

# Community Health Assessment

## Carson County

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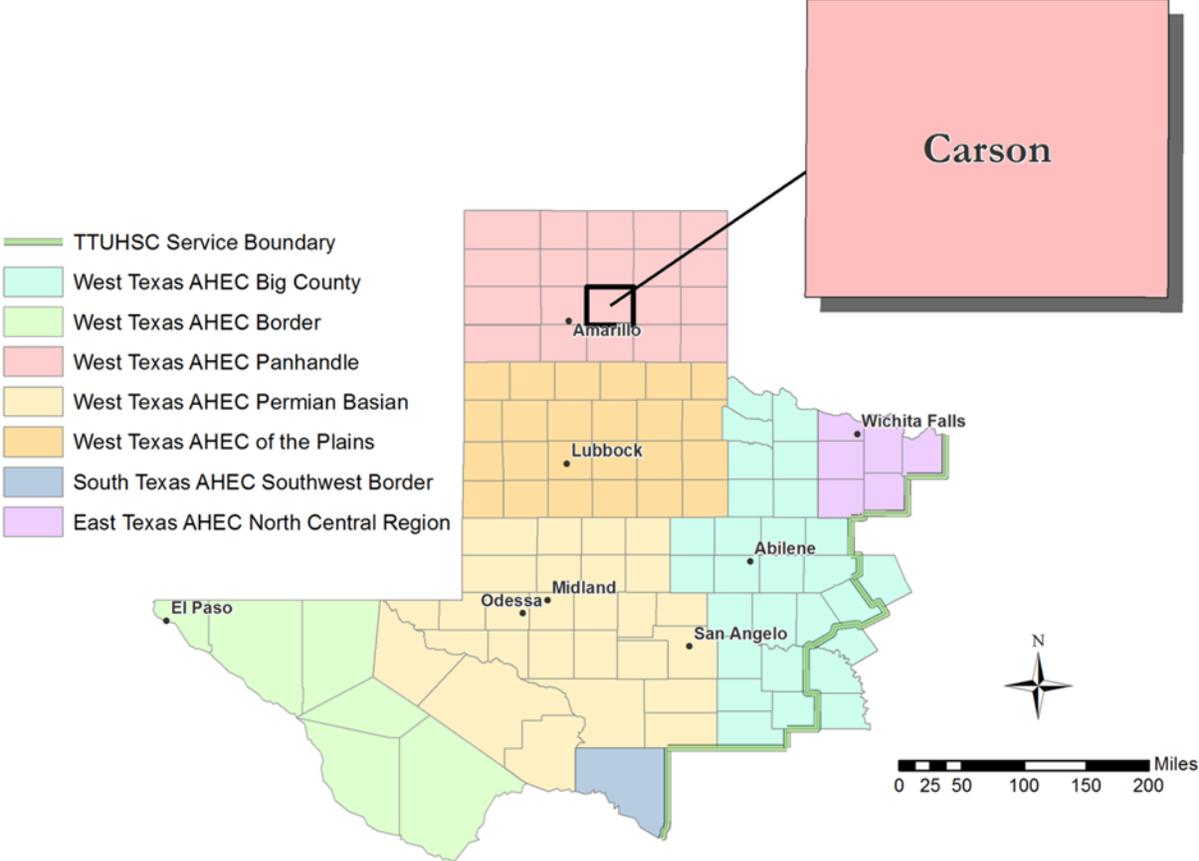
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## **PREFACE**

This report has been prepared for Carson County in collaboration with the F. Marie Hall Institute for Rural and Community Health, West Texas Area Health Education Center (WTAHEC) and the community champions of the county. The focus group and random-digit telephone survey were conducted by the Earl Survey Research Lab in the Texas Tech University Department of Political Science. Assessment of the vulnerable populations' health index was prepared by Angelo State University Center for Community Wellness, Engagement, and Development; Community Development Initiatives.

The West Texas AHEC is funded through legislative appropriation to Texas Tech University Health Sciences Center (TTUHSC) to provide direct health planning to West Texas counties, communities and healthcare providers. This Community Health Needs Assessment is a service of the WTAHEC and satisfies the core requirement for the 1115 Waiver (Texas Healthcare Transformation and Quality Improvement Program) and the Internal Revenue Service Form 990 provisions for hospitals. Community education, health career programs, health pipeline education and planning support are other services of the WTAHEC.

