



Keeping the **H** in Hometown®

Freestone Medical Center Community Health Needs Assessment

Community Health Needs Assessment and Implementation Plan

December 2024

Table of Contents

Section 1: Community Health Needs Assessment	3
Executive Summary	4
Process and Methodology.....	10
Hospital Biography	16
Study Area	20
Demographic Overview	22
Health Data Overview	37
Phone Interview Findings.....	74
Local Community Health Reports	88
Input Regarding the Hospital’s Previous CHNA	90
Evaluation of Hospital’s Impact.....	92
Previous Prioritized Needs	104
2024 CHNA Preliminary Health Needs	106
Prioritization	108
Resources in the Community	113
Information Gaps	151
About Community Hospital Consulting.....	153
Appendix	155
Summary of Data Sources.....	156
Data References.....	159
MUA/P and HPSA Information.....	162
Interviewee Information.....	170
Section 2: Implementation Plan	172
Section 3: Feedback, Comments and Paper Copies	178
Input Regarding the Hospital’s Current CHNA.....	179

Section 1:

Community Health Needs Assessment



EXECUTIVE SUMMARY

Executive Summary

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Freestone Medical Center (FMC) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Freestone County, Texas.

The CHNA Team, consisting of leadership from FMC, reviewed a summary of the research findings created by CHC Consulting to prioritize the community health needs. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

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

The final list of prioritized needs is listed below:

- 1.) Access to Mental and Behavioral Health Care Services and Providers
- 2.) Continued Emphasis on Provider Recruitment and Retention
- 3.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 4.) Continued Focus on Reducing Health Disparities Among Specific Populations (Elderly & Youth)

Hospital leadership has developed an implementation plan to identify specific activities and services, which will directly address the identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, and annual updates and progress (as appropriate).

The FMC Board reviewed and adopted the 2024 Community Health Needs Assessment and Implementation Plan on December 19, 2024.

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

Data suggests that residents in Freestone County do not have adequate access to mental and behavioral health care services and providers. Freestone County has a higher ratio of patients per mental health care provider as compared to the state as well as the nation and a higher percentage of people who stated they had 14+ poor mental health days. Freestone County also has a higher percentage of adults with depression and a higher rate of suicide as compared to the state.

Many interviewees mentioned the overall lack of local mental and behavioral health facilities in the county, but did acknowledge that there are programs that train teachers to recognize mental health conditions in students. One interviewee stated: “Mental health is a really big problem in Fairfield. The hospital can take people who are having those kind of problems but after a couple days they have to release them. There were several kids who committed suicide several years ago. The schools have started a program for teachers training them in getting help and actually be able to notice [issues in children]. It's not a fix but it's there to [help] recognize.”

Interviewees discussed how there are limited local mental and behavioral health resources and how that is leading to outmigration outside of the county to places like Dallas, Tyler, Terrell, Corsicana and Palestine. One interviewee stated: “[Mental health] is one of the number one [issues]. There's licensed mental health professionals in Palestine or Corsicana. I don't know if there is a mental health facility within 90 miles of us. As far as a therapist, [people] go Palestine or Corsicana.” An interviewee expressed the desire for remote mental health appointment options to help mitigate transportation burdens, and others also described that there are spiritual counselors for mental health needs but there is a need for licensed mental health counselors. One interviewee stated: “I don't know of a psychiatrist anywhere here. The counselors are usually connected to your churches. They are more of an emotional health vs. a mental health counselor. Each campus in our school district has a counselor.”

Interviewees gave recognition to the MHMR clinic but there is a perceived lack of use by people who need help as well as long wait times to see a mental health provider. One interviewee stated: “It takes 2 weeks to see a primary care provider and another 2 weeks to see a [mental health] doctor. There's nothing immediately in our county for mental health. It would have to be outsourced. There's an MHMR clinic but I'm sure it takes a while [to get in].” It was also noted that there is misuse of emergency related resources due to the individuals perceived mental health crisis. One interviewee stated: “We have some citizens who are mentally incapable of taking care of themselves. They end up making several ER trips, calling the police department to come, etc. They aren't able to get help. They call 911 and need an ambulance but they aren't in an emergency. It takes the ambulance away from someone who might need it.” Lastly, one interviewee mentioned that there is drug use in the community.

Priority #2: Continued Emphasis on Provider Recruitment and Retention

Data suggests Freestone County has a higher ratio of patients per primary care provider and dental care providers as compared to the state and the nation. Additionally, Freestone County has a higher rate of preventable hospitalizations than the state and has several Health Professional Shortage Area designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

With regard to primary care, interviewees appreciated the accessibility of primary care providers in the area. One interviewee stated: “Primary care is very accessible. You can get in almost always the same day if not the next. The Teague clinic has a lady that specializes in pediatrics but she is limited because she is in a satellite clinic. You do have to go get vaccines in Fairfield and not at that...”



Priority #2: Continued Emphasis on Provider Recruitment and Retention (continued)

...clinic.” However, there were several mentions about the lack of local pediatricians leading to outmigration to places like Corsicana, Teague and Waco. Additionally, a few interviewees noted the turnover of local pediatricians is leading to limited access for patients. One interviewee stated: “I can't think of one pediatrician in the area for care. People go to Corsicana.” Another interviewee stated: “We've had pediatricians who have tried to live here. They stay for a little while and then move on to bigger areas. It's hard to get good care for babies here.” An interviewee noted the potential barriers to receiving care due to insurance policies regarding the provider seen. It was also noted by another interviewee that there is a difference in wait times depending on the person being a new or existing patient. One interviewee stated: “There's not a whole lot [of primary care]. There's only a couple of doctors. Fairfield has two main doctors but they may have more now. The rest of the providers are physician assistants so a lot of times insurance won't pay for a physician assistant, only a doctor [visit]. One doctor wasn't accepting anymore new patients. I don't know about wait times. Probably a couple weeks out for new patients. If you are a regular patient, not so long. For a regular patient, you could get in pretty easily if it was more urgent but probably not for new patients.”

With regards to specialty care, interviewees had differences in opinion regarding how accessible and/or available a specialist is in the area. One interviewee stated: “It's pretty easy [to see a specialist]. There are some that come one day a week like podiatry and cardiology. Sometimes you get on their schedule and wait 4-6 weeks.” Another interviewee mentioned that there is a lack of doctor/patient relationships due to the infrequency of seeing a specialist in the area, stating: “Having more specialists would be a huge help for everyone. The doctors come here infrequently enough and it seems like they don't know who their patient is.” Interviewees mentioned several cities that people go to due to the limited local specialists in the area with those cities being Dallas, Corsicana, Houston, Palestine, Tyler, Waco and Frisco. Several interviewees showed appreciation for the providers that FMC has brought in for specialty care and improved local access. One interviewee stated: “The hospital does a great job. They've brought services to a small area that are necessary. The local physicians are quite knowledgeable.” Specific specialties mentioned as needed (in descending order of number of times mentioned and then alpha order) include Cardiology, Orthopedics, Urology, Dermatology, Dialysis, General Surgery, OB/GYN and Oncology.

With regards to dental care, interviewees appreciated the local dentists in the area but there were concerns for impending retirement of local dentists and succession planning. One interviewee stated: “We have one dentist here, Dr. Moore. He stays busy all the time. He's great but I've often thought, ‘what are we going to do when he decides to retire?’. He will do a root canal and he would probably do a crown.” There were conflicting statements amongst interviewees regarding complex dental needs done locally. It was also mentioned by a few interviewees that some individuals see dental providers out of the area due to insurance and availability. Lastly, there were a couple of mentions from interviewees about the need for additional dental provider options locally. One interviewee stated: “There are dentists here. There's maybe one, two practices here. I go outside of the area because the dentist [here] may not be in our network.” Another interviewee stated: “We have 1 dentist here and it depends if your insurance is on their list of acceptable insurances.”

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

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Cancer and heart disease are the two leading causes of death in Freestone County and the state. Freestone County has higher mortality rates than Texas for the following causes of death: malignant...

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

...neoplasms; diseases of the heart; chronic lower respiratory diseases; COVID-19; accidents (unintentional injuries); cerebrovascular diseases; Alzheimer's disease; diabetes mellitus; nephritis, nephrotic syndrome and nephrosis; intentional self-harm (suicide); breast cancer (female); lung and bronchus cancer; and colon and rectum cancer.

Freestone County has higher prevalence rates of chronic conditions, such as diabetes for both the adult and Medicare population, obesity for the adult population, arthritis, asthma for the adult population; high blood pressure for the Medicare population and disability than the state. Freestone County has higher percentages of residents participating in unhealthy lifestyle behaviors, such as physical inactivity, binge drinking and smoking than the state. With regards to maternal and child health, specifically, Freestone County has higher premature births, higher teen (age 0-19 years) birth rates and a higher percentage of women receiving inadequate prenatal care than the state.

Data suggests that the Freestone County Medicare population is not appropriately seeking preventive care services, such as timely mammography screenings, receiving a flu shot in the past year, or ever receiving the pneumonia vaccine. Freestone County has higher prevalence rates of communicable diseases, such as HIV/Aids than the state.

Several interviewees expressed concern surrounding higher rates of chronic conditions like diabetes and high blood pressure as well as certain cost barriers to accessing resources that help people maintain healthy lifestyle behaviors. One interviewee stated: "Physical health as it relates to physical being [is an issue]. A lot of people are not what I would call 'physically fit' so you have a lot of issues with diabetes and high blood pressure. There's a lack of nutrition even if you do exercise." Another interviewee stated: "[Healthy lifestyle behaviors] would just have to be a choice on your own. You could have a personal trainer and then they put you on a nutrition plan but not everybody could do that because they are expensive."

In regards to resources in the community, interviewees mentioned that there are local resources available like: local parks/walking trails, community food banks, Meals on Wheels, kids' backpack programs and local gyms. There were conflicting statements regarding availability of healthy lifestyle resources in the area as well as the need for better promotion of healthy lifestyle resources in the community. One interviewee stated: "There's so much out there that people don't know about that could benefit them from not getting worse health wise." Interviewees expressed appreciation for the emergency room and services at the hospital but mentioned that there was still misuse of the emergency room due to things like: cost barriers to care, lack of insurance, perceived ability to be seen quicker, lack of local urgent care clinics and lack of after hours care options. One interviewee stated: "Some kids' [parents] don't have insurance and they have to go to the ER." Another interviewee stated: "They do know the difference between the ER and seeing their primary care doctor but it depends on if they have insurance. If they don't have insurance they will go straight to the ER. Sometimes it's the next day to [be able to] see your doctor so they will go to the ER. We don't have an urgent care in our county so you'd have to drive out of the county and when you are very sick you aren't going to do that."

Priority #4: Continued Focus on Reducing Health Disparities Among Specific Populations (Elderly & Youth)

Data suggests that some residents in the study area face significant cost barriers when accessing the healthcare system. Freestone County has a higher population of those 65 years and older and a higher median age when compared to the state. Freestone County has higher unemployment rates than the state, as well as lower educational attainment rates and a higher percentage of...

Priority #4: Continued Focus on Reducing Health Disparities Among Specific Populations (Elderly & Youth) (continued)

...adults (age 25+) with no high school diploma when compared to the state. There is also a higher percentage of families living below poverty than the state, as well as a higher percentage of overall food insecurity and child food insecurity than the state. Additionally, Freestone County has a higher percent of recipients who qualify for Supplemental Nutrition Assistance Program (SNAP) benefits and a higher percent of public school students eligible for free or reduced price lunch. Freestone County has a higher rate of those adults (age 18-64) who are uninsured as compared to the state. When analyzing economic status of Freestone County, the county is in more economic distress than other counties in the state. Transportation is estimated to be the highest monthly cost for two-parent, two-child family homes in Freestone County. Additionally, Freestone County has several Medically Underserved Areas, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Several interviewees noted that the elderly population in the community is in need of specialized services based on their demographics. Additionally, interviewees did note local resources in the area allocated to the elderly but barriers to care still exist like lack of availability and high costs in nursing homes/assisted living facilities, perceived lack of willingness to seek care and transportation. One interviewee stated: "Our nursing homes are overflowing. I personally know of several people in the memory care department who have had to move their family member to Waco or Palestine. We don't have enough rooms to service the population in assisted nursing care." Another interviewee stated: "The issue is the cost of people being taken care of. It costs a lot to go to a nursing home or have someone come to your home to take care of you. A lot of them can't afford it."

A few interviewees mentioned that there is a need for more awareness on local transportation options as well as the need for additional assistance for seniors who have mobility issues. One interviewee stated: "The issue is still going to be picking up the handicapped individuals to get to their appointments. The driver can pick someone up from their home but they are elderly as well. We need more younger people and volunteers to help them get to their healthcare." One interviewee expressed the desire to increase affordability for seniors. One interviewee stated: "I would make everything more affordable for the seniors. They are low income and they don't have money to buy groceries." The youth population was brought up by interviewees regarding the lack of education they receive regarding healthy lifestyle activities and nutritious options. One interviewee stated: "The agricultural programs at the school do a good job promoting those but that's just limited to those kids that take those classes. We do have a required health class but that is also pretty limited."

When asked about which specific groups are at risk for inadequate care, interviewees spoke about youth, elderly, low income/working poor, racial/ethnic, homeless and veterans. With regards to the youth population, interviewees discussed the lack of after school activities/programs, transportation barriers, a need for mentorship guidance and limited access to pediatricians. Elderly residents were discussed as being disproportionately challenged by the limited nursing home/assisted living availability, cost barriers and transportation barriers. With regards to the low income/working poor population, interviewees discussed cost of living (utilities), transportation issues, limited access to internet services and inadequate housing as being challenges for this group.

Racial/ethnic groups were brought as a subgroup of the population that may be disproportionately affected by language barriers (non-English speaking), cost barriers to care, social determinants of health, including housing and the environment and the misunderstanding of healthcare in general. Homeless residents were discussed as being disproportionately challenged by limited affordable housing options. With regards to the veterans' population, interviewees discussed the lack of local VA hospitals and services, transportation barriers, difficulties with insurance acceptance, mental and behavioral health concerns as well as potential drug use.



PROCESS AND METHODOLOGY

Process and Methodology

Background & Objectives

- This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released on December 29, 2014.
- While FMC is not a 501(c)(3) hospital, this study is designed to comply with the same requirements described above and helps assure that FMC identifies and responds to the primary health needs of its residents.
- The objectives of the CHNA are to:
 - Meet federal government and regulatory requirements
 - Research and report on the demographics and health status of the study area, including a review of state and local data
 - Gather input, data and opinions from persons who represent the broad interest of the community
 - Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by Freestone Medical Center
 - Document the progress of previous implementation plan activities
 - Prioritize the needs of the community served by the hospital
 - Create an implementation plan that addresses the prioritized needs for the hospital
- In meeting these objectives, FMC will have the ability to focus their efforts and resources on the most significant health needs identified within their community.

Process and Methodology

Scope

- The CHNA components include:
 - A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
 - A biography of Freestone Medical Center
 - A description of the hospital's defined study area
 - Definition and analysis of the communities served, including demographic and health data analyses
 - Findings from phone interviews collecting input from community representatives, including:
 - State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community;
 - Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations
 - Community leaders
 - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
 - The prioritized community needs and separate implementation plan, which intend to address the community needs identified
 - A description of additional health services and resources available in the community
 - A list of information gaps that impact the hospital's ability to assess the health needs of the community served

Process and Methodology

Methodology

- Freestone Medical Center worked with CHC Consulting in the development of its CHNA. Freestone Medical Center provided essential data and resources necessary to initiate and complete the process, including the definition of the hospital's study area and the identification of key community stakeholders to be interviewed.
- CHC Consulting conducted the following research:
 - A demographic analysis of the study area, utilizing demographic data from Syntellis
 - A study of the most recent health data available
 - Conducted one-on-one phone interviews with individuals who have special knowledge of the communities, and analyzed results
 - Facilitated the review of collected data in June 2024 with the CHNA Team. The CHNA Team included:
 - John Yeary, Chief Executive Officer
 - Nicki Hagen, Chief Nursing Officer
 - Jennifer Azua, Chief Financial Officer
- The methodology for each component of this study is summarized in the following section. In certain cases methodology is elaborated in the body of the report.

Process and Methodology

Methodology (continued)

– Freestone Medical Center Biography

- Background information about Freestone Medical Center, mission, vision, values and services were provided by the hospital or taken from its website

– Study Area Definition

- The study area for Freestone Medical Center is based on hospital inpatient discharge data from January 1, 2023 – December 31, 2023 and discussions with hospital staff

– Demographics of the Study Area

- Population demographics include population change by race, ethnicity, age, median income analysis, unemployment and economic statistics in the study area
- Demographic data sources include, but are not limited to, Syntellis, the U.S. Census Bureau, the United States Bureau of Labor Statistics, and Feeding America

– Health Data Collection Process

- A variety of sources (also listed in the reference section) were utilized in the health data collection process
- Health data sources include, but are not limited to, the Robert Wood Johnson Foundation, Texas State Department of Health and Human Services, SparkMap, United States Census Bureau, and the Centers for Disease Control and Prevention

– Interview Methodology

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

Process and Methodology

Methodology (continued)

– Evaluation of Hospital's Impact

- A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
- Freestone Medical Center provided CHC Consulting with a report of community benefit activity progress since the previous CHNA report

– Prioritization Strategy

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



HOSPITAL BIOGRAPHY

Hospital Biography

About Freestone Medical Center

About Our Healthcare System

Our 37-bed acute care facility operates as a nonprofit hospital and is managed by Community Hospital Corporation. Our patients benefit from the latest medical technology along with comprehensive healthcare from highly skilled physicians, nurses and professional staff.

Our dedication to quality means the high level of care you might associate with a larger medical center is available to diagnose and treat your medical conditions close to home.

Freestone's History

Freestone Medical Center opened its doors in 1947 as Freestone County Cooperative Hospital. The original facility underwent a number of expansions and renovations over its first 25 years. Then in 1975, a new facility was constructed and opened under the name Fairfield Memorial Hospital. More than 1,000 community members attended the grand opening festivities.

In 2010, we began a three-phase construction and renovation project. Phase I involved the expansion and renovation of the hospital's emergency department, which was completed in the fall of 2011. Phase II, which was dedicated in the fall of 2012, added 11,000 square feet. It includes a new front entry and lobby, as well as physician office and clinic space.

Cardiopulmonary rehabilitation, outpatient registration and an administrative suite are also housed in the new wing. Phase III construction included a new six-room north wing, remodeling of the facility's core, and remodeling of the east patient wing, completed in the spring of 2014.

Thanks to continuing support from the community and the local hospital district, we serve Freestone County and surrounding communities by providing a wide array of medical services including a 24-hour emergency department designated as a level IV trauma center, lab, imaging, inpatient care and cardiopulmonary rehabilitation.

Hospital Biography

Mission, Vision and Values

Mission Statement

We provide quality, compassionate healthcare for our neighbors in Freestone County and surrounding communities.

Vision Statement

Freestone Medical Center will be the healthcare provider of choice for the communities we serve.

Values

- Leadership
- Integrity
- Stewardship
- Teamwork

Hospital Biography

Hospital Services

Services

- Emergency Room
- Cardiac Rehab & Respiratory Therapy
- Clinic
- Inpatient Care
- Laboratory
- Nutritional Counseling
- Pharmacy
- Radiology
- Surgery
- Swing Bed & Skilled Nursing



STUDY AREA

Freestone Medical Center

Study Area

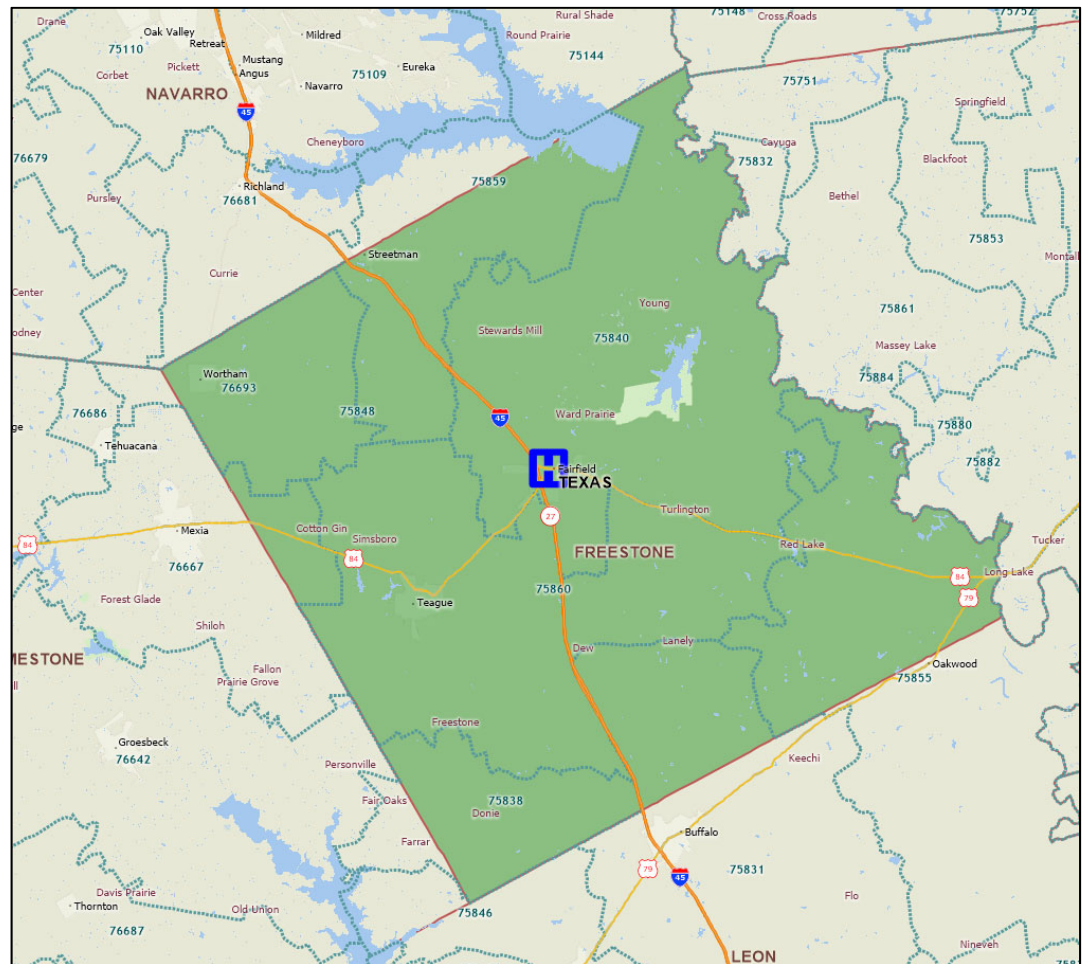
Freestone County
comprises 75.2% of CY
2023 Inpatient Discharges

H Indicates the hospital

**Freestone Medical Center
Patient Origin by County
January 1, 2023 - December 31, 2023**

County	State	CY23 Inpatient Discharges	% of Total	Cumulative % of Total
Freestone	TX	231	75.2%	75.2%
All Others		76	24.8%	24.8%
Total		307	100.0%	

Source: Hospital inpatient discharge data provided by Freestone Medical Center; January 2023 - December 2023.



Note: the 2021 FMC CHNA and Implementation Plan report studied Freestone County, Texas, which comprised 74.0% of CY 2020 (January 1, 2020 – December 31, 2020) inpatient discharges.



DEMOGRAPHIC OVERVIEW

Population Health

Population Growth

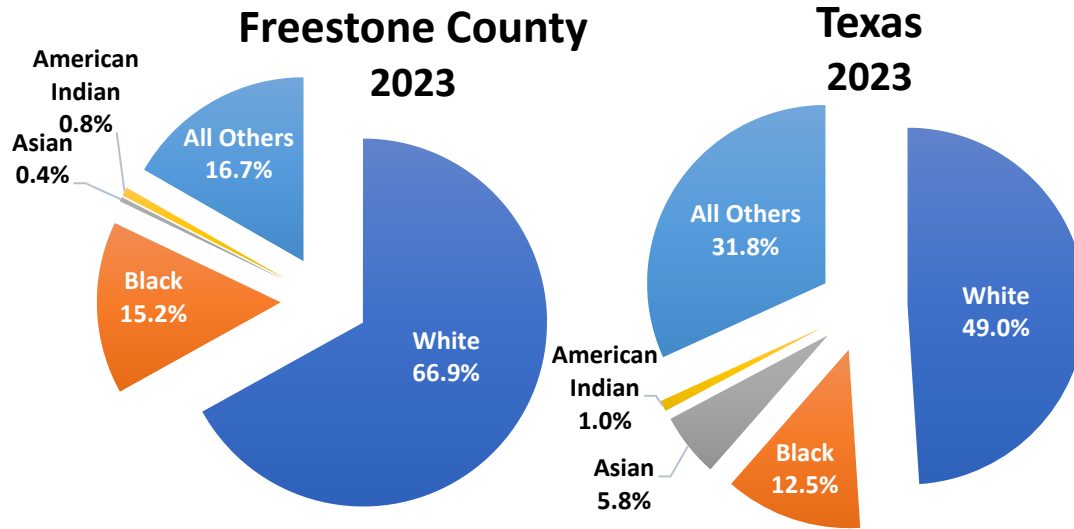
Projected 5-Year Population Growth 2023-2028



Overall Population Growth				
Geographic Location	2023	2028	2023-2028 Change	2023-2028 % Change
Freestone County	19,523	19,469	-54	-0.3%
Texas	30,506,523	32,021,944	1,515,421	5.0%

Population Health

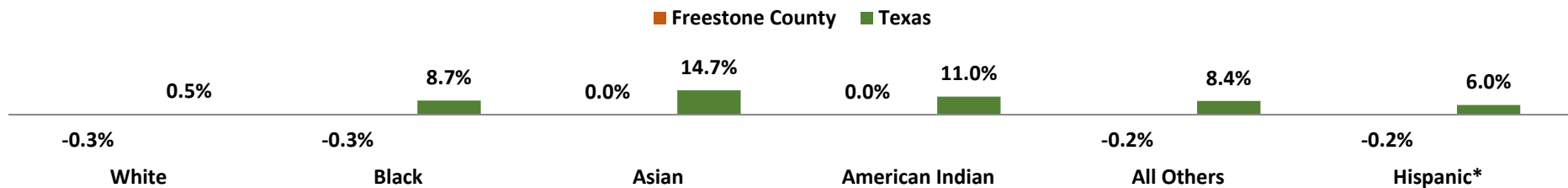
Population Composition by Race/Ethnicity



Freestone County				
Race/Ethnicity	2023	2028	2023-2028 Change	2023-2028 % Change
White	13,070	13,029	-41	-0.3%
Black	2,958	2,950	-8	-0.3%
Asian	81	81	0	0.0%
American Indian	150	150	0	0.0%
All Others	3,264	3,259	-5	-0.2%
Total	19,523	19,469	-54	-0.3%
Hispanic*	3,288	3,283	-5	-0.2%

Texas				
Race/Ethnicity	2023	2028	2023-2028 Change	2023-2028 % Change
White	14,937,210	15,014,518	77,308	0.5%
Black	3,808,875	4,139,381	330,506	8.7%
Asian	1,764,698	2,024,918	260,220	14.7%
American Indian	296,610	329,272	32,662	11.0%
All Others	9,699,130	10,513,855	814,725	8.4%
Total	30,506,523	32,021,944	1,515,421	5.0%
Hispanic*	12,103,876	12,830,308	726,432	6.0%

Race/Ethnicity Projected 5-Year Growth 2023-2028



Source: Syntellis, Growth Reports, 2024.

*Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.

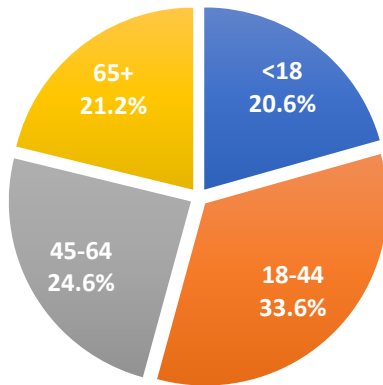
Note: A green highlighted row in the table represents the biggest change in true numbers in the population for the county and state.

Note: "All Others" is a category for people who do not identify with 'White', 'Black', 'American Indian or Alaska Native', or 'Asian'.

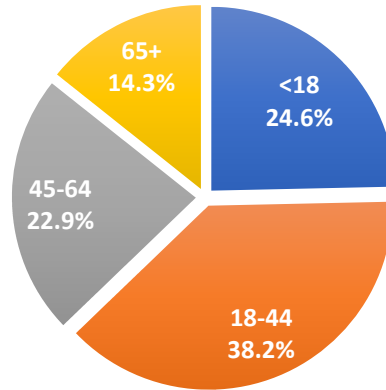
Population Health

Population Composition by Age Group

**Freestone County
2023**



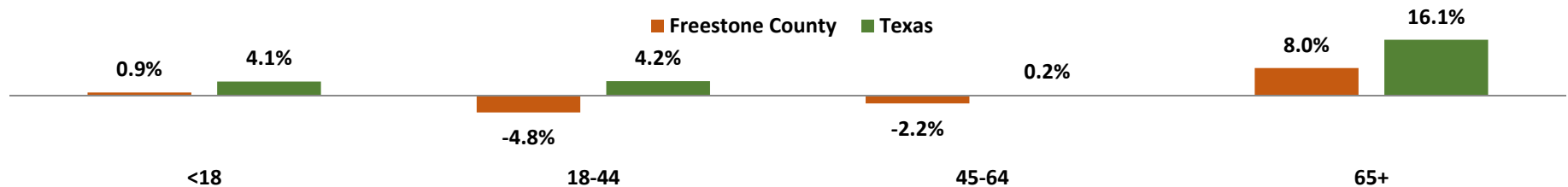
**Texas
2023**



Freestone County				
Age Cohort	2023	2028	2023-2028 Change	2023-2028 % Change
<18	4,028	4,066	38	0.9%
18-44	6,565	6,249	-316	-4.8%
45-64	4,793	4,687	-106	-2.2%
65+	4,137	4,467	330	8.0%
Total	19,523	19,469	-54	-0.3%

Texas				
Age Cohort	2023	2028	2023-2028 Change	2023-2028 % Change
<18	7,518,337	7,825,118	306,781	4.1%
18-44	11,643,785	12,132,447	488,662	4.2%
45-64	6,978,874	6,994,382	15,508	0.2%
65+	4,365,527	5,069,997	704,470	16.1%
Total	30,506,523	32,021,944	1,515,421	5.0%

Age Projected 5-Year Growth 2023-2028



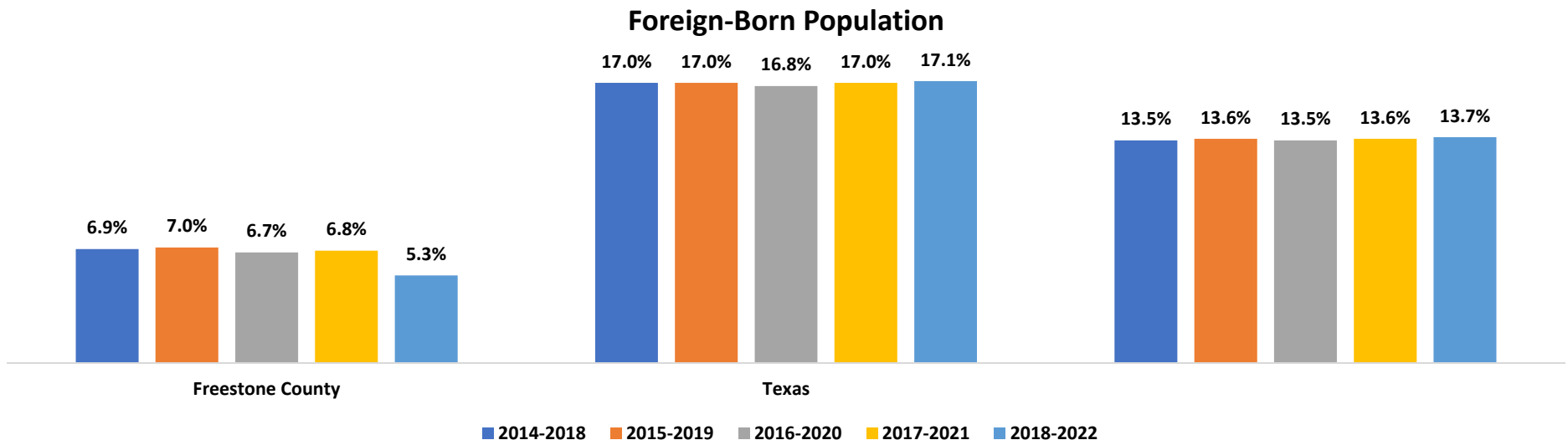
Source: Syntellis, Growth Reports, 2024.

Note: A green highlighted row in the table represents the biggest change in true numbers in the population for the county and state.

Population Health

Subpopulation Composition

- Between 2014 and 2022, the percent of foreign-born residents decreased in Freestone County but slightly increased in the state and the nation.
- Between 2014 and 2022, Freestone County maintained a lower percentage of foreign-born residents than the state and the nation.
- In 2018-2022, Freestone County (5.3%) had a lower percent of foreign-born residents than the state (17.1%) and the nation (13.7%).

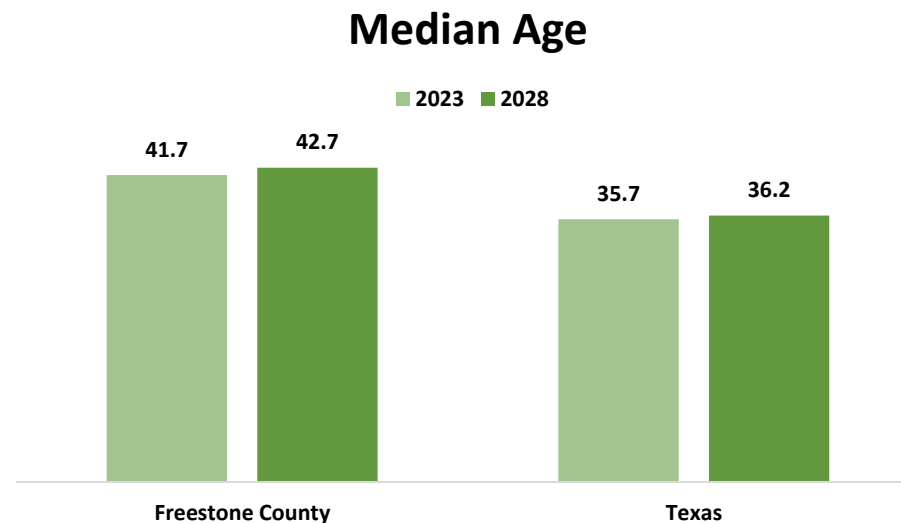


Source: United States Census Bureau, filtered for Freestone County, TX, <https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02>; data accessed May 16, 2024.
Note: Foreign-born means an individual who was born outside of the United States but lives in the United States currently.

