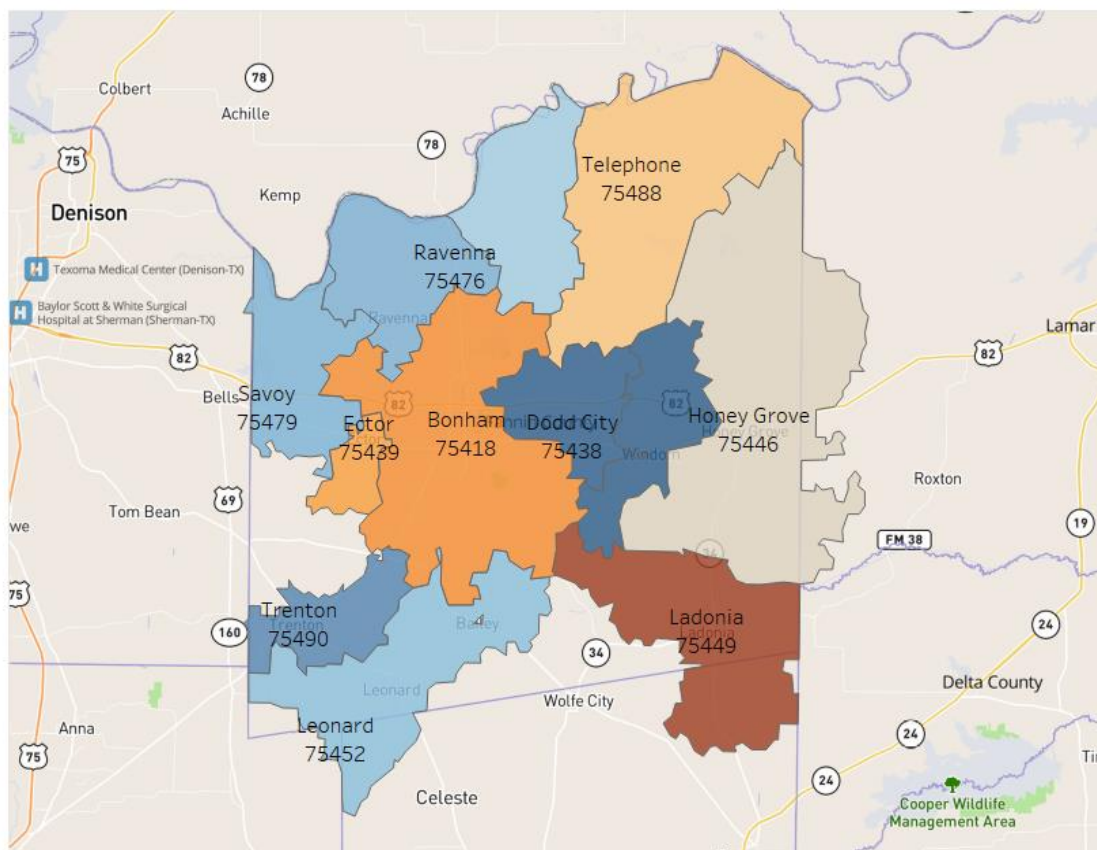In the report area 38.82% or 11,952 individuals are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Poverty/Income Level

Service Area Median Household Income

Mapzip	PO Name	Current MHHI
75492	Windom	$59,184
75438	Dodd City	$58,796
75490	Trenton	$54,857
75476	Ravenna	$50,984
75479	Savoy	$50,776
75452	Leonard	$49,736
75447	Ivanhoe	$48,289
75446	Honey Grove	$47,149
75488	Telephone	$46,301
75439	Ector	$44,063
75418	Bonham	$43,054
75449	Ladonia	$35,300

State Median (TX)

Current MHHI: $35,300 — $59,184

Source: Truven Health Analytics

There is significant variability(>$23K) in MHHI by ZIP Code within the County.

POPULATION HEALTH DATA

Low Primary Care: PCPs per 100,000
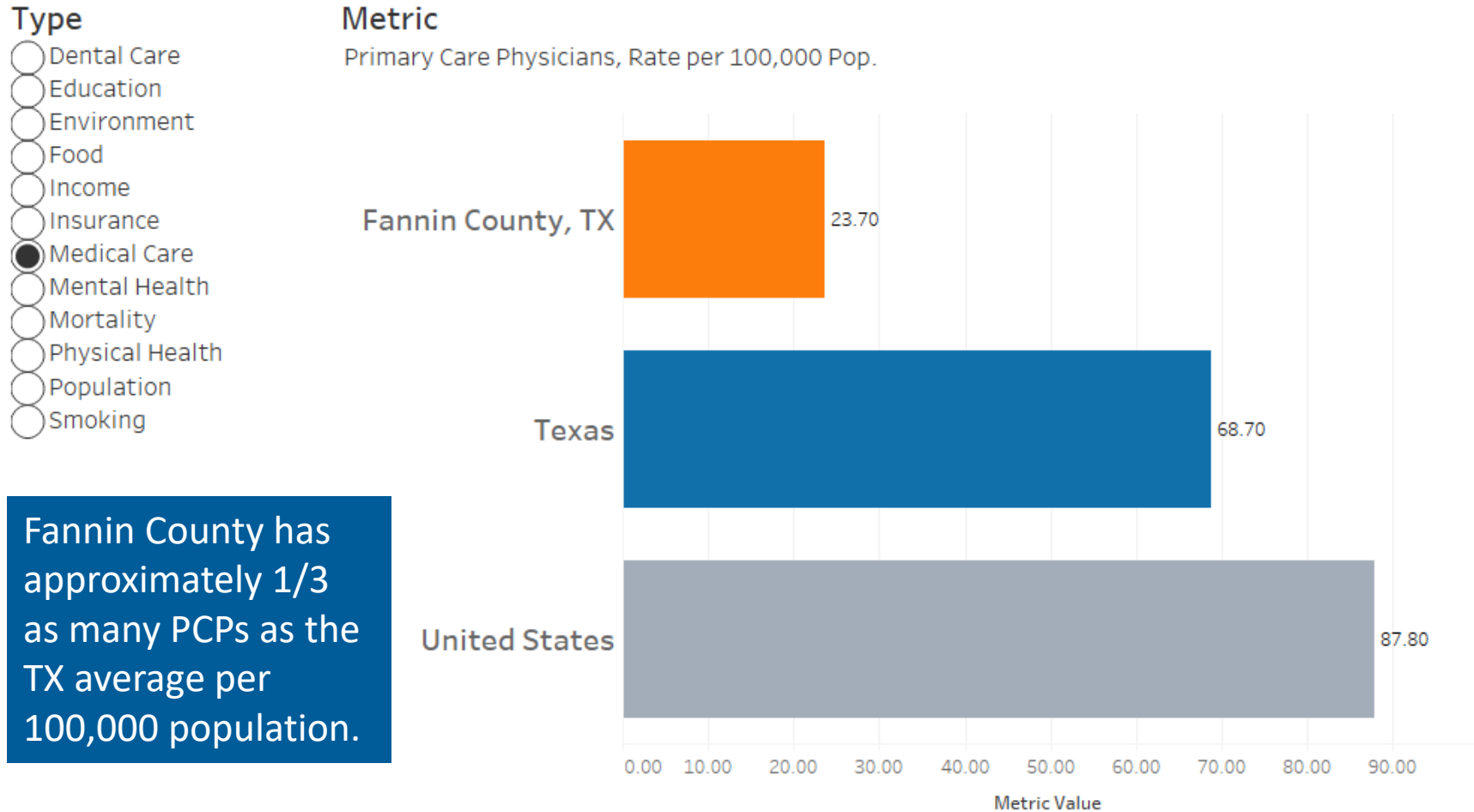
Type
- Dental Care
- Education
- Environment
- Food
- Income
- Insurance
- ● Medical Care
- Mental Health
- Mortality
- Physical Health
- Population
- Smoking

Metric
Primary Care Physicians, Rate per 100,000 Pop.

Fannin County has approximately 1/3 as many PCPs as the TX average per 100,000 population.