Many thanks to:

Panhandle Independent School District, Panhandle, Texas and Mr. Drew Brassfield, School Resource Officer

## INTRODUCTION

In 2011, Carson County was one of 25 counties selected by West Texas Area Health Education Center (AHEC) staff from the F. Marie Hall Institute of Rural and Community Health to undergo a community health needs assessment. The objective of the project was to assess what the community understood about their healthcare needs and available resources and to identify what community members felt were priority health concerns.

AHEC developed the Community Health Needs Assessment Index as a check-up on the public health conditions in an individual county and to serve as resources for the county to use in their Texas Healthcare Transformation and Quality Improvement Program (1115 Waiver) Regional Health Plan, and the IRS (Form 990) required Community Health Needs Assessment.

Like a personal health check-up a person might have with a physician, the best use of the index is to focus discussions between community leaders and stakeholders about improving the public health. With the help of the local community, Panhandle AHEC, and the Earl Survey Research Lab at Texas Tech University, information was gathered from a local focus group, telephone surveys, and secondary data to assess the health needs of Carson County.

Vulnerable populations are groups that are not well integrated into the health care system because of ethnic, cultural, economic, geographic, or health characteristics. This isolation puts members of these groups at risk for not obtaining necessary medical care, and thus constitutes a potential threat to their health. Commonly cited examples of vulnerable populations include racial and ethnic minorities, the rural and urban poor, undocumented immigrants, and people with disabilities or multiple chronic conditions. A large section of rural America has an increased susceptibility to adverse health outcomes. The reasons for disparities are varied.

Persons with disabilities and multiple chronic conditions may find it difficult to obtain insurance coverage. Many employers of small companies cannot afford to add workers to their health plans who are likely to have high medical costs, and finding an affordable insurance plan as an individual with pre-existing conditions is very difficult. The geographic and economic isolation of some rural residents may make access to specialty care difficult, even if they are covered by insurance. Finally, language barriers and fear of being discovered are all factors that may keep undocumented immigrants from seeking coverage and ultimately, care.

Index indicator variables listed in the report are based on downloadable data from public access files available over the internet and originally produced by a variety of state and federal agencies such as the Census Bureau, Department of State Health Services, and Texas Department of Health & Human Services. There are no personal identifiers in any of the public access files.

## DEMOGRAPHY AND POPULATION

### Population

Carson County estimate population:	6,351
Population Rank among Texas' 254 Counties:	194
Population per Square Mile:	6.7
Area in Square Miles:	920.22

### Ethnicity

White persons	93%
Black persons	1.1%
American Indian/Alaskan	1.1%
Asian	0.3%
Two + Races	1.7%
Hispanic/Latino	8.5%
White Not Hispanic	88.5%

### Gender

Female	50.8%
Male	49.2%

### Age

<05 Years	5.9%
<18 Years	25.7%
18-64 Years	51.2%
65+ Years	17.2%

Source: [www.census.gov](http://www.census.gov)

### Socioeconomic Indicators

	County	State
Per Capita Personal Income	\$24,977	\$24,870
Unemployment Rate	5.2%	8.2%
Average Monthly TANF Recipients <sup>1</sup>	0	104,693
Average Monthly SNAP Recipients <sup>2</sup>	226	2,819,469
Unduplicated Medicaid Clients	566	4,762,787
Average Monthly CHIP Enrollment	34	466,242

Source: <http://www.dshs.state.tx.us/chs/>

Carson County is among the most rural counties in Texas and is primarily ranch and farming oriented. Emergency services are common needs in such economies.

The demographic profile shows a homogenous aging population of higher socioeconomic status. Given these profiles, health care access needs are related to geographic proximity to services that likely will need to focus on management of chronic diseases of aging.

There is a low rate of unemployment and few recipients of medical assistance services. UC costs are not likely to a prominent issue.

<sup>1</sup> Temporary Assistance to Needy Families

<sup>2</sup> Supplemental Nutrition Assistance Program

## Vulnerable Populations

Vulnerable populations may face unique health risks and barriers to care, requiring enhanced services and target strategies for outreach and case management.