Population Health

Median Age

- The median age in Freestone County and the state is expected to increase over the next five years (2023-2028).
- Freestone County (41.7 years) has an older median age than Texas (35.7 years) (2023).



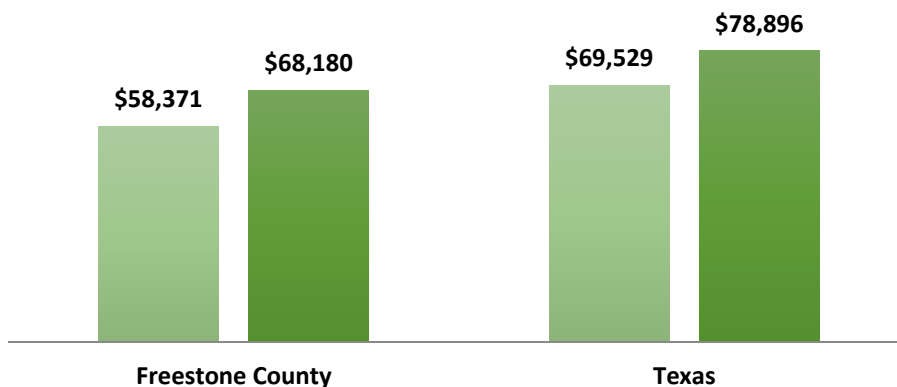
Population Health

Median Household Income and Educational Attainment

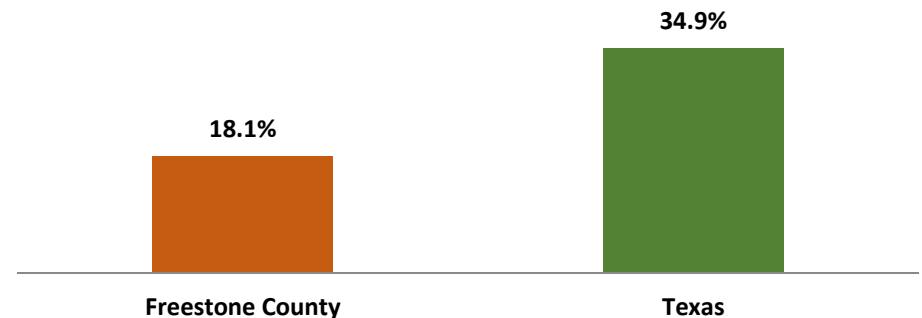
- The median household income in both Freestone County and the state is expected to increase over the next five years (2023-2028).
- Freestone County (\$58,371) has a lower median household income than Texas (\$69,529) (2023).
- Freestone County (18.1%) has a lower percentage of residents with a bachelor or advanced degree than the state (34.9%) (2023).

Median Household Income

■ 2023 ■ 2028



Education Bachelor / Advanced Degree 2023

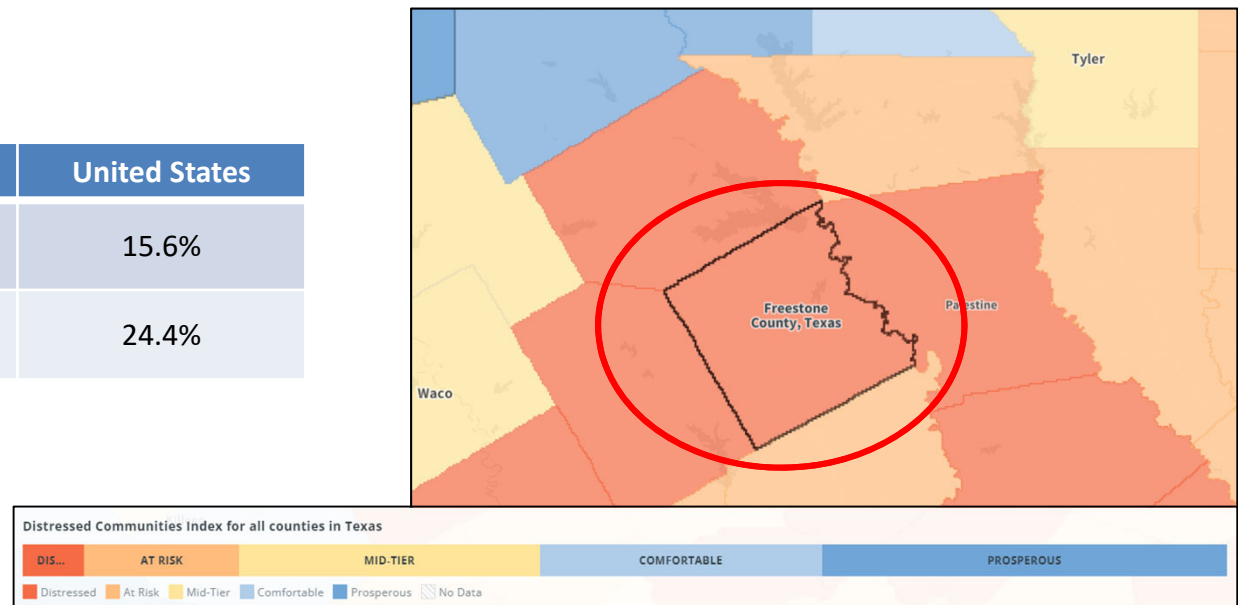


Population Health

Distressed Communities Index

- In 2017-2021, 15.6% of the nation lived in a distressed community, as compared to 24.4% of the nation that lived in a prosperous community.
- In 2017-2021, 23.5% of the population in Texas lived in a distressed community, as compared to 26.6% of the population that lived in a prosperous community.
- In 2017-2021, Freestone County, Texas is distressed with a distress score of 93.9 and ranks 229 out of 251 counties in Texas.

	Texas	United States
Lives in a Distressed Zip Code	23.5%	15.6%
Lives in a Prosperous Zip Code	26.6%	24.4%



Source: Economic Innovation Group, 2024 DCI Interactive Map, filtered for Freestone County, TX, <https://eig.org/distressed-communities/2022-dci-interactive-map/?path=county/48113&view=county>; data accessed May 13, 2024.

Definition: 'Prosperous' has a final score of 0 all the way up to 'Distressed' which has a final score of 100.

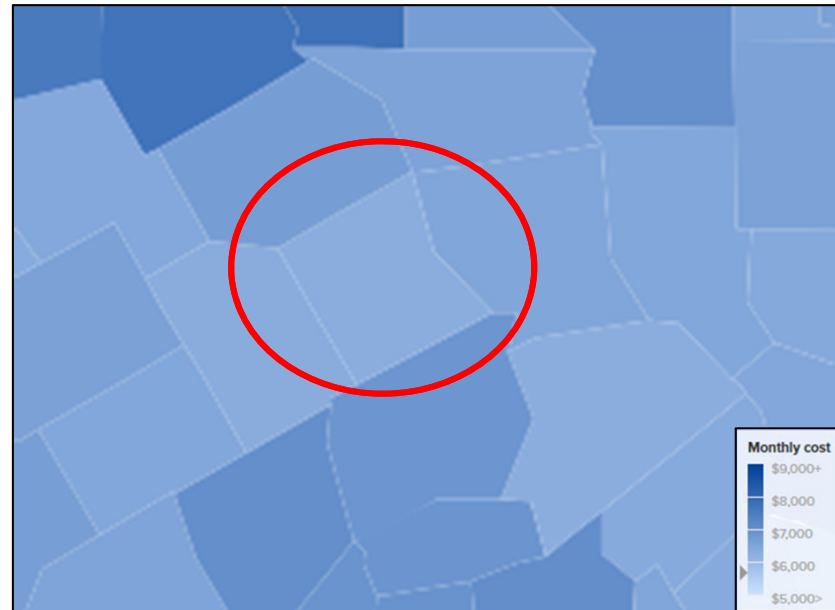
Note: 2024 DCI edition used U.S. Census Bureau's American Community Survey (ACS) 5 – Year Estimates covering 2017 -2021.

Note: Distressed Communities Index (DCI) combines seven complementary economic indicators: no high school diploma, housing vacancy rate, adults not working, poverty rate, median income ratio, change in employment and change in establishments. Full definition for each economic indicator can be found in the appendix.

Population Health

Family Budget Map

- As of January 2024, the cost of living for a two-parent, two-child family in Freestone County is \$79,457 per year or \$6,621 per month.
- Transportation is estimated to be the highest monthly cost of \$1,579 with taxes estimated to be the lowest monthly cost of \$511 per month, as of January 2024.



Source: Economic Policy Institute, Family Budget Map, filtered for Freestone County, TX, <https://www.epi.org/resources/budget/budget-map/>; data accessed May 13, 2024.

Note: Data is from the 2024 edition of EPI's Family budget calculator. All data are in 2023 dollars.

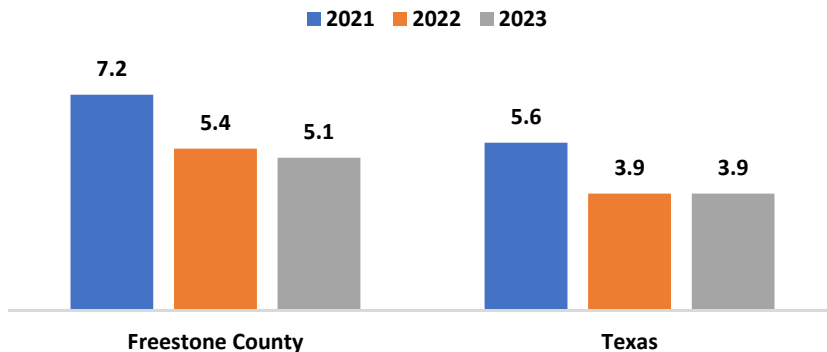
Note: The budgets estimate community-specific costs for 10 family types (one or two adults with zero to four children) in all counties and metro areas in the United States. Compared with the federal poverty line and the Supplemental Poverty Measure, EPI's family budgets provide a more accurate and complete measure of economic security in America.

Population Health

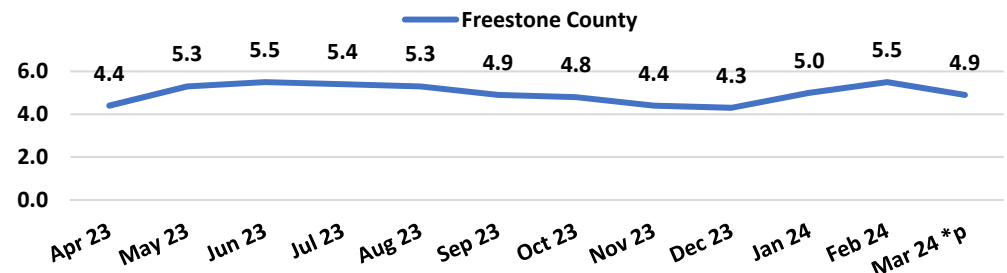
Unemployment

- Unemployment rates in Freestone County and the state decreased between 2021 and 2023.
- In 2023, Freestone County (5.1) had a higher unemployment rate than the state (3.9).
- Over the most recent 12-month time period, monthly unemployment rates in Freestone County fluctuated. December 2023 had the lowest unemployment rate (4.3) as compared to June 2023 and February 2024 with the highest rate (5.5).

**Unemployment
Annual Average, 2021-2023**



**Monthly Unemployment
Rates by Month
Most Recent 12-Month Period**



Population Health

Industry Workforce Categories

- As of 2021, the majority of employed persons in Freestone County are within Sales & Related Occupations. The most common employed groupings are as follows:

Freestone County

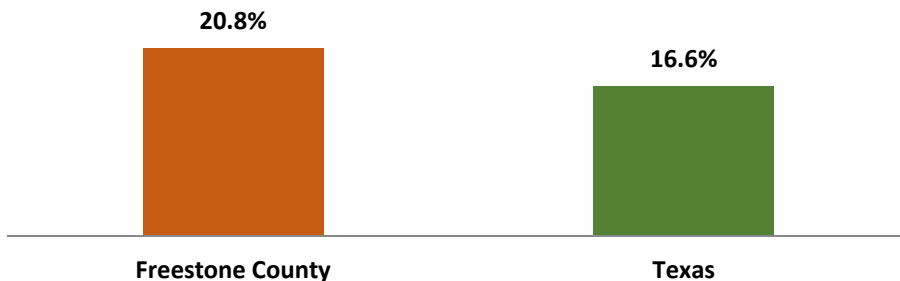
- Sales & Related Occupations (10.1%)
- Office & Administrative Support Occupations (8.5%)
- Construction & Extraction Occupations (8.3%)
- Education Instruction & Library Occupations (7.9%)
- Management Occupations (7.8%)

Population Health

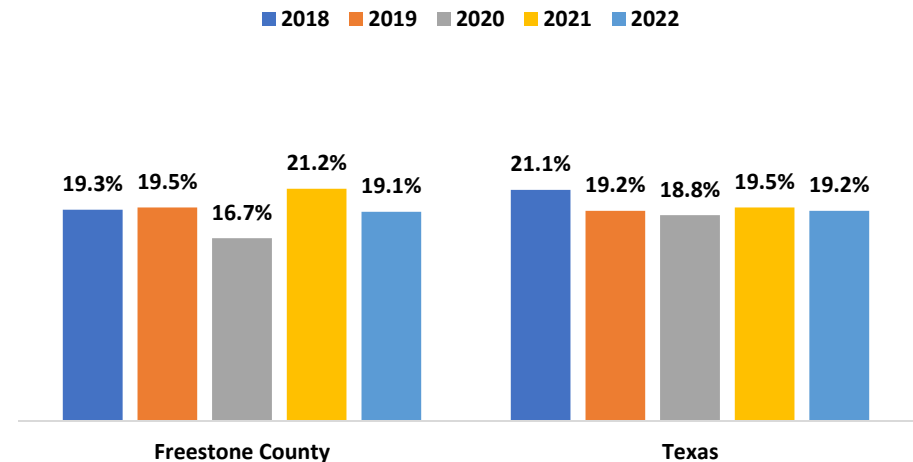
Poverty

- Freestone County (20.8%) has a higher percentage of families living below poverty as compared to the state (16.6%) (2023).
- Between 2018 and 2022, the percent of children (<18 years) living below poverty in Freestone County and the state fluctuated but overall decreased.
- Freestone County (19.1%) has a slightly lower percentage of children (<18 years) living below poverty than Texas (19.2%) (2022).

**Families Below Poverty
2023**



Children Living in Poverty



Source: Syntellis Growth Reports, 2024.

Source: Small Area Income and Poverty Estimates (SAIPE), filtered for Freestone County, TX, https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=aa_c; data accessed May 16, 2024.

Children Living Below Poverty Definition: Estimated percentage of related children under age 18 living in families with incomes less than the federal poverty threshold.

Note: The 2024 Federal Poverty Guidelines define a household size of 4 as living below 100% of the federal poverty level if the household income is less than \$31,200, and less than 200% of the federal poverty level if the household income is less than \$62,400. Please see the appendix for the full 2024 Federal Poverty Guidelines.

Population Health

Food Insecurity

- According to Feeding America, an estimated 17.1% of Freestone County residents are food insecure as compared to 16.4% in Texas (2022).
- Additionally, 24.4% of the youth population (under 18 years of age) in Freestone County are food insecure, as compared to 22.8% in Texas (2022).
- The average meal cost for a Freestone County resident is \$3.25, as compared to \$3.45 in Texas (2022).

Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Freestone County	17.1%	24.4%	\$3.25
Texas	16.4%	22.8%	\$3.45

Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for Freestone County, TX, https://www.feedingamerica.org/research/map-the-meal-gap/by-county?_ga=2.33638371.33636223.1555016137-1895576297.1555016137&s_src=W194ORGSC; information accessed May 13, 2024.

Food Insecure Definition (Adult): Lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.

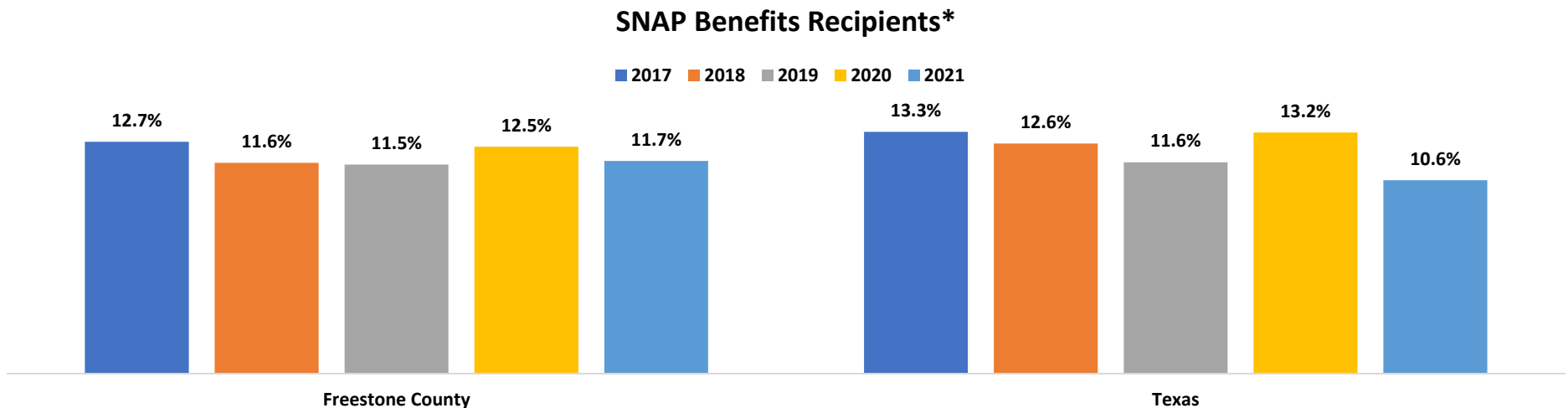
Food Insecure Definition (Child): Those children living in households experiencing food insecurity.

Average Meal Cost Definition: The average weekly dollar amount food-secure individuals report spending on food, as estimated in the Current Population Survey, divided by 21 (assuming three meals a day, seven days a week).

Population Health

Supplemental Nutrition Assistance Program (SNAP) Benefits

- Between 2017 and 2021, Freestone County maintained a lower percentage of recipients for Supplemental Nutrition Assistance Program (SNAP) benefits than the state for the majority of the years.
- Additionally, the percentage of SNAP benefit recipients in both Freestone and the state overall decreased between 2017 and 2021.
- In 2021, Freestone County (11.7%) had a higher percentage of recipients who received SNAP benefits than the state (10.6%).



Source: Small Area Income and Poverty Estimates (SAIPE) Model, United States Census Bureau, <https://www.census.gov/data/datasets/time-series/demo/saie/model-tables.html>; data accessed May 16, 2024.

Source: County Population Totals: 2010-2019, United States Census Bureau, filtered for Freestone County, TX, <https://www.census.gov/data/datasets/time-series/demo/popest/2010s-counties-total.html>; data accessed May 16, 2024.

Source: Population and Housing Unit Estimates Tables, United States Census Bureau, filtered for Freestone County, TX, <https://www.census.gov/programs-surveys/popest/data/tables.html>; data accessed May 16, 2024.

Source: State Population Totals and Components of Change: 2010-2019, United States Census Bureau, filtered for Texas, <https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-total.html>; data accessed May 16, 2024.

Source: National Population Totals and Components of Change: 2020-2023, United States Census Bureau, filtered for Texas, <https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-total.html>; data accessed May 16, 2024.

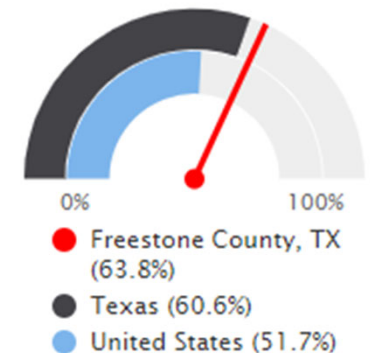
*Percentage manually calculated based on estimated population numbers by county and state between 2017 and 2021 as provided by the United States Census Bureau.

Population Health

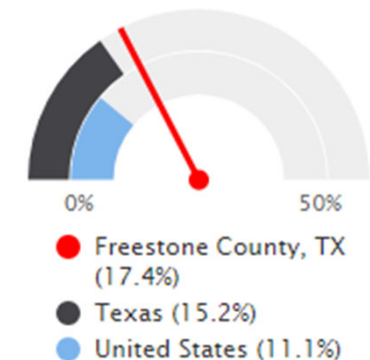
Children in the Study Area

- In 2020-2021, Freestone County (63.8%) had a higher percentage of public school students eligible for free or reduced price lunch than the state (60.6%) and the nation (51.7%).
- Freestone County (17.4%) has a higher percent of the adult (age 25+) population with no high school diploma than the state (15.2%) and the nation (11.1%) (2017-2021).

Percentage of Students Eligible for Free or Reduced Price School Lunch



Percent Population with No High School Diploma



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



HEALTH DATA OVERVIEW

Health Status

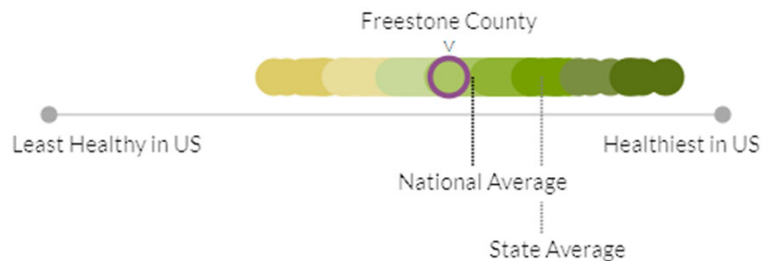
Data Methodology

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

Health Status

County Health Rankings & Roadmaps - Freestone County, Texas

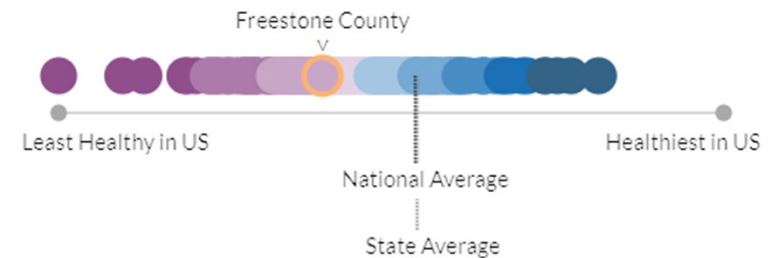
Freestone County Health Outcomes



Some examples of factors where the county was worse than the state for health outcomes include:

- Length Of Life:
 - Premature Death
- Quality Of Life:
 - Poor or Fair Health
 - Poor Physical Health Days
 - Poor Mental Health Days

Freestone County Health Factors



Some examples of factors where the county was worse than the state for health factors include:

- Health Behaviors:
 - Adult Smoking
 - Adult Obesity
- Clinical Care:
 - Primary Care Physicians
 - Dentists
- Social and Economic Factors:
 - Unemployment
 - Some College
- Physical Environment:
 - Air Pollution - Particulate Matter
 - Long Commute – Driving Alone

Health Status

Mortality – Leading Causes of Death (2018-2022)

Rank	Freestone County	Texas
1	Malignant neoplasms (C00-C97)	Diseases of heart (I00-I09,I11,I13,I20-I51)
2	Diseases of heart (I00-I09,I11,I13,I20-I51)	Malignant neoplasms (C00-C97)
3	Chronic lower respiratory diseases (J40-J47)	COVID-19 (U07.1)
4	COVID-19 (U07.1)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
5	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Cerebrovascular diseases (I60-I69)
6	Cerebrovascular diseases (I60-I69)	Alzheimer's disease (G30)
7	Alzheimer's disease (G30)	Chronic lower respiratory diseases (J40-J47)
8	Diabetes mellitus (E10-E14)	Diabetes mellitus (E10-E14)
9	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	Chronic liver disease and cirrhosis (K70,K73-K74)
10	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Leading Causes of Death Rates (2018-2022)

Disease	Freestone County	Texas
Malignant neoplasms (C00-C97)	● 267.3	143.5
Diseases of heart (I00-I09,I11,I13,I20-I51)	● 250.2	166.7
Chronic lower respiratory diseases (J40-J47)	● 90.8	35.5
COVID-19 (U07.1)	● 88.8	61.3
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	● 66.6	44.3
Cerebrovascular diseases (I60-I69)	● 63.6	39.2
Alzheimer's disease (G30)	● 61.5	35.9
Diabetes mellitus (E10-E14)	● 53.5	25.1
Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	● 26.2	15.3
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	● 23.2	13.8

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

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

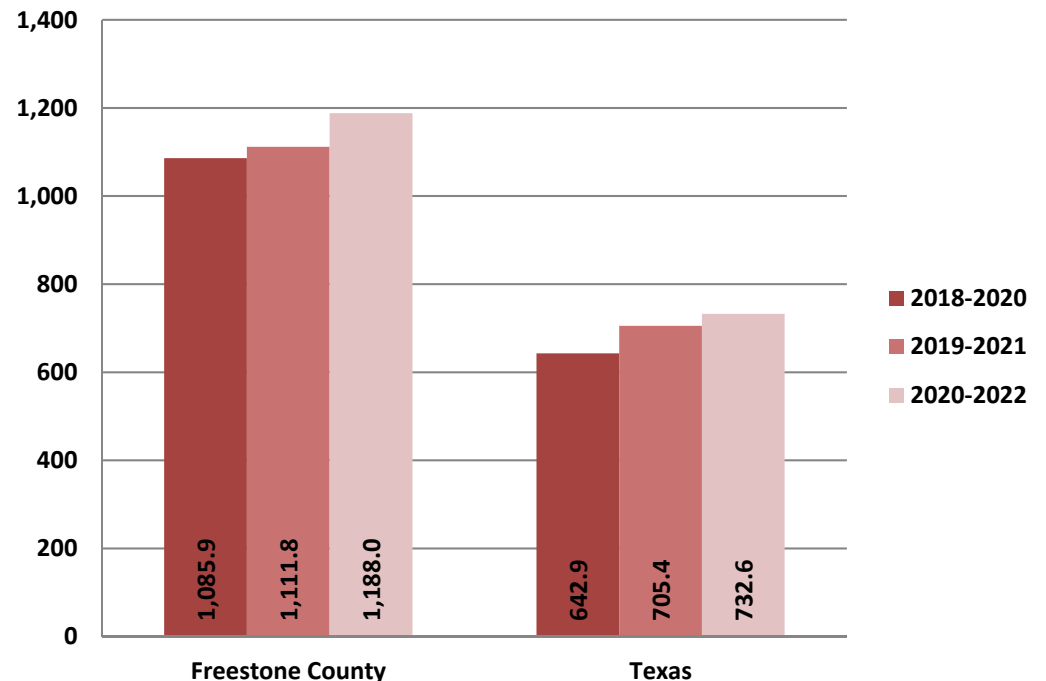
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Overall

- Overall mortality rates in Freestone County remained higher than the state between 2018 and 2022.
- Overall mortality rates in Freestone County and the state increased between 2018 and 2022.
- In 2020-2022, the overall mortality rate in Freestone County (1,188.0 per 100,000) was higher than the state (732.6 per 100,000).

Overall Mortality
Crude Death Rates per 100,000, 2018-2022



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Freestone County	645	1,085.9	660	1,111.8	708	1,188.0	1,108	1,117.8
Texas	559,730	642.9	619,946	705.4	651,407	732.6	995,142	678.7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

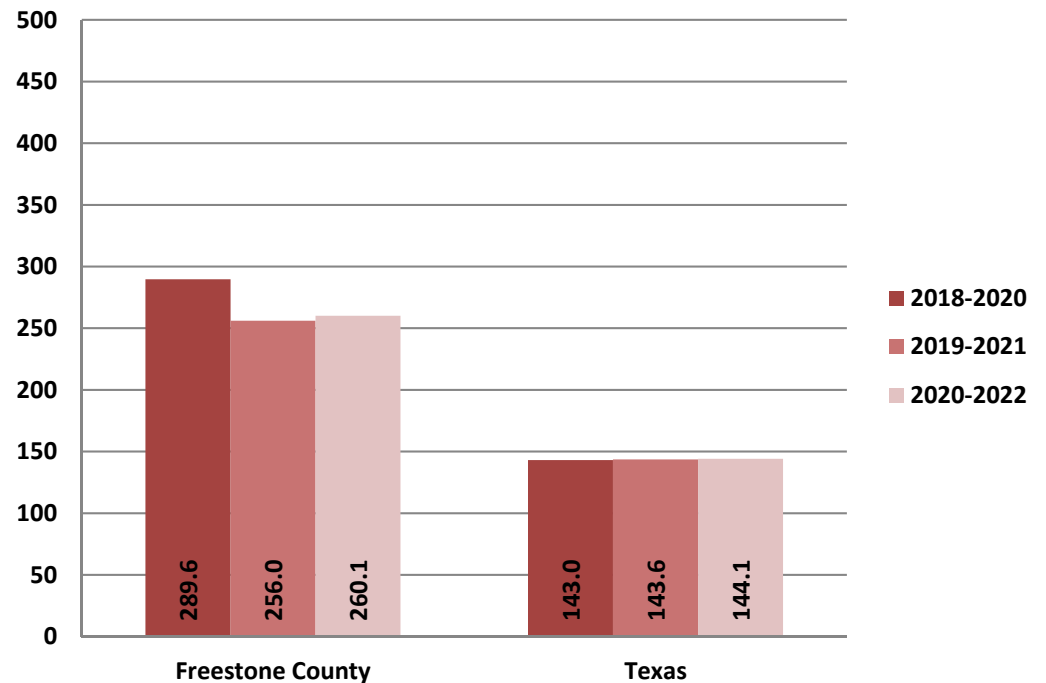
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Malignant Neoplasms

- Cancer is the leading cause of death in Freestone County and the second in the state (2018-2022).
- Between 2018 and 2022, cancer mortality rates decreased in Freestone County and slightly increased in the state.
- In 2020-2022, the cancer mortality rate in Freestone County (260.1 per 100,000) was higher than the state rate (144.1 per 100,000).

Malignant Neoplasms
Crude Death Rates per 100,000, 2018-2022



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Freestone County	172	289.6	152	256.0	155	260.1	265	267.3
Texas	124,497	143.0	126,183	143.6	128,097	144.1	210,452	143.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

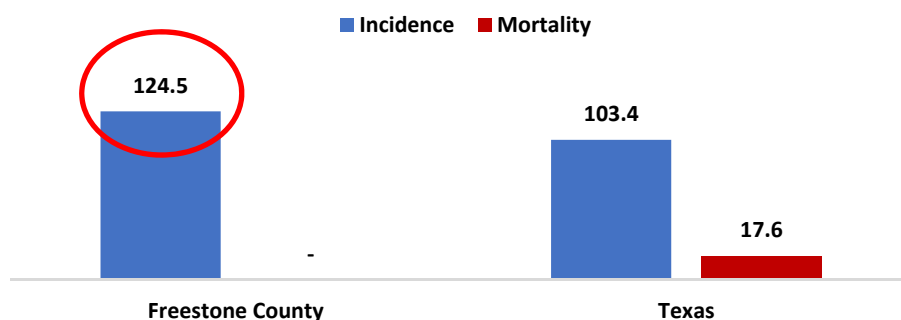
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Cancer Incidence & Mortality by Type

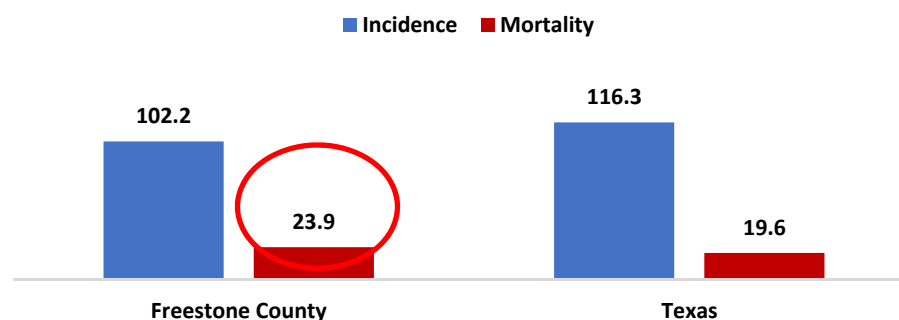
Prostate Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2016-2020



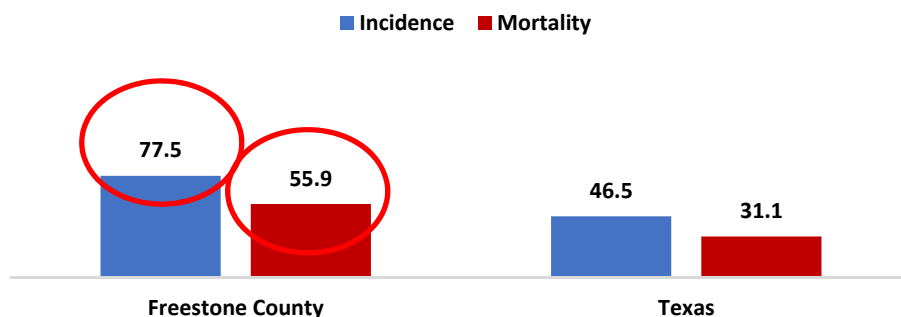
Breast Cancer (Female)

Age-adjusted Incidence & Mortality Rates per 100,000
2016-2020



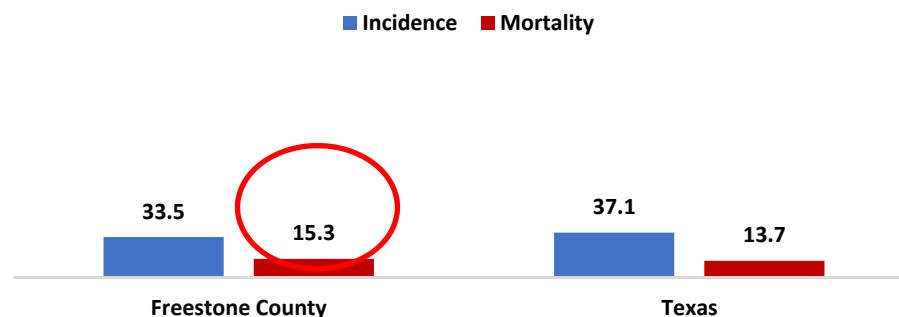
Lung & Bronchus Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2016-2020



Colon & Rectum Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2016-2020



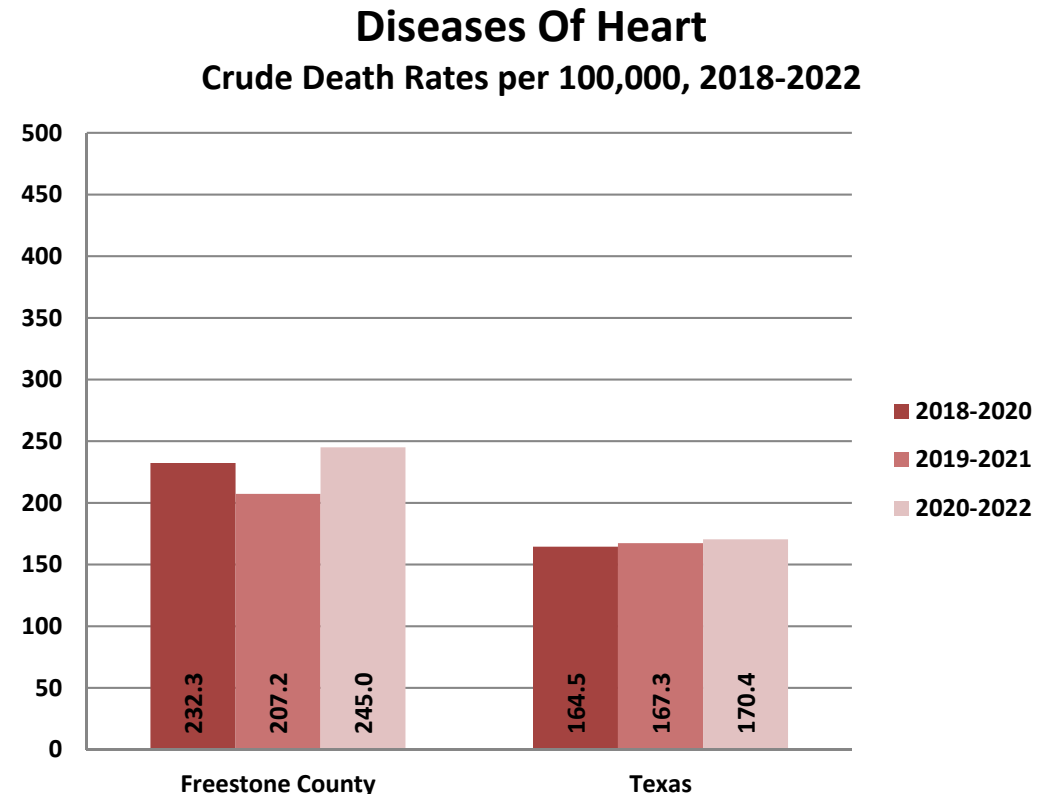
Source: Texas Cancer Registry, Cancer Incidence and Mortality by Site and County, <https://www.cancer-rates.com/tx/>; data accessed May 20, 2024.

Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population. *Counts/rates are suppressed if fewer than 16 cases were reported in the specified category; Counts < 16 are too few to calculate a stable age-adjusted rate. "-" indicates that the number of deaths is too low to calculate a reliable rate.

Health Status

Mortality – Diseases of the Heart

- Heart disease is the second leading cause of death in Freestone County and the first in the state (2018-2022).
- Between 2018 and 2022, heart disease mortality rates increased in Freestone County and the state.
- In 2020-2022, the heart disease mortality rate in Freestone County (245.0 per 100,000) was higher than the state rate (170.4 per 100,000).



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Freestone County	138	232.3	123	207.2	146	245.0	248	250.2
Texas	143,183	164.5	147,004	167.3	151,537	170.4	244,439	166.7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

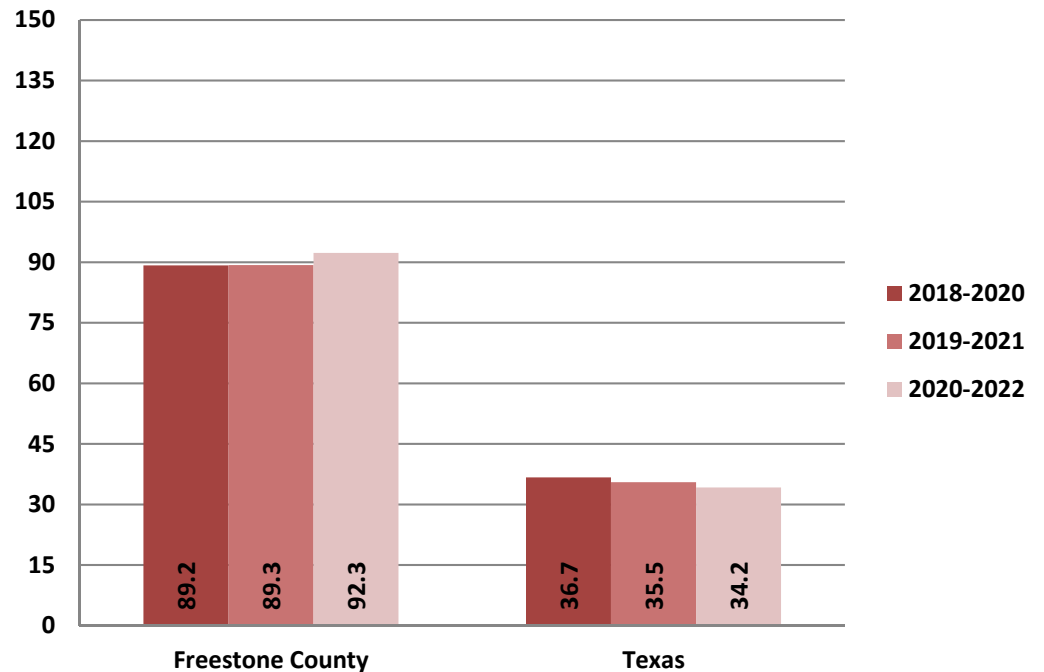
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Chronic Lower Respiratory Diseases

- Chronic lower respiratory diseases (CLRD) are the third leading cause of death in Freestone County and the seventh in the state (2018-2022).
- Between 2018 and 2022, CLRD mortality rates increased in Freestone County and decreased in the state.
- In 2020-2022, the CLRD mortality rate in Freestone County (92.3 per 100,000) was higher than the state rate (34.2 per 100,000).

Chronic Lower Respiratory Diseases
Crude Death Rates per 100,000, 2018-2022



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Freestone County	53	89.2	53	89.3	55	92.3	90	90.8
Texas	31,965	36.7	31,225	35.5	30,442	34.2	52,005	35.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

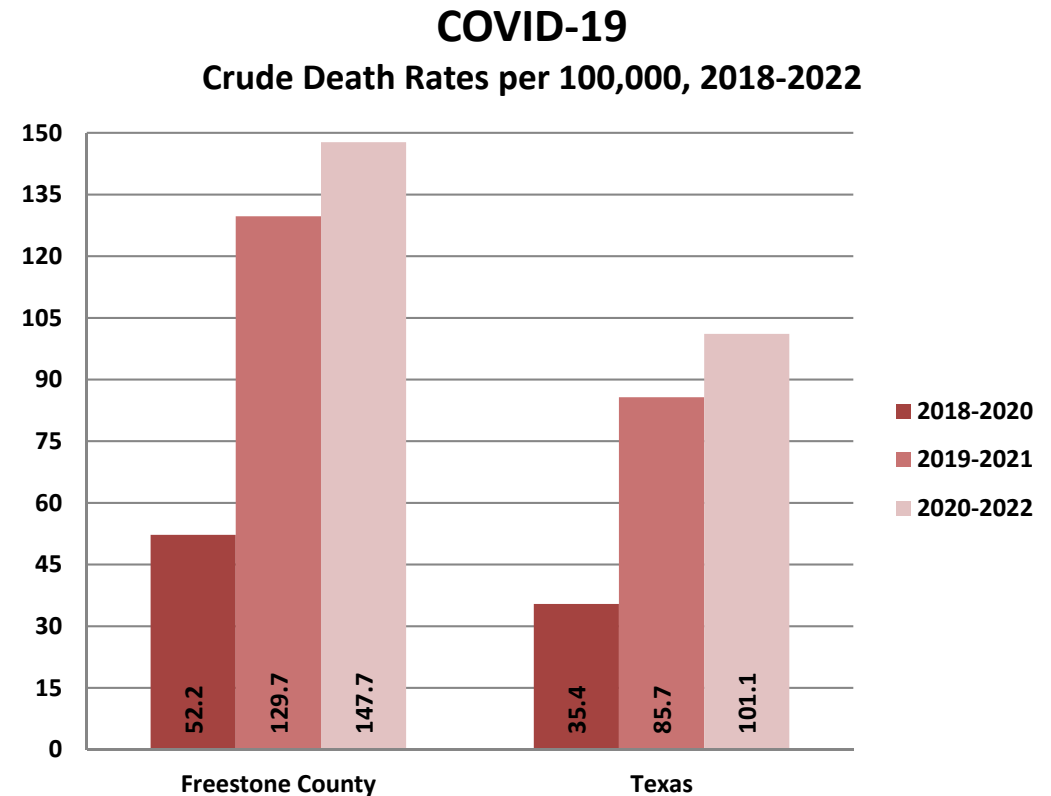
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – COVID-19

- COVID-19 is the fourth leading cause of death in Freestone County and is the third in the state (2018-2022).
- Between 2018 and 2022, COVID-19 increased in Freestone County and the state.
- In 2020-2022, the COVID-19 mortality rate in Freestone County (147.7 per 100,000) was higher than the state rate (101.1 per 100,000).



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Freestone County	31	52.2	77	129.7	88	147.7	88	88.8
Texas	30,840	35.4	75,356	85.7	89,929	101.1	89,929	61.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

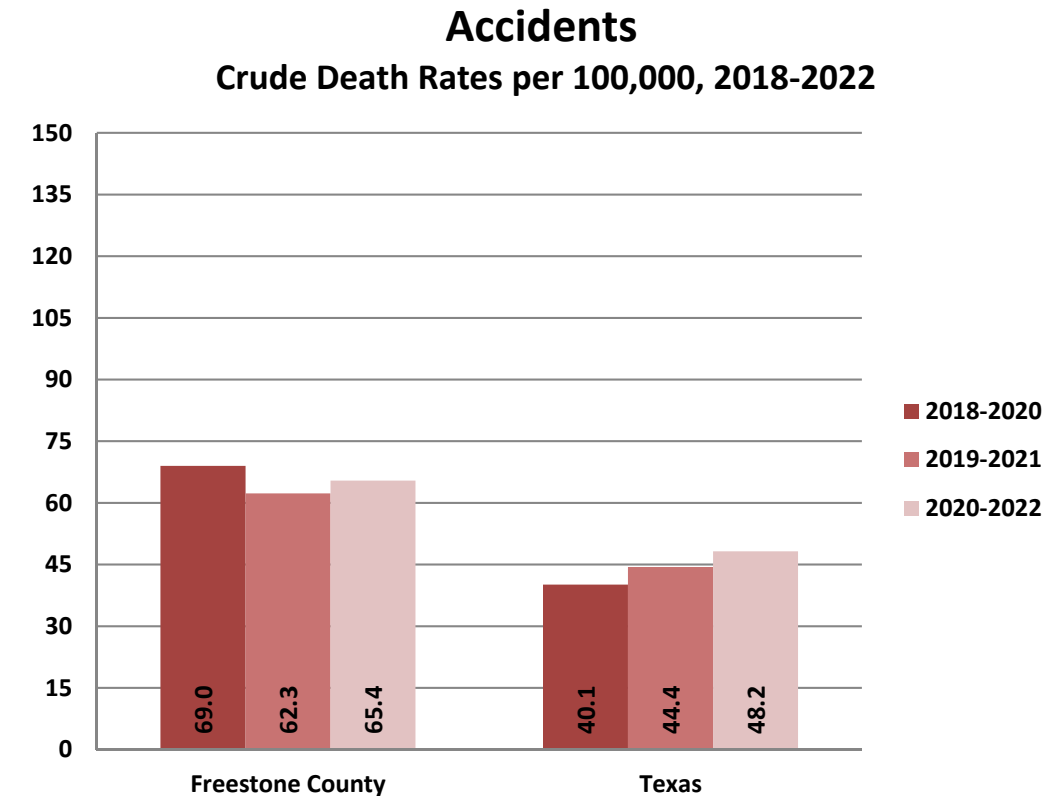
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Accidents

- Fatal accidents are the fifth leading cause of death in Freestone County and the fourth leading cause of death in the state (2018-2022).
- Between 2018 and 2022, accident mortality rates decreased in Freestone County and increased in the state.
- In 2020-2022, the accident mortality rate in Freestone County (65.4 per 100,000) was higher than the state rate (48.2 per 100,000).
- The leading cause of fatal accidents in Freestone County is due to motor vehicle accidents (2020-2022).



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Freestone County	41	69.0	37	62.3	39	65.4	66	66.6
Texas	34,949	40.1	39,007	44.4	42,875	48.2	64,905	44.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

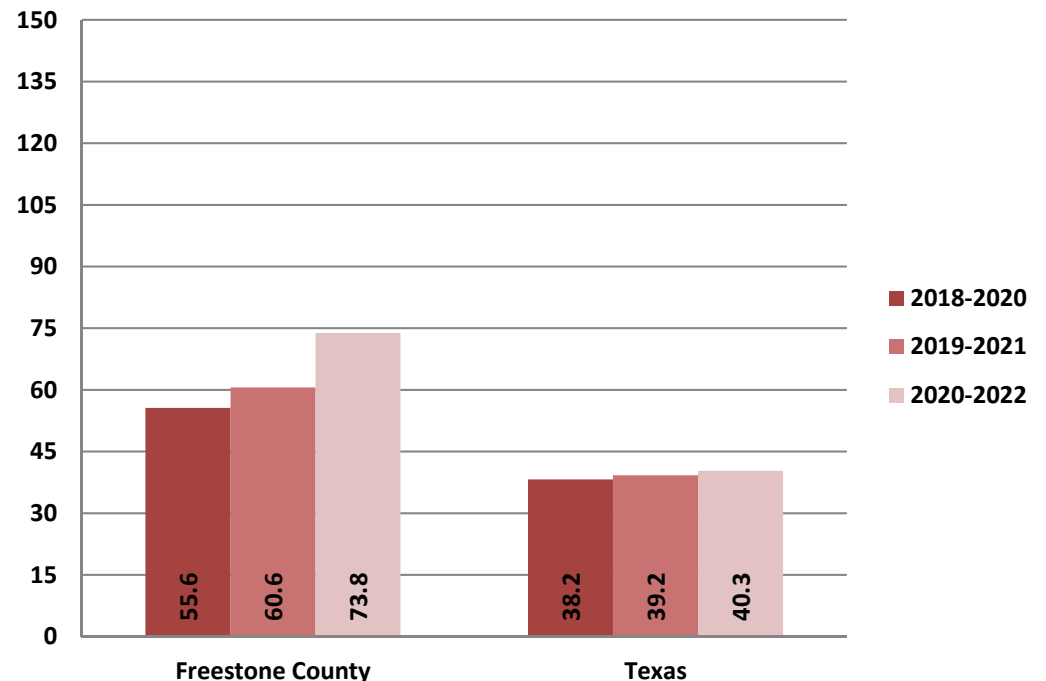
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Cerebrovascular Diseases

- Cerebrovascular diseases are the sixth leading cause of death in Freestone County and the fifth leading cause of death in the state (2018-2022).
- Between 2018 and 2022, cerebrovascular disease mortality rates in Freestone County and the state increased.
- In 2020-2022, the cerebrovascular disease mortality rate in Freestone County (73.8 per 100,000) was higher than the state rate (40.3 per 100,000).

Cerebrovascular Diseases
Crude Death Rates per 100,000, 2018-2022



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Freestone County	33	55.6	36	60.6	44	73.8	63	63.6
Texas	33,284	38.2	34,418	39.2	35,836	40.3	57,453	39.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

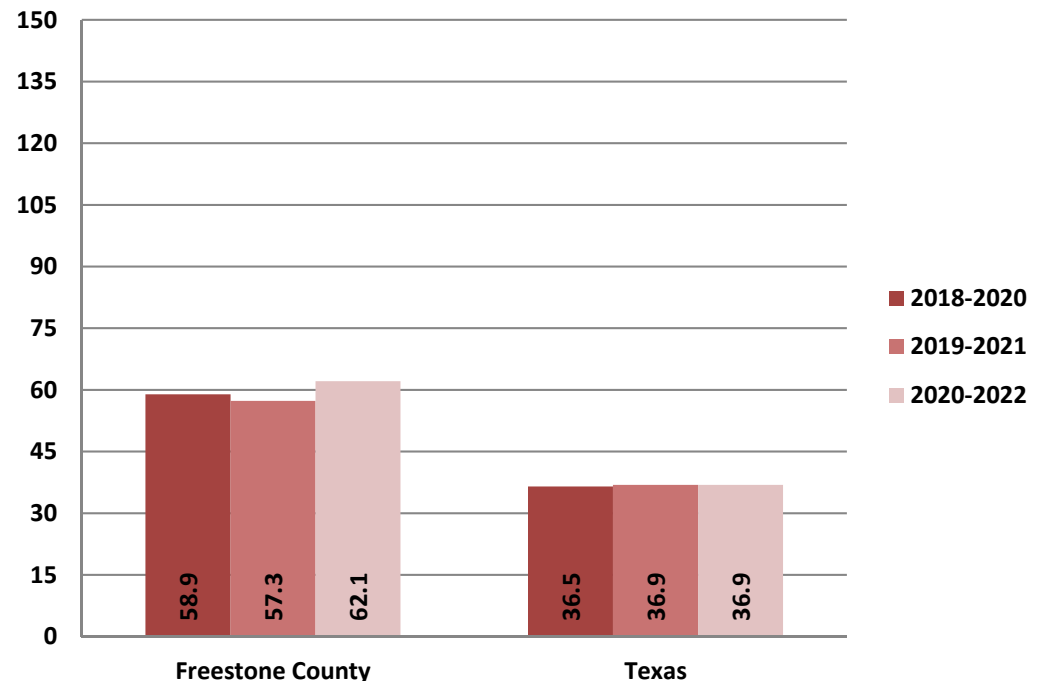
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Alzheimer’s Disease

- Alzheimer’s disease is the seventh leading cause of death in Freestone County and the sixth in the state (2018-2022).
- Between 2018 and 2022, Alzheimer’s disease mortality rates increased in both Freestone County and the state.
- In 2020-2022, the Alzheimer’s disease mortality rate in Freestone County (62.1 per 100,000) was higher than the state (36.9 per 100,000).

Alzheimer’s Disease
Crude Death Rates per 100,000, 2018-2022



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Freestone County	35	58.9	34	57.3	37	62.1	61	61.5
Texas	31,782	36.5	32,456	36.9	32,782	36.9	52,646	35.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

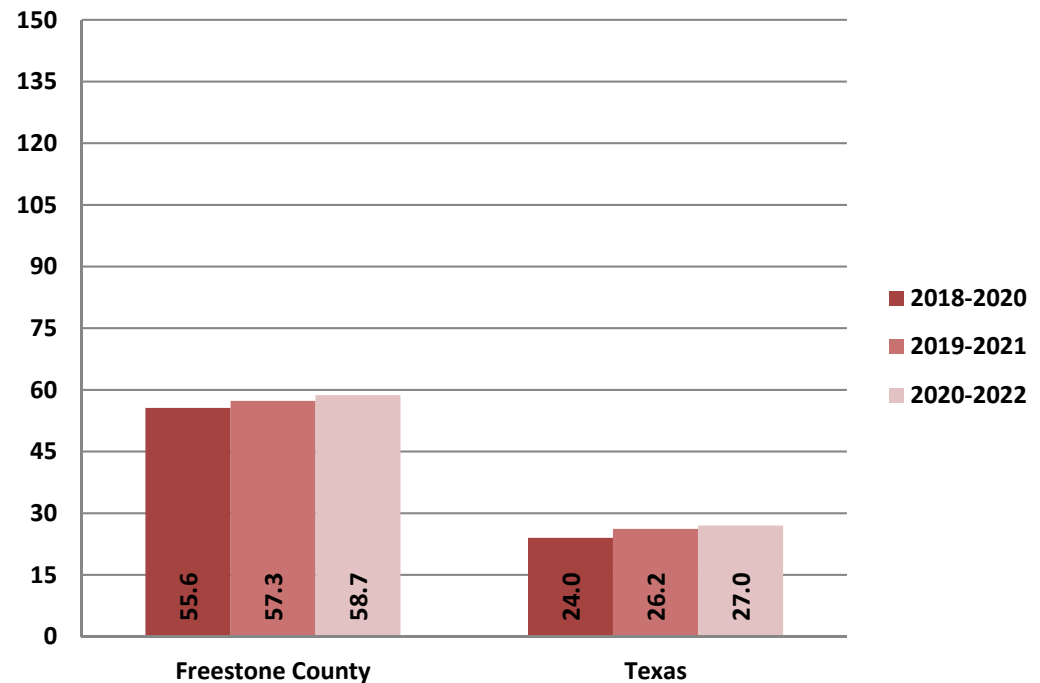
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Diabetes Mellitus

- Diabetes mellitus is the eighth leading cause of death in Freestone County and the state (2018-2022).
- Between 2018 and 2022, diabetes mortality rates increased in Freestone County and the state.
- In 2020-2022, the diabetes mortality rate in Freestone County (58.7 per 100,000) was higher than the state rate (27.0 per 100,000).

Diabetes Mellitus
Crude Death Rates per 100,000, 2018-2022



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Freestone County	33	55.6	34	57.3	35	58.7	53	53.5
Texas	20,870	24.0	23,015	26.2	23,979	27.0	36,859	25.1

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

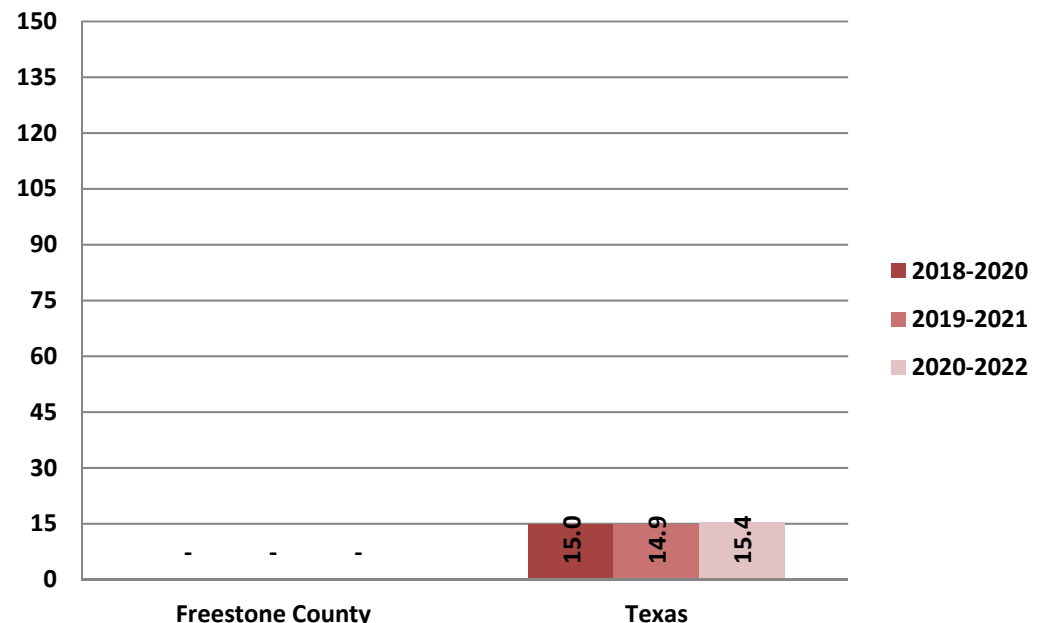
Health Status

Mortality – Nephritis, Nephrotic Syndrome and Nephrosis

- Nephritis, nephrotic syndrome and nephrosis is the ninth leading cause of death in Freestone County and the tenth in the state (2018-2022).
- Between 2018 and 2022, nephritis, nephrotic syndrome and nephrosis mortality rates slightly increased in the state.

Nephritis, Nephrotic Syndrome and Nephrosis

Crude Death Rates per 100,000, 2018-2022



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Freestone County	18	Unreliable	16	Unreliable	16	Unreliable	26	26.2
Texas	13,094	15.0	13,078	14.9	13,679	15.4	22,373	15.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

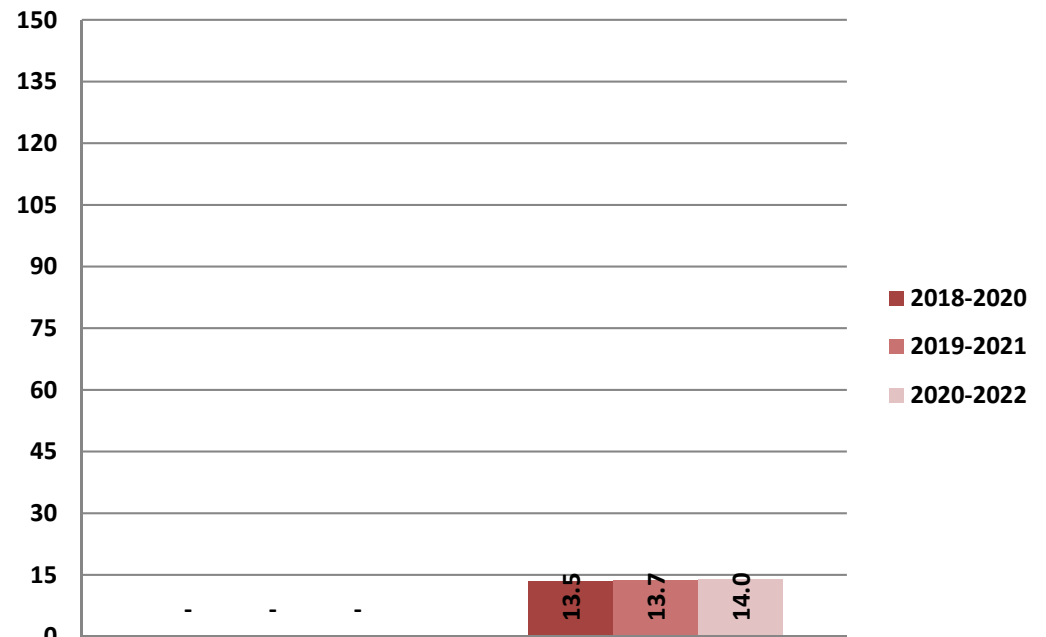
Note: '-' indicates that the data is unreliable.

Health Status

Mortality – Intentional Self-Harm (Suicide)

- Intentional self-harm (suicide) is the tenth leading cause of death in Freestone County and is not a leading cause of death in the state (2018-2022).
- Between 2018 and 2022, intentional self-harm mortality rates slightly increased in the state.

Intentional Self-Harm
Crude Death Rates per 100,000, 2018-2022



LOCATION	Freestone County		Texas				2018-2022	
	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Freestone County	14	Unreliable	16	Unreliable	16	Unreliable	23	23.2
Texas	11,745	13.5	12,008	13.7	12,485	14.0	20,306	13.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 17, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

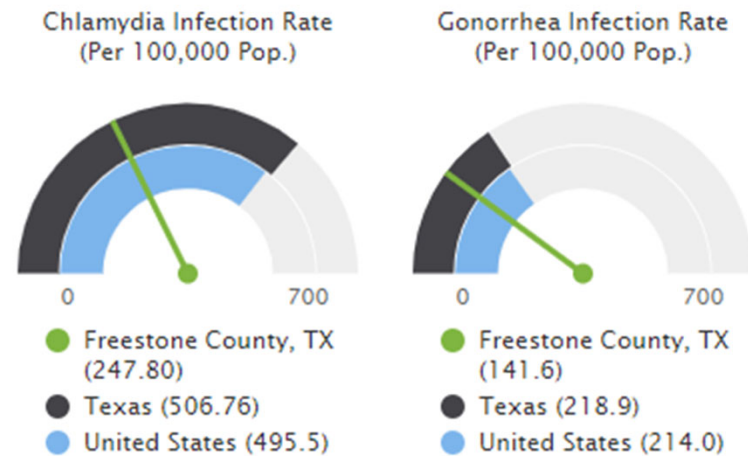
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Note: '-' indicates that the data is unreliable.

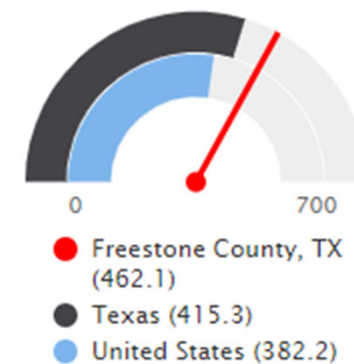
Health Status

Communicable Diseases – Chlamydia, Gonorrhea, HIV/AIDS

- In 2021, Freestone County (247.8 per 100,000) had a lower chlamydia infection rate than the state (506.8 per 100,000) and the nation (495.5 per 100,000).
- In 2021, Freestone County (141.6 per 100,000) had a lower gonorrhea infection rate than the state (218.9 per 100,000) and the nation (214.0 per 100,000).
- In 2021, Freestone County (462.1 per 100,000) had a higher percentage of persons with HIV/AIDS than the state (415.3 per 100,000) and the nation (382.2 per 100,000).



Population with HIV / AIDS, Rate per 100,000 Pop.



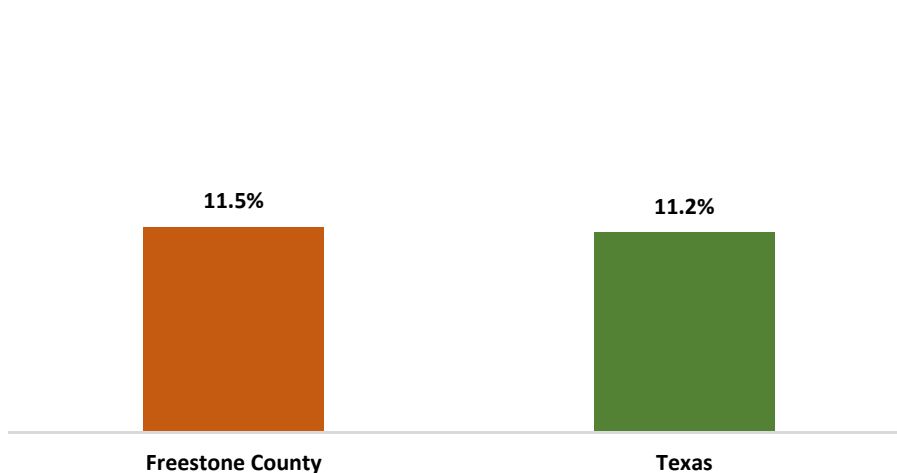
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Health Status

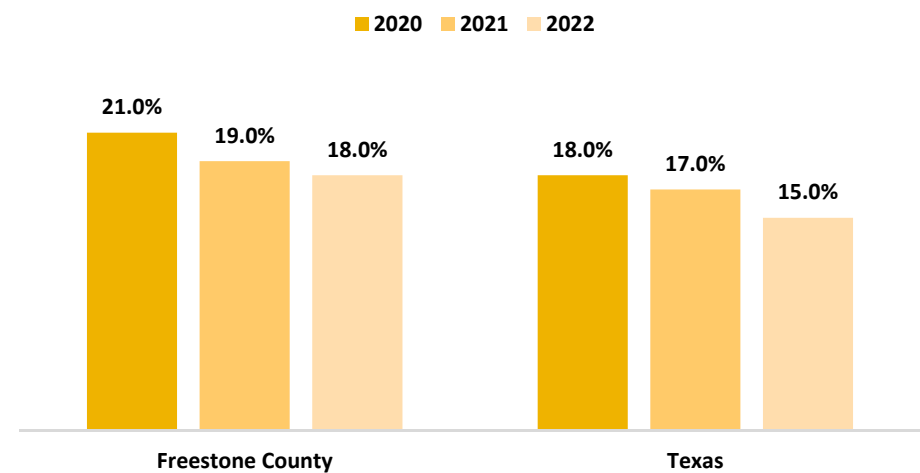
Chronic Conditions – Diabetes

- Freestone County (11.5%) had a slightly higher percentage of adults (age 18+) diagnosed with diabetes than the state (11.2%) (2021).
- Between 2020 and 2022, the percent of Medicare beneficiaries with diabetes decreased in Freestone County and the state.
- In 2022, the percent of Medicare beneficiaries with diabetes in Freestone County (18.0%) was higher than state (15.0%).

Diabetes, Percent, Adults (age 18+), 2021



Diabetes (Medicare), Percent, 2020-2022



Source: Center for Disease Control and Prevention, PLACES: Local Data for Better Health, County Data 2023 Release, filtered for Freestone County, TX, <https://www.cdc.gov/places/>, data accessed May 14, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed May 14, 2024.

Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/tools/mapping-medicare-disparities-by-population>; data accessed on May 20, 2024.

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

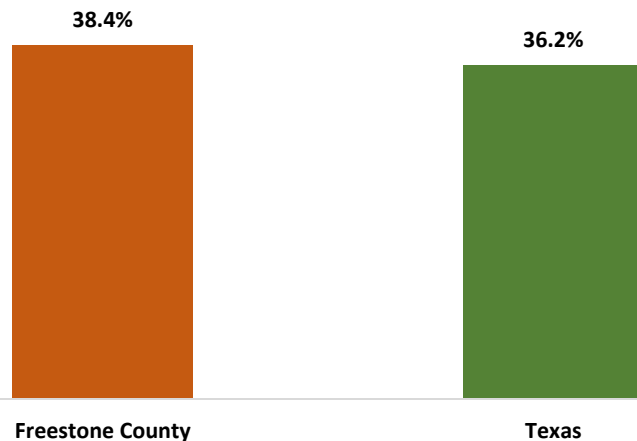
CMS Note: There was a change in algorithm in 2021.

Health Status

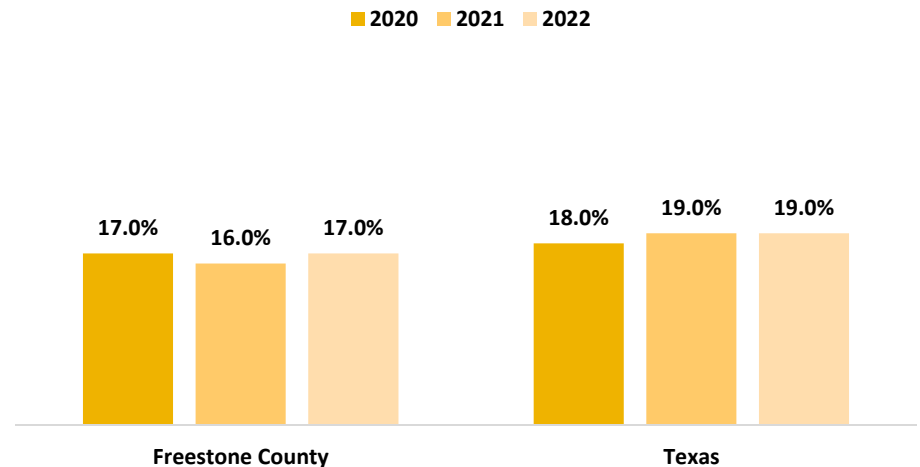
Chronic Conditions – Obesity

- Freestone County (38.4%) had a higher percentage of adults (age 18+) who were obese than the state (36.2%) (2021).
- Between 2020 and 2022, the percent of Medicare beneficiaries with obesity remained consistent in Freestone County and increased in the state.
- In 2022, the percent of Medicare beneficiaries with obesity in Freestone County (17.0%) was lower than state (19.0%).