	Metric Value
Fannin County, TX	23.70
Texas	68.70
United States	87.80

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

Source: Community Commons

41

Low Primary Care: Adults w/o Regular Doctor
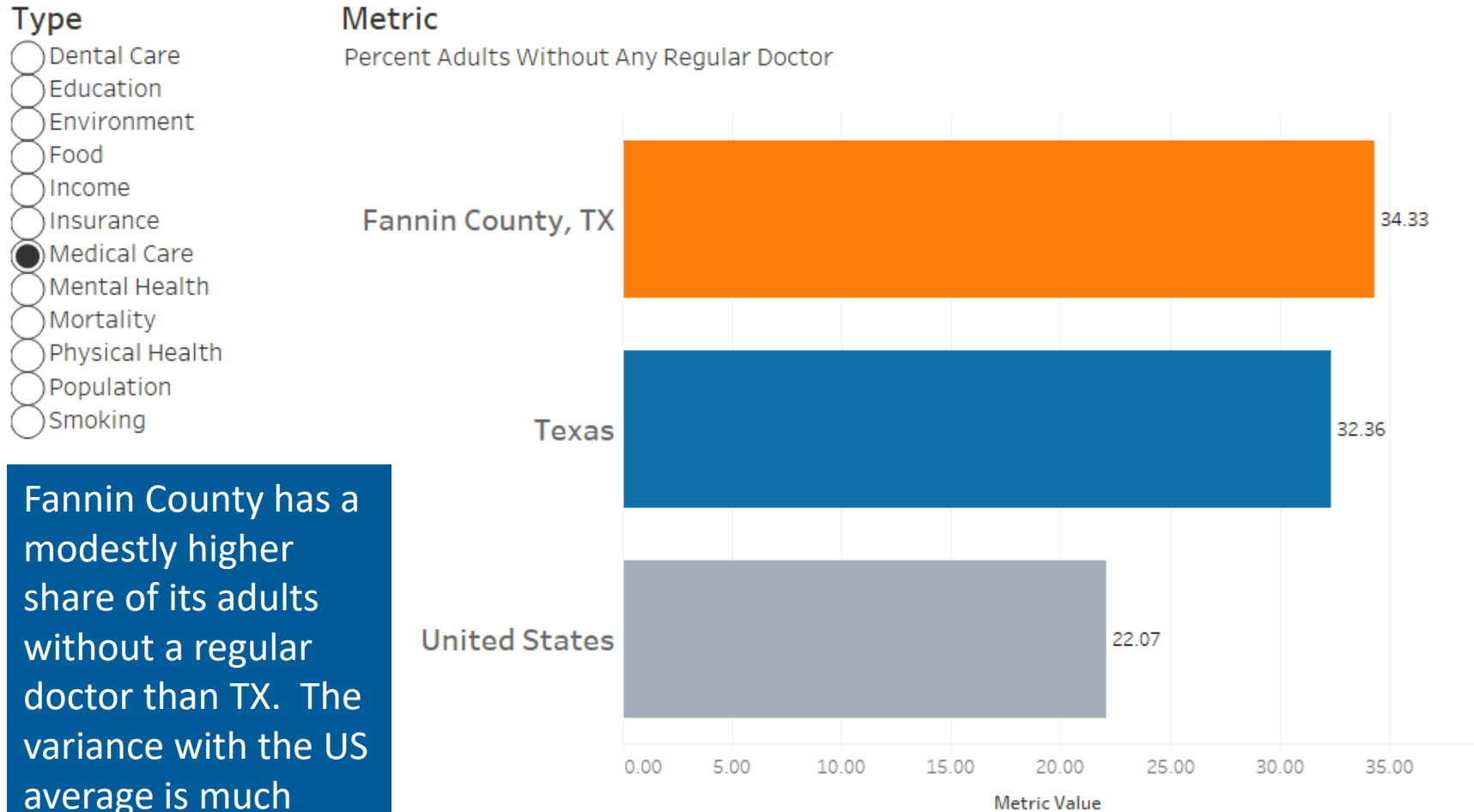
Type
- Dental Care
- Education
- Environment
- Food
- Income
- Insurance
- ● Medical Care
- Mental Health
- Mortality
- Physical Health
- Population
- Smoking

Metric
Percent Adults Without Any Regular Doctor

Fannin County has a modestly higher share of its adults without a regular doctor than TX. The variance with the US average is much greater.

This indicator reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

Preventable Hospital Visits

Type
- Dental Care
- Education
- Environment
- Food
- Income
- Insurance
- ● Medical Care
- Mental Health
- Mortality
- Physical Health
- Population
- Smoking

Metric

Preventable Hospital Visits: Ambulatory Care Sensitive Condition Discharge Rate

Fannin County, TX — 69.30
Texas — 54.30
United States — 49.90

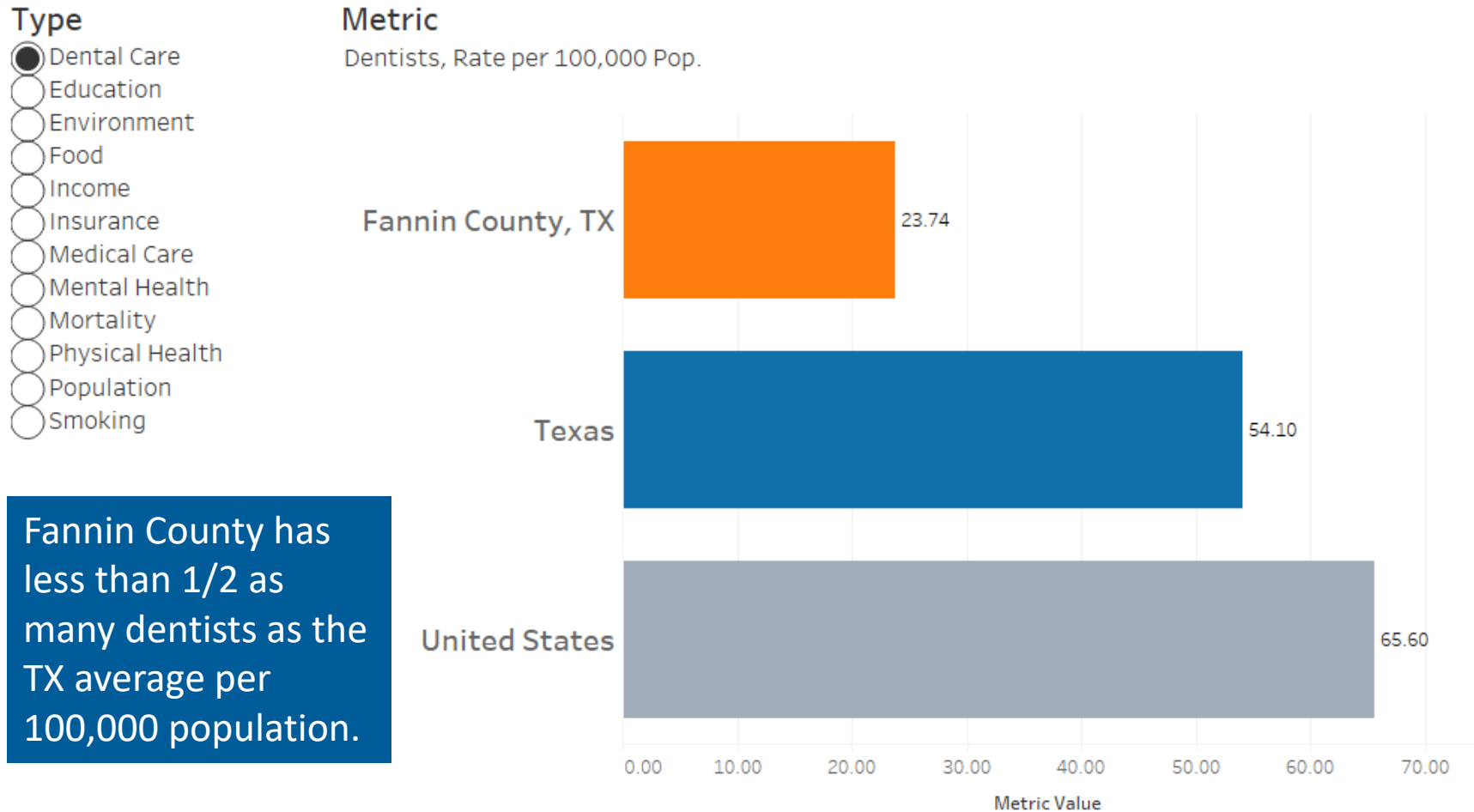Metric Value

Fannin County has a much higher rate of preventable hospital visits than either the TX or US averages.

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

Source: Community Commons

Low Dental Care: Providers per 100,000

Type
- ● Dental Care
- ○ Education
- ○ Environment
- ○ Food
- ○ Income
- ○ Insurance
- ○ Medical Care
- ○ Mental Health
- ○ Mortality
- ○ Physical Health
- ○ Population
- ○ Smoking

Metric
Dentists, Rate per 100,000 Pop.