Lack of High School/GED (Adults >24 years old)	733
Severely Work Disabled	203
Major Depression	332
Recent Substance Abuse (within past month)	345

Source: <http://www.countyhealthrankings.org>

DSRIP = Delivery System Reform Incentive Payments

Health insurance patterns reflect a well-employed, highly educated population that is likely to respond well to DSRIP programs that address health, wellness, and lifestyle risk reduction programs.

Persons Living Below Poverty Level	#County	%County	#State	%State
	533	8.8%	4,143,077	17.1%

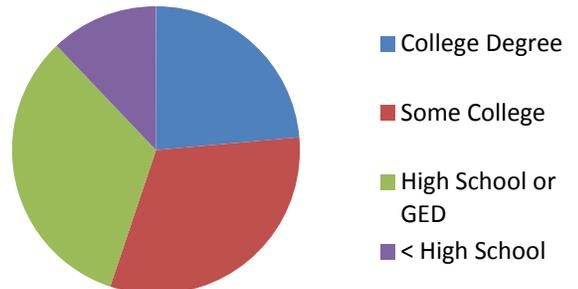
Without Health Insurance	#County	%County	#State	%State
<18	219	14.1%	1,375,714	19.5%
<65	897	17.3%	5,765,126	26.8%

Source: <http://www.dshs.state.tx.us/chs/>

## Education

College Degree	23.6
Some College	31.6
High School/GED	32.8
Less Than High School	12.1

Source: US Census American Community Survey



## Access to Care

Average Monthly Medicare Enrollment	
Age 65+	994
Disabled	112
Average Monthly Medicaid Enrollment	552
Primary Care Physicians per 100,000 population	0
Dentists per 100,000 population	1
Community/Migrant Health Centers	0
Rural Health Clinics	0

Source: [www.communityhealth.hhs.gov](http://www.communityhealth.hhs.gov)

## Community Health Indicators

### Hospital Information

# of Hospitals 0

Source: 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospital tracking database

### Health Outcomes

	County	Texas
Diabetes	11%	9%
HIV Rate per 100,000 population	98	319

### Measures of Birth and Death

	County	USA
<i>% Of All Births</i>		
Low Birth Weight	9.7	8.2
Premature Births	13.5	12.7

#### *Deaths per 1000 live births*

Infant Mortality	12.1	6.9
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#### *Deaths per 100,000 population*

Breast Cancer	nr	24.1
Colon Cancer	36.7	17.5
Heart Disease	256.4	154.0
Lung Cancer	71.5	52.6
Vehicle Injuries	63.0	14.6
Stroke	74.0	47.0
Suicide	25.0	10.9
Other Injury	38.6	39.1

Source: [www.communityhealth.hhs.gov](http://www.communityhealth.hhs.gov)

DSRIP = Delivery System Reform Incentive Payments

Maternal and child health programs, chronic disease screening and management programs are likely to result in some improvements in population health in Carson County. This might be a good prime focus of DSRIP, especially for diabetes, cancer and heart disease and stroke.

## Business and Employment

### Type of Business

Type of Business	# Employed	Annual Payroll (\$1,000)
Mining	0-19	Withheld by Employers
Manufacturing	0-19	Withheld by Employers
Wholesale Trade	20-99	Withheld by Employers
Retail Trade	129	2,628
Transportation	20-99	Withheld by Employers
Finance/Insurance	20-99	1,073
Healthcare	20-99	Withheld by Employers
Construction	142	5,423
Information	20-99	Withheld by Employers

Real Estate	0-19	Withheld by Employers
Scientific/Tech	37	1,064
Food/Lodging	47	388
Other (not public)	66	1,540

# of Large Employers (50+ Employees) 6

Source: Texas Association of Counties

B&B Solvent Inc.	50+ employees
K&K Inc.	50+ employees
Panhandle ISD	100+ employees
St. Ann's Nursing Home	50+ employees
Vibra-Whirl Ltd.	50+ employees
White Deer ISD	100+ employees

Source: www.texasindustryprofiles.com

## METHODS

### Telephone Surveys

Telephone surveys were conducted by the Earl Research Survey Lab. The goal was to complete 100 random-digit telephone surveys from residents living in Carson County owning a land-line. In Carson County 99 surveys were completed out of 802 attempts with a response rate of 9.5%. Surveys were conducted in Spanish and English. The survey instrument contained questions regarding basic demographics, health care access and various health and behavior indicators.