Obesity, Percent, Adults (age 18+), 2021



Obesity (Medicare), Percent, 2020-2022



Source: Center for Disease Control and Prevention, PLACES: Local Data for Better Health, County Data 2023 Release, filtered for Freestone County, TX, <https://www.cdc.gov/places/>, data accessed May 14, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed May 14, 2024.

Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/tools/mapping-medicare-disparities-by-population>; data accessed on May 20, 2024.

Definition: Respondents who have a body mass index (BMI) ≥ 30.0 kg/m² calculated from self-reported weight and height.

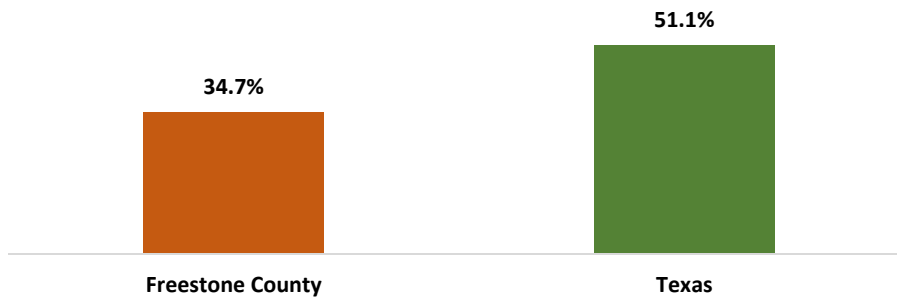
CMS Note: There was a change in algorithm in 2021.

Health Status

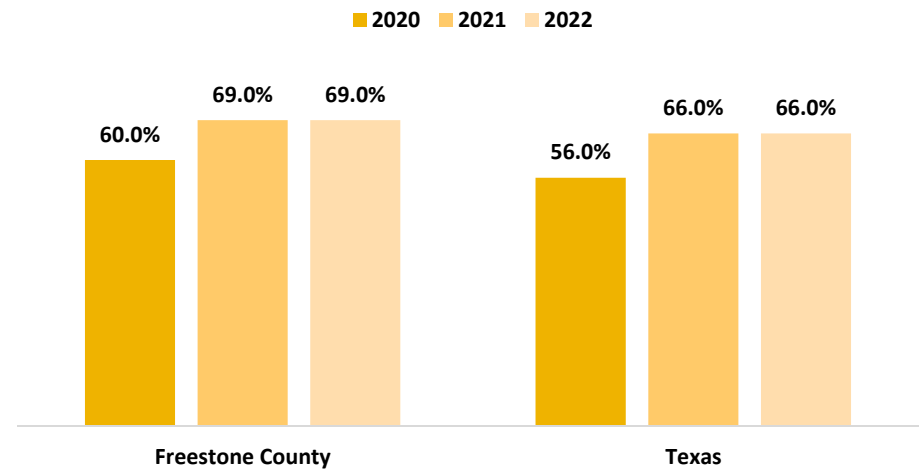
Chronic Conditions – High Blood Pressure

- Freestone County (34.7%) had a lower percentage of adults (age 18+) with high blood pressure than the state (51.1%) (2021).
- Between 2020 and 2022, the percent of Medicare beneficiaries with hypertension increased in Freestone County and in the state.
- In 2022, the percent of Medicare beneficiaries with hypertension in Freestone County (69.0%) was higher than state (66.0%).

High Blood Pressure, Percent, Adults (age 18+),
2021



Hypertension (Medicare), Percent, 2020-2022



Source: Center for Disease Control and Prevention, PLACES: Local Data for Better Health, County Data 2023 Release, filtered for Freestone County, TX, <https://www.cdc.gov/places/>, data accessed May 14, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed May 14, 2024.

Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/tools/mapping-medicare-disparities-by-population>; data accessed on May 20, 2024.

Definition: Respondents who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure

CMS Note: There was a change in algorithm in 2021.

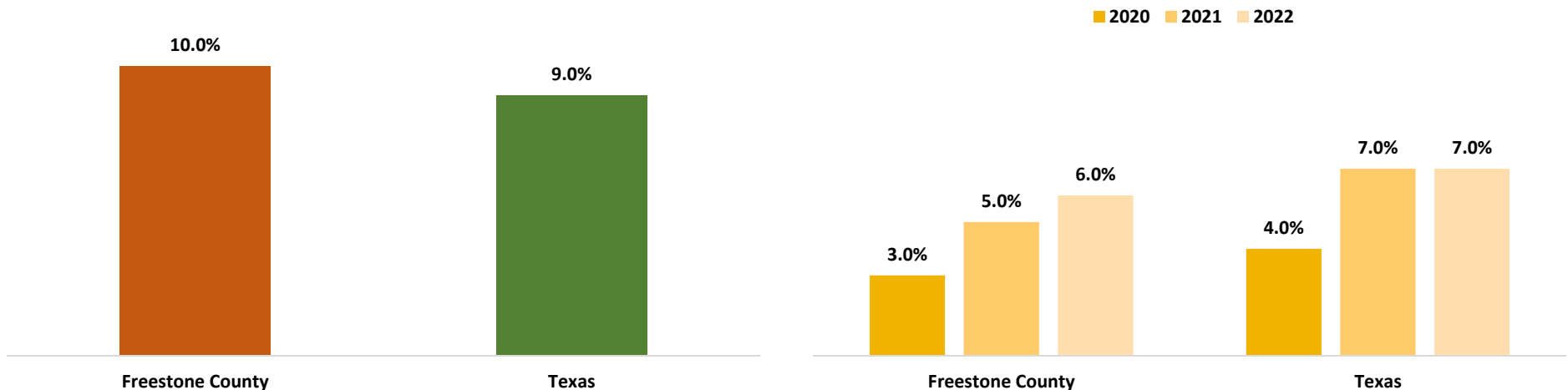
Health Status

Chronic Conditions – Asthma

- Freestone County (10.0%) had a higher percentage of adults (age 18+) who currently have asthma than the state (9.0%) (2021).
- Between 2020 and 2022, the percent of Medicare beneficiaries with asthma increased in Freestone County and in the state.
- In 2022, the percent of Medicare beneficiaries with asthma in Freestone County (6.0%) was lower than state (7.0%).

Current Asthma, Percent, Adults (age 18+), 2021

Asthma (Medicare), Percent, 2020-2022



Source: Center for Disease Control and Prevention, PLACES: Local Data for Better Health, County Data 2023 Release, filtered for Freestone County, TX, <https://www.cdc.gov/places/>, data accessed May 14, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed May 14, 2024.

Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/tools/mapping-medicare-disparities-by-population>; data accessed on May 20, 2024.

Definition: Respondents who answer "yes" both to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question "Do you still have asthma?"

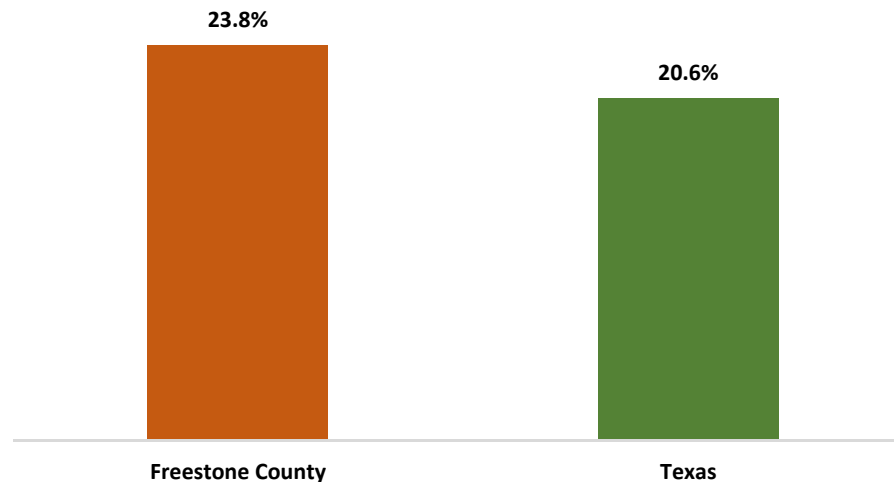
CMS Note: There was a change in algorithm in 2021.

Health Status

Chronic Conditions – Arthritis

- Freestone County (23.8%) had a higher percentage of adults (age 18+) with arthritis than the state (20.6%) (2021).

Arthritis, Percent, Adults (age 18+), 2021

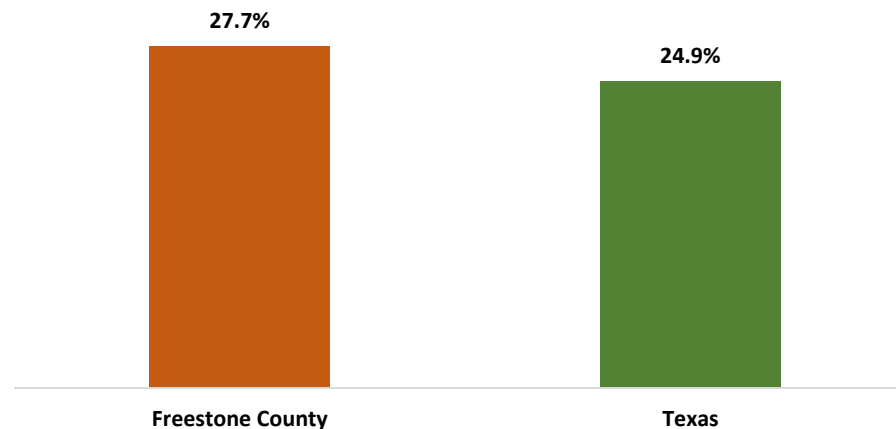


Health Status

Health Behaviors – Physical Inactivity

- Freestone County (27.7%) had a higher percentage of adults (age 18+) with no leisure-time physical activity than the state (24.9%) (2021).

**No Leisure-Time Physical Activity, Percent,
Adults (age 18+), 2021**



Source: Center for Disease Control and Prevention, PLACES: Local Data for Better Health, County Data 2023 Release, filtered for Freestone County, TX, <https://www.cdc.gov/places/>, data accessed May 14, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed May 14, 2024.

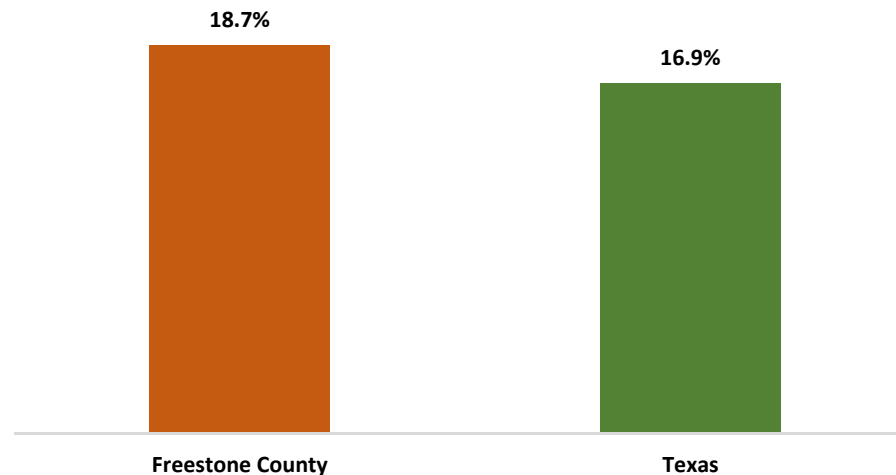
Definition: Respondents who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Health Status

Health Behaviors – Binge Drinking

- Freestone County (18.7%) had a higher percentage of adults (age 18+) who reported binge drinking than the state (16.9%) (2021).

Binge Drinking, Percent, Adults (age 18+), 2021

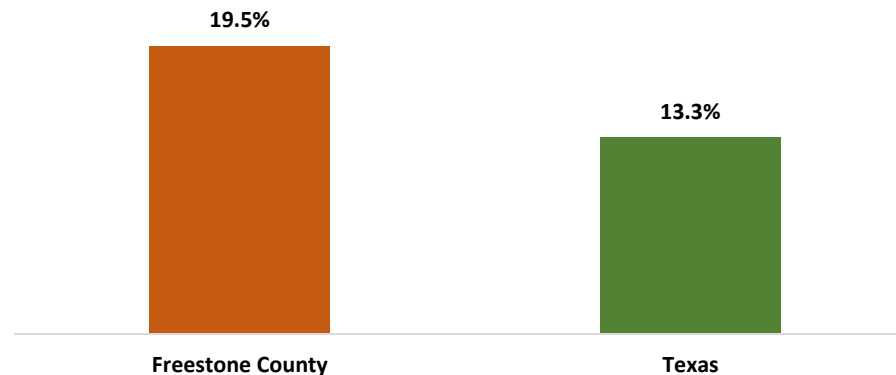


Health Status

Health Behaviors – Smoking

- Freestone County (19.5%) had a higher percentage of adults (age 18+) who currently smoke than the state (13.3%) (2021).

**Current Smoking, Percent, Adults (age 18+),
2021**

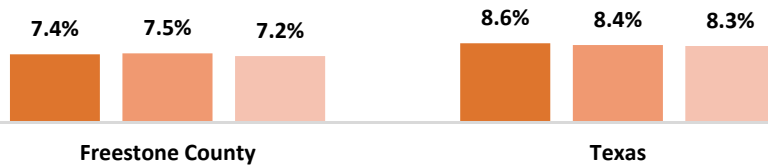


Health Status

Maternal & Child Health Indicators

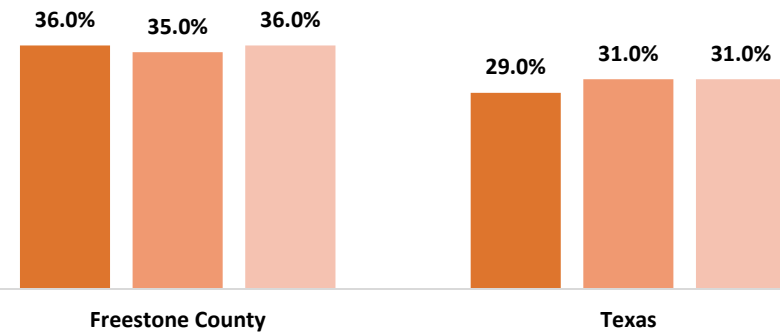
Low Birth-Weight Births (<2,500 grams), Percent, 2018-2020

■ 2018 ■ 2019 ■ 2020



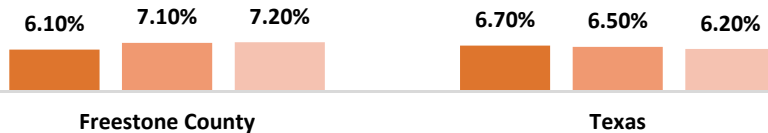
Births to Women Receiving Late or No Prenatal Care, Percent, 2018-2020

■ 2018 ■ 2019 ■ 2020



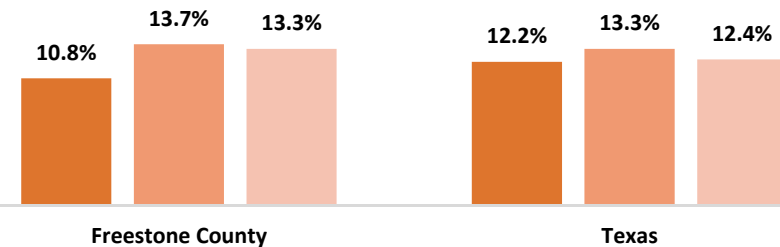
Teen Birth Rate, Percent, Teens (age <19), 2018-2020

■ 2018 ■ 2019 ■ 2020



Preterm Births, Percent, 2018-2020

■ 2018 ■ 2019 ■ 2020



Source: The Annie E. Casey Foundation, Kids Count Data Center, filtered for Freestone County, TX, www.datacenter.kidscount.org; data accessed May 20, 2024.

Note: Percentages are crude rates based on number of specific indicator-related cases divided by total births. Rates are not calculated if number of cases are too low for statistical reliability. Birth data are reported by mothers' county of residence (as mothers reported on birth certificates during the birth registration) regardless where deliveries actually occurred, in state or out-of-state.

Teen Birth Definition: live births to women younger than 19 years old.

Prenatal Care Definition: the number and percent of births to women who received no prenatal care, or care after the first trimester.

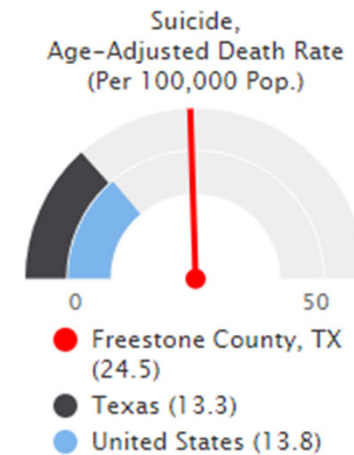
Preterm Births Definition: the number of babies born before 37 weeks gestation and that number as a percentage of all live births.

Low Birth-Weight Births Definition: live births with birthweight less than 2,500 grams.

Health Status

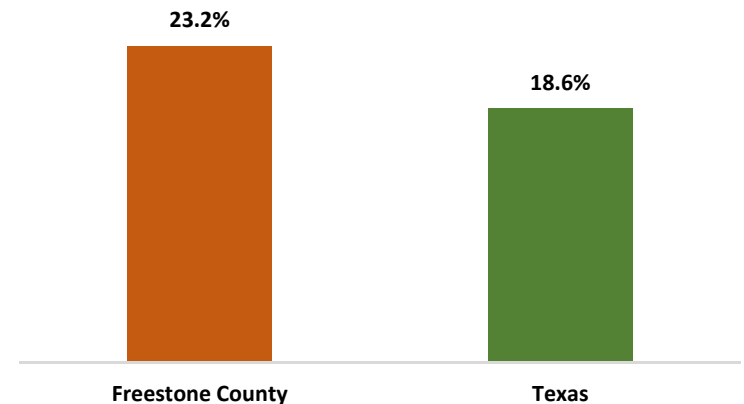
Mental Health – Depressive Disorders

- Between 2016 and 2020, Freestone County (24.5 per 100,000) had a higher rate of suicide than the state (13.3 per 100,000) and the nation (13.8 per 100,000).
- Freestone County (23.2%) had a higher percentage of adults (age 18+) with depression than the state (18.6%) (2021).



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

Depression, Percent, Adults (age 18+), 2021



Source: SparkMap, Health Indicator Report: logged in and filtered for Freestone County, TX, <https://sparkmap.org/report/>; data accessed May 16, 2024.

Source: Center for Disease Control and Prevention, PLACES: Local Data for Better Health, County Data 2023 Release, filtered for Freestone County, TX, <https://www.cdc.gov/places/>, data accessed May 14, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed May 14, 2024.

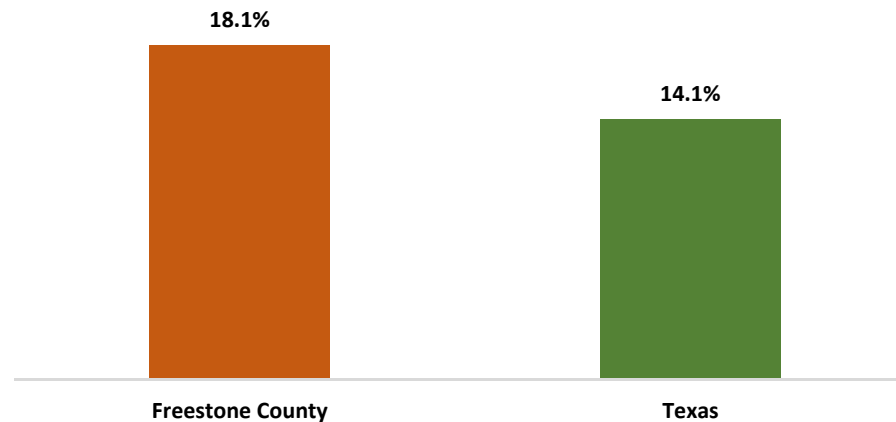
Definition: Respondents who report having been told by a doctor, nurse, or other health professional that they had depressive disorder.

Health Status

Mental Health – Poor Mental Health (14+ Days)

- Freestone County (18.1%) had a higher percentage of adults (age 18+) who reported having poor mental health days for 14 days or more in the past 30 days than the state (14.1%) (2021).

**Mental Health Not Good For $\geq$ 14 Days,
Percent, Adults (age 18+), 2021**

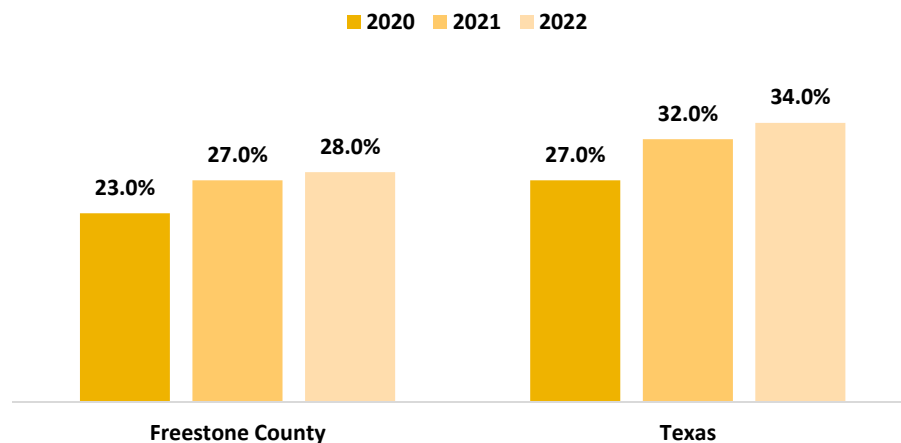


Health Status

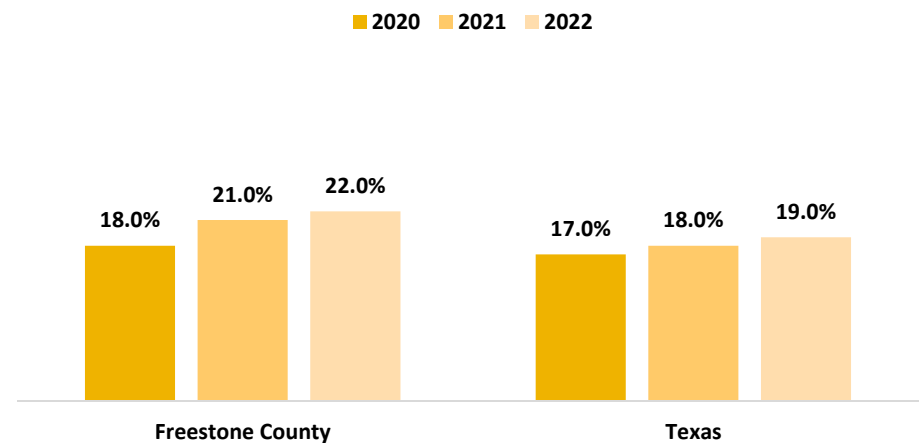
Screenings – Mammography & Prostate Screening (Medicare)

- Between 2020 and 2022, the percent of females (age 35+) that received at least one mammography screening in the past year increased in Freestone County and the state.
- In 2022, the percent of females (age 35+) that received at least one mammography screening in the past year in Freestone County (28.0%) was lower than the state (34.0%).
- Between 2020 and 2022, the percent of adults (age 50+) that received at least one prostate screening in the past year increased in Freestone County and the state.
- In 2022, the percent of adults (age 50+) that received at least one prostate screening in the past year in Freestone County (22.0%) was higher than the state (19.0%).

**Mammography Screening, Percent, Females
(age 35+), 2020-2022**



**Prostate Cancer Screening, Percent, Males (age
50+), 2020-2022**



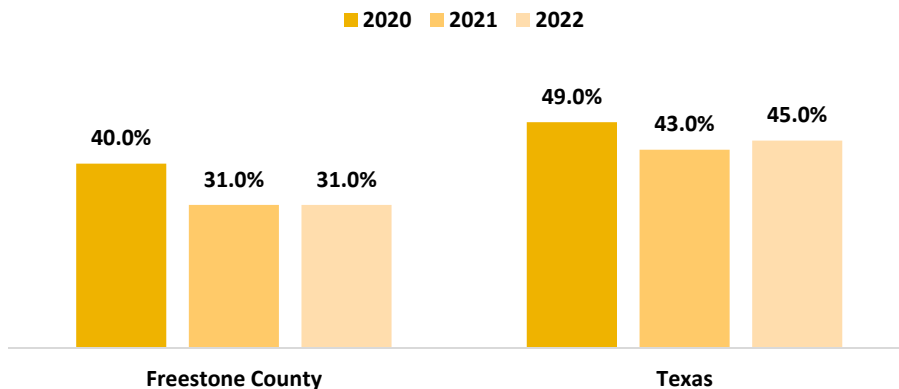
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; information accessed May 20, 2024.
Mammography Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for mammography services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for mammography services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; male beneficiaries; and female beneficiaries aged less than 35.
Prostate Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for prostate cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; female beneficiaries; and male beneficiaries aged less than 50.

Health Status

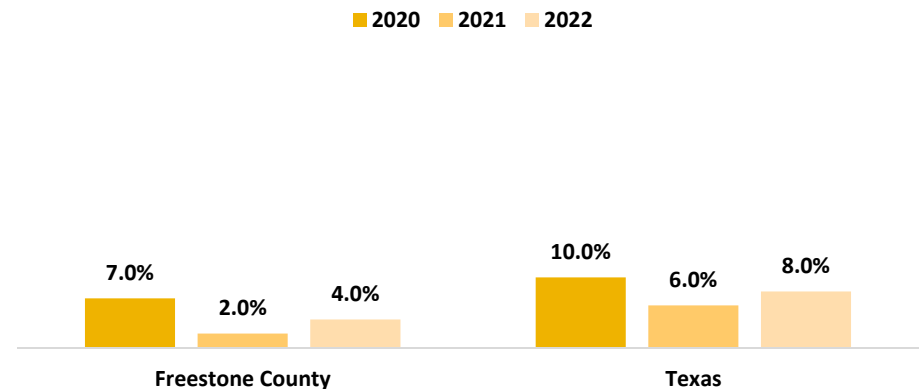
Preventive Care – Influenza & Pneumococcal Vaccination (Medicare)

- Between 2020 and 2022, the percentage of Medicare beneficiaries that received a flu shot in the past year in Freestone County and the state decreased.
- In 2022, Freestone County (31.0%) had a lower percentage of Medicare beneficiaries that received a flu shot in the past year than the state (45.0%).
- Between 2020 and 2022, the percentage of Medicare beneficiaries that ever received a pneumonia shot in Freestone County and the state decreased.
- In 2022, Freestone County (4.0%) had a lower percentage of Medicare beneficiaries that ever received a pneumonia shot than the state (8.0%).

**Influenza Virus Vaccine (in the past year),
Percent, 2020-2022**



Pneumococcal Vaccine (Ever), Percent, 2020-2022



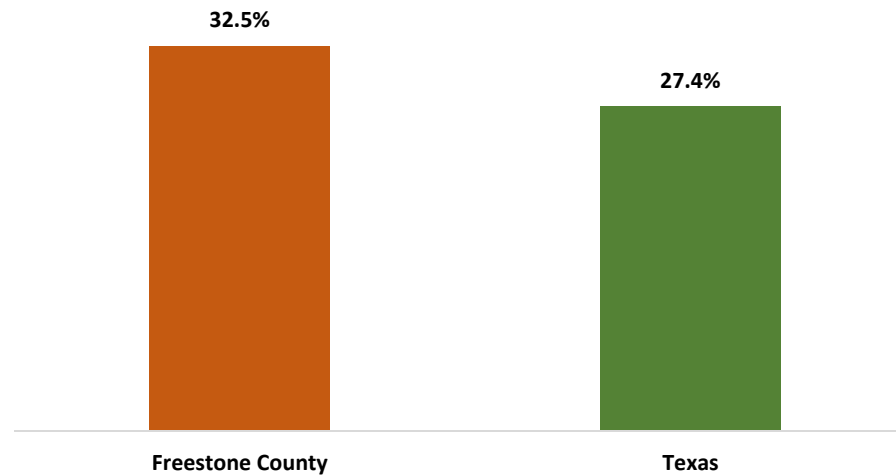
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/tools/mapping-medicare-disparities-by-population>; data accessed on May 20, 2024.
Definition: During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?
Definition: Have you ever received a pneumonia vaccination?

Health Status

Health Status – Disability

- Freestone County (32.5%) had a higher percentage of adults (age 18+) with a disability than the state (27.4%) (2021).

Any Disability, Percent, Adults (age 18+), 2021



Source: Center for Disease Control and Prevention, PLACES: Local Data for Better Health, County Data 2023 Release, filtered for Freestone County, TX, <https://www.cdc.gov/places/>, data accessed May 14, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed May 14, 2024.

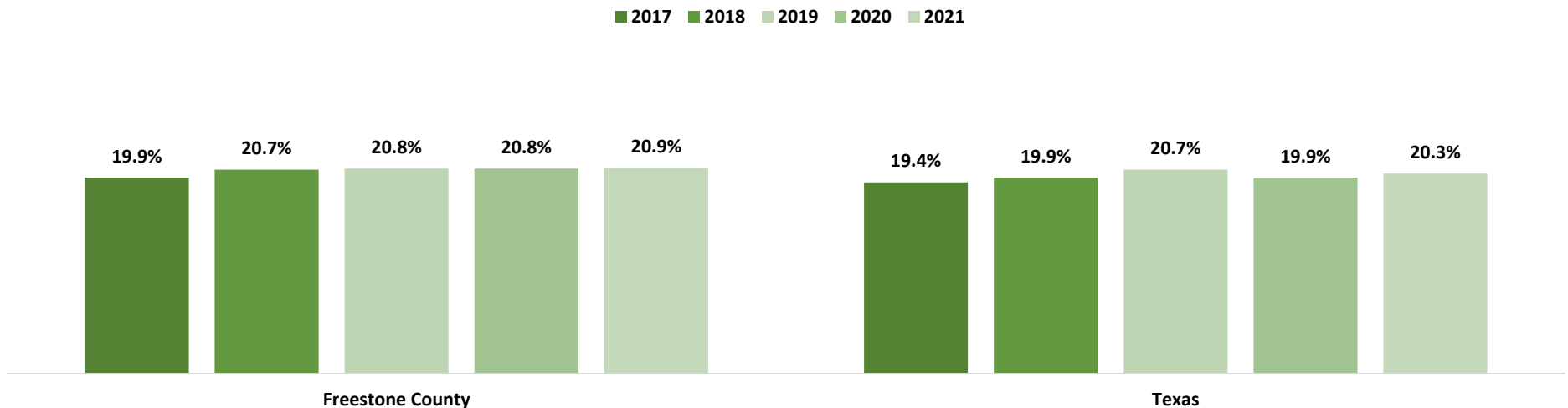
Definition: Respondents who answered “yes” to at least one of six disability questions: “Are you deaf or do you have serious difficulty hearing?”; “Are you blind or do you have serious difficulty seeing, even when wearing glasses?”; “Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?”; “Do you have serious difficulty walking or climbing stairs?”; “Do you have difficulty dressing or bathing?”; “Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?”

Health Status

Health Care Access – Uninsured

- Freestone County and the state experienced a slight increase in the percentage of uninsured adults (age 18-64) between 2017 and 2021.
- As of 2021, Freestone County (20.9%) has a slightly higher rate of uninsured adults (age 18-64) as compared to the state (20.3%).

Uninsured, Percent, Adults (age 18-64), 2017 - 2021

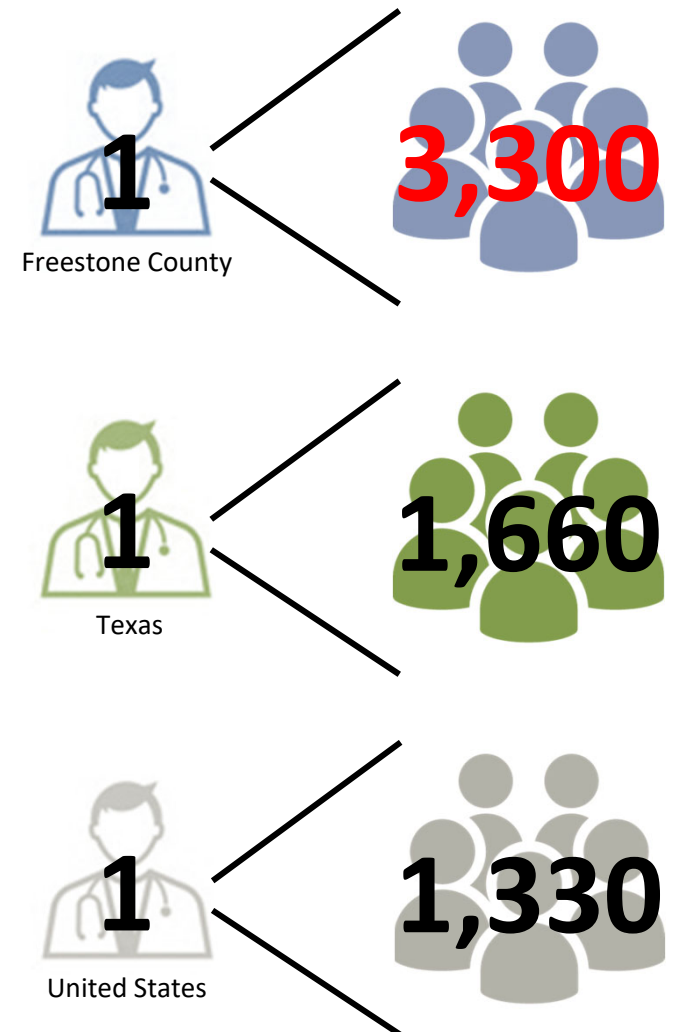


Source: United States Census Bureau, Small Area Health Insurance Estimates filtered for Freestone County, TX, <https://www.census.gov/data-tools/demo/sahie/#/>; data accessed May 16, 2024.