Fannin County, TX — 23.74
Texas — 54.10
United States — 65.60

Metric Value

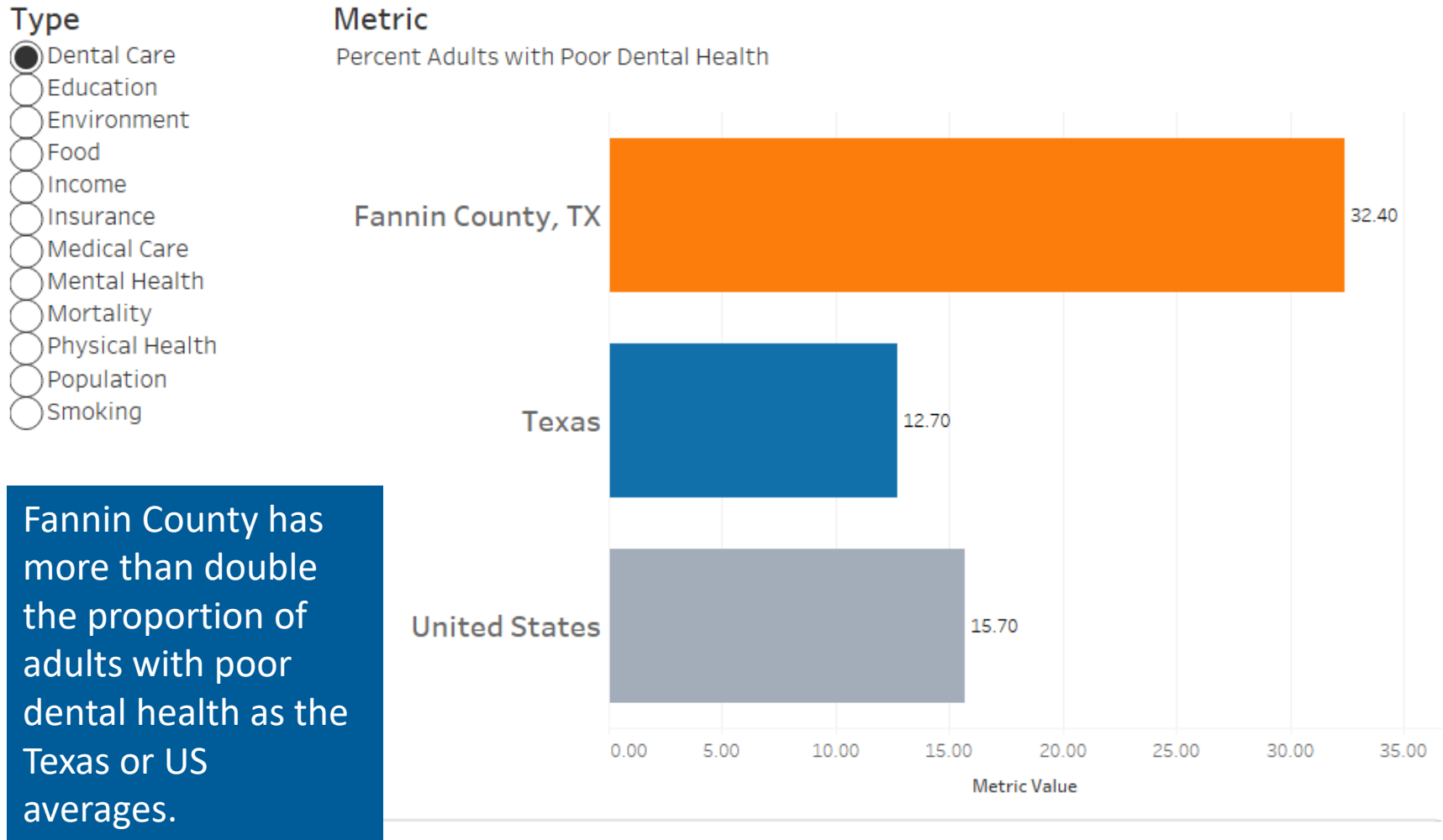Fannin County has less than 1/2 as many dentists as the TX average per 100,000 population.
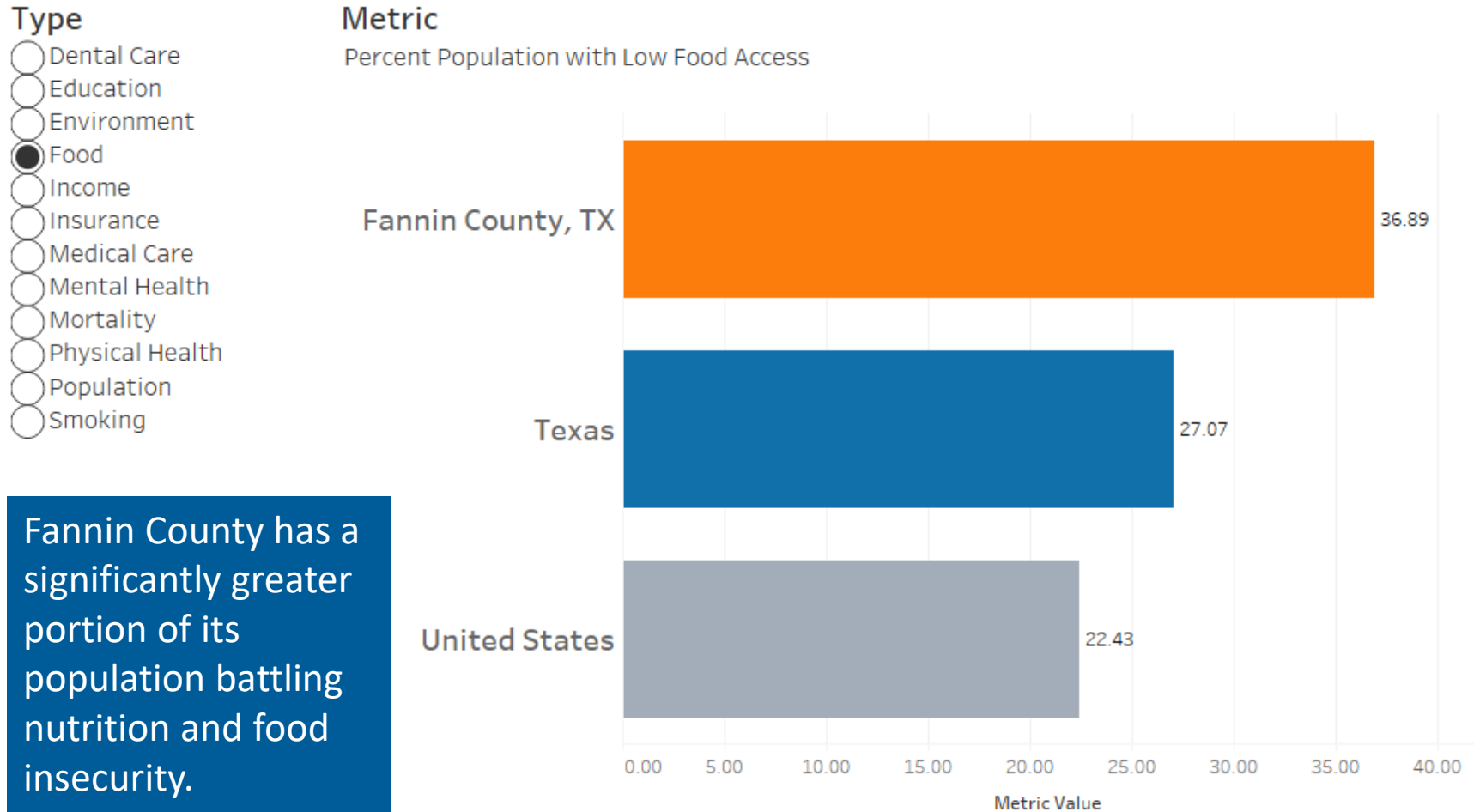
This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Low Dental Care: Poor Dental Health

Type
- ● Dental Care
- ○ Education
- ○ Environment
- ○ Food
- ○ Income
- ○ Insurance
- ○ Medical Care
- ○ Mental Health
- ○ Mortality
- ○ Physical Health
- ○ Population
- ○ Smoking