### County telephone survey results

#### Trusted Sources of Information

When asked where they typically received their health information; 22% said health related posters; 80% said their health care provider was a source; 13.71% received health information from the radio; and 20% received information from bulletin boards. 79% of respondents received information from friends and family; 43% got some health care information from newsletters. Only 4% reported getting health related information from grocery stores; but 58% stated that they received health information from local newspapers. 65% reported that they received health information from the television news shows. 6% stated that WIC was one of their resources for information; while 22% reported getting health information from their church. Social services offices provided health information to 9% of respondents; and 58% used the internet to get health information. Other resources mentioned were doctors, the hospital, and magazines.

When asked which of those resources was their most trusted source of health information, their healthcare provider was cited as the number one choice at 39%, followed by friends and family at 11%. The internet was chosen as the most trusted source by 8% of respondents. Newsletters, newspapers, television, and WIC were also mentioned by less than 5% of respondents.

### **Health Insurance Coverage and Health Care Access**

When asked if anyone in their household had been without health insurance at any time during the past 12 months, 14% answered yes. When asked the reason why someone in their household did not have insurance, employers not offering insurance (29%) and when offered, was too expensive to purchase (36%), were two of the main reasons mentioned. 14% of respondents also reported a household member having been dropped due to a pre-existing condition.

When asked if anyone in their household was currently having difficulty in getting medical care; cost of services was an issue for 29% and 26% stated that while having some form of insurance, their deductible was too expensive. 15% lamented a lack of information around what services might be available. Coverage denial was mentioned by 5% of respondents, and 27% cited a lack of insurance coverage overall. The high cost of prescription drugs was an issue to 23% of the persons queried. Lack of transportation was mentioned by 6%, and 5% reported a cultural and or language barrier to their accessing medical care.

When asked where they most often go for help when they are sick or need healthcare advice, 23% went to their local clinic, and 75% went to a hospital or clinic in a town outside of the one they live in. About 1% of respondents utilized the emergency rooms of their local hospital and hospitals outside of their community.

### **Young Children, Youth and Family**

27% of the respondents stated that they currently have children less than 18 years old living in their household. Of this cohort 11% of the respondents reported that they had a child with developmental delays. 4% reported a child they considered obese living in the household and equal number were concerned with issues around inadequate nutrition. 14% reported having children with some mental health issue, and 25% said that a child in their household had experience behavioral delays. Physical limitations affected 4% of the children from this cohort. When asked about teenage sexual activity 7% of the respondents thought their children might be sexually active, but no cases of teenage pregnancy were cited by the parental cohort. 11% of the parents queried mentioned a need for more screening and diagnosis resources for children in their community, and 7% utilized out of home care for special needs children.

Around the issues of family planning; 3% of all respondents reported an unplanned pregnancy, but only 3% reported an inability to secure birth control measures and other reproductive health issues. A lack of prenatal care or family planning information was not cited as a problem by this cohort.

### **Chronic Disease Burden**

When asked about chronic diseases in the household; 23% reported a household member with some form of heart disease; 19% reported a member with asthma; 10% cited someone in their household having had a stroke; cancer was reported by 21%; 25% stated that someone in their household was diabetic; 9% reported severe breathing issues; and high blood pressure was cited by 50% as being prevalent in their household. Anecdotally, psoriasis was mentioned by more than one person from the cohort.

### **Behavioral and Mental Health Needs**

Respondents were next asked to report on mental health issues present in their households during the previous 5 year period. 28% reported a household member affected by depression or anxiety. 2% of respondents had a family member attempt suicide. 5% had a household member who had been diagnosed with a mental illness other than depression/anxiety, and 3% stated the condition was too severe for the member to maintain employment. Stress was a mental health issue reported by 24% of persons surveyed. When asked about their ability to receive help and support for these mental health issues, only 15% stated they were completely lacking a resource that would meet their needs, but 60% cited a lack of