Health Status

Health Care Access – Primary Care Physicians

- **Sufficient availability of primary care physicians is essential for preventive and primary care.**
 - In 2021, the population to primary care physician ratio in Freestone County (3,300:1) was significantly higher than the state (1,660:1) and the nation (1,330:1).



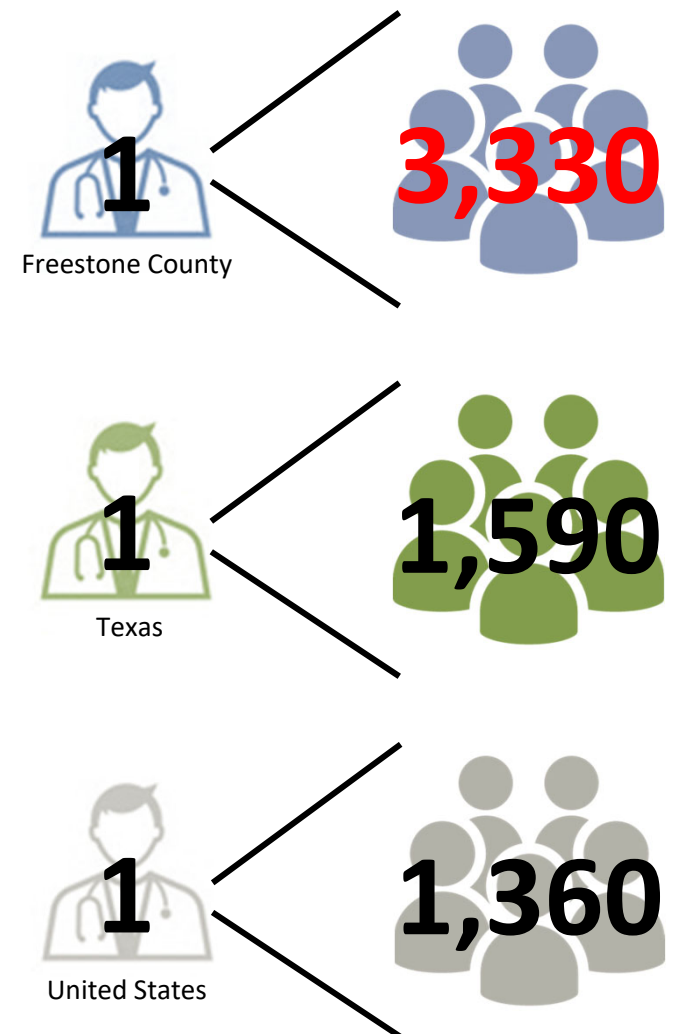
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Freestone County, TX, <https://www.countyhealthrankings.org/>; data accessed May 13, 2024.

Definition: The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. "Primary care physicians" classified by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Health Status

Health Care Access – Dental Care Providers

- **Lack of sufficient dental providers is a barrier to accessing oral health care. Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss.**
 - In 2022, the population to dental provider ratio in Freestone County (3,330:1) was significantly higher than the state (1,590:1) and the nation (1,360:1).



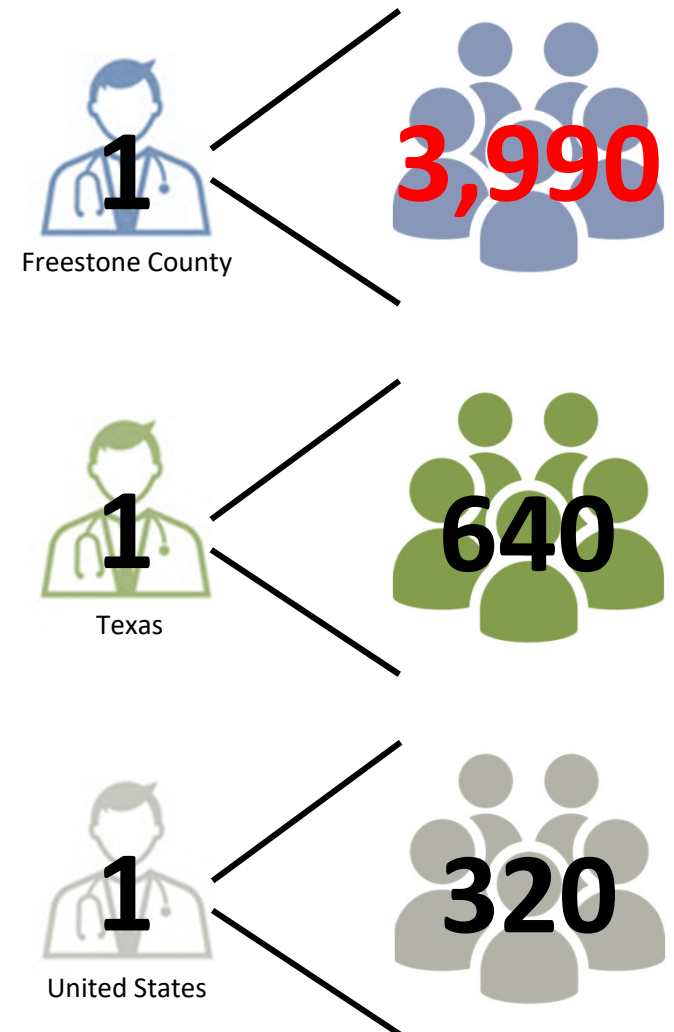
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Freestone County, TX, <https://www.countyhealthrankings.org/>; data accessed May 13, 2024.

Definition: The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists. All dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry and who practice within the scope of that license.

Health Status

Health Care Access – Mental Health Providers

- **Lack of access to mental health providers not only effects overall individual wellness but also impacts the health of a community.**
 - In 2023, the population to mental health provider ratio in Freestone County (3,990:1) was significantly higher than the state (640:1) and the nation (320:1).



Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Freestone County, TX, <https://www.countyhealthrankings.org/>; data accessed May 13, 2024.

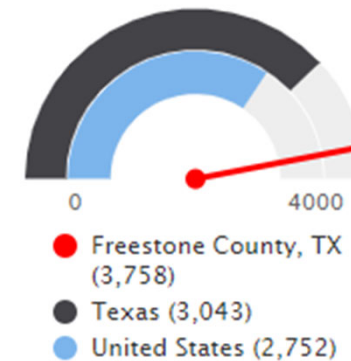
Definition: The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Health Status

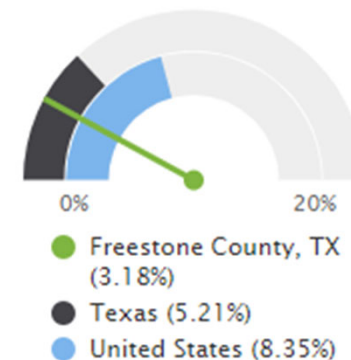
Health Care Access – Common Barriers to Care

- **Lack of available primary care resources for patients to access may lead to increased preventable hospitalizations.**
 - In 2021, the rate of preventable hospital events in Freestone County (3,758 per 100,000 Medicare beneficiaries) was higher than the state (3,043 per 100,000 Medicare beneficiaries) and the nation (2,752 per 100,000 Medicare beneficiaries).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
 - In 2017-2021, 3.2% of households in Freestone County had no motor vehicle, as compared to 5.2% in Texas and 8.4% in the nation.

Preventable Hospital Events, Rate per 100,000 Beneficiaries



Percentage of Households with No Motor Vehicle



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

Source: SparkMap, Health Indicator Report: logged in and filtered for Freestone County, TX, <https://sparkmap.org/report/>; data accessed January 30, 2024.

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



PHONE INTERVIEW FINDINGS

Overview

- Conducted 11 interviews with the groups outlined in the IRS Final Regulations
 - CHC Consulting contacted a number of other individuals in the community to participate in the interview process, but several persons were unable to complete an interview due to a variety of reasons.
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

Methodology

- Individuals interviewed for the CHNA were identified by the hospital and are known to be supportive of ensuring community needs are met. CHC Consulting did not verify any comments or depictions made by any individuals interviewed. Interviewees expressed their perception of the health of the community based on their professional and/or personal experiences, as well as the experiences of others around them. It is important to note that individual perceptions may highlight opportunities to increase awareness of local resources available in the community.
- This analysis is developed from interview notes, and the CHC Consulting team attempted to identify and address themes from these interviews and share them within this report. None of the comments within this analysis represent any opinion of CHC Consulting or the CHC Consulting professionals associated with this engagement. Some information may be paraphrased comments. The comments included within the analysis are considered to have been common themes from interviews defined as our interpretation of having the same or close meaning as other interviewees.

Interviewee Information

- **Landis Bayless:** Resident, Freestone County
- **Natalie Clopton:** Owner, Clo & Company
- **Teresa Duke:** Vice President, Community National Bank
- **Elizabeth Hans:** DSHS Staff – Epidemiologist II, Texas Department of Health and Human Services Region 7
- **Robert McAdams:** Resident, Freestone County
- **Dawn Melancon:** Teacher, Fairfield Independent School District
- **Stephanie Overall:** Executive Director, Meals on Wheels/Fairfield Senior Citizens
- **Brenda Pate:** Executive Director, Fairfield Chamber of Commerce
- **David Ransom:** Pastor, Cornerstone Full Gospel
- **Misty Richardson:** City Secretary, City of Fairfield
- **Dana Tate:** Vice President, Farmers State Bank

Interviewee Characteristics

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

9.1%

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

18.2%

- Community Leaders

72.7%

Note: Interviewees may provide information for several required groups.

Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
 - Access to Mental and Behavioral Health Care
 - Access to Specialty Care
 - Healthy Lifestyles & Preventive Care
 - Aging Population
 - Misuse of the Emergency Room
 - Access to Primary Care
 - Access to Dental Care

Access to Mental & Behavioral Health Care

- **Issues/Themes:**

- Lack of local mental health facilities
- Acknowledgement of programs to train teachers to recognize mental health conditions
- Limited local resources leading to:
 - Outmigration outside of the county
(EX. Dallas, Tyler, Terrell, Corsicana, Palestine)
- Desire for remote mental health appointments to mitigate transportation burdens
- Awareness of spiritual counselors for mental health needs but need for licensed mental health counselors
- Recognition of the MHMR clinic but perceived lack of use by people who need help and long wait times
- Misuse of emergency related resources due to perceived mental health crisis
- Acknowledgement of drug use in the community

“Mental health is a really big problem in Fairfield. The hospital can take people who are having those kind of problems but after a couple days they have to release them. There were several kids who committed suicide several years ago. The schools have started a program for teachers training them in getting help and actually be able to notice [issues in children]. It's not a fix but it's there to [help] recognize.”

“[Mental health] is one of the number one [issues]. There's licensed mental health professionals in Palestine or Corsicana. I don't know if there is a mental health facility within 90 miles of us. As far as a therapist, [people] go Palestine or Corsicana.”

“There's a lot of a younger people who are starting to have mental issues. I don't know of any programs. Our churches give mental counseling. You have to leave the county for an inpatient [stay]. The only place I know of is in Tyler, Dallas and Terrell.”

“The closest metropolitan area would be Waco which isn't too far away but that would be a barrier [to accessing mental healthcare]. Trying to offer a more remote option would help mitigate that issue.”

“I don't know of a psychiatrist anywhere here. The counselors are usually connected to your churches. They are more of an emotional health vs. a mental health counselor. Each campus in our school district has a counselor.”

“There is an MHMR but it's underutilized by people who need help. There's a few counselors who are more spiritual counselors. As far as a psychologist, anybody like that, there doesn't seem to be anyone.”

“It takes 2 weeks to see a primary care provider and another 2 weeks to see a [mental health] doctor. There's nothing immediately in our county for mental health. It would have to be outsourced. There's an MHMR clinic but I'm sure it takes a while [to get in].”

“We have some citizens who are mentally incapable of taking care of themselves. They end up making several ER trips, calling the police department to come, etc. They aren't able to get help. They call 911 and need an ambulance but they aren't in an emergency. It takes the ambulance away from someone who might need it.”

“We have too much drug use. There's a whole lot of drug abusers.”

Access to Specialty Care

- **Issues/Themes:**

- Difference in opinion regarding accessibility and/or availability of specialists in the area
- Perceived lack of doctor/patient relationship due to infrequency of specialists in the area
- Limited local specialists leading to outmigration to Dallas, Corsicana, Houston, Palestine, Tyler, Waco, Frisco
- Appreciation for the providers FMC has brought in for specialty care and improved local access
- Acknowledgement of long wait times
- Specialties mentioned as needed include (in descending order of number of times mentioned and then alpha order):
 - Cardiology
 - Orthopedics
 - Urology
 - Dermatology
 - Dialysis
 - General Surgery
 - OB/GYN
 - Oncology

“It’s pretty easy [to see a specialist]. There are some that come one day a week like podiatry and cardiology. Sometimes you get on their schedule and wait 4-6 weeks.”

“Having more specialists would be a huge help for everyone. The doctors come here infrequently enough and it seems like they don’t know who their patient is.”

“I’m not disappointed or unhappy with what we offer in the area. It’s limited working in rural health to a certain point because of the physical facility.”

“When it comes down to specialties, you have to leave the community. If it’s a minor issue you can stay, but if it’s higher than that, you have to leave to Waco, Tyler, or Dallas. Depending on how intense the case is, you may have to go to Houston or Frisco.”

“Specialists come here but aren’t here every day. I don’t know if a heart doctor comes [to town]. That’s one that people would like to have around. A lot of people go to Dallas, Waco, Tyler or Palestine.”

“I don’t feel like people have a big enough knowledge base to say, ‘Hey, I want this specialty’. People are content to drive to Waco, Tyler or Houston. The hospital does a great job. They’ve brought services to a small area that are necessary. The local physicians are quite knowledgeable.”

“I know of a child who hurt themselves and it’s going to be a month before they can see a spinal specialist. It shouldn’t take that long. A family member is having knee issues and they have already been waiting 2 weeks for the doctor to call them.”

“You might have a month wait unless you go outside of town. That’s a concern. Some people need to get into a specialist right away. I don’t know if our hospital offers something for diabetes. It’s skyrocketed over the years.”

“Cancer treatment [is needed] as there’s a large population that has cancer. I would say heart disease is a concern too.”

“We are having trouble with orthopedics right now. Urology is another one. [FMC] is working on [it] but we’re not there yet.”

“The closest place to go for OB/GYN care is Corsicana but they don’t have a NICU. If you want a NICU, you have to go to somewhere at least 60 to 90 miles away.”

Healthy Lifestyles & Preventive Care

- **Issues/Themes:**

- Concern surrounding higher rates of chronic conditions like diabetes and high blood pressure
- Certain cost barriers to accessing resources that help people obtain healthy lifestyle behaviors
- Acknowledgement of local resources available like:
 - Local parks/walking trails
 - Community food banks
 - Meals on Wheels
 - Kids' backpack programs
 - Local gyms
- Lack of education for the youth population regarding healthy lifestyle activities and nutritious options
- Conflicting statements regarding availability of healthy lifestyle resources
- Need for better promotion of healthy lifestyle resources in the community

"Physical health as it relates to physical being [is an issue]. A lot of people are not what I would call 'physically fit' so you have a lot of issues with diabetes and high blood pressure. There's a lack of nutrition even if you do exercise."

"[Healthy lifestyle behaviors] would just have to be a choice on your own. You could have a personal trainer and then they put you on a nutrition plan but not everybody could do that because they are expensive. We have a park and a lot of people walk there. There's a Meals on Wheels who deliver to the seniors. They work hard at getting it out to the people that need it. That's all we have here."

"We have a community food bank and they are very big and open on Tuesdays. We have a Meals on Wheels that is a pretty needed program. We do have a couple organizations that do backpack programs for the kids. It's really important to reach them during the summer time. [There's] nothing that really teaches them something other than their health class that would teach them about proper eating."

"I know the hospital promotes [healthy lifestyles] but don't know about actual programs. The hospital promotes healthy eating. There are two/three gyms. We have one city park and walking trail. The school has a track that you can get access to walk. I do think the gyms have programs but I don't know what they are. For a regular gym workout, the gym price is pretty reasonable. One of the gyms has a physical therapist. There's a Meal on Wheels for senior adults."

"One of the gyms does have a senior class 3 times a week."

"I can't say there are other places that promote nutrition other than the gyms."

"We could improve on [promoting healthy lifestyles]. The agricultural programs at the school do a good job promoting those but that's just limited to those kids that take those classes. We do have a required health class but that is also pretty limited."

"There's so much out there that people don't know about that could benefit them from not getting worse health wise."

Aging Population

- **Issues/Themes:**

- Acknowledgement of elderly demographics in the community needing specialized services
- Perceived resources allocated to the elderly but barriers to care exist, including:
 - Lack of availability and high costs in nursing homes/assisted living facilities
 - Perceived lack of willingness to seek care
 - Transportation
- Need for more awareness on local transportation options
- Additional assistance needed for seniors who have mobility issues
- Desire to increase affordability for seniors

“Freestone is kind of a retirement community so people are getting older. The main thing is that the hospital needs to accommodate the new growth.”

“The elderly are probably the most prevalent ones for getting medical care. The elderly can get a reduced [price] apartment. They have quite a few benefits like Meals on Wheels and transits to get to the store. Could we do better? Possibly, but I think they get quite a bit of attention.”

“Our nursing homes are overflowing. I personally know of several people in the memory care department who have had to move their family member to Waco or Palestine. We don't have enough rooms to service the population in assisted nursing care.”

“The assisted living here is very limited. There's a huge gap between where you can live in your home on your own vs. needing a little assistance versus a nursing home. We have two nursing homes. Those kind of assisted living facilities are constantly full.”

“The issue is the cost of people being taken care of. It costs a lot to go to a nursing home or have someone come to your home to take care of you. A lot of them can't afford it.”

“They are too stubborn and hate to ask for help unless they know what's going on. You have two types of elderly. You have the 80 year old who can barely get around and another who, as a whole, is doing pretty good. We have the transit that covers our area called the Blue Bus. The fee is cheap. It's \$1 for anywhere within the county. Outside the county is \$2 one way. The problem is not a lot of people know about it. Anybody can use that service, it's not just for the elderly. If the person is on Medicaid, they cover the trip.”

“Transportation is harder to get to places for older people. It's harder to meet their needs sometimes. There's a senior adult transport and a tri-county that goes to different counties and hospitals to get [them] to the specialist. But it's still hard to get to where they need to be on time and I'd say it's not advertised well. A lot of people don't know that it even exists.”

“The issue is still going to be picking up the handicapped individuals to get to their appointments. The driver can pick someone up from their home but they are elderly as well. We need more younger people and volunteers to help them get to their healthcare.”

“I would make everything more affordable for the seniors. They are low income and they don't have money to buy groceries. They apply for food stamps but they are limited in what you can buy. There's no competition for Brookshire's grocery store. People want more options for grocery stores so they have more of a selection.”

Misuse of the Emergency Room

- **Issues/Themes:**

- Appreciation for the emergency room and services at the hospital
- Misuse of the ER due to:
 - Cost barriers to care
 - Lack of insurance
 - Perceived ability to be seen quicker
 - Lack of local urgent care clinics
 - Lack of after hour care options

“You’re always going to have some people who are going to abuse [the ER] because they think it’s a quicker response. When I went to the ER it wasn’t super crowded. When there is an accident, we are thankful that the ER is here. It’s a good thing that this hospital has ER services here.”

“The thought of not having an ER, I would absolutely no longer live here. The number one priority is having access to the ER. When we went, the ER was full. We were quick getting in. It took a long time in the ER because we were waiting to see what hospital would accept [my family member] but they did a good job of communicating that to us.”

“Emergency services are critical for this area. It’s the reason that people pick Fairfield versus other counties because we have the ER here.”

“Some kids’ [parents] don’t have insurance and they have to go to the ER.”

“They do know the difference between the ER and seeing their primary care doctor but it depends on if they have insurance. If they don’t have insurance they will go straight to the ER. Sometimes it’s the next day to [be able to] see your doctor so they will go to the ER. We don’t have an urgent care in our county so you’d have to drive out of the county and when you are very sick you aren’t going to do that.”

“We have an ER but we don’t have an urgent care clinic. I can’t think of one in the county.”

“An urgent care clinic [is a need]. We do not have one in this town. I can’t think of one in the county for an urgent care clinic. Maybe have one of those here [would be beneficial].”

“I had to go to the ER because my family member broke her arm. There was a lot of people there with the common cold. Going off the assumption I would say yes, the average person knows the difference between the ER and their doctor. We don’t really have an urgent care in Freestone County; you would have to go to Navarro or Limestone County. If you need after hours, you are limited to the ER or [going] out of town.”

Access to Primary Care

- **Issues/Themes:**

- Appreciation for the accessibility of primary care providers in the area
- Lack of local pediatricians leading to outmigration (EX: Corsicana, Teague, Waco)
- Turnover of local pediatricians leading to limited access for patients
- Potential barriers to receiving care due to insurance policies regarding the provider seen
- Difference in wait times depending on the person being a new or existing patient

“Primary care is very accessible. You can get in almost always the same day if not the next. The Teague clinic has a lady that specializes in pediatrics but she is limited because she is in a satellite clinic. You do have to go get vaccines in Fairfield and not at that clinic.”

“There is a big need for pediatricians.”

“I can't think of one pediatrician in the area for care. People go to Corsicana.”

“You can see a primary doctor that day most of the time. A lot of people go to Waco for a pediatrician and that's 60 miles. There's one in Palestine. It's about 35 miles.”

“We've had pediatricians who have tried to live here. They stay for a little while and then move on to bigger areas. It's hard to get good care for babies here.”

“Most people have to go to Waco for a pediatrician. If we had one here, they could use half a day of PTO instead of the full day. Waco is about 60-70 miles away. I wish we had a good pediatrician right here. On the other side age wise, my dad uses a doctor in Fairfield but if he has any other issues, we have to leave the area.”

“I've never had any problems [seeing a primary care doctor]. I think it's pretty easy. As far as waiting time, if it's an ER issue, go to the ER. If you are running a fever and just want to be looked at or if it's 'I have a pain in my finger', it's about 1 week/1.5 weeks [wait].”

“I go to Waco for my primary care. In talking with people, there is primary care here. I haven't heard of any issues or delay in seeing a doctor.”

“There's not a whole lot [of primary care]. There's only a couple of doctors. Fairfield has two main doctors but they may have more now. The rest of the providers are physician assistants so a lot of times insurance won't pay for a physician assistant, only a doctor [visit]. One doctor wasn't accepting anymore new patients. I don't know about wait times. Probably a couple weeks out for new patients. If you are a regular patient, not so long. For a regular patient, you could get in pretty easily if it was more urgent but probably not for new patients.”

Access to Dental Care

- **Issues/Themes:**

- Appreciation for local dentists in the area
- Concern for impending retirement of local dentists and succession planning
- Conflicting statements regarding complex dental needs done locally
- Acknowledgement of seeing dental providers out of the area due to insurance and availability
- Perceived need for additional dental provider options locally

“[Dental care is] pretty good, pretty quick. There's just one [dentist] but he's pretty easy to get into. I'm saying that for people that have been here a long time. I don't know about new patients. He doesn't do root canals but he does 90% of other surgeries. He will work with you on payment.”

“[Seeing a dentist] is really easy. If it's an emergency, Dr. Moore will meet you day and night. He's a good guy. Other than that, it's 5 weeks out. They will work with patients who don't have insurance. There's no pediatric dentists that I know of. That'd be Waco maybe or Palestine.”

“We have one dentist here, Dr. Moore. He stays busy all the time. He's great but I've often thought, 'what are we going to do when he decides to retire?'. He will do a root canal and he would probably do a crown.”

“A dental appointment is probably going to be a week out in Freestone County. Unfortunately, we just have one in this area. They are basically sending everyone out [of town] for a root canal or molar replacement.”

“I could only name 2 dentists in the area. I feel like we need for a couple more options in the area. I believe they do see children but I'm thinking more like 7-10 years and up.”

“There are dentists here. There's maybe one, two practices here. I go outside of the area because the dentist [here] may not be in our network.”

“I personally go to Mexia because I couldn't get a referral for one in town.”

“We have 1 dentist here and it depends if your insurance is on their list of acceptable insurances.”

“We are underserved. We need more dental care. You need a choice [in dental care]. There's one in Fairfield. There's a couple in Mexia, Corsicana and Palestine. Those are about 25-35 miles of driving.”

Populations Most at Risk

Interviewees expressed concern surrounding health disparities disproportionately affecting specific populations, including:

- Youth
 - Lack of after school activities/programs
 - Transportation barriers
 - Need for mentorship guidance
 - Limited access to pediatricians
- Elderly
 - Limited nursing home/assisted living availability
 - Cost barriers
 - Transportation barriers
- Low Income/Working Poor
 - Cost of living (utilities)
 - Transportation issues
 - Limited access to internet services
 - Inadequate housing
- Racial/Ethnic
 - Language barriers (non-English speaking)
 - Cost barriers to care
 - Social determinants of health, including housing and the environment
 - Misunderstanding of healthcare in general
- Homeless
 - Limited affordable housing options
- Veterans
 - Lack of local VA hospitals and services
 - Transportation barriers
 - Difficulties with insurance acceptance
 - Mental and behavioral health concerns
 - Potential drug use



LOCAL COMMUNITY HEALTH REPORTS

Local Community Health Reports

Freestone County, Texas

- CHC Consulting conducted a search for additional community health reports completed within recent years studying Freestone County, TX.
- Due to the lack of availability of recent (2022-2024) reports analyzing the needs of Freestone County, CHC Consulting did not include any findings from local community health reports at this time.



INPUT REGARDING THE HOSPITAL'S PREVIOUS CHNA

Consideration of Previous Input

- The hospital made every effort to solicit feedback from the community by providing a feedback mechanism on the hospital's website. However, at the time of this publication, written feedback has not been received on the hospital's most recently conducted CHNA and Implementation Strategy.
- To provide input on this CHNA please see details at the end of this report, online at the site of this download, or respond via direct mail to the hospital. The physical address can be found directly on the hospital's website at the site of this download.



EVALUATION OF HOSPITAL'S IMPACT

Evaluation of Hospital's Impact

- IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNA.
- This section includes activities completed based on the 2022 to 2024 Implementation Plan.

Freestone Medical Center FY 2022 - FY 2024 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Freestone Medical Center (FMC) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Freestone County, Texas.

The CHNA Team, consisting of leadership from FMC, reviewed a summary of the research findings created by CHC Consulting to prioritize the community health needs. Five significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

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

The final list of prioritized needs is listed below:

- 1.) Impact of COVID-19 Pandemic
- 2.) Continued Emphasis on Physician Recruitment and Retention
- 3.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- 4.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 5.) Access to Mental and Behavioral Health Care Services and Providers

“Access to Mental and Behavioral Health Care Services and Providers” is not directly addressed in the hospital’s implementation plan. While FMC acknowledges that this is a significant need in the community and will work with local organizations to see how the facility can assist in this need, “Access to Mental and Behavioral Health Care Services and Providers” will not be addressed by the hospital since it is not a core business function of the hospital and the leadership team felt that resources and efforts would be better spent addressing the remaining prioritized needs.

Hospital leadership has developed the following implementation plan to identify specific activities and services which directly address the remaining priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate).

The FMC Board reviewed and adopted the 2021 Community Health Needs Assessment and Implementation Plan on August 26, 2021.

Priority #1: Impact of COVID-19 Pandemic

Rationale:

As of May 27, 2021, Freestone County has a lower rate of total COVID-19 cases than the state. Additionally, Freestone County has a total of 31.4% who have received their first dose of the COVID-19 vaccine, and 22.4% who have completed the vaccine series. The state of Texas has a total of 52.0% who have received their first dose of the COVID-19 vaccine, and 41.6% who have completed vaccine series (information as of May 27, 2021).

Interviewees raised concern surrounding COVID-19, including the long-term effects of the virus, availability of resources and potential side effects from vaccines. Several interviewees also expressed appreciation for the hospital's proactive response to the COVID-19 pandemic, with one interviewee stating: "FMC was Johnny-on-the-spot with having COVID-19 testing and offering the shots through the clinic. FMC stays on top of things happening in the community and things happening in the world as far as medical needs."

It was mentioned that the COVID-19 pandemic has impacted healthy lifestyle opportunities in the community by limiting activities in group settings. Additionally, there is a perception that the pandemic has influenced residents to receive care closer to home. One interviewee stated: "The pandemic has changed everything, really. Sometimes, especially from a rural area standpoint, you think larger areas are more of a concern for things like COVID-19. You're more inclined to want to stay in your safer circle and stay local to get care closer to home."

Objective:

Implement and offer programs that aim to reduce the impact of the COVID-19 pandemic

Implementation Activity	Responsible Leader(s)	FY 2022		FY 2023		FY 2024	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.A. FMC continues to partner with local organizations in addressing COVID-19 and other fundraising efforts.	Executive Leadership Team	ONGOING	Became a focal point for both COVID-19 surges and gained the trust of our community.	ONGOING	Although the federal government and state government allowed the masking to be optional based on infection rates and to reopen facilities, FMC continues to partner with local organizations in addressing COVID-19 as opportunities arise. FMC has had no spikes or serious outbreaks of COVID-19 for well over a year.	ON HOLD	No COVID-19 activity as the public health emergency was officially ended in 2023.

Implementation Activity	Responsible Leader(s)	FY 2022		FY 2023		FY 2024	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.B. FMC will continue to provide education on COVID-19 as opportunities arise.	Executive Leadership Team	ONGOING	FMC worked with our community organizations to assist them with any and all COVID-19 related issues and plans while maintaining our role as the health leader in our community.	ONGOING	Although the federal government and state government allowed the masking to be optional based on infection rates and to reopen facilities, FMC will continue to provide education on COVID-19 as opportunities arise. FMC has had no spikes or serious outbreaks of COVID-19 for well over a year.	ON HOLD	No COVID-19 activity as the public health emergency was officially ended in 2023.
1.C. FMC continues appropriately testing and following CDC guidelines and community standards to control the spread and reduce risk of COVID-19 infection when discharging patients to a lower level of care and their home environment.	Executive Leadership Team	ONGOING	FMC continues to follow all suggested and mandated protocols. FMC crossed the threshold for Low Transmission in Oct. 2022 and discontinued masking and screening requirements in accordance with CDC guidance.	ONGOING	Although the federal government and state government allowed the masking to be optional based on infection rates and to reopen facilities, FMC continues appropriately testing and following CDC guidelines and community standards to control the spread and reduce risk of COVID-19 infection when discharging patients to a lower level of care and their home environment as opportunities arise. FMC has had no spikes or serious outbreaks of COVID-19 for well over a year.	ON HOLD	No COVID-19 activity as the public health emergency was officially ended in 2023.

Priority #2: Continued Emphasis on Physician Recruitment and Retention

Rationale:

Freestone County has a lower rate of primary care physicians per 100,000 population than the state and the nation, as well as a higher rate of preventable hospitalizations than the state. Additionally, Freestone County has several Health Professional Shortage Area and Medically Underserved Area/Population designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees discussed a shortage of providers due to the rural nature of the community. Because of this, there are difficulties with recruiting and retaining providers. For primary care providers, specifically there were concerns surrounding the need for residents to develop relationships with primary care providers. One interviewee stated: "The most important thing for quality health care would be to establish a relationship with someone long term...The provider turnover has made it difficult for people to trust and establish a relationship." However, interviewees acknowledged and appreciated FMC's efforts in provider recruitment. One interviewee stated: "We've made great strides. We've hired two new physicians. We don't have the specialists yet that we need but we're certainly moving in that direction."

With regards to specialty care, many interviewees acknowledged FMC's efforts for recruiting specialty providers and improving local access. Interviewees discussed outmigration to Bryan, Dallas, Corsicana, Houston, Mexia, Palestine, Tyler and Waco due to limited local resources. One interviewee stated: "It just happens to be location, location, location. The doctors they're bringing in at this time are based on those things you would expect based on the need...I think FMC has a good feel for what is needed, and those are the specialists they've brought in at this time. Some [people] are still leaving because historically that's what they had to do. With communication and word of mouth, people are beginning to realize there's a lot to be offered right here and you don't have to drive far away."

Many interviewees perceived the transferring of patients due to the need for additional local access and attributed the outmigration to limited availability of rotating coverage in the area. Some specific specialties mentioned as needed include Orthopedic, Pediatric Subspecialties, Dialysis, OB/GYN, Psychiatry/Psychology, Allergists and Cardiology.

Objective:

Implement and offer programs that aim to address access to primary and specialty care services in the community through recruitment and retention efforts

Implementation Activity	Responsible Leader(s)	FY 2022		FY 2023		FY 2024	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.A. FMC will continue to consult its Medical Staff Development Plan report to determine the physician needs of the community and consider the recruitment of providers accordingly.	CEO, Practice Administrator	ONGOING	Identified a telehealth provider prior to COVID-19 Surge 2 but need to re-establish contact. There is potentially a new podiatrist in late 2022.	ONGOING	Although the federal government and state government allowed the masking to be optional based on infection rates and to reopen facilities, FMC continues to partner with local organizations in addressing COVID-19 as opportunities arise. FMC has had no spikes or serious outbreaks of COVID-19 for well over a year.	ONGOING	Preliminary discussions with a graduate who starts residency in Summer 2024, will graduate in Summer 2027 and wants to return to Leon/Freestone Counties to practice.
2.B. FMC explores the feasibility of expanding services identified within the market assessment on an annual basis.	CEO, CNO	ONGOING	Buffalo Clinic opened in Q4 2021. Actual volumes exceeded pro forma estimates each month.	ONGOING	Buffalo Clinic continues to grow.	ONGOING	Buffalo Clinic continues to grow.