Metric
Percent Adults with Poor Dental Health

Fannin County, TX — 32.40
Texas — 12.70
United States — 15.70

Fannin County has more than double the proportion of adults with poor dental health as the Texas or US averages.
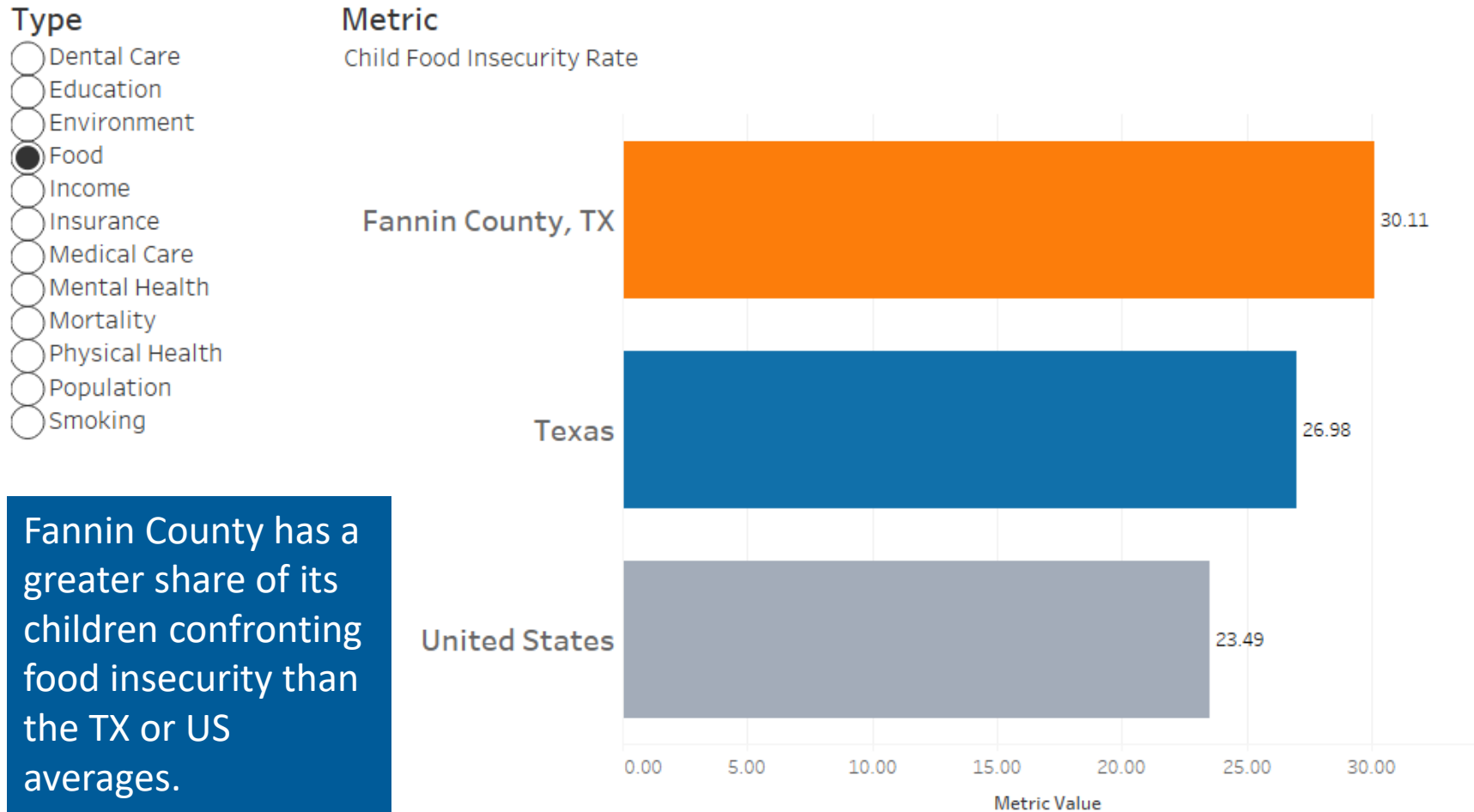
This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Source: Community Commons

Nutrition/Food Insecurity

Type
- Dental Care
- Education
- Environment
- ● Food
- Income
- Insurance
- Medical Care
- Mental Health
- Mortality
- Physical Health
- Population
- Smoking

Metric
Percent Population with Low Food Access

Fannin County, TX — 36.89

Texas — 27.07

United States — 22.43

Metric Value (0.00, 5.00, 10.00, 15.00, 20.00, 25.00, 30.00, 35.00, 40.00)

Fannin County has a significantly greater portion of its population battling nutrition and food insecurity.

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Source: Community Commons

Nutrition/Food Insecurity: Children

Type
- ○ Dental Care
- ○ Education
- ○ Environment
- ● Food
- ○ Income
- ○ Insurance
- ○ Medical Care
- ○ Mental Health
- ○ Mortality
- ○ Physical Health
- ○ Population
- ○ Smoking

Metric
Child Food Insecurity Rate

Location	Metric Value
Fannin County, TX	30.11
Texas	26.98
United States	23.49

Metric Value: 0.00 | 5.00 | 10.00 | 15.00 | 20.00 | 25.00 | 30.00

Fannin County has a greater share of its children confronting food insecurity than the TX or US averages.

This indicator reports the estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Women's Health/Family Planning

- **Fannin County has an estimated population of close to 16,000 females and there is currently no OBGYN practicing within the county**

- Mammography screening and teen birth rates are in line with TX averages but rate poorly against the best performing counties in the US

- According to the latest data from Texas Health and Human Services, there were 353 births in Fannin County in 2015

- Fannin County has a need for access to women's health and family planning. Many individuals cannot get to an OBGYN outside the county, and have little access to prenatal care.

	Fannin County	Texas	Top U.S Performers
Percent of females who get mammography screenings	59%	58%	71%
Teen births per 1,000 members of the female population ages 15-19	39	41	15

Sources:
1. County Health Rankings
2. Community Commons
3. Texas Health and Human Services

Mental Health

- Texas ranks last in the country for per-capita funding for mental illness
- Fannin County has a stronger ratio than Texas in terms of mental healthcare provider availability, but still has some considerable room for improvement in this service specialty
- **Age-adjusted suicide mortality in Fannin County is double the TX average and nearly double the US average**

	Fannin County	Texas	Top U.S Performer
Mental Health Providers In the Population	**1:990**	1:1,010	1:330

	Fannin County	Texas	United States
Suicide Mortality Age-Adjusted Death Rate per 100,000 people	**24.9**	12.16	13
Age-Adjusted Percentage Adults without Social and Emotional Support	29.2%	23.1%	20.7%

Source:
1. Community Commons
2. Texas Health and Human Services

CHILDREN'S HEALTH DATA

Overview

- The youth population in Fannin County is decreasing, with a lower rate of families with children under age 18 per household than both the Texas and national average. The child poverty level remains even with the Texas state average.

	Fannin County			
Year	2012	2015	2018	Change
Youth Population	7,442	7,190	7,080	-4.8%

	Fannin County			Texas		Top U.S Performers
Year	2012	2017	2018	2017	2018	2017/2018
Childhood Poverty	23%	23%	22%	23%	22%	12%

2016	Fannin County	Texas	United States
Families with Children Under Age 18	30.67%	37.34%	31.69%

Source:
1. 2017 Beyond ABC: Assessing the Well-Being of Children in North Texas, Children's Health Report
2. County Health Rankings
3. Community Commons
4. Texas Health and Human Services

Child Abuse Statistics for Fannin County

- Fannin County is understaffed in social service workers focusing on children. The average CPS caseload per service worker per month in Fannin County was more than twice the state average.

Statistics from the Fannin County Children's Center

- 131 children served by CASA (all children in CPS care in Fannin County)

Children's Advocacy Center 2017 Statistics

- 266 new cases opened
- 240 forensic interviews
- 959 counseling sessions
- 411 new primary and secondary victims served

Children's Health Report

- The Fannin County 2016 CPS caseload per service worker per month was 50.3
- The 2016 Texas state average was 22 cases per worker per month
- As of 2016 there were only 8 approved homes for foster care, and no residential treatment centers

Source: DFPS Texas Department of Family and Protective Services Data

Child Abuse Statistics for Fannin County

As identified in the interviews, Fannin County has a very high rate of child abuse victims compared to the average for the state of Texas.

From 2017 to 2018 the number of alleged victims in Fannin County increased by 12%, and the number of confirmed victims increased by 25%. These factors most likely contributed to a 9.4% increase of children in CPS care.

Texas Department of Family and Protective Services	Year	Fannin County	State of Texas
Victims per 1,000 children	2017	**50.31**	**38.64**
	2018	**56.25**	**37.04**
Number of Alleged Victims	2017	388	289,795
	2018	435	280,911
Confirmed Victims	2017	99	63,657
	2018	124	66,382
Children Removed from Home per 1000	2017	**7.26**	**2.65**
	2018	**4.53**	**2.73**
Children in CPS Care	2017	117	50,293
	2018	128	52,397

Source: DFPS Texas Department of Family and Protective Services Data

Prenatal Care

- **Almost 45% the mothers in Fannin County did not receive prenatal care in 2015**
- As of 2016 the Texas state premature birth rate was 11.7% and fails to meet the March of Dimes goal of 8.1%

2017 Children's Health Report Statistics	Fannin County	State Average	National Average
Percent of women who received pre-natal care	**55.8%**	**60%**	**74.1%**
Premature births (births occurring before 37 completed weeks of pregnancy)	10.5% (highest of surrounding 6 counties)	11.7%	9.6%

Uninsured/CHIP/Medicaid

2018	Fannin County	Texas	United States
Percent of Uninsured Children	**12.54%**	**9.72%**	**4.67%**
Number of Children Who Received Medical Screening Services Through Texas Health Steps (Medicaid)	1,785		

Fannin County	2015	August 2018	Growth Rate
Number of Children Enrolled in CHIP	338	459	35.7%
Number of Children Enrolled in Children's Medicaid	2,734	2,753	0.69%

- As of 2018, 38.9% of the youth population in Fannin County is enrolled in Children's Medicaid. This is a slight increase from 38.0% in 2015.
- The percentage of children enrolled in CHIP within Fannin County increased from 4.7% to 6.4% from 2015 to 2018.