Implementation Activity	Responsible Leader(s)	FY 2022		FY 2023		FY 2024	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.C. FMC will continue to increase awareness of its primary and specialty care service offerings in the community through various media outlets and advertisements.	Executive Assistant/Marketing Coordinator	ONGOING	Continue to utilize print and social media for outreach and advertising. 1st Newsletter in May 2022 with a more consistent advertising plan. Utilizing Pace Newsletter as the hub of our quarterly efforts and focus;. Continue to receive great responses to newsletters.	ONGOING	Marketing outreach continues at a better than industry average rate.	ONGOING	FMC continues to increase awareness of its primary and specialty care service offerings in the community through various media outlets and advertisements.
2.D. FMC will continue to serve as a teaching facility for local RN and ancillary students, particularly those from the local area of Fairfield.	CEO, CNO	ONGOING	FMC continues to serve as a teaching facility for local RN and ancillary students, particularly those from the local area of Fairfield.	ONGOING	FMC continues to serve as a teaching facility for local RN and ancillary students, particularly those from the local area of Fairfield.	ONGOING	FMC continues to serve as a teaching facility for local RN and ancillary students, particularly those from the local area of Fairfield.
2.E. FMC will continue to participate in Career Day at local schools to educate area residents pursuing education and future careers in providing health care services on what FMC has to offer.	Director of HR, Executive Assistant/Marketing Coordinator	ONGOING	FMC continues to participate in Career Day at local schools to educate area residents pursuing education and future careers in providing health care services on what FMC has to offer.	ONGOING	FMC continues to participate in Career Day at local schools to educate area residents pursuing education and future careers in providing health care services on what FMC has to offer.	ONGOING	FMC continues to participate in Career Day at local schools to educate area residents pursuing education and future careers in providing health care services on what FMC has to offer.
2.F. FMC will continue to maintain and provide a list of referral services to patients who come through the hospital or Emergency Department requiring specialty care. FMC is also able to assist in making follow up specialist appointments when necessary.	Department Directors	ONGOING	FMC continues to maintain and provide a list of referral services to patients who come through the hospital or Emergency Department requiring specialty care. FMC is also able to assist in making follow up specialist appointments when necessary.	ONGOING	FMC continues to maintain and provide a list of referral services to patients who come through the hospital or Emergency Department requiring specialty care. FMC is also able to assist in making follow up specialist appointments when necessary.	ONGOING	FMC continues to maintain and provide a list of referral services to patients who come through the hospital or Emergency Department requiring specialty care. FMC is also able to assist in making follow up specialist appointments when necessary.

Priority #3: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Rationale:

Data suggests that some residents in the study area face significant cost barriers when accessing the healthcare system. Freestone County has a higher unemployment rate than the state, a lower median household income, as well as lower educational attainment rates than the state. Freestone County also has a higher percentage of families living below poverty than the state, and higher overall food insecurity as well as child food insecurity than the state.

Freestone County has a higher rate of those adults (age 18-64) who are uninsured as compared to the state and a higher percentage of households who do not have a motor vehicle. Additionally, Freestone County is designated as a Health Professional Shortage Area and Medically Underserved Area, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees discussed affordability and cost barriers as concerns that disproportionately affect the low income, un/underinsured and working poor. Many people pointed out the difficulty navigating the appropriate care settings due to the limited options for these specific subpopulations. Furthermore, interviewees discussed lack of established relationships with primary care providers for the un/underinsured. The limited options for un/underinsured population leads to delaying/foregoing care, misuse of the Emergency Room, lack of preventive care, perception that the Emergency Room is both faster and cheaper, and low prioritization of health care needs. One interviewee specifically stated: "It would be really beneficial to us to find some way to get the working poor group to come to the clinic because they're using the Emergency Department as their primary care physician. They're only going there because it doesn't cost them money [up front]."

It was noted several times that delaying care may lead to potential worsened health outcomes. One interviewee stated: "[Freestone County] residents know the difference between primary care vs. the ER. They don't have the economic resources to go through the traditional routes so they delay care until it rises to the ER."

It was mentioned that FMC has made progress to create opportunities for underserved populations to seek the health care services that they need. One interviewee specifically stated: "FMC hired someone last year to help identify [those who need assistance] to see if they can find programs for them. We're making that effort to close that gap." Another one mentioned: "There are a lot of [people] who are not getting adequate preventive health care and regular checkups. Extended hours [at the clinic]...helps that subset."

When asked about which specific groups are at risk for inadequate care, interviewees spoke about youth, elderly, low income/working poor, specific racial/ethnic groups, homeless and veterans. With regards to the youth population, interviewees discussed lack of afterschool activities/programs; a need for an immunization clinic; mental and behavioral health concerns; a lack of preventive care due to perceived healthy status during youth; vaping and e-cigarette use; recreational substance use (alcohol, marijuana, methamphetamines); anxiety and depression; pressures from social media and limited access to pediatricians as specific challenges for this population.

With regards to the elderly population, interviewees discussed transportation barriers, immobility/isolation, distance from family members/care givers, risk of falls, mental and behavioral health concerns, limited access to home health care services, acceptance of potential telemedicine expansion and an increased need for local providers and specialists as significant concerns for elderly residents. Additionally, interviewees discussed the need for increasing medical/health education for the elderly as well as a need for long term nursing care and established assisted living facilities.

Low income and working poor residents were discussed as delaying/foregoing care, misusing the Emergency Room, and only a few seeking preventive health care services. They were also discussed as having cost barriers to receiving any care and some individuals facing malnutrition. Racial/ethnic groups were discussed as facing a lack of local bilingual individuals in the healthcare setting; distrust of the healthcare system; and cultural differences across perception of healthcare services.

Homeless residents were discussed as being disproportionately challenged by a lack of affordable, safe housing options. Veterans were brought up as a subgroup of the population that may be disproportionately affected by a lack of local services and facilities for them to utilize as well and transportation barriers.

Objective:

Implement and offer programs that aim to reduce health disparities by targeting specific populations

Implementation Activity	Responsible Leader(s)	FY 2022		FY 2023		FY 2024	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)

Implementation Activity	Responsible Leader(s)	FY 2022		FY 2023		FY 2024	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.A. FMC offers health care services on a sliding fee scale to the uninsured population through its Rural Health Clinic (RHC) to increase access to primary care services for underserved residents. The FMC RHC also offers extended hours in order to increase access to primary care services for those who are unable to seek care during normal work hours. Adjustment of extended hours are made as appropriate.	Clinic Administrator	ONGOING	Expansion of services to Buffalo in Q4 2021; RHC Certification of Teague finalized in Jan. 2022. RHC Certification in Buffalo in May 2022.	ONGOING	Outlying clinic volumes continue to grow.	ONGOING	RHC for Fairfield and Teague recertified in Spring 2024; this policy is required.
3.B. FMC will continue to provide a telephone language line to provide translation services for non-English speaking patients and families as needed.	Director of IT	ONGOING	FMC continues to provide a telephone language line to provide translation services for non-English speaking patients and families as needed.	ONGOING	FMC continues to provide a telephone language line to provide translation services for non-English speaking patients and families as needed.	ONGOING	FMC continues to provide a telephone language line to provide translation services for non-English speaking patients and families as needed.
3.C. FMC will continue strengthening its partnerships with local nursing homes to create a smooth transition of care from acute to long term care.	CEO, CNO	ONGOING	FMC provides direct lab services to one of two local nursing homes; due to covid and mgmt turnover, have not been able to affect NH 2. Due to turnover in local nursing home leadership, this has proven challenging.	ONGOING	FMC provides direct lab services to one of two local nursing homes; due to covid and mgmt turnover, have not been able to affect NH 2. Due to turnover in local nursing home leadership, this has proven challenging.	ONGOING	FMC provides direct lab services to one of two local nursing homes; due to covid and mgmt turnover, have not been able to affect NH 2. Due to turnover in local nursing home leadership, this has proven challenging.
3.D. FMC will continue to provide physical examinations at a low cost to local school district students.	Clinic Administrator	ONGOING	FMC provided physical examinations at a low cost to local school district students in Fall 2021	ONGOING	FMC provided physical examinations at a low cost to local school district students in Fall 2022	ONGOING	FMC provided physical examinations at a low cost to local school district students in Fall 2023

Implementation Activity	Responsible Leader(s)	FY 2022		FY 2023		FY 2024	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.E. FMC will continue to host and/or participate in fundraising events and donation drives to benefit underserved organizations in the community.	Employee Relations Committee	ONGOING	FMC staff participated in Christmas Community Angel Tree in 2021.	ONGOING	FMC continues to host and/or participate in fundraising events and donation drives to benefit underserved organizations in the community as appropriate.	ONGOING	FMC continues to host and/or participate in fundraising events and donation drives to benefit underserved organizations in the community as appropriate.
3.F. FMC provides office space for Med Data contracting services to assist families with qualification for appropriate social services programs.	Director of Finance	ONGOING	FMC continues to provide opportunities for families with no medical resources to obtain financial assistance through MedData.	ONGOING	FMC continues to provide opportunities for families with no medical resources to obtain financial assistance through MedData.	ONGOING	FMC continues to provide opportunities for families with no medical resources to obtain financial assistance through MedData.
3.G. FMC will continue to connect patients with appropriate, affordable resources as opportunities arise.	Directors of Med/Surg Nursing and ED	ONGOING	FMC continues to connect patients with appropriate, affordable resources as opportunities arise.	ONGOING	FMC continues to connect patients with appropriate, affordable resources as opportunities arise.	ONGOING	FMC continues to connect patients with appropriate, affordable resources as opportunities arise.

Priority #4: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Rationale:

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Freestone County.

Freestone County has higher mortality rates than Texas for the following causes of death: accidents (unintentional injuries); chronic lower respiratory diseases; diabetes mellitus; breast cancer; lung & bronchus cancer; colon & rectum cancer; and intentional self-harm (suicide).

Freestone County has a higher prevalence rate of chronic conditions such as diabetes, obesity and hypertension (Medicare) than the state. Freestone County has a higher percentage of residents participating in unhealthy lifestyle behaviors such as physical inactivity. With regards to maternal and child health, specifically, Freestone County has higher low birth weight births, teen (age 0-19 years) births, and inadequate prenatal care percentages than the state.

Data suggests that Freestone County residents are not appropriately seeking preventive care services, such as timely colonoscopy, mammography, pap tests or prostate screenings.

Several interviewees noted that there is a need for health education in the community regarding awareness of wellness and health care services in the community. Many interviewees noted concern around higher rates of chronic conditions and inconsistencies in availability of healthy lifestyle resources. It was mentioned that there is limited ability to conduct and/or participate in group exercise settings due to the COVID-19 pandemic. Lastly, interviewees highlighted confusion in community regarding the availability of healthy lifestyle activities and nutritious options. One interviewee stated: "There is a senior services center. There is a meals on wheels system that delivers food to residents of the county. We have a community food bank that has truck loads of fruits, vegetables, water that come in and are distributed. As far as healthy type activities, there's not much." Another interviewee mentioned: "[There are] opportunities like gyms. Churches have these things but there aren't enough people out there that know what they're doing to offer a safe group program. Now with COVID, we can't have group classes anymore."

Interviewees emphasized the need to educate the community on local resources available for their use. It was discussed that improvements have been made in educating the community about the services and resources; however, there is still outmigration to nearby cities due to perception of "bigger is better", pockets of the population are unaware of the access to local services/resources and there is limited utilization of hospital services. One interviewee stated: "Our biggest issue is the perception of what we can't do in Freestone County. It's a challenge that's being chipped away at, but if you don't keep it up, you could lose people to that mentality. It's the educational and marketing component, and we're seeing a lot of improvement in that area lately." Many people mentioned that the COVID-19 pandemic has proved the importance of having the hospital in the community. One interviewee mentioned: "[The CEO] is involved in different organizations and is educating people about what the hospital does, what it can do, and they've done a good job on outreach. I'm thankful the hospital is here, especially during the pandemic. The pandemic opened up a lot of people's eyes – it showed everybody how important it is to have services in the county for medical emergencies."

Objective:

Implement programs and provide educational opportunities that seek to address unhealthy lifestyles and behaviors in the community

Implementation Activity	Responsible Leader(s)	FY 2022		FY 2023		FY 2024	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.A. FMC will continue to host and/or participate in local health-related events to promote hospital services, offer a variety of health screenings to the community, and/or support or partner with local organizations that provide services to vulnerable populations.	Executive Leadership Team, Executive Assistant/Marketing Coordinator	ONGOING	Health Fair and BCA Month in Oct 2021; Blood Drive in Dec. 2021.	ONGOING	Although the federal government and state government allowed the masking to be optional based on infection rates and to reopen facilities, FMC continues to partner with local organizations in addressing COVID-19 as opportunities arise. FMC has had no spikes or serious outbreaks of COVID-19 for well over a year.	ONGOING	Local blood drives, annual health fair and low-to-no cost mammograms are available.

Implementation Activity	Responsible Leader(s)	FY 2022		FY 2023		FY 2024	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.B. FMC will continue to increase educational opportunities for the public concerning wellness topics and health risk concerns.	Executive Assistant/Marketing Coordinator	ONGOING	Continue to highlight a health topic of the month via social media.	ONGOING	ED Director conducted several "Stop the Bleed" sessions for various groups in the community. Schools, community organizations and civic groups were shown/taught how to stop various types of bleeding until first responders arrive.	ONGOING	FMC continues to increase educational opportunities for the public concerning wellness topics and health risk concerns.
4.C. FMC will continue to increase awareness of its service offerings in the community through local media outlets, such as the radio, billboards, direct mail advertisements, Facebook and updating the hospital's website.	Executive Assistant/Marketing Coordinator	ONGOING	Buffalo Primary Care Clinic opened in 4th Quarter 2021; continued emphasis of services in local print and social media.	ONGOING	Marketing and social media presence continues to grow.	ONGOING	FMC continues to increase awareness of its service offerings in the community through local media outlets, such as the radio, billboards, direct mail advertisements, Facebook and updating the hospital's website.
4.D. FMC personnel will continue to serve in leadership roles and as volunteers with many agencies and committees in the community. Additionally, FMC will continue to provide staff representation at various conferences and in local consortiums focused around its patient population's needs as opportunities arise.	Executive Leadership Team	ONGOING	CEO elected to TORCH Board of Directors; CNO is an active member of Navarro College of Nursing Board of Directors.	ONGOING	FMC personnel continues to serve in leadership roles and as volunteers with many agencies and committees in the community. Additionally, FMC will continue to provide staff representation at various conferences and in local consortiums focused around its patient population's needs as opportunities arise.	ONGOING	FMC personnel continues to serve in leadership roles and as volunteers with many agencies and committees in the community. Additionally, FMC will continue to provide staff representation at various conferences and in local consortiums focused around its patient population's needs as opportunities arise.



PREVIOUS PRIORITIZED NEEDS

Previous Prioritized Needs

2018 Prioritized Needs

1. Access to Primary Care Services and Providers
2. Access to Specialty Care Services and Providers
3. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
4. Access to Mental and Behavioral Health Care Services and Providers
5. Access to Affordable Care and Reducing Health Disparities Among Specific Populations

2021 Prioritized Needs

1. Impact of COVID-19 Pandemic
2. Continued Emphasis on Physician Recruitment and Retention
3. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
4. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles



2024 CHNA PRELIMINARY HEALTH NEEDS



2024 Preliminary Health Needs

- Access to Mental and Behavioral Health Care Services and Providers
- Continued Emphasis on Provider Recruitment and Retention
- Continued Focus on Reducing Health Disparities Among Specific Populations (Elderly & Youth)
- Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles



PRIORITIZATION

The Prioritization Process

- In June 2024, leadership from Freestone Medical Center reviewed the data findings and prioritized the community's health needs. Members of the hospital CHNA team included:
 - John Yeary, Chief Executive Officer
 - Jennifer Azua, Chief Financial Officer
 - Nicki Hagen, Chief Nursing Officer
- Leadership ranked the health needs based on three factors:
 - Size and Prevalence of Issue
 - Effectiveness of Interventions
 - Hospital's Capacity
- See the following page for a more detailed description of the prioritization process.

The Prioritization Process

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

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



Health Needs Ranking

- Hospital leadership participated in a roundtable discussion process to rank the health needs in order of importance, resulting in the following order:
 1. Access to Mental and Behavioral Health Care Services and Providers
 2. Continued Emphasis on Provider Recruitment and Retention
 3. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
 4. Continued Focus on Reducing Health Disparities Among Specific Populations (Elderly & Youth)



Final Priorities

- Hospital leadership decided to address all of the ranked health needs. The final health priorities that Freestone Medical Center will address through its Implementation Plan are listed below:
 1. Access to Mental and Behavioral Health Care Services and Providers
 2. Continued Emphasis on Provider Recruitment and Retention
 3. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
 4. Continued Focus on Reducing Health Disparities Among Specific Populations (Elderly & Youth)



RESOURCES IN THE COMMUNITY



Additional Resources in the Community

- In addition to the services provided by Freestone Medical Center, other charity care services and health resources that are available in Freestone County are included in this section.

Patient Resources

MHMR, 903-389-4521

Veterans Service Center, 903-729-2100

Disabled American Veterans, 903-729-3088

WIC, 903-388-2011

Methodist Church/AA Group, 903-389-2225

VFW Aux. Mark Thompson, 903-388-0841

Methodist Church/ Free Tax Service, 903-389-2225

Freestone Cancer Support Group, 903-389-3917

Virginia's Hospice Home Health, 855 637-4339

Hearts of Gladys W.E. Care LLC Home Care, 903-388-9449

Adrenaline Fitness/Golden Girls-903-389-9770

Lott's Physical Therapy, 903-389-7433

Senior Citizens Services, 903-389- 5800

Fairfield Nursing and Rehab, 903-389-1236

Fairview Manor, 903-389-4121

Angel Oaks Retirement Apt, 903-389-4006

Fairfield Retirement Apt, 903-389-8932

Resources Available

Included below are resources identified by the Freestone County Community Planning Team that are available to provide services that could potentially help in closing criminal justice gaps:

Juvenile Justice:

Name of Agency	Agency Type	Description
MADD	Victim Services	Alcohol and drug prevention and intervention programs available to include Minor in Possession classes, outlet for those needing to do community service, Youth in Action Programs, Free School Programs and provision of speakers for various needs or events
MCYC	School Social Work	Work with students in schools who are at-risk for dropping out. Also work with students who are in juvenile detention.
ESC Region 12	Education	College preparedness for students, student leadership forum
Central Texas Youth Services Bureau (CTYS)		Provides full services to Bell, Coryell, Lampasas, Falls, McLennan, Milam, Limestone, and Freestone counties. Each county has local CTYS offices except Falls which is served from Waco and Freestone which is served from our Groesbeck office.
HOTRMHMR	Mental Health	Provide a full array of mental health services to children involved in the criminal justice system. Provide truancy court support, provide assessment and treatment services to children in detention facilities, provide cross referencing of all children booked into detention with the State data system, provide specialized intensive casework services to children on Probation in McLennan County.
Family Abuse Center	Non-Profit Domestic Violence Shelter & Resource Center	24-hour hotline, emergency shelter, counseling, case management, legal advocacy, court accompaniment, children's services, bilingual services, educational presentations and training, rural outreach, transitional housing, non-residential program, assistance with CVC, ACP, VINE, & utility waivers, Teen dating violence prevention/healthy relationships curriculum, distribute 911 cell phones, and other services. Hotline 800.283.8401 Office 254.772.8999 www.familyabusecenter.org
Baylor S&W Medical Center Trauma Services Teen Safe 254.202.6533 866.332.0005 FB: TeenSafe Waco	Hospital, Non-profit 501c3, grant-funded	The Teen Safe Youth Traffic Safety Educational program focuses on teen traffic safety, driving responsibility, underage drinking, substance abuse, and driving under the influence. The program also educates parents on the laws relating to teen traffic safety. This prevention program is a combination of videos,

		simulations and written materials along with computer-based simulations. This program is FREE.
Advocacy Center for Crime Victims and Children	501c3 Non-Profit	Advocacy Center for Crime Victims and Children provides 24/7 crisis hotline services, sexual assault nurse examination, counseling and case management, court accompaniment, and assistance in filing Crime Victims Compensation and VINE registration through its Victims Center program. Forensic interviews are available to children from each county upon request of CPS, APS, or law enforcement. Educational presentations on victim's issues, bullying and tolerance, and prevention are available. Multidisciplinary Team (MDT) and Sexual Assault Response Team (SART) available. Office: 254.752.9330 Hotline: 254.752.7233 or 888.867.7233 www.advocacycntr.org
Workforce Center		Adult and Youth: The Workforce Center can provide monies for training, counseling, transportation and childcare. Work with students in schools who are at-risk for dropping out.
VOICE, Inc.		Substance abuse prevention services and curriculum for K-12; alcohol, tobacco, drugs. Spring break, after school and summer programs. La Voz Para La Familia program is parenting curriculum delivered to Hispanic families. John Goodnight, Program Director 903.872.0180 jgoodnight@voiceinc.org www.voiceinc.org
Bluebonnet Trails Community Services	Substance Abuse Treatment	Outreach, Screening, Assessment, and Referral (OSAR) provides alcohol and drug screenings, as well as assessments, referrals, crisis intervention, education, support, and case management. All services are free. Jamie Schmitt 254.297.7771 or 800-841-1255 jamie.schmitt@bbtrails.org
Center for Learning and Development	Non-profit Educational Support	Conducts research-based projects and provides workshops, seminars, learning tools, and group processes aimed at preventing and/or intervening with behavioral and educational difficulties.
Counseling Network	Counseling services	Multiple counselors available for individuals, children, adolescents, families and group counseling. Specializing in play therapy, EMDR, substance abuse (out-patient) treatment and domestic abuse issues. Bio-psycho-social assessment for drug and alcohol abuse (hair follicle and UA tests available). 211 E. Elm St. Hillsboro, TX 76645 (by appointment only). 214-724-0702 or www.cnimetro.com
EAGLExpérience at Counseling Network	501(c)(3) Non Profit	Equine Assisted Guidance & Learning Experience (EAGLExp) offers equine assisted psychotherapy for individuals and groups. www.eaglexp.org

Law Enforcement:

Name of Agency	Agency Type	Description
TX Dept of Public Safety	Law Enforcement	All crime victims in region are eligible for services: crisis intervention; personal advocacy; assistance filing for crime victims compensation; court accompaniment;
HOTRMHMR	Mental Health	Provide training and consultation services for law enforcement through workshops, jail personnel training, academy trainings and through on-going discussions with line staff. Provide emergency services which include 24-hour crisis support, inpatient services, evaluation unit placements, and information and referral. Work with jail staff in all six counties providing services to inmates while incarcerated who have mental health issues. Provide specialized intensive casework services in Hill and McLennan Counties pairing mental health staff with probation and parole officers. Provide regional screening and continuity of care services for all inmates in TDC in the Central Texas area.
Family Abuse Center	Non-profit Domestic Violence Shelter & Resource Center	24-hour hotline, emergency shelter, counseling, case management, legal advocacy, court accompaniment, children's services, bilingual services, educational presentations and training, rural outreach, transitional housing, non-residential program, assistance with CVC, ACP, VINE, & utility waivers, Teen dating violence prevention/healthy relationships curriculum, distribute 911 cell phones, and other services. Hotline 800.283.8401 Office 254.772.8999 www.familyabusecenter.org
Advocacy Center for Crime Victims and Children	501C3 Non-Profit	Advocacy Center for Crime Victims and Children provides 24/7 crisis hotline services, sexual assault nurse examination, counseling and case management, court accompaniment, and assistance in filing Crime Victims Compensation and VINE registration through its Victims Center program. Forensic interviews are available to children from each county upon request of CPS, APS, or law enforcement. Educational presentation on victim's issues, bullying and tolerance, and prevention are available. Multidisciplinary Team (MDT) and Sexual Assault Response Team (SART) available. Office: 254.752.9330 Hotline: 254.752.7233 or 888.867.7233 www.advocacycntr.org
VOICE, Inc.		Substance abuse prevention services and curriculum for K-12; alcohol, tobacco, drugs. Spring break, after school and summer programs. La Voz Para La Familia program is parenting curriculum delivered to Hispanic families. John Goodnight, Program Director

		903.872.0180 jgoodnight@voiceinc.org www.voiceinc.org
Bluebonnet Trails Community Services	Substance Abuse Treatment	Outreach, Screening, Assessment, and Referral (OSAR) provides alcohol and drug screenings, as well as assessments, referrals, crisis intervention, education, support, and case management. All services are free. Jamie Schmitt 254.297.7771 or 800-841-1255 jamie.schmitt@bbtrails.org
HOTCOG LE Training Program		Provides 30 + LE training classes each year. Input on TCOLE classes offered comes from regional law enforcement agencies and the Law Enforcement Training Advisory Committee (LETAC).
Safe Call Now	Law Enforcement 501(c)(3) non profit	Provides public safety, emergency services personnel and their families with a simple and confidential way to ask for help with an emotional crisis, addictions or just a desire for someone to listen. Phone 206.459.3020 safecallnow.org
Counseling Network	Counseling and Training	Offering counseling services for first responders (PTSD, marriage and family, individual and group sessions). Training and consultation for law enforcement agencies. 214-724-0702 or karin@cnimetro.com
Hill County Children And First Responders in Every School (Hill Co. CARES)	Advocacy 501(c)(3) Non Profit	Hill Co CARES seeks to establish and grow positive and trusting relationships between the youth of Hill County and the first responders in their community. We seek to do this by coordination of positive interactions between the groups through cooperation with schools, churches and athletic sponsors. www.hillcocares.org info@hillcocares.org

Victim Services:

Name of Agency	Agency Type	Description
MADD	Victim Services	Free victims services to those families who's loved one was killed or injured by an intoxicated driver including failure to stop and render aid and child endangerment cases. Some services include crisis counseling, personal advocacy, help finding financial assistance, assistance filing crime victim's compensation, emotional support, resource and service referrals, court accompaniment, assistance through the legal process and support groups.
TX Dept of Public Safety	Law Enforcement	All crime victims in region are eligible for services: crisis intervention; personal advocacy; assistance filing for crime victims' compensation; court accompaniment.
Advocacy Center for Crime	501c3 non-profit	Advocacy Center for Crime Victims and Children

Victims and Children	organization	provides 24/7 crisis hotline services, sexual assault nurse examination, counseling and case management, court accompaniment, and assistance in filing Crime Victims Compensation and VINE registration through its Victims Center program. Forensic interviews are available to children from each county upon request of CPS, APS, or law enforcement. Educational presentation on victim's issues, bullying and tolerance, and prevention are available. Multidisciplinary Team (MDT) and Sexual Assault Response Team (SART) available. Office: 254.752.9330 Hotline: 254.752.7233 or 888.867.7233 www.advocacycntr.org
Area Agency on Aging HOT Benefits Counseling/Legal Awareness	HHSC	Educational events regarding prevention. Education regarding Texas Law and Elder Law Assistance with filing complaints and making reports to abuse. Links to Texas Legal Services Center and victim's compensation.
HOTRMHMR	Mental Health	Full array of mental health services to people who have been victimized who fall into our targeted population identified by State Health Services which include individuals with a diagnosis of Bipolar Disorder, Schizophrenia, Schizoaffective Disorder or Major Depression.
Family Abuse Center	Non-Profit Domestic Violence Shelter & Resource Center	24-hour hotline, emergency shelter, counseling, case management, legal advocacy, court accompaniment, children's services, bilingual services, educational presentations and training, rural outreach, transitional housing, non-residential program, assistance with CVC, ACP, VINE, & utility waivers, Teen dating violence prevention/healthy relationships curriculum, distribute 911 cell phones, and other services. Hotline 800.283.8401 Office 254.772.8999 www.familyabusecenter.org
Counseling Network, Inc.	Counseling Services	Bi-lingual counselors available for individual counseling with survivors of domestic abuse. Supervised Visitation for CPS related cases. Play therapy, EMDR and a variety of evidence based modalities to address PTSD and anxiety related matters. 214-724-0702 or www.cnimetro.com

Health / Medical / Substance Abuse:

Name of Agency	Agency Type	Description
MADD	Victim Services	Free Alcohol and Drug Prevention Programs for both youth and adults. Intervention programs are through Victim Impact Panels and Minor in Possession classes.
Area Agency on Aging HOT Benefits Counseling/Legal Awareness	Health and Human Services	Educational events regarding health and wellness, public benefits, health insurance, prevention and resources in the HOT region. Legal documents to protect rights of health care choices
HOTRMHMR	Mental Health	Provide specialized substance abuse services to people who also have a co-occurring psychiatric disorder.
Waco-McLennan County Public Health District	Public Health	HIV/AIDS & STD Clinic
Baylor S&W Medical Center Trauma Services Teen Safe 254.202.6533 866.332.0005 FB: TeenSafe Waco	Hospital	The Teen Safe Youth Traffic Safety Educational program focuses on teen traffic safety, driving responsibility, underage drinking, substance abuse, and driving under the influence. The program also educates parents on the laws relating to teen traffic safety. This prevention program is a combination of videos, simulations and written materials along with computer-based simulations. This program is FREE.
Advocacy Center for Crime Victims and Children	501c3 non-profit organization	Advocacy Center for Crime Victims and Children provides 24/7 crisis hotline services, sexual assault nurse examination, counseling and case management, court accompaniment, and assistance in filing Crime Victims Compensation and VINE registration through its Victims Center program. Forensic interviews are available to children from each county upon request of CPS, APS, or law enforcement. Educational presentation on victim's issues, bullying and tolerance, and prevention are available. Multidisciplinary Team (MDT) and Sexual Assault Response Team (SART) available. Office: 254.752.9330 Hotline: 254.752.7233 or 888.867.7233 www.advocacyctr.org
Catholic Charities of Central Texas	Faith-based	Homeless prevention and rapid re-housing, application assistance with state benefits
VOICE, Inc.		Substance abuse prevention services and curriculum for K-12; alcohol, tobacco, drugs. Spring break, after school and summer programs. La Voz Para La Familia program is parenting curriculum delivered to Hispanic families. John Goodnight, Program Director 903.872.0180 jgoodnight@voiceinc.org www.voiceinc.org

Bluebonnet Trails Community Services	Substance Abuse Treatment	Outreach, Screening, Assessment, and Referral (OSAR) provides alcohol and drug screenings, as well as assessments, referrals, crisis intervention, education, support, and case management. All services are free. Jamie Schmitt 254.297.7771 or 800-841-1255 jamie.schmitt@bbtrails.org
Heart of Texas Regional Advisory Council	Non-profit, 501c3 State and Federal grant funded	Prevention and education for cardiac, stroke, and trauma.
Cenikor Foundation 254.224.8881 Waco 888.cenikor	501c3	Addiction treatment, detoxification, short-term only.
HOT Recovers! 254.297.7771 hotrecovers@gmail.com		Recovery Oriented Systems of Care (ROSC) Focus on education, employment, housing, peer support, transitional support, transportation, veterans. Recovery-oriented care is what mental health and substance use treatment and rehabilitation practitioners offer in support of the person's own long-term recovery efforts.
211		Help finding information and referrals to the Health and Human Services Commission (HHSC) community organizations, and volunteer opportunities. www.211texas.org/211 or 2-1-1 option 1 or 1-877-541-7905
Texas STAR and STAR+PLUS Programs		Help with finding Medicaid medical and dental providers, education on benefits, and enrolling with a Medicaid managed care plan. Call 1.800.964.2777.
Texas Health Steps		Education on Medicaid medical, dental, vision, mental health and case management benefits for children birth-age 20 yrs old on Medicaid. Call 1.877.847.8377.
Family Abuse Center	Non-profit Domestic Violence Shelter & Resource Center	24-hour hotline, emergency shelter, counseling, case management, legal advocacy, court accompaniment, children's services, bilingual services, educational presentations and training, rural outreach, transitional housing, non-residential program, assistance with CVC, ACP, VINE, & utility waivers, Teen dating violence prevention/healthy relationships curriculum, distribute 911 cell phones, and other services. Hotline 800.283.8401 Office 254.772.8999 www.familyabusecenter.org
Counseling Network, Inc.	Outpatient counseling	Substance abuse evaluations (bio-psycho-social evaluation) with hair follicle and UA testing available. Group counseling for drug/alcohol treatment available. Medicaid accepted. 214-724-0702 or www.cnimetro.com

Prevention / Intervention:

Name of Agency	Agency Type	Description
MADD	Victim Services	Free Alcohol and Drug Prevention Programs for both youth and adults. Intervention programs are through Victim Impact Panels and Minor in Possession classes.
Area Agency on Aging HOT Benefits Counseling/Legal Awareness	HHSC	Educational events regarding, Prevention of ID Theft, Scams, Financial Abuse. Education regarding Texas Law and Elder Law Assistance with filing consumer complaints and making reports to abuse.
Klara's Children's Center ECI	Early Childhood Intervention	Early intervention services to children ages birth to 3yrs who have developmental delays. Services are community based and family focused.
HOTRMHMR	Mental Health	Mental Retardation Services (254-757-3933) MENTAL HEALTH SERVICES (254-752-3451) Eligibility: Adults (18+) Serving persons w/ severe and persistent mental illnesses: • Schizophrenia • Schizoaffective • Bipolar and • Severe Major Depression Fee: Based on monthly maximum fee schedule; accepting insurance, Medicaid and Medicare Services: • Information/referral • Screening/assessment • Crisis services (day/night) • Crisis respite • Psychiatric/pharmacological • Jail-based assessment/ diversion services • Probation/Parole assessment and treatment • Case Management • Service Coordination • Supported Employment
MCYC-CIS, PACES	School Social Work	Work with students in schools who are at-risk for dropping out. Also work with students who are in juvenile detention.
Family Abuse Center	Non-Profit Domestic Violence Shelter & Resource Center	24-hour hotline, emergency shelter, counseling, case management, legal advocacy, court accompaniment, children's services, bilingual services, educational presentations and training, rural outreach, transitional housing, non-residential program, assistance with CVC, ACP, VINE, & utility waivers, Teen dating violence prevention/healthy relationships curriculum, distribute 911 cell phones, and other services. Hotline 800.283.8401 Office 254.772.8999

		www.familyabusecenter.org
Baylor S&W Medical Center Trauma Services Teen Safe 254.202.6533 866.332.0005 FB: TeenSafe Waco	Hospital	The Teen Safe Youth Traffic Safety Educational program focuses on teen traffic safety, driving responsibility, underage drinking, substance abuse, and driving under the influence. The program also educates parents on the laws relating to teen traffic safety. This prevention program is a combination of videos, simulations and written materials along with computer-based simulations. This program is FREE.
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Department of State Health Services	Public Health	Health Service Region 7 is one of eleven health service regions of the Department of State Health Services, the state governmental agency responsible for bringing comprehensible public health services to the citizens of Texas. Health Service Region 7 serves a 30 county area in Central Texas. It is our mission that we commit, through personal and organizational excellence, to be an agent of change dedicated to achieving a healthier Texas. Programs and Services: 1. <u>Birth Defects Monitoring Division</u> 2. <u>Children With Special Health Care Needs</u> 3. <u>Consumer Health Protection</u> 4. <u>Epidemiology</u> 5. <u>Field Office Locations</u> 6. <u>Immunization Program</u> 7. <u>Public Health Improvement</u> 8. <u>Public Health Nursing</u> 9. <u>Sexually Transmitted Diseases</u> 10. <u>Tobacco Prevention and Control</u> 11. <u>Tuberculosis Elimination Division</u> 12. <u>Vision and Hearing Services</u> 13. <u>Zoonosis Control Program</u> Public Health Improvement Program: The mission of DSHS Division for Regional and Local

		Health Services is to serve the needs of Local Public Health Agencies, DSHS Health Service Regions, and local communities in building and maintaining capacity to provide essential public health services responsive to local needs. Shelby.hyde@dshs.state.tx.us Dorothy Turrubiarde 903.389.2134
VOICE, Inc.		Substance abuse prevention services and curriculum for K-12; alcohol, tobacco, drugs. Spring break, after school and summer programs. La Voz Para La Familia program is parenting curriculum delivered to Hispanic families. John Goodnight, Program Director 903.872.0180 jgoodnight@voiceinc.org www.voiceinc.org
Bluebonnet Trails Community Services	Substance Abuse Treatment	Outreach, Screening, Assessment, and Referral (OSAR) provides alcohol and drug screenings, as well as assessments, referrals, crisis intervention, education, support, and case management. All services are free. Jamie Schmitt 254.297.7771 or 800-841-1255 jamie.schmitt@bbtrails.org
ESC Region 12, HOTRAC, Waco PD Hostage Negotiators, DSHS Region 7		Each of the listed agencies will provide crisis intervention training for first responders.
Center for Learning and Development	Non-profit Educational Support	Conducts research-based projects and provides workshops, seminars, learning tools, and group processes aimed at preventing and/or intervening with behavioral and educational difficulties.

Transportation:

Freestone County Transit	Rural Transit System	Call 48 hrs ahead, minimal cost. Call 877.875.7433
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HEART OF TEXAS COUNCIL OF GOVERNMENTS



REGIONAL DIRECTORY

***January
2020***

THE PURPOSE OF THE HEART OF TEXAS COUNCIL OF GOVERNMENTS

The Heart of Texas Council of Governments (HOTCOG) is an organization of local governments working together voluntarily to solve mutual problems and plan for the future of the six-county area. Currently, HOTCOG has over 85 member governments made up of: counties, cities, school districts, community colleges, and special districts. HOTCOG was originally established in 1966 and serves a geographic area covering Bosque, Falls, Freestone, Hill, Limestone, and McLennan counties.

Regional councils, by law, are political subdivisions of the state; with authority to plan and initiate needed cooperative projects but does not have powers to regulate or tax which are exclusively assigned to cities and counties. As any other political subdivision, regional councils must abide by laws governing open meetings, open records, and the conduct of public officials. HOTCOG is also required to obtain an annual audit to assure accountability of public funds.

HOTCOG's basic responsibilities include:

- planning for area development,
- implementing regional plans or recommendations,
- contracting with members to provide certain services,
- providing review and comment on proposals seeking federal and state financial assistance,
- implementing grant services from federal and state programs.

Other duties include comprehensive planning for regional criminal justice, 9-1-1, solid waste, economic development, aging, transportation and rural development. HOTCOG also provides local governments with technical assistance and training.

The Council of Governments is financed through local, state, and federal funds with state administered resources composing most of the budget. Local funds are provided by dues paid from member governments. Members are assessed dues based on their political identity and population. HOTCOG has operated an increasing progressive fiscal program for 36 years without an increase in the local dues structure. Federal funds may be distributed to HOTCOG directly or passed through State agencies.

HOTCOG's policies and programs are recommended by citizen's advisory committees and approved by the Executive Committee and Board of Directors.

Advisory committees are composed of both elected and appointed local officials and concerned citizens. These committees help define the needs of the region. HOTCOG advisory committees include:

Health and Human Services Advisory Committee	Criminal Justice Advisory Committee
Community Development Grant Review Committee	Application Review Committee
Regional 9-1-1 Advisory Committee	Transportation Advisory Committee
Regional Solid Waste Management Council	Regional 9-1-1 Advisory Committee
Emergency Preparedness Advisory Committee	

The Board of Directors is composed of one or more elected officials from each member government who meet twice yearly to provide overall policy direction to the agency staff. The seventeen-member Executive Committee meets monthly to oversee operations of HOTCOG and has the authority to enter into contracts and execute official documents. The Executive Committee also approves the regional service plans and guides budget expenditures within the overall policy established by the Board. Information about HOTCOG's programs may be obtained at our office at 1514 South New Road in Waco, Texas at (254) 292-1800.

ORGANIZATION/EXECUTIVE COMMITTEE

HEART OF TEXAS COUNCIL OF GOVERNMENTS

1514 South New Road
Waco, Texas 76711
(254) 292-1800
(254) 756-0102 FAX

ESTABLISHED: May 16, 1966

EXECUTIVE OFFICERS

PRESIDENT Don Pool.....County JudgeBosque County

VICE-PRESIDENT Mike Thompson..... CouncilmemberCity of Groesbeck

SECRETARY/TREASURER..... Linda Grant..... County Judge Freestone County

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Justin Lewis.....County Judge.....Hill County

Jay Elliott.County Judge. Falls County

Richard DuncanCounty Judge Limestone County

John Kinnaird.....Councilmember.....City of Waco

Andrew Smith..... Mayor.....City of Hillsboro

Kelly Snell.....Commissioner McLennan County

Kyle Deaver.....Mayor City of Waco

Jim Holmes.....Mayor Protem..... City of Waco

Calvin RueterMember Special Districts

Johnnie HauerlandMayor City of Meridian

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Jimmy Rogers.....Councilmember.....City of Robinson

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Judge	Honorable Linda Grant.....	Freestone County

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ISD Dr. Marc Faulkner China Spring ISD
ISD Dr. Wesley Holt Connally ISD
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ISD Mr. David Allen Wortham ISD

Dr. Jerry Maze..... Executive Director for Region 12
Dr. Pamela Boehm..... Hill College
Mr. K. Paul Holt McLennan Community College
Mr. Adam Hutchinson..... Texas State Technical College

**HEART OF TEXAS COUNCIL
OF GOVERNMENTS STAFF
254/292-1800**

Russell Devorsky Executive Director

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John C. Minnix Director of Administration
Brad L. Wyatt Assistant Finance Director
Mary McDow Personnel Manager
Bridget Barrera Admin Assist II /Receptionist
Michelle Vasquez Accountant

REGIONAL SERVICES DEPARTMENT

Dorthy Jackson Mgr. Regional & Eco Dev
Falen Bohannon Environmental Planner
Sarah Wines 911/ GIS Coordinator
Kristine Hill 911 Coordinator
Lana Gudgel Criminal Justice Planner/Training
Harold Ferguson Manager Homeland Security
Amy Derrick Emergency Preparedness Planner

HEALTH AND HUMAN SERVICES DEPARTMENT

Gary Luft Dir-Health/Human Services
Donnis Cowan Manager, Aging & ARDC Prog.
Misty Stipe Call Center Manager
Joanna Adcock Aging Program Specialist
Tiffany Garrett ADRC Referral Specialist
Rose Contreras Senior Benefits Counselor
Jan Enders Manager, of Special Programs.
Destiny Zavala Care Coordinator
Susan McCombs Managing Local Ombudsman
Debbie Jones Info/Assistance Specialist
Carolyn Berry Info/Assistance Specialist
Kathy Lyons Sr. Info/Assistance Specialist
Belinda Arocha Info/Assistance Specialist
Rep Pledger Transportation Manager
Frances Ramirez Public Trans Assistant
Misty Hendon Transportation Admin
Eric Hobbs ADRC Housing Navigator

SCHOOL DISTRICTS in the HEART OF TEXAS COUNCIL OF GOVERNMENTS REGION

ABBOTT ISD Superintendent	Hill	Eric Pustejovsky	219 S. First St. 254-582-9442 Abbott, 76621
AQUILLA ISD Superintendent	Hill	David Edison	404 North Richards 254-694-3770 Aquilla, 76622
AXTELL ISD Superintendent	McLennan	Dr. JR Proctor	308 Ottawa 254-863-5301 Axtell, 76624-0429
BLUM ISD Superintendent	Hill	Jeff Sanders	310 S. Ave F 254-874-5231 Blum, 76627
*BOSQUEVILLE ISD Superintendent	McLennan	James Skeeler	7636 Rock Creek Road..... 254-757-3113 Waco, 76708
BRUCEVILLE-EDDY ISD Superintendent	McLennan	Richard Kilgore	1 Eagle Dr. 254-859-5525 Eddy, 76524
BYNUM ISD Superintendent	Hill	Larry Mynarcik	704 Toliver 254-623-4251 Bynum, 76631
CHILTON ISD Interim Superintendent	Falls	Brandon Hubbard	905 Durango Ave 254-546-1200 Chilton, 76632
*CHINA SPRING ISD Superintendent	McLennan	Dr. Marc Faulkner	P.O. Box 250 254-836-1115 Waco, 76633
*CLIFTON ISD Superintendent	Bosque	James Baize	1102 Key Ave 254-675-2827 Clifton, 76634
*CONNALLY ISD Superintendent	McLennan	Wesley Holt	200 Cadet 254-296-6460 Waco, 76705
COOLIDGE ISD Superintendent	Limestone	Robert Lowry ED.D	1002 Kirvin St. 254-786-2206 Coolidge, 76635
*COVINGTON ISD Superintendent	Hill	Dr. Chris Heskett	501 N. Main 254-854-2215 Covington, 76636
CRANFILLS GAP ISD Superintendent	Bosque	Monti Parchaman	P. O. Box 67 254-597-2505 Cranfills Gap, 76637
*CRAWFORD ISD Superintendent	McLennan	Dr. Kenneth Hall	200 Pirate Drive 254-486-2381 Crawford, 76638
*DEW ISD Superintendent	Freestone	Darrell Evans	Route 2 Box 60 903-389-2828 Teague, 75860
FAIRFIELD ISD Superintendent	Freestone	Tony Price	615 Post Oak Road 903-389-2532 Fairfield, 75840
GHOLSON ISD Superintendent	McLennan	Heather McCartney	137 Hamilton Drive 254-829-1528 Waco, 76705
GROESBECK ISD Superintendent	Limestone	James Cowley	1202 N. Ellis..... 254-729-4100 Groesbeck, 76642

SCHOOL DISTRICTS in the HEART OF TEXAS COUNCIL OF GOVERNMENTS REGION (cont)

*HALLSBURG ISD Superintendent	McLennan	Kent Reynolds	2313 Hallsburg Road. 254-875-2331 Waco, 76705
*HILLSBORO ISD Superintendent	Hill	Mrs. Vicki Adams	121 East Franklin Street ... 254-582-8585 Hillsboro, 76645
*HUBBARD ISD Superintendent	Hill	Dr. Wayne Guidry	P. O. Box 218 254-576-2564 Hubbard, 76648
IREDELL ISD Superintendent	Bosque	Patrick Murphy	501 E. McClain ST 254-364-2411 Iredell, 76649
ITASCA ISD Superintendent	Hill	Mark Parsons	123 North College 254-687-2922 Itasca, 76055
KOPPERL ISD Superintendent	Bosque	Katrina Adcock	P. O. Box 67 254-889-3502 Kopperl, 76652
LAVEGA ISD Superintendent	McLennan	Sharon Shields	3100 Bellmead 254-799-4963 Waco, 76705
LORENA ISD Superintendent	McLennan	Joe Kucera	308 North Frontage Rd. 254-857-3239 Lorena, 76655
MALONE ISD Superintendent	Hill	Linda Buffe	202 W. Apple 254-533-2321 Malone, 76660
MARLIN ISD Superintendent	Falls	Michael Seabolt	130 Coleman 254-803-0006 Marlin, 76661
*MART ISD Superintendent	McLennan	Len Williams	P. O. Box 120 254-876-2524 Mart, 76664
MCGREGOR ISD Superintendent	McLennan	James Lenamon	P. O. Box 356 254-840-2828 McGregor, 76657
MERIDIAN ISD Superintendent	Bosque	Kim Edwards	P. O. Box 349 254-435-2081 Meridian, 76665
MEXIA ISD Superintendent	Limestone	Lyle Dubus	616 N. Red River 254-562-4000 Mexia, 76667
*MIDWAY ISD Superintendent	McLennan	George Kazanas	1205 Foundation Drive..... 254-761-5610 Waco, 76712
MOODY ISD Superintendent	McLennan	Dr. Gary Martel	107 Cora Lee Lane 254-853-2172 Moody, 76557
*MORGAN ISD Superintendent	Bosque	John Bryant	P. O. Box 300 254-635-2311 Morgan, 76671
MT. CALM ISD Superintendent	Hill	James Wright	P. O. Box 105 254-993-2611 Mt. Calm, 76673
PENELOPE ISD Superintendent	Hill	Scot Kelley	P. O. Box 68 254-533-2215 Penelope, 76676
RIESEL ISD Superintendent	McLennan	Brian Garner	600 Frederick Street 254-896-6411 Riesel, 76682

SCHOOL DISTRICTS in the HEART OF TEXAS COUNCIL OF GOVERNMENTS REGION (cont)

*ROBINSON ISD Superintendent	McLennan	Michael Hope	500 West Lyndale 254-662-0194 Waco, 76706
ROSEBUD-LOTT Superintendent	Falls	Steve Brownlee	P. O. Box 638 254-583-4510 Rosebud, 76570
*TEAGUE ISD Superintendent	Freestone	Chris Skinner	420 North 10th 254-739-3071 Teague, 75860
VALLEY MILLS ISD Superintendent	Bosque	Mike Kelly	P. O. Box 518 254-932-5210 Valley Mills, 76689
*WACO ISD Superintendent	McLennan	Susan Kincannon	P. O. Drawer 27 254-752-8341 Waco, 76703
WALNUT SPRINGS ISD Superintendent	Bosque	Pat Garrett	P. O. Box 63 254-797-2133 Walnut Springs, 76690
WEST ISD Superintendent	McLennan	David Truitt	801 North Reagan 254-826-7500 West, 76691
WESTPHALIA Superintendent	Falls	Robert Hudson	124 C.R. 3000..... 254-584-4988 Lott, 76656
WHITNEY ISD Superintendent	Hill	Gene Solis	305 S. San Jacinto..... 254-694-2254 Whitney, 76692
*WORTHAM ISD Superintendent	Freestone	David Allen	P. O. Box 247 254-765-3095 Wortham, 76693

*HOTCOG Members

MEMBER COLLEGES

McLennan Community College
Johnette McKown, President
1400 College Drive
Waco, TX 76708

Texas State Technical College
Mr. Michael L Reeser, Chancellor
3810 Campus Drive
Waco, TX 76705

Hill College
Dr. Pamela Boehm, President
PO Box 619
Hillsboro, TX 76645

REGIONAL COUNCILS IN TEXAS

ALAMO AREA COG 8700 Tesoro San Antonio, TX 78217	Diane Rath Executive Director aacog.com	210-362-5200 210-824-4576 Fax
ARK-TEX COG 4808 Elizabeth Street Texarkana, TX 75503	Chris Brown Executive Director atcog.org	903-832-8636 903-832-3441 Fax
BRAZOS VALLEY DC 3991 East 29 th Street Bryan, TX 77803	Tom Wilkinson, Jr. Executive Director bvcog.org	979-595-2800 979-595-2810 Fax
CAPITAL AREA PC 6800 Burleson Road, Bldg. 310, Ste. 165 Austin, TX 78744	Betty Voights Executive Director capcog.org	512-916-6000 512-916-6001 Fax
CENTRAL TEXAS COG P. O. Box 729 Belton, TX 76513-0729	Jim Reed Executive Director ctcog.org	254-770-2200 254-770-2260 Fax
COASTAL BEND COG P. O. Box 9909 Corpus Christi, TX 78469-9909	John P. Buckner Executive Director cbcog.org	361-883-5743 361-883-5749 Fax
CONCHO VALLEY COG P. O. Box 60050 San Angelo, TX 76906-0050	John A. Stokes Executive Director cvcog.org	325-944-9666 325-944-9925 Fax
DEEP EAST TEXAS COG 1405 Kurth Drive Lufkin, TX 75904-1929	Lonnie Hunt Executive Director detcog.org	409-384-5704 409-384-5390 Fax
EAST TEXAS COG 3800 Stone Road Kilgore, TX 75662	David Cleveland Executive Director etcog.org	903-984-8641 903-983-1440 Fax
GOLDEN CRESCENT RPC 1808 N. Laurent #600 Victoria, TX 77901	Joe Brannan Executive Director gcrpc.org	361-578-1587 361-578-8865 Fax
HEART OF TEXAS COG 1514 South New Road Waco, TX 76711	Russell Devorsky Executive Director hotcog.org	254-292-1800 254-756-0102 Fax
HOUSTON-GALVESTON AC P. O. Box 22777 Houston, TX 77227-2777	Chuck Wemple Executive Director h-gac.com	713-627-3200 713-993-2414 Fax
LOWER RIO GRANDE DC 301 W. Railroad St. Westlaco, TX 78596	Ron Garza Executive Director lrgvdc.org	956-682-3481 956-631-4670 Fax
MIDDLE RIO GRANDE DC P. O. Box 1199 Carrizzo Springs, TX 78834-1199	Nick Gallegos Executive Director mrgdc.org	830-876-3533 830-876-9415 Fax
NORTEX RPC P. O. Box 5144 Wichita Falls, TX 76307-5144	Dennis Wilde Executive Director nortexprc.org	940-322-5281 940-322-6743 Fax

REGIONAL COUNCILS IN TEXAS con't

NORTH CENTRAL TEXAS COG

P. O. Box 5888
Arlington, TX 76005-5888

Mike Eastland
Executive Director
nctcog.org

817-640-3300
817-640-7806 Fax

PANHANDLE RPC

P. O. Box 9257
Amarillo, TX 79105-9257

Kyle Ingham
Executive Director
prpc.cog.tx.us

806-372-3381
806-373-3268 Fax

PERMIAN BASIN RPC

P. O. Box 60660
Midland, TX 79711-0660

Terri Moore
Executive Director
pbrpc.org

432-563-1061
432-561-1728 Fax

RIO GRANDE COG

8037 Lockheed Dr. Ste. 100
El Paso, TX 79925

Annette Gutierrez
Executive Director
riocog.org

915-533-0998
915-532-9385 Fax

SOUTH EAST TEXAS RPC

2210 Eastex Freeway
Beaumont, TX 77703

Shaun P. Davis
Executive Director
setrpc.org

409-899-8444
409-347-0138 Fax

SOUTH PLAINS ASSN. GOVT.

P. O. Box 3730
Lubbock, TX 79452-3730

Tim Pierce
Executive Director
spag.org

806-762-8721
806-765-9544 Fax

SOUTH TEXAS DC

P. O. Box 2187
Laredo, TX 78044-2187

Robert Mendiola
Executive Director
stdc.cog.tx.us

956-722-3995
956-722-2670 Fax

TEXOMA RPC

117 Gallagher Drive, Ste. 100
Sherman, TX 75090

Dr. Susan Thomas
Executive Director
texoma.cog.tx.us

903-893-2161
903-813-3511 Fax

WEST CENTRAL TEXAS COG

3702 Loop 322
Abilene, TX 79602

Tom Smith
Executive Director
wctcog.org

325-672-8544
325-675-5214 Fax

AC - Area Council

DC - Development Council

PC - Planning Council

COG - Council of Governments

RPC - Regional Planning Council

STATE AGENCIES

TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES (DADS)	Texas Department on Aging P. O. Box 149030, Capitol Station Austin, TX 78714-9030	512-438-3011 Fax 512-438-4220
TEXAS DEPARTMENT OF AGRICULTURE	Texas Department of Agriculture P. O. Box 12847 Austin, TX 78711-2847	800-835-5832 512-463-7476 Fax 888-223-8861
ATTORNEY GENERAL'S OFFICE (Ken Paxton)	Office of Attorney General P. O. Box 12548 Austin, TX 78711-2548	512-463-2100 Fax 512-463-2063
BRAZOS RIVER AUTHORITY	Brazos River Authority P. O. Box 7555 Waco, TX 76714-7555	254-761-3100 Fax 254-761-3207
COMPTROLLER OF PUBLIC ACCOUNTS (Glenn Hegar)	Comptroller of Public Accounts P. O. Box 13528 Austin, TX 78711-3528	512-463-4144 Fax 512-305-9711
TEXAS DEPARTMENT OF CRIMINAL JUSTICE	Texas Department of Criminal Justice P. O. Box 13084 Austin, TX 78711	512-463-9988 Fax 512-305-9398
COMMISSION ON STATE EMERGENCY COMMUNICATIONS (911)	Commission on State Emergency Communications 333 Guadalupe Street, Ste. 2-212 Austin, TX 78701-3942	512-305-6911 Fax 512-305-6937
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY	Texas Commission on Environmental Quality P. O. Box 13087 Austin, TX 78711-3087	512-239-1000 Fax 512-239-5533
TEXAS DEPARTMENT OF HEALTH	Texas Department of Health 1100 West 49th Street Austin, TX 78756-3199	512-458-7111
TEXAS HEALTH AND HUMAN SERVICES COMMISSION	P. O. Box 13247 Austin, TX 78711-3247	512-424-6500 Fax 512-491-1967
TEXAS HISTORICAL COMMISSION	Texas Historical Commission P. O. Box 12276 Austin, TX 78711-2276	512-463-6100 Fax 512-475-4872
TEXAS DEPARTMENT OF HOUSING & COMMUNITY AFFAIRS	Texas Department of Housing & Community Affairs P. O. Box 13941 Austin, TX 78711-3941	512-475-3800 800-525-0657 Fax 800-733-5120

STATE AGENCIES (cont)

TEXAS DEPARTMENT OF INFORMATION RESOURCES	Texas Department of Information Resources P. O. Box 13564 Austin, TX 78711-3564	512-475-4700 Fax 512-475-4759
GENERAL LAND OFFICE	General Land Office P. O. Box 12873 Austin, TX 78711-2873	512-463-5001 800-998-4456 Fax 512-475-1558
TEXAS STATE LIBRARY & ARCHIVES COMMISSION	Texas State Library & Archives Commission P. O. Box 12927 Austin, TX 78711-2927	512-463-5455 Fax 512-463-5436
LEGISLATIVE REFERENCE LIBRARY	Capitol Bldg. 1100 Congress Ave. Rm 2N.3 Austin, TX 78711	512-463-1252 Fax 521-475-4626
TEXAS PARKS & WILDLIFE DEPARTMENT	Texas Parks & Wildlife Department 4200 Smith School Road Austin, TX 78744	512-389-4800 Fax 512-389-4814
TEXAS DEPARTMENT OF PUBLIC SAFETY	Texas Department of Public Safety Box 4087 Austin, TX 78773-0001	512-424-2000 Fax 512-424-5708
RAILROAD COMMISSION OF TEXAS	Railroad Commission of Texas P. O. Box 12967 Austin, TX 78711-2967	512-463-7288 Fax 512-463-6848
TEXAS DEPARTMENT OF TRANSPORTATION	Texas Department of Transportation Dewitt C. Greer State Highway Building 125 East 11th Street Austin, TX 78701-2483	512-463-8585 Fax 512-463-9896
TEXAS WATER DEVELOPMENT BOARD	Texas Water Development Board P. O. Box 13231 Austin, TX 78711-3231	512-463-7847 Fax 512-475-2053
TEXAS WORKFORCE COMMISSION	Texas Workforce Commission 101 East 15 th Street Austin, TX 78778-0001	512-463-2222 Fax 512-463-2643 TDD 800-735-2989

**STATE SENATORS in the HEART OF TEXAS
COUNCIL of GOVERNMENTS REGION**

Bosque, Falls, Hill and McLennan Counties

Brian Birdwell
District 22

900 Austin Ave #500
Waco, TX 76701
254-772-6225
Fax-254-776-2843
Dist. Mgr. Shelly Verlander

P. O. Box 12068
Austin, TX 78711
512-463-0122
512-475-3729 Fax

Freestone and Limestone Counties

Charles Schwertner
District 5

501 S. Austin Avenue #1250
Georgetown, Texas 78626

P. O. Box 12068
Austin, TX 78711
512-463-0105
512-463-0326 Fax

**STATE REPRESENTATIVES in the HEART of TEXAS
COUNCIL of GOVERNMENTS REGION**

Bosque County

DeWayne Burns
District 58

115 S. Main St 202
Cleburne, TX 76033
817-645-3685
817-645-3690 Fax

P. O. Box 2910
Austin, TX 78768
512-463-0538
512-463-0897 Fax

Freestone and Hill Counties

Cody Harris
District 8

100 Avenue A
Palestine, TX 75801

P. O. Box 2910
Austin, TX 78768
512-463-0730
512-463-2506 Fax

Falls, Limestone and McLennan Counties

Kyle Kacal
District 12

3000 Briarcrest Dr. #203
Bryan Texas 77801
979-774-7276

P. O. Box 2910
Austin, TX 78768
512-463-0412
512-463-9059 Fax

McLennan County

Charles "Doc" Anderson
District 56

900 Austin Avenue, #804
Waco, TX 76701
254-754-3892
254-754-1604 Fax

P. O. Box 2910
Austin, TX 78768
512-463-0135
512-463-0642 Fax

SILVER HAired LEGISLATORS in the HEART of TEXAS **COUNCIL of GOVERNMENTS REGION**

Precinct 1 (Bosque and Hill Counties)
Precinct 2 (Falls, Freestone and Limestone Counties)
Precinct 3 (McLennan County)

At Large Representation:

Barbara Aydlett

2038 FM 933
Aquilla TX 76622
254-694-6307
baydlett@windstream.net

Linda D. Timmerman

264 Stonwall Dr.
Streetman, TX 75859
903-389-7334
timmerlinda@gmail.com

Danny Volcik

175 Alex Gill Lane
Waco, TX 76705
254-799-6762
dvolcik@aol.com

Lynda Mitchell

P.O. Box 2
Tehuacana, TX 76686
903-388-5706
ljm52@yahoo.com

FEDERAL LEGISLATORS in the HOTCOG REGION

HEART OF TEXAS UNITED STATES SENATORS

TED CRUZ

300 East 8th Street
961 Federal Bldg.
Austin, TX 78701
512-916-5834
512-916-5839 Fax

B40B
Dirksen Building.
Washington, DC 20510
202-224-5922
202-224-0776 Fax

JOHN CORNYN

221 West 6th Street, #1530
Austin, TX 78701
512-469-6034
512-469-6020 Fax

Room 517 Hart Senate
Office Building
Washington, DC 20510
202-224-2934
202-228-2856 Fax

HEART OF TEXAS UNITED STATES CONGRESSMEN

Falls, Freestone, Limestone and McLennan Counties

BILL FLORES

400 Austin Ave #302
Waco, TX 76701
254-732-0748

2440 Rayburn HOB
Washington, DC 20515
202-225-6105
202-225-0350 Fax

Bosque and Hill Counties

Roger Williams

1 Walnut St. 145
Cleburne, TX 76033
817-774-2575
817-744-2576 Fax

1323 Longworth House
Office Building
Washington, D.C. 20515
202-225-9896

FREESTONE COUNTY

Fairfield

Streetman

Teague

Wortham



FREESTONE COUNTY

HOTCOG MEMBER

Freestone County (17,867)
(903) 389-3335
Fax 903-389-3839

Freestone County Courthouse
118 East Commerce Street, #205
Fairfield, Texas 75840

COMMISSIONER'S COURT - Meets every 1st and 3rd Monday

COUNTY JUDGE	Linda Grant	118 East Commerce County Courthouse, Rm 205 Fairfield, TX 75840	903-389-3335 Fax-389-3839
COUNTY SECRETARY/ Administrative Asst.	Pilar Harris	118 East Commerce County Courthouse, Rm 205 Fairfield, TX 75840	903-389-3335
COMMISSIONER PRECINCT 1	Cindy Bonner	P.O. Box 1087 Fairfield, TX 75840	903-389-3709
COMMISSIONER PRECINCT 2	Vacant	118 East Commerce County Courthouse, Rm 205 Fairfield, TX 75840	254-739-3444
COMMISSIONER PRECINCT 3	Michael Daniels	326 Utley Ln. Fairfield, TX 75840	903-389-5305
COMMISSIONER PRECINCT 4	Clyde Ridge, Jr.	P. O. Box 533 Wortham, TX 76693	254-765-3888

OTHER ADMINISTRATIVE OFFICIAL STAFF

COUNTY CLERK	Linda Jarvis Linda.jarvis@co.freestone.tx.us	P. O. Box 1010 Fairfield, TX 75840	903-389-2635 Fax-389-6956
TAX ASSESSOR/ COLLECTOR	Lisa Foree	P. O. Box 257 Fairfield, TX 75840	903-389-2336 Fax-389-6533
AUDITOR	Karen Craddock	118 East Commerce, Rm 209 Fairfield, TX 75840	903-389-3535 Fax-389-0440
COUNTY ATTORNEY/ DISTRICT ATTORNEY 87TH & 77TH Judicial District	Bryan Evans	118 East Commerce County Courthouse, Rm 305 Fairfield, TX 75840	903-389-3977 Fax-389-5289
DISTRICT COURT 87th Judicial District	Judge Deborah Evans	P. O. Box 722 Fairfield, TX 75840	903-389-2534 Fax-389-8421
DISTRICT COURT 77th Judicial District		P. O. Box 722 Fairfield, TX 75840	903-389-4836 Fax-389-3839
COUNTY SHERIFF	Jeremy Shipley sheriffshipley@co.freestone.tx.us	P. O. Drawer 47 Fairfield, TX 75840	903-389-3236 Fax-389-5730
COUNTY TREASURER	Jeannie Keeney	118 East Commerce, Rm.102 Fairfield, TX 75840	903-389-2180 Fax-389-5894

FREESTONE COUNTY OTHER ADMINISTRATIVE OFFICIALS AND STAFF (cont)

DISTRICT CLERK	Teresa Black	P. O. Box 722 Fairfield, TX 75840	903-389-2534 Fax-389-8421
CONSTABLE PRECINCT 1	Buck Bonner	209 Reunion Fairfield, TX 75840	903-389-4274 Fax-389-2465
CONSTABLE PRECINCT 2	Lynn Clary	407 Walnut Street Teague, TX 75860	254-739-2518 Fax-739-0939
CONSTABLE PRECINCT 3	Pamela Barnes	Rt. 2 Box 74A Buffalo, TX 75840	903-389-1840 Fax-389-9409
CONSTABLE PRECINCT 4	Wade Harrison	512 Ash Street Teague TX 75860	903-599-2319 Fax-389-0429
COUNTY J. P. PRECINCT 1	Theresa Farris	440 East Main Fairfield, TX 75840	903-389-8783 Fax-389-2465
COUNTY J. P. PRECINCT 2	Debbie Hamilton	P. O. Box 218 Teague, TX 75860	254-739-2518 Fax-389-0939
COUNTY J. P. PRECINCT 3	Cinnamon Archibald	440 East Main Fairfield, TX 75840	903-389-3137 Fax-389-9409
COUNTY J. P. PRECINCT 3	Shirley Mays	113 East Commerce Co. Courthouse, Rm. 105 Fairfield, TX 75840	903-389-0420 Fax-389-0429
Emergency Management Coordinator countyservices@co.freestone.tx.us	Steve Black	118 E. Commerce #205 Fairfield, TX 75840	903-389-3335 Fax-389-3839
911 Address Coordinator	Claudette Hicks	P.O. Drawer 47 Fairfield, TX 75840	903-389-8884 Fax-389-5730

FAIRFIELD
222 South Mount Street
Fairfield, Texas 75840
(903) 389-2633
Fax (903) 389-6327
www.fairfieldtexas.com

HOTCOG MEMBER

CITY COUNCIL - Meets every 2nd & 4th Tuesday at 6:00 p.m.

Mayor khughes@gadco.us	Kenny Hughes	222 South Mount Street Fairfield, TX 75840	903-389-2633
Mayor Pro Tem	Linda Bayless	222 South Mount Street Fairfield, TX 75840	903-389-2633
Councilmember	Randy Johnson	222 South Mount Street Fairfield, TX 75840	903-389-2633
Councilmember	David Steward	222 South Mount Street Fairfield, TX 75840	903-389-2633
Councilmember	James Tyus	222 South Mount Street Fairfield, TX 75840	903-389-2633
Councilmember	Bobby Nichols	222 South Mount Street Fairfield, TX 75840	903-389-2633
Councilmember			

ADMINISTRATIVE OFFICIALS AND STAFF

City Administrator Interim nate.smith@fairfieldtexas.net	Nate Smith	222 South Mount Street Fairfield, TX 75840	903-389-2633 903-389-5583
City Admin. Assistant erin.harrup@fairfieldtexas.net	Erin Harrup	222 South Mount Street Fairfield, TX 75840	903-389-2633
City Secretary misty.richardson@fairfieldtexas.net	Misty Richardson	222 South Mount Street Fairfield, TX 75840	903-389-2633
Municipal Court Judge	George Robinson	222 South Mount Street Fairfield, TX 75840	903-389-2633
City Attorney	Alan Bojorques	12325 Hymeadow Dr. Austin, TX 78750	903-389-3984
Fire Chief	Chandler Baggerly	2215 Keechi Fairfield, TX 75840	903-389-3700
Police Chief d.utsey@fairfieldtexas.net	David Utsey	222 South Mount Street Fairfield, TX 75840	903-389-3901

STREETMAN

P. O. Box 7
Streetman, Texas 75859
(903) 599-2567
Fax (903) 599-2127

HOTCOG MEMBER

CITY COUNCIL - Meets 3rd Monday of each month at 6:30 p.m.

Mayor streetmantexas@yahoo.com	Johnny A. Robinson	P. O. Box 7 Streetman, TX 75859	903-599-2567 903-599-2127 (fax)
City Commissioner	Barbara Polk	P. O. Box 7 Streetman, TX 75859	903-599-2567
City Commissioner	Heather Davis	P. O. Box 7 Streetman, TX 75859	903-599-2567

ADMINISTRATIVE OFFICIALS AND STAFF

City Secretary streetmantexas@yahoo.com	Heather Marfell	P. O. Box 7 Streetman, TX 75859	903-599-2567
Fire Chief	Brian Davis	P.O. Box 101 Streetman, TX 75859	903-599-1165
Police Chief kbutler@worthamtx.com	Kelly Butler	P.O. Box 186 Wortham, TX 76693	254-765-3444

TEAGUE
105 South 4th Avenue
Teague, Texas 75860
(254) 739-2547
Fax (254) 739-2433
www.cityofteague.com

HOTCOG MEMBER

CITY COUNCIL - Meets every 3rd Monday at 6:00 p.m.

Mayor	James Monks	105 South 4th Teague, TX 75860	254 739-2547
Councilmember	Ryan Mathison	105 South 4th Teague, TX 75860	254 739-2547
Councilmember	Jerry Ballew	105 South 4 th Teague, TX 75860	254 739-2547
Councilmember	Rhonda Jones	105 South 4 th Teague, TX 75860	254 739-2547
Councilmember	Marie Hertenberger	105 South 4 th Teague, TX 75860	254 739-2547
Councilmember	Chris Nickleberry chrisnickleberry@cityoftuaguetx.com	105 South 4 th Teague, TX 75860	254 739-2547

ADMINISTRATIVE OFFICIALS AND STAFF

City Administrator/ Secretary administrator@cityofteaguetx.com	Theresa Prasil	105 South 4th Avenue Teague, TX 75860	254-739-2547
City Attorney	Andy Messer	6371 Preston Road #200 Frisco, TX 75034	855-668-6400
City Judge	James Monks	315 Main St Teague, TX 75860	254 739-2547
Fire Chief	Jody Bodine	400 Ceder Street Teague, TX 75860	254-739-2547
Police Chief dewaynephilpott@cityofteaguetx.com	DeWayne Philpott	105 South 4th Avenue Teague, TX 75860	254-739-2553

WORTHAM
P. O. Box 186
Wortham, Texas 76693
(254) 765-3319
Fax (254) 765-3310

HOTCOG MEMBER

CITY COUNCIL - Meets every 2nd Tuesday at 6:30 p.m.