Mental Health Care

- Nearly 14% of Fannin County's children age 9-17 have Emotional Disturbance or Addictive Disorders
- Emotional disturbance disorders classify as anxiety disorders, bipolar disorder, conduct disorder, eating disorders, OCD, and psychotic disorders
- Addictive disorders classify as substance abuse, substance dependence, and chemical dependence

2017 Children's Health Report Statistics	Number in Youth Population	Percent of Youth Population
Children (ages 9 – 17) with any Emotional Disturbance or Addictive Disorders	798	11%
Children (ages 9 – 17) with Serious Disturbance or Addictive Disorders	191	2.7%
Children Receiving Publicly Funded Mental Health Services through Medicaid Managed Care	62	0.9%

ISSUES AFFECTING HEALTHCARE ACCESS

Transportation Resources

- No significant public transportation resource exist in within the Texoma region
  - No early morning or night services
  - No taxis outside urban area
- TAPS public transportation provider has been shown to be inadequate to address transportation needs
  - Serves three-county Texoma region, plus Clay, Montague, and Wise
  - Must schedule 48 hours in advance
  - M-F 7am-3pm only; no weekend service
  - If denied due to capacity, customers must call to check for cancellations
  - Needs much coordination to ensure service availability
  - Loss of some grant funding in FY 2016
  - Reduction in service has impacted many residents
- Over 90 agencies providing some form of transportation in Texoma region (i.e., churches, school districts, senior living centers, etc.)
  - Almost all are single-purpose
  - Most are restricted from serving clients of other organizations
- Ample opportunities for community-based organizations to provide transportation using their excess capacity

Source: 2017-2021 Texoma Regional Coordinated Transportation Plan, Planning Region 22 (Cooke, Fannin, Grayson Counties)

Table 7. Snapshot of Population and Demographic Characteristics Demonstrating Transportation Need.

Variable	Texoma vs. State	Largest Concentration
Population Density	Below State Average	Grayson
Elderly (Age 65 and older)	Above State Average	Fannin, but similar in all three counties
Youth (Age 19 and younger)	Below State Average	Cooke, but similar in all three counties
Individuals with Disabilities	Above State Average	Fannin, but similar in all three counties
Below Poverty Level	Below State Average	Fannin
No Vehicle Available	Slightly Below State Average	Grayson
Veteran Population	Above State Average	Fannin

Fanning County has a high proportion of population characteristics often requiring transportation: elderly, disabled, poor and veteran

Source: 2017-2021 Texoma Regional Coordinated Transportation Plan, Planning Region 22 (Cooke, Fannin, Grayson Counties)

Housing

Interviewees identified the lack of housing and/or affordable housing as a barrier to services, particularly for low-income persons.

- Old housing stock
- Limited number of owners for multiple rental properties
- Strain on rental availability due to influx of construction workers for lakes projects

Table 17: Focus Group Findings, by County

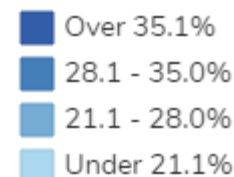| CSBG Community Needs Assessment Focus Group Summary		
Fannin	Grayson	Cooke
Utility Assistance	Childcare – Accessible/Affordable	Utility Assistance
Transportation Issues	Transportation Issues	Medical Issues
Medical issues	Medical Issues	Transportation Issues
Childhood Poverty	Lack of Access to Food	Housing Issues
Need for Jobs	Lack of Early Childhood Education	Need for Jobs
Affordable Housing	Emergency/Affordable Housing	

Source: TCOG Directed Focus Groups in Cooke, Fannin, and Grayson counties
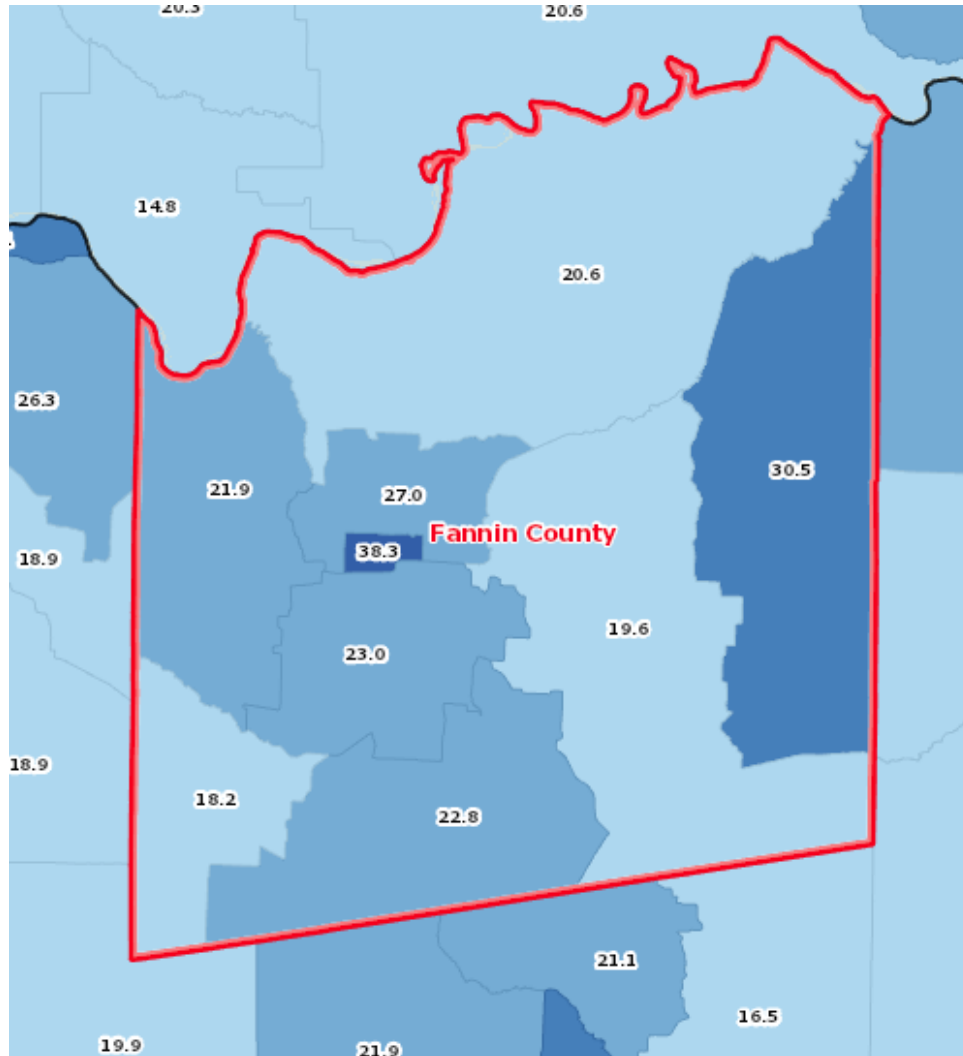
Housing

- Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Census Tract
- While housing cost burden in Fannin County is lower than the state and US averages, there are pockets of higher burden, including
  - Bonham
  - Honey Grove

Cost Burdened Households	Percent
Fannin County	24.5%
Texas	30.0%
United States	32.9%

Legend:
- Over 35.1%
- 28.1 - 35.0%
- 21.1 - 28.0%
- Under 21.1%

Source: TCOG 2019-2021 Community Needs Assessment

Uninsured Population

Type
- ○ Dental Care
- ○ Education
- ○ Environment
- ○ Food
- ○ Income
- ● Insurance
- ○ Medical Care
- ○ Mental Health
- ○ Mortality
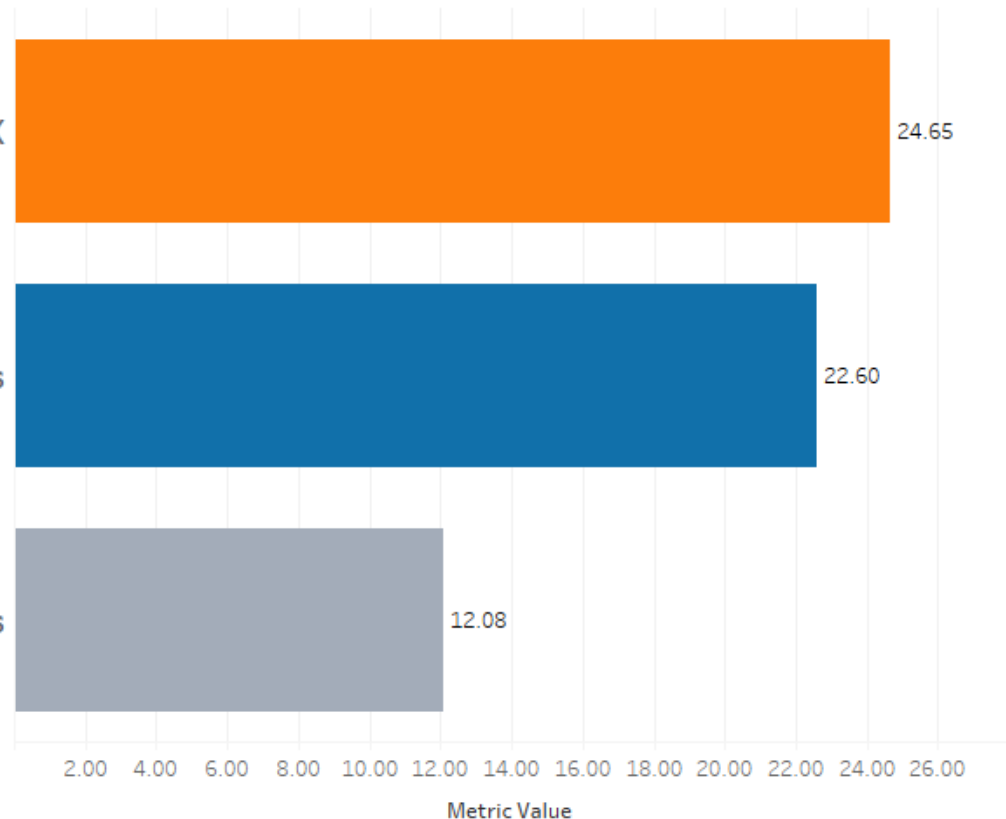- ○ Physical Health
- ○ Population
- ○ Smoking

Metric
Percent Adult Population Without Medical Insurance

	Metric Value
Fannin County, TX	24.65
Texas	22.60
United States	12.08

Fannin County's share of its adult population that is uninsured is greater than the TX average and more than double the US average.

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Uninsured Population

Type

○ Dental Care
○ Education
○ Environment
○ Food
○ Income
● Insurance
○ Medical Care
○ Mental Health
○ Mortality
○ Physical Health
○ Population
○ Smoking

Metric

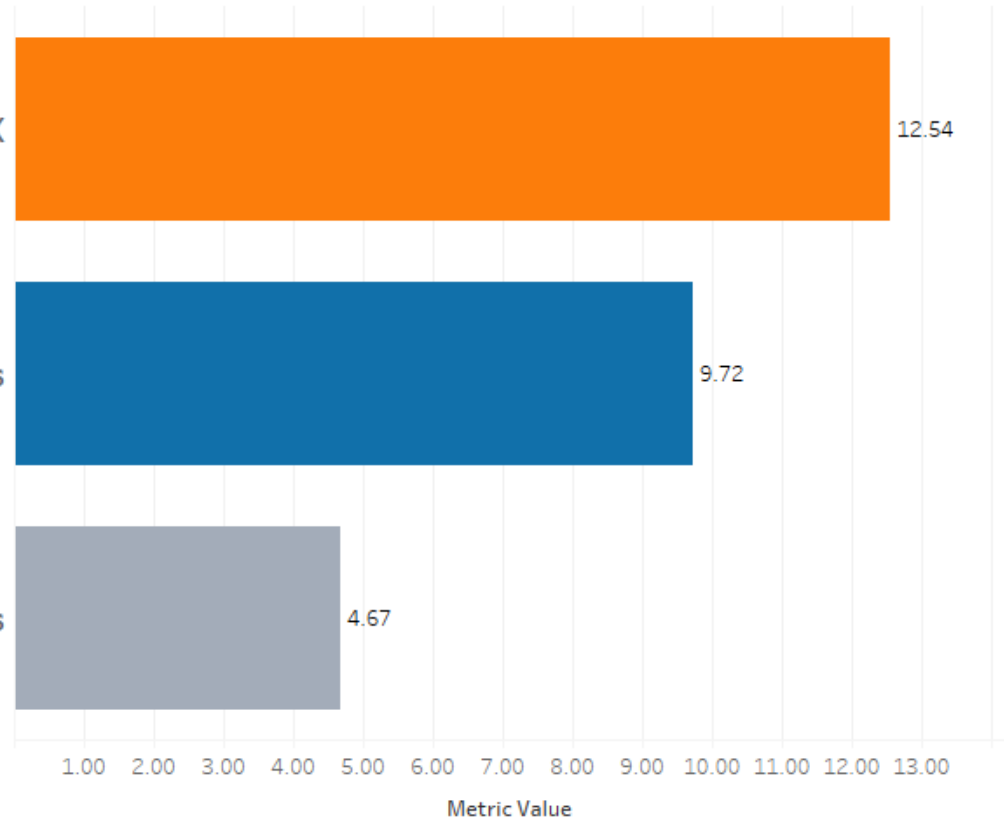Percent Child Population Without Medical Insurance

Fannin County's share of its child population that is uninsured is significantly greater than the TX average and almost triple the US average.

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

COMMUNITY SURVEY RESULTS

Observed Survey Biases

Selection Bias: The individuals who filled out this survey are not completely representative of the community as a whole.

- Higher educated
- Higher income
- Healthier
- Better access and transportation ability
- White/Caucasian
- Female

Question Summaries – Healthcare Perceptions and Satisfaction

Majority of survey responders rated the healthcare accessibility and quality of Fannin County as fair.

Question	Very Good	Good	Fair	Poor	Very Poor	Weighted Average
In general, how would you rate the accessibility to healthcare in your community?	3.07%	25.65%	44.35%	21.30%	5.65%	3.01
In general, how would you rate the overall quality of the healthcare delivered to our community?	3.46%	26.84%	41.13%	22.08%	6.49%	3.01
In general, how would you rate the overall quality of TMC-Bonham Hospital?	9.21%	21.93%	42.98%	18.42%	7.46%	2.93

Question Summaries – Healthcare Perceptions and Satisfaction

How would you rate your access to each of the following services in Fannin County?		

The higher the waited average the poorer the access.

Family planning services, public health department, specialist physician care, mental health services, and urgent/express care were the top five poorest rated services in terms of access.

SERVICES	TOTAL RESPONDANTS	WEIGHTED AVERAGE
Pharmacy	227	2.06
Ambulance Service	218	2.23
Home Health	177	2.42
Hospice	165	2.44
Dentists	217	2.59
Chiropractor	185	2.62
Emergency Room	224	2.78
Primary Care	220	2.8
Eye Doctor/Optometrist	209	2.85
School Nurse	160	2.98
Gym/Fitness Center	204	2.99
Outpatient Services	190	3.12
Hospital/Inpatient Services	205	3.15
Nursing Home	198	3.18
Child Care	162	3.26
Family Planning Services	137	3.41
Public Health Department	172	3.51
Specialist Physician Care	197	3.93
Mental Health Services	175	3.95
Urgent/Express Care	193	4.13

Question Summaries – Healthcare Perceptions and Satisfaction

The reputation of healthcare in Fannin County is causing individuals to seek care outside of the community. Specifically, when it comes to hospital, specialist, and primary care.

	Hospital	Urgent Care	Specialist	Pediatrician	Primary Care	Other	Total Responses Who Said Yes
Over the past two years, did you or your household receive healthcare services outside your county?	33.65%	10.58%	22.60%	7.21%	21.15%	2.88%	208

	Cost	Convenience	Reputation	Other	Total Responses Who Said Yes
If Yes, what was the reasoning behind choosing to receive services outside of your county?	1.75%	6.14%	55.26%	35.96%	114

Question Summaries – Healthcare Perceptions and Satisfaction

The majority of individuals filling out the survey have never been patients at TMC-Bonham Hospital.

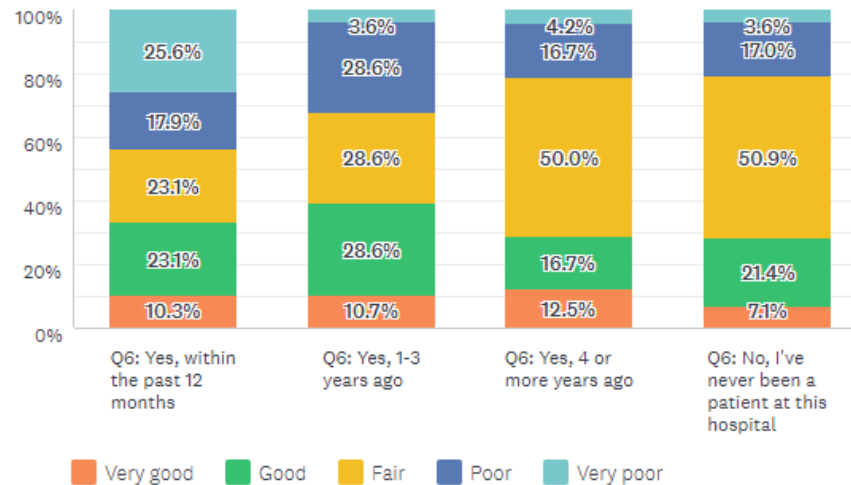|	Yes, within the past 12 months	Yes, 1-3 years ago	Yes, 4 or more years ago	No, I've never been a patient at this hospital
Have you ever been a patient at TMC-Bonham Hospital?	17.03%	12.23%	21.40%	49.34%

Question Summaries – Healthcare Perceptions and Satisfaction

The 17.03% or 39 individuals who used the hospital in the past 12 months, and the 28 individuals who used the hospital within the past 1-3 years all gave the hospital lower quality scores than those who had never been to TMC Bonham or whose last visit was over 4 years ago.

In general, how would you rate the overall quality of TMC-Bonham Hospital?

Answered: 227   Skipped: 2

		VERY GOOD	GOOD	FAIR	POOR	VERY POOR	TOTAL
▼	Q6: Yes, within the past 12 months	10.3% 4	23.1% 9	23.1% 9	17.9% 7	25.6% 10	17.2% 39
▼	Q6: Yes, 1-3 years ago	10.7% 3	28.6% 8	28.6% 8	28.6% 8	3.6% 1	12.3% 28
▼	Q6: Yes, 4 or more years ago	12.5% 6	16.7% 8	50.0% 24	16.7% 8	4.2% 2	21.1% 48
▼	Q6: No, I've never been a patient at this hospital	7.1% 8	21.4% 24	50.9% 57	17.0% 19	3.6% 4	49.3% 112
▼	Total Respondents	21	49	98	42	17	227

70

Question Summaries – Healthcare Perceptions and Satisfaction

In your opinion, how significant of a problem are the following causes of disease or disability in our community?

	TOTAL	WEIGHTED AVERAGE
Sexually Transmitted Diseases	104	2.19
Trauma	150	2.26
Teen Pregnancy	139	2.27
Maternal/Fetal Health	130	2.3
Pneumonia/Flu	182	2.31
Stroke	163	2.33
Suicide	175	2.33
Psychotic Disorders (ex. Schizophrenia)	146	2.36
Respiratory Disease	173	2.4
Post Traumatic Stress Disorder	155	2.44
Anxiety Disorders	182	2.48
Mood Disorders (ex. Depression)	188	2.55
Heart Disease	186	2.59
Cancer	190	2.61
Alcoholism	182	2.63
Diabetes	188	2.64
Opioids	177	2.68
Obesity	206	2.7
Smoking	203	2.71
Inactivity/Lack of Exercise	209	2.71

The top five problems the survey identified in Fannin County are diabetes, opioids, obesity, smoking, inactivity/lack of exercise.

Other problem areas that had high weighted averages were alcoholism, cancer, heart disease, mood disorders, and anxiety disorders.

Question Summaries – Healthcare Perceptions and Satisfaction

In your opinion, what areas need additional education or attention in our community?

Answer Choices	Responses
Mental Illness	66.06%
Obesity	66.06%
Abuse/Violence	62.44%
Poverty	59.73%
Aging (Dementia)	57.01%
Suicide	56.11%
Opioids	54.30%
Lack of Health Insurance	54.30%
Alcohol	52.49%
Tobacco Use	51.58%
Exercise/Fitness	50.68%
Preventative Healthcare	50.68%
Nutrition	49.77%
Neglect	44.34%
Chronic Diseases	42.99%
Family Planning/Birth Control	40.27%
Wellness Education	39.37%
Water Quality	38.01%
Child Care	37.56%
Transportation	37.56%
Pain Management	32.13%
Vaccinations	30.77%
Teen Pregnancy	29.86%
Alternative Medicine	23.08%
Sexually Transmitted Diseases	22.62%
Lead Exposure	5.43%
Ozone	2.71%
Other (please specify)	

Mental illness and obesity were the top two areas respondents identified as needing the most education and attention in the community.

Question Summaries – Healthcare Perceptions and Satisfaction

Fannin County rated poorly in addressing the health needs of infants, children, and elderly.

How would you rate our local healthcare delivery system in addressing the health needs of the following age groups?							
	VERY GOOD	GOOD	FAIR	POOR	VERY POOR	TOTAL	WEIGHTED AVERAGE
Infants	0.57% 1	12.50% 22	28.98% 51	28.98% 51	28.98% 51	176	3.73
Age 1-17	0.53% 1	12.63% 24	38.42% 73	29.47% 56	18.95% 36	190	3.54
Females Age 18-44	0.00% 0	19.17% 37	44.04% 85	24.87% 48	11.92% 23	193	3.30
Males Age 18-44	0.52% 1	18.85% 36	51.83% 99	19.37% 37	9.42% 18	191	3.18
Females Age 45-64	1.01% 2	20.10% 40	45.73% 91	21.61% 43	11.56% 23	199	3.23
Males Age 45-64	0.51% 1	21.32% 42	48.73% 96	19.29% 38	10.15% 20	197	3.17
Age 65-84	1.52% 3	19.80% 39	45.18% 89	21.32% 42	12.18% 24	197	3.23
Over 85	1.62% 3	17.84% 33	37.84% 70	24.86% 46	17.84% 33	185	3.39

Question Summaries – Healthcare Perceptions and Satisfaction

Respondents were unanimous that Fannin County needs additional healthcare providers. Over 50% of respondents identified primary care, behavioral health, pediatrics, and OBGYN as specific areas where providers are needed.

	Yes	No
Does our community need additional healthcare providers?	98.67%	1.33%

	Primary	Behavioral Health	Pediatrics	OBGYN	Other Medical and Surgical Specialties
If Yes, please specify in which areas additional providers are needed	70.27%	61.71%	62.16%	60.81%	43.24%

Fannin County Health Practices

	Very Good	Good	Fair	Poor	Very Poor
In general, how would you best describe your health?	16.36%	63.18%	16.36%	3.64%	0.45%

	Much Better than a year ago	About the same	Much worse than a year ago
Compared to a year ago, how would you rate your overall health now?	16.89%	78.08%	5.02%

	Yes	No
Does your household have a provider you use for primary care?	89.04%	10.96%
Have you had a physical in the past 12 months?	80.91%	19.09%

Fannin County Health Practices

Residents of Fannin County are not leading a healthy lifestyle, with the majority of respondents not getting enough exercise, or eating right and consuming excess tobacco and alcohol.

	Yes	No	N/A	Texas
If over 50, have you had a colonoscopy?	43.87%	13.21%	42.92%	62.6%
If male over 50, do you have annual prostate exams?	18.82%	7.53%	73.66%	53.4%
If female over 40, do you have annual mammograms?	40.20%	22.06%	37.75%	72.0%
If female over 21, do you have a pap smear every other year?	47.76%	28.36%	23.88%	80.0%
Do you get 2.5 hours a week moderately intense physical activity?	48.85%	49.77%	1.38%	
Are you eating right?	47.69%	51.85%	0.46%	
Are you using tobacco products weekly?	14.22%	81.19%	4.59%	
Are you exercising 2-3 times weekly?	40.55%	57.60%	1.84%	
Are you consuming alcohol (more than 1 drink daily if you are female, 2 drinks daily if you are a male)?	9.22%	88.02%	2.76%	
Are you receiving an annual flu shot?	54.13%	44.50%	1.38%	

Fannin County Health Practices

There are activity services that are available in Fannin County such as gyms, but under 20% of respondents use these facilities.

	Going to the gym	Running	Cycling	Team sports	Swimming	Walking	N/A
If you exercise, what are some activities you choose?	15.76%	12.81%	6.40%	1.97%	7.88%	75.86%	17.24%
What are some activities that are available to you in Fannin County?	80.30%	67.17%	38.89%	9.09%	2.53%	91.92%	

KEY PRIORITIES FOR THE COMMUNITY

Community Health Related Priorities

Priority	Interviews	Health Data	Community Survey Results	Strategy Sessions
Mental Health (psychiatric care, tele-psych, suicide prevention)	Yes	Yes	Yes	14 Votes
Lifestyle (wellness, nutrition, food insecurity, preventive care)	Yes	Yes	Yes	12 Votes
Primary/Pediatric Care/Women's Care/Accessibility to Services	Yes	Yes	Yes	11 Votes
Resource Center				8 Votes
Housing	Yes	Yes	No	8 Votes
Child Abuse and Neglect	Yes	Yes	Yes	6 Votes
Maternal Fetal Health	Yes	Yes	Yes	5 Votes
Transportation	Yes	Yes	No	3 Votes
Dental Care	Yes	Yes	Yes	2 Votes

COLLECTIVE IMPACT/ COMMUNITY ACTION NETWORKS

How Do We Act? One Approach.

The health needs of Fannin County are dynamic, and inter-connected. The cooperation of the entire community will be needed to tackle some of these complex issues. Many communities have established Community Action Networks who then use Collective Impact Models to achieve great system changes and work towards decided goals.

What are Community Action Networks?

- A group of specific individuals and stakeholders from different agencies in the community form a committee. This committee becomes the Community Action Network and works towards targets on issues established by the committee.
- Fannin County has a group forming called the Behavioral Health Leadership Team that has components of this model established.

What is Collective Impact?

- Collective Impact is the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem.
- Collective Impact is different from isolated impact. Isolated impact, according to the Stanford Social Innovation Review, is an approach that is more focused on finding and funding a solution within a single organization, and hoping that other organizations will copy that model. Collective Impact takes into account that social problems are complex and are influenced by a variety of issues.

What is a Collective Impact Model?

- The CAN group comes together to form a Collective Impact Model which involves a centralized infrastructure, a dedicated staff, and a process that leads towards a mutually agreed upon common agenda.
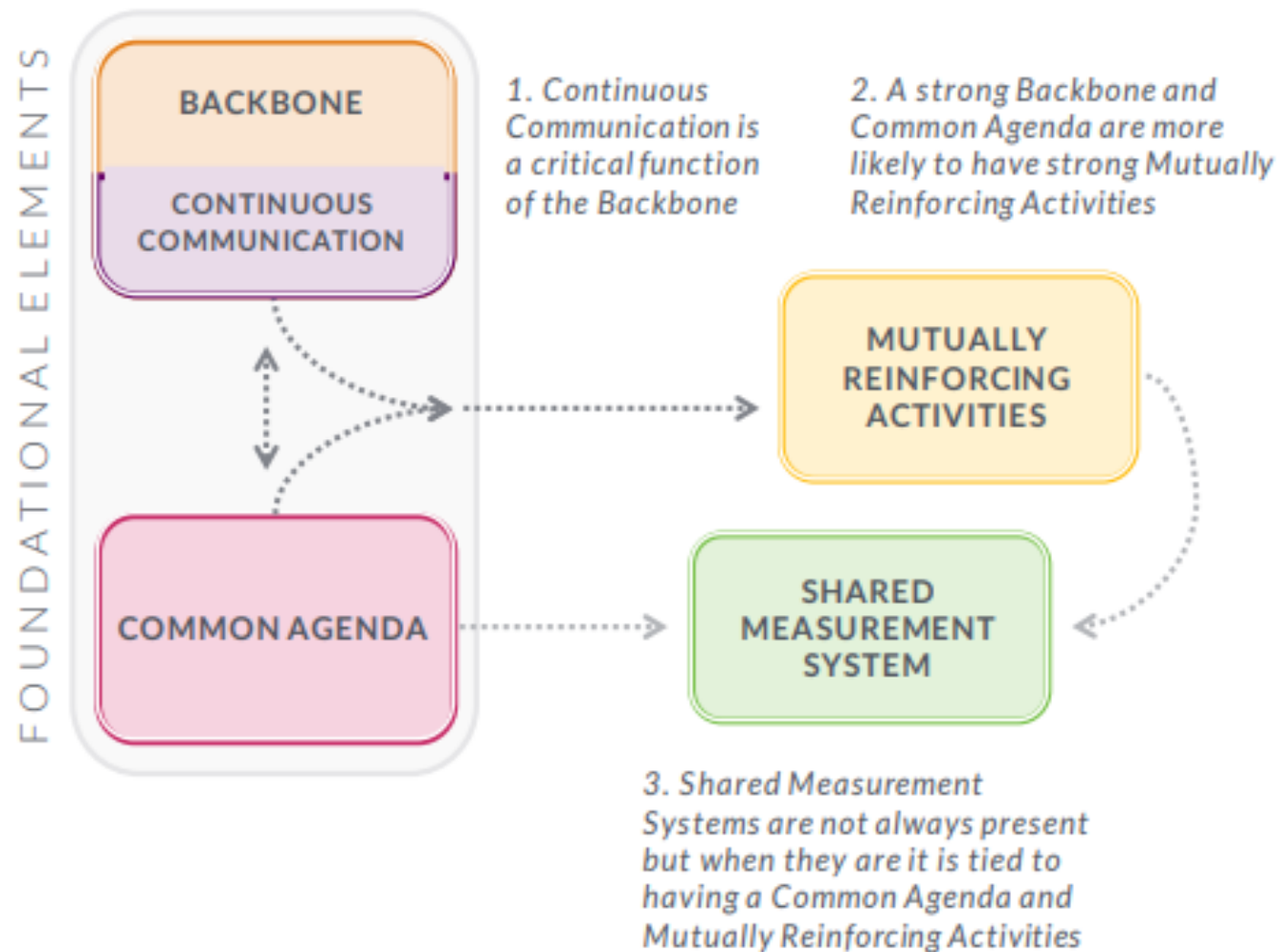- 5 Collective Impact Conditions

COMMON AGENDA — SHARED MEASUREMENT — MUTUALLY REINFORCING ACTIVITIES — CONTINUOUS COMMUNICATION — BACKBONE SUPPORT

Source: When Collective Impact Has an Impact: A Cross-Site Study of 25 Collective Impact Initiatives

Successful Collective Impact Models Have 5 Conditions

COMMON AGENDA	SHARED MEASUREMENT	MUTUALLY REINFORCING ACTIVITIES	CONTINUOUS COMMUNICATION	BACKBONE SUPPORT
Common Agenda	*Shared Measurement*	*Mutually Reinforcing Activities*	*Continuous Communication*	*Backbone Support*
a. All participants must have a shared vision for change. b. In order for collective impact to be effective it requires that differences be discussed and rectified. c. All participants must agree on the primary goals for the mission of the collective impact as a whole.	a. Data and frequently measured results are needed to keep goals on target and the CAN accountable. b. Each goal or activity may require a different set of measures.	a. Each stakeholder or organization that is a part of the CAN must have a specific set of efforts that fit into the overall plan. The set of the combined efforts of the organizations towards a common goal are what will make it succeed.	a. Trust is a key component of the model, and developing that trust among the different members of the CAN is critical. b. Monthly or even bi-weekly meetings are important.	a. The backbone organization requires a dedicated staff that is separate from the CAN, who manage, plan and support the collective impact model. b. A backbone organization usually provides three roles: project manager, data manager, and facilitator. c. The backbone organization are the true leaders and focus the CAN's attention and pressure the entity to be efficient, and thorough.

Interaction Between Collective Impact Model Conditions

Figure 7 | The Relationship Between the Collective Impact Conditions

FOUNDATIONAL ELEMENTS

BACKBONE

CONTINUOUS COMMUNICATION

COMMON AGENDA

MUTUALLY REINFORCING ACTIVITIES

SHARED MEASUREMENT SYSTEM

1. Continuous Communication is a critical function of the Backbone

2. A strong Backbone and Common Agenda are more likely to have strong Mutually Reinforcing Activities

3. Shared Measurement Systems are not always present but when they are it is tied to having a Common Agenda and Mutually Reinforcing Activities

Source: When Collective Impact Has an Impact: A Cross-Site Study of 25 Collective Impact Initiatives

Requirements

- The collective impact model requires participating organizations to invest both money and time. The model demands that participating organizations support a long-term process of change without identifying any particular solution in advance.

- Stanford Social Innovative Review suggests that participating organizations "who want to create large-scale change follow four practices:

  - take responsibility for assembling the elements of a solution;

  - create a movement for change;

  - include solutions from outside the nonprofit sector;

  - use actionable knowledge to influence behavior and improve performance."

- If Fannin County were to move forward with this model, what role would the Fannin County Health Authority Board fulfill?

Source: When Collective Impact Has an Impact: A Cross-Site Study of 25 Collective Impact Initiatives