Mayor rprice@worthamtx.com	Pellie Goolsby	P. O. Box 186 Wortham, TX 76693	254-765-3319
Mayor Protem	Cliff NeSmith	401 E. SanSaba Wortham, TX 76693	903-388-3747
Councilmember	Susan Gibbs	P. O. Box 186 Wortham, TX 76693	254-765-5366
Councilmember	Jeff Carr	P. O. Box 186 Wortham, TX 76693	254-765-3706
Councilmember	Michael Busby	P. O. Box 186 Wortham, TX 76693	254-765-3319
Councilmember	Scott Batts	P.O. Box 186 Wortham, TX 76693	254-765-3319

ADMINISTRATIVE OFFICIALS AND STAFF

City Secretary kwright@worthamtx.com	Kasi Wright	P. O. Box 186 Wortham, TX 76693	254-765-3319
Municipal Court Judge	Shirley Mays	P.O. Box 186 Wortham, TX 76693	254-765-3319
Fire Chief	Kelly Craig	P. O. Box 592 Wortham, TX 76693	254-765-3318
Police Chief kbutler@worthamtx.com	Kelly Butler	P. O. Box 186 Wortham, TX 76693	254-765-3042

FREESTONE COUNTY CHAMBERS OF COMMERCE

Fairfield	Fairfield Chamber of Commerce P. O. Box 899 Fairfield, Texas 75840 Edie Bayless, President	903-389-5792
Teague	Teague Chamber of Commerce 316 Main Street Teague, Texas 75860 Steve Massey, President	254-739-2061

FREESTONE COUNTY SENIOR CENTERS

PROJECT DIRECTOR
201 North Bateman
FAIRFIELD, TEXAS 75840
903-389-5800

Fairfield	Butler Senior Center 1604 FM 489 East Oakwood, Texas 75855 Open Wed 8:30am to 1:30pm	903-389-4061
Fairfield	Fairfield Senior Center 201 N. Bateman Rd. Fairfield, Texas 75840 Open M-F 8:30am to 1:30pm	903-389-5800
Teague	Teague Senior Citizen Center 511 Main Street Teague, Texas 75860 Open M-F 10am to 1pm	254-739-3541

STATE GOVERNMENT

Representative

Cody Harris
District 8

P. O. Box 2910
100 Avenue A
Palestine, TX 75801

P. O. Box 2910
Austin, TX 78768
512-463-0730
512-463-2506 Fax

Senator

Charles Schwertner
District 5

501 S. Austin Ave. #1250
Georgetown, TX 78626

P.O. Box 12068
Austin, TX 78711
512-463-0105
512-463-0326 Fax

STATE OFFICES

Texas Department of Human Services 1320 East Highway 84, P. O. Box 60 Teague, Texas 75860	Teague	254-739-2572
Texas Department of Health P. O. Box 736 Fairfield, Texas 75840	Fairfield	903-389-2134
Texas Department of Public Safety 118 East Commerce Street Fairfield, Texas 75840	Fairfield	903-389-3237
Texas Parks & Wildlife Dept. Fairfield State Park Fairfield, Texas 75840	Fairfield	903-389-3411 800-792-1112

FEDERAL GOVERNMENT

Ted Cruz U. S. Senator	300 East 8 th Street 961 Federal Bldg. Austin, TX 78701 512-916-5834 512-916-5839 Fax	B40B Dirksen Building. Washington, DC 20510 202-224-5922 202-224-0776 Fax
John Cornyn U. S. Senator	221 West 6 th Street #1530 Austin, Texas 78701 512-469-6034 512-469-6020 Fax	Room 517 Hart Senate Senate Office Bldg. Washington, DC 20510 202-224-2934 202-228-2856 Fax
BILL FLORES U.S. Congressman	400 Austin Ave #302 Waco, TX 76701 254-732-0748	2440 Rayburn HOB Washington, DC 20515 202-225-6105 202-225-0350 Fax

FEDERAL OFFICES

Rural Economic and Community Development Federal Building P. O. Box 204 Fairfield, Texas 75840	Fairfield	903-389-3994
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INFORMATION GAPS



Information Gaps

- While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps in the interviews conducted by CHC Consulting.
 - This assessment seeks to address the community's health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics.
 - Due to smaller population numbers and the general rural nature of Freestone County, 1-year estimates for the majority of data indicators are statistically unreliable. Therefore, sets of years were combined to increase the reliability of the data while maintaining the combined county-level perspective.



ABOUT COMMUNITY HOSPITAL CONSULTING

About CHC Consulting

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



APPENDIX

- SUMMARY OF DATA SOURCES
- DATA REFERENCES
- MUA/P AND HPSA INFORMATION
- INTERVIEWEE INFORMATION



SUMMARY OF DATA SOURCES

Summary of Data Sources

- **Demographics**

- This study utilized demographic data from **Syntellis**.
- The **United States Bureau of Labor Statistics Local Area Unemployment Statistics** provides unemployment statistics by county and state; <https://www.bls.gov/lau/#tables>.
- Food insecurity information is pulled from **Feeding America's Map the Meal Gap**, which provides food insecurity data by county, congressional district and state; <http://map.feedingamerica.org/>.
- This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at: <https://sparkmap.org/report/>.
- **United States Census Bureau** provides foreign-born population statistics by county and state: <https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02>.
- **Economic Innovation Group**, DCI Interactive Map provided us with formation on distressed communities. Data can be accessed at: <https://eig.org/dci/interactive-map?path=state/>.
- **Data USA** provides access to industry workforce categories at the county and state level; <https://datausa.io/>.
- The **Annie E. Casey Foundation**, Kids Count Data Center provides information on children poverty estimates. Data can be found at: <https://datacenter.aecf.org/>.
- **Economic Policy Institute, Family Budget Map** provides a break down of estimates monthly costs in specific categories for Freestone County, TX; <https://www.epi.org/resources/budget/budget-map/>.
- This study also used data collected by the **Small Area Income and Poverty Estimates (SAIPE)**, that provides Supplemental Nutrition Assistance Program (SNAP) Benefits as well as poverty estimates by county and state: <https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html>.

- **Health Data**

- The **County Health Rankings & Roadmaps (CHR&R)**, a program of the University of Wisconsin Population Health Institute, draws attention to why there are differences in health within and across communities. The program highlights policies and practices that can help everyone be as healthy as possible. CHR&R aims to grow a shared understanding of health, equity and the power of communities to improve health for all. This work is rooted in a long-term vision where all people and places have what they need to thrive; <http://www.countyhealthrankings.org/>.
- The **Centers for Disease Control and Prevention National Center for Health Statistics WONDER Tool** provides access to public health statistics and community health data including, but not limited to, mortality, chronic conditions, and communicable diseases; <http://wonder.cdc.gov/ucd-icd10.html>.

Summary of Data Sources

- **Health Data (continued)**

- This study utilizes a regional level and state data from the **Behavioral Risk Factor Surveillance System (BRFSS)**, through the Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://nccd.cdc.gov/cdi/rdPage.aspx?rdReport=DPH_CDI.ExploreByLocation&rdRequestForwarding=Form#:~:text=to%20site%20content-,Chronic%20Disease%20Indicators,-HomeExplore%20by and Center for Disease Control and Prevention, PLACES: Local Data for Better Health, County Data 2023 Release, filtered for Freestone, TX; <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb/data>.
- The **U.S. Census Bureau's Small Area Health Insurance Estimates** program produces the only source of data for single-year estimates of health insurance coverage status for all counties in the U.S. by selected economic and demographic characteristics. Data can be accessed at: <https://www.census.gov/data-tools/demo/sahie/index.html>.
- This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at: <https://sparkmap.org/report/>.
- **The Centers for Medicare & Medicaid Services, Office of Minority Health** provides public tools to better understand disparities in chronic diseases. Data can be accessed at: <https://data.cms.gov/mapping-medicare-disparities>.
- **The Annie E. Casey Foundation**, under the Kids Count Data Center, provides information on maternal and child health indicators such as low birth weight and teen births. Data can be found at: www.datacenter.kidscount.org.
- The **County Health Rankings** provides data on primary providers, mental and behavioral health care providers, and dentists to patient ratio. This data can be found at a county, state, and national level: <http://www.countyhealthrankings.org/>.
- The **Texas Cancer Registry** is a statewide, population-based registry that serves as the foundation for measuring the cancer burden in Texas. Data can be accessed at: <https://www.cancer-rates.info/tx/>.
- **U.S. Department of Health and Human Services, Health Resources and Services Administration** provides a list of medically underserved areas and health professional shortage area, sorted by state and county. Information can be accessed at: <http://www.hrsa.gov/>.

- **Phone Interviews**

- CHC Consulting conducted interviews on behalf of Freestone Medical Center from March 7, 2024 – March 25, 2024.
- Interviews were conducted and summarized by Alex Campbell, Senior Planning Analyst.



DATA REFERENCES

Distressed Communities Index

- The Distressed Communities Index (DCI) brings attention to the deep disparities in economic well-being that separate U.S. communities. The latest Census data is used to sort zip codes, counties, and congressional districts into five quintiles of well-being: **prosperous**, **comfortable**, **mid-tier**, **at risk**, and **distressed**. The index allows us to explore disparities within and across cities and states, as well.
- The seven components of the index are:
 1. **No high school diploma:** Share of the 25 and older population without a high school diploma or equivalent.
 2. **Housing vacancy rate:** Share of habitable housing that is unoccupied, excluding properties that are for seasonal, recreational, or occasional use.
 3. **Adults not working:** Share of the prime-age (25-54) population that is not currently employed.
 4. **Poverty rate:** Share of the population below the poverty line.
 5. **Median income ratio:** Median household income as a share of metro area median household income (or state, for non-metro areas and all congressional districts).
 6. **Changes in employment:** Percent change in the number of jobs over the past five years.
 7. **Changes in establishments:** Percent change in the number of business establishments over the past five years.

2024 Poverty Guidelines

2024 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720
For families/households with more than 8 persons, add \$5,380 for each additional person.	



MUA/P AND HPSA INFORMATION

Medically Underserved Areas/Populations

Background

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

Medically Underserved Areas/Populations

Background (continued)

- The Index of Medical Underservice (IMU) is applied to data on a service area to obtain a score for the area. IMU is calculated based on four criteria:
 1. Population to provider ratio
 2. Percent of the population below the federal poverty level
 3. Percent of the population over age 65
 4. Infant mortality rate
- The IMU scale is from 1 to 100, where 0 represents ‘completely underserved’ and 100 represents ‘best served’ or ‘least underserved.’
- Each service area or population group found to have an IMU of 62.0 or less qualifies for designation as a Medically Underserved Area or Medically Underserved Population.

Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1488173654	Freestone County	Medically Underserved Area	Texas	Freestone County, TX	54.0	Designated	Rural	11/01/1978	05/02/2024
	Component State Name		Component County Name	Component Name	Component Type		Component GEOID		Component Rural Status	
	Texas		Freestone	Freestone	Single County		48161		Rural	

Health Professional Shortage Areas

Background

- Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:
 - Primary care
 - Dental health
 - Mental health
- These shortages may be geographic-, population-, or facility-based:
 - Geographic Area: A shortage of providers for the entire population within a defined geographic area.
 - Population Groups: A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)
 - Facilities:
 - Other Facility (OFAC)
 - Correctional Facility
 - State Mental Hospitals
 - Automatic Facility HPSAs (FQHCs, FQHC Look-A-Likes, Indian Health Facilities, HIS and Tribal Hospitals, Dual-funded Community Health Centers/Tribal Clinics, CMS-Certified Rural Health Clinics (RHCs) that meet National Health Service Corps (NHSC) site requirements)

Health Professional Shortage Areas

Background (continued)

- HRSA reviews these applications to determine if they meet the eligibility criteria for designation. The main eligibility criterion is that the proposed designation meets a threshold ratio for population to providers.
- Once designated, HRSA scores HPSAs on a scale of 0-25 for primary care and mental health, and 0-26 for dental health, with higher scores indicating greater need.

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1487733381	Freestone County	Geographic HPSA	Texas	Freestone County, TX	1.36	11	18	Designated	Rural	03/18/2020	07/02/2021
Component State Name		Component County Name	Component Name	Component Type		Component GEOID		Component Rural Status				
Texas		Freestone	Freestone	Single County		48161		Rural				
Mental Health	7481097962	Freestone County	Geographic HPSA	Texas	Freestone County, TX	0.90	18	NA	Designated	Rural	02/11/2008	07/28/2021
Component State Name		Component County Name	Component Name	Component Type		Component GEOID		Component Rural Status				
Texas		Freestone	Freestone	Single County		48161		Rural				
Dental Health	6489115662	Freestone County	Geographic HPSA	Texas	Freestone County, TX	2.823	17	NA	Designated	Rural	01/10/2020	08/25/2021
Component State Name		Component County Name	Component Name	Component Type		Component GEOID		Component Rural Status				
Texas		Freestone	Freestone	Single County		48161		Rural				
Mental Health	7489325272	FREESTONE HEALTH CLINIC	Rural Health Clinic	Texas	Freestone County, TX		18	NA	Designated	Rural	09/18/2020	09/11/2021
Site Name		Site Address	Site City	Site State		Site ZIP Code		County		Rural Status		
FREESTONE HEALTH CLINIC		734 W Commerce St	Fairfield	TX		75840-1428		Freestone		Rural		
Dental Health	6482512700	FREESTONE HEALTH CLINIC	Rural Health Clinic	Texas	Freestone County, TX		17	NA	Designated	Rural	09/18/2020	09/11/2021
Site Name		Site Address	Site City	Site State		Site ZIP Code		County		Rural Status		
FREESTONE HEALTH CLINIC		734 W Commerce St	Fairfield	TX		75840-1428		Freestone		Rural		
Primary Care	1488105847	FREESTONE HEALTH CLINIC	Rural Health Clinic	Texas	Freestone County, TX		15	18	Designated	Rural	09/18/2020	08/29/2023

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designati on Date	Update Date
	Site Name	Site Address	Site City	Site State	Site ZIP Code		County		Rural Status			
	FREESTONE HEALTH CLINIC	734 W Commerce St	Fairfield	TX	75840-1428		Freestone		Rural			



INTERVIEWEE INFORMATION

Freestone Medical Center Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Landis Bayless	Resident	Freestone County	3/7/2024	Freestone County	Alex Campbell			X	General Public
Natalie Clopton	Owner	Clo & Company	3/20/2024	Multi-county area, including Freestone County	Alex Campbell			X	General Public
Teresa Duke	Vice President	Community National Bank	3/7/2024	Freestone County	Alex Campbell			X	General Public
Elizabeth Hans	DSHS Staff - Epidemiologist II	Texas Department of Health and Human Services Region 7	3/8/2024	Multi-county area, including Freestone County	Alex Campbell	X			General Public
Robert McAdams	Resident	Freestone County	3/7/2024	Freestone County	Alex Campbell			X	General Public
Dawn Melancon	Teacher	Fairfield Independent School District	3/25/2024	Freestone County	Alex Campbell		X		Youth
Stephanie Overall	Executive Director	Meals on Wheels/Fairfield Senior Citizens	3/15/2024	Freestone County	Alex Campbell		X		Seniors, Elderly
Brenda Pate	Executive Director	Fairfield Chamber of Commerce	3/19/2024	Freestone County	Alex Campbell			X	General Public
David Ransom	Pastor	Cornerstone Full Gospel	3/7/2024	Freestone County	Alex Campbell			X	General Public
Misty Richardson	City Secretary	City of Fairfield	3/19/2024	Freestone County	Alex Campbell			X	General Public
Dana Tate	Vice President	Farmers State Bank	3/22/2024	Freestone County	Alex Campbell			X	General Public

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

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

C: Community Leaders

Source: Freestone Medical Center Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; March 7, 2024 – March 25, 2024.

Section 2:

Implementation Plan

Freestone Medical Center

FY 2025 - FY 2027 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Freestone Medical Center (FMC) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Freestone County, Texas.

The CHNA Team, consisting of leadership from FMC, reviewed a summary of the research findings created by CHC Consulting to prioritize the community health needs. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

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

The final list of prioritized needs is listed below:

- 1.) Access to Mental and Behavioral Health Care Services and Providers
- 2.) Continued Emphasis on Provider Recruitment and Retention
- 3.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 4.) Continued Focus on Reducing Health Disparities Among Specific Populations (Elderly & Youth)

Hospital leadership has developed an implementation plan to identify specific activities and services, which will directly address the identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, and annual updates and progress (as appropriate).

The FMC Board reviewed and adopted the 2024 Community Health Needs Assessment and Implementation Plan on December 19, 2024.

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

Rationale:

Data suggests that residents in Freestone County do not have adequate access to mental and behavioral health care services and providers. Freestone County has a higher ratio of patients per mental health care provider as compared to the state as well as the nation and a higher percentage of people who stated they had 14+ poor mental health days. Freestone County also has a higher percentage of adults with depression and a higher rate of suicide as compared to the state.

Many interviewees mentioned the overall lack of local mental and behavioral health facilities in the county, but did acknowledge that there are programs that train teachers to recognize mental health conditions in students. One interviewee stated: "Mental health is a really big problem in Fairfield. The hospital can take people who are having those kind of problems but after a couple days they have to release them. There were several kids who committed suicide several years ago. The schools have started a program for teachers training them in getting help and actually be able to notice [issues in children]. It's not a fix but it's there to [help] recognize."

Interviewees discussed how there are limited local mental and behavioral health resources and how that is leading to outmigration outside of the county to places like Dallas, Tyler, Terrell, Corsicana and Palestine. One interviewee stated: "[Mental health] is one of the number one [issues]. There's licensed mental health professionals in Palestine or Corsicana. I don't know if there is a mental health facility within 90 miles of us. As far as a therapist, [people] go Palestine or Corsicana." An interviewee expressed the desire for remote mental health appointment options to help mitigate transportation burdens, and others also described that there are spiritual counselors for mental health needs but there is a need for licensed mental health counselors. One interviewee stated: "I don't know of a psychiatrist anywhere here. The counselors are usually connected to your churches. They are more of an emotional health vs. a mental health counselor. Each campus in our school district has a counselor."

Interviewees gave recognition to the MHMR clinic but there is a perceived lack of use by people who need help as well as long wait times to see a mental health provider. One interviewee stated: "It takes 2 weeks to see a primary care provider and another 2 weeks to see a [mental health] doctor. There's nothing immediately in our county for mental health. It would have to be outsourced. There's an MHMR clinic but I'm sure it takes a while [to get in]." It was also noted that there is misuse of emergency related resources due to the individuals perceived mental health crisis. One interviewee stated: "We have some citizens who are mentally incapable of taking care of themselves. They end up making several ER trips, calling the police department to come, etc. They aren't able to get help. They call 911 and need an ambulance but they aren't in an emergency. It takes the ambulance away from someone who might need it." Lastly, one interviewee mentioned that there is drug use in the community.

Objective:

Provide a point of access for mental health services in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2025		FY 2026		FY 2027	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
1.A. FMC is exploring identifying Telehealth Providers to offer mental health outpatient services to the community.	CNO							
1.B. FMC will continue to provide mental health education for employees through the Employee Assistance Program via Beacon Health Options.	Director of HR							
1.C. FMC will continue to promote and provide the local suicide prevention hotline to any applicable patients.	Ancillary Staff							

Priority #2: Continued Emphasis on Provider Recruitment and Retention

Rationale:

Data suggests Freestone County has a higher ratio of patients per primary care provider and dental care providers as compared to the state and the nation. Additionally, Freestone County has a higher rate of preventable hospitalizations than the state and has several Health Professional Shortage Area designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

With regard to primary care, interviewees appreciated the accessibility of primary care providers in the area. One interviewee stated: "Primary care is very accessible. You can get in almost always the same day if not the next. The Teague clinic has a lady that specializes in pediatrics but she is limited because she is in a satellite clinic. You do have to go get vaccines in Fairfield and not at that clinic." However, there were several mentions about the lack of local pediatricians leading to outmigration to places like Corsicana, Teague and Waco. Additionally, a few interviewees noted the turnover of local pediatricians is leading to limited access for patients. One interviewee stated: "I can't think of one pediatrician in the area for care. People go to Corsicana." Another interviewee stated: "We've had pediatricians who have tried to live here. They stay for a little while and then move on to bigger areas. It's hard to get good care for babies here." An interviewee noted the potential barriers to receiving care due to insurance policies regarding the provider seen. It was also noted by another interviewee that there is a difference in wait times depending on the person being a new or existing patient. One interviewee stated: "There's not a whole lot [of primary care]. There's only a couple of doctors. Fairfield has two main doctors but they may have more now. The rest of the providers are physician assistants so a lot of times insurance won't pay for a physician assistant, only a doctor [visit]. One doctor wasn't accepting anymore new patients. I don't know about wait times. Probably a couple weeks out for new patients. If you are a regular patient, not so long. For a regular patient, you could get in pretty easily if it was more urgent but probably not for new patients."

With regards to specialty care, interviewees had differences in opinion regarding how accessible and/or available a specialist is in the area. One interviewee stated: "It's pretty easy [to see a specialist]. There are some that come one day a week like podiatry and cardiology. Sometimes you get on their schedule and wait 4-6 weeks." Another interviewee mentioned that there is a lack of doctor/patient relationships due to the infrequency of seeing a specialist in the area, stating: "Having more specialists would be a huge help for everyone. The doctors come here infrequently enough and it seems like they don't know who their patient is." Interviewees mentioned several cities that people go to due to the limited local specialists in the area with those cities being Dallas, Corsicana, Houston, Palestine, Tyler, Waco and Frisco. Several interviewees showed appreciation for the providers that FMC has brought in for specialty care and improved local access. One interviewee stated: "The hospital does a great job. They've brought services to a small area that are necessary. The local physicians are quite knowledgeable." Specific specialties mentioned as needed (in descending order of number of times mentioned and then alpha order) include Cardiology, Orthopedics, Urology, Dermatology, Dialysis, General Surgery, OB/GYN and Oncology.

With regards to dental care, interviewees appreciated the local dentists in the area but there were concerns for impending retirement of local dentists and succession planning. One interviewee stated: "We have one dentist here, Dr. Moore. He stays busy all the time. He's great but I've often thought, 'what are we going to do when he decides to retire?'. He will do a root canal and he would probably do a crown." There were conflicting statements amongst interviewees regarding complex dental needs done locally. It was also mentioned by a few interviewees that some individuals see dental providers out of the area due to insurance and availability. Lastly, there were a couple of mentions from interviewees about the need for additional dental provider options locally. One interviewee stated: "There are dentists here. There's maybe one, two practices here. I go outside of the area because the dentist [here] may not be in our network." Another interviewee stated: "We have 1 dentist here and it depends if your insurance is on their list of acceptable insurances."

Objective:

Implement and offer programs that aim to address access to primary and specialty care services in the community through recruitment and retention efforts

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2025		FY 2026		FY 2027	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
2.A. FMC will continue to consult its Medical Staff Development Plan report to determine the physician needs of the community and consider the recruitment of providers accordingly.	CEO, Medical Staff							
2.B. FMC explores the feasibility of expanding services identified within the market assessment on an annual basis.	CEO, CNO, CFO							
2.C. FMC will continue to increase awareness of its primary and specialty care service offerings in the community through various media outlets and advertisements.	Executive Assistant/Marketing Coordinator							
2.D. FMC will continue to serve as a teaching facility for local RN, ancillary students, medical students and medical residents, particularly those from the local area of Fairfield, and continue to provide training for current medical staff as appropriate.	CEO, CNO	<i>Current Examples include: Trauma Nursing Core Curriculum Certification (TNCC)</i>						
2.E. FMC will continue to participate in Career Day at local schools to educate area residents pursuing education and future careers in providing health care services on what FMC has to offer.	Director of HR, Executive Assistant/Marketing Coordinator							
2.F. FMC will continue to support Teague ISD and Fairfield ISD in their health career track for students.	CEO, CNO	<i>Current Examples include: monetary donations, equipment donations</i>						
2.G. FMC will continue to maintain and provide a list of referral services to patients who come through the hospital or Emergency Department requiring specialty care. FMC is also able to assist in making follow up specialist appointments when necessary.	Department Directors							
2.H. FMC will continue to recognize outstanding employees who are committed to furthering their education.	Director of HR	<i>Current Examples include: Call to Care</i>						
2.I. FMC offers mobile MRI van services twice a week to patients who need an MRI.	Director of Radiology							

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

Rationale:

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Cancer and heart disease are the two leading causes of death in Freestone County and the state. Freestone County has higher mortality rates than Texas for the following causes of death: malignant neoplasms; diseases of the heart; chronic lower respiratory diseases; COVID-19; accidents (unintentional injuries); cerebrovascular diseases; Alzheimer's disease; diabetes mellitus; nephritis, nephrotic syndrome and nephrosis; intentional self-harm (suicide); breast cancer (female); lung and bronchus cancer; and colon and rectum cancer.

Freestone County has higher prevalence rates of chronic conditions, such as diabetes for both the adult and Medicare population, obesity for the adult population, arthritis, asthma for the adult population; high blood pressure for the Medicare population and disability than the state. Freestone County has higher percentages of residents participating in unhealthy lifestyle behaviors, such as physical inactivity, binge drinking and smoking than the state. With regards to maternal and child health, specifically, Freestone County has higher premature births, higher teen (age 0-19 years) birth rates and a higher percentage of women receiving inadequate prenatal care than the state.

Data suggests that the Freestone County Medicare population is not appropriately seeking preventive care services, such as timely mammography screenings, receiving a flu shot in the past year, or ever receiving the pneumonia vaccine. Freestone County has higher prevalence rates of communicable diseases, such as HIV/Aids than the state.

Several interviewees expressed concern surrounding higher rates of chronic conditions like diabetes and high blood pressure as well as certain cost barriers to accessing resources that help people maintain healthy lifestyle behaviors. One interviewee stated: "Physical health as it relates to physical being [is an issue]. A lot of people are not what I would call 'physically fit' so you have a lot of issues with diabetes and high blood pressure. There's a lack of nutrition even if you do exercise." Another interviewee stated: "[Healthy lifestyle behaviors] would just have to be a choice on your own. You could have a personal trainer and then they put you on a nutrition plan but not everybody could do that because they are expensive."

In regards to resources in the community, interviewees mentioned that there are local resources available like: local parks/walking trails, community food banks, Meals on Wheels, kids' backpack programs and local gyms. There were conflicting statements regarding availability of healthy lifestyle resources in the area as well as the need for better promotion of healthy lifestyle resources in the community. One interviewee stated: "There's so much out there that people don't know about that could benefit them from not getting worse health wise."

Interviewees expressed appreciation for the emergency room and services at the hospital but mentioned that there was still misuse of the emergency room due to things like: cost barriers to care, lack of insurance, perceived ability to be seen quicker, lack of local urgent care clinics and lack of after hours care options. One interviewee stated: "Some kids' [parents] don't have insurance and they have to go to the ER." Another interviewee stated: "They do know the difference between the ER and seeing their primary care doctor but it depends on if they have insurance. If they don't have insurance they will go straight to the ER. Sometimes it's the next day to [be able to] see your doctor so they will go to the ER. We don't have an urgent care in our county so you'd have to drive out of the county and when you are very sick you aren't going to do that."

Objective:

Implement programs and provide educational opportunities that seek to address unhealthy lifestyles and behaviors in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2025		FY 2026		FY 2027	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
3.A. FMC will continue to host and/or participate in local health-related events to promote hospital services, offer a variety of health screenings to the community, and/or support or partner with local organizations that provide services to vulnerable populations.	Executive Leadership Team, Executive Assistant/Marketing Coordinator	Current Examples include: <i>Pinktober Health Fair - discounted mammography screenings, blood pressure testing, CPR lessons; Leon County Health Fair - free flu shots; Free balance and strength testing; FMC/Carter BloodCare Bus blood drives</i>						
3.B. FMC will continue to increase educational opportunities for the public concerning wellness topics and health risk concerns.	Executive Assistant/Marketing Coordinator	Current Examples include: <i>Stop the Bleed</i>						
3.C. FMC will continue to increase awareness of its service offerings in the community through local media outlets, such as the radio, billboards, direct mail advertisements, Facebook and updating the hospital's website.	Executive Assistant/Marketing Coordinator							
3.D. FMC personnel will continue to serve in leadership roles and as volunteers with many agencies and committees in the community. Additionally, FMC will continue to provide staff representation at various conferences and in local consortiums focused around its patient population's needs as opportunities arise.	Executive Leadership Team	Current Examples include: <i>Navarro College of Nursing Board of Directors, civic organizations and other social assistance organizations</i>						

Priority #4: Continued Focus on Reducing Health Disparities Among Specific Populations (Elderly & Youth)

Rationale:

Data suggests that some residents in the study area face significant cost barriers when accessing the healthcare system. Freestone County has a higher population of those 65 years and older and a higher median age when compared to the state. Freestone County has higher unemployment rates than the state, as well as lower educational attainment rates and a higher percentage of adults (age 25+) with no high school diploma when compared to the state. There is also a higher percentage of families living below poverty than the state, as well as a higher percentage of overall food insecurity and child food insecurity than the state. Additionally, Freestone County has a higher percent of recipients who qualify for Supplemental Nutrition Assistance Program (SNAP) benefits and a higher percent of public school students eligible for free or reduced price lunch. Freestone County has a higher rate of those adults (age 18-64) who are uninsured as compared to the state. When analyzing economic status of Freestone County, the county is in more economic distress than other counties in the state. Transportation is estimated to be the highest monthly cost for two-parent, two-child family homes in Freestone County. Additionally, Freestone County has several Medically Underserved Areas, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Several interviewees noted that the elderly population in the community is in need of specialized services based on their demographics. Additionally, interviewees did note local resources in the area allocated to the elderly but barriers to care still exist like lack of availability and high costs in nursing homes/assisted living facilities, perceived lack of willingness to seek care and transportation. One interviewee stated: "Our nursing homes are overflowing. I personally know of several people in the memory care department who have had to move their family member to Waco or Palestine. We don't have enough rooms to service the population in assisted nursing care." Another interviewee stated: "The issue is the cost of people being taken care of. It costs a lot to go to a nursing home or have someone come to your home to take care of you. A lot of them can't afford it."

A few interviewees mentioned that there is a need for more awareness on local transportation options as well as the need for additional assistance for seniors who have mobility issues. One interviewee stated: "The issue is still going to be picking up the handicapped individuals to get to their appointments. The driver can pick someone up from their home but they are elderly as well. We need more younger people and volunteers to help them get to their healthcare." One interviewee expressed the desire to increase affordability for seniors. One interviewee stated: "I would make everything more affordable for the seniors. They are low income and they don't have money to buy groceries." The youth population was brought up by interviewees regarding the lack of education they receive regarding healthy lifestyle activities and nutritious options. One interviewee stated: "The agricultural programs at the school do a good job promoting those but that's just limited to those kids that take those classes. We do have a required health class but that is also pretty limited."

When asked about which specific groups are at risk for inadequate care, interviewees spoke about youth, elderly, low income/working poor, racial/ethnic, homeless and veterans. With regards to the youth population, interviewees discussed the lack of after school activities/programs, transportation barriers, a need for mentorship guidance and limited access to pediatricians. Elderly residents were discussed as being disproportionately challenged by the limited nursing home/assisted living availability, cost barriers and transportation barriers. With regards to the low income/working poor population, interviewees discussed cost of living (utilities), transportation issues, limited access to internet services and inadequate housing as being challenges for this group.

Racial/ethnic groups were brought as a subgroup of the population that may be disproportionately affected by language barriers (non-English speaking), cost barriers to care, social determinants of health, including housing and the environment and the misunderstanding of healthcare in general. Homeless residents were discussed as being disproportionately challenged by limited affordable housing options. With regards to the veterans' population, interviewees discussed the lack of local VA hospitals and services, transportation barriers, difficulties with insurance acceptance, mental and behavioral health concerns as well as potential drug use.

Objective:

Implement and offer programs that aim to reduce health disparities by targeting specific populations

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2025		FY 2026		FY 2027	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
4.A. FMC offers health care services on a sliding fee scale to the uninsured population through its Rural Health Clinic (RHC) to increase access to primary care services for underserved residents.	Clinic Administrator							
4.B. FMC will continue to provide a telephone language line to provide translation services for non-English speaking patients and families as needed.	Director of IT							
4.C. FMC will continue strengthening its partnerships with local nursing homes to create a smooth transition of care from acute to long term care.	CEO, CNO							
4.D. FMC will continue to provide physical examinations at a low cost to local school district students.	Clinic Administrator	Current Examples include: Freestone, Teague and Buffalo						
4.E. FMC will continue to host and/or participate in fundraising events and donation drives to benefit underserved organizations in the community.	Executive Assistant/Marketing Coordinator	Current Examples include: Angel tree; Christmas toy drive; School supplies drive						
4.F. FMC provides office space for Med Data contracting services to assist families with qualification for appropriate social services programs.	CFO							
4.G. FMC will continue to connect patients with appropriate, affordable resources as opportunities arise.	Directors of Med/Surg Nursing and ED	Current Examples include: Food insecurity screening upon discharge						
4.H. FMC offers a volunteer program designed for anyone in the community who wishes to contribute their time and skills and make a positive impact in the healthcare environment.	CEO	Current Examples include: high school students; Freestone residents						

Section 3:

Feedback, Comments and Paper Copies



INPUT REGARDING THE HOSPITAL'S CURRENT CHNA



CHNA Feedback Invitation

- Freestone Medical Center invites all community members to provide feedback on its existing CHNA and Implementation Plan.
- To provide input on this CHNA, please see details at the end of this report or respond directly to the hospital online at the site of this download.

Feedback, Questions or Comments?

Please address any written comments on the CHNA and Implementation Plan and/or requests for a copy of the CHNA and Implementation Plan to:

Freestone Medical Center

ATTN: Administration

125 Newman St.

Fairfield, TX 75840

Phone: (903) 389-2121

Please find the most up to date contact information on the Freestone Medical Center website under the “CHNA” tab along the bottom of the homepage:

<https://freestonemc.com/>



Thank you!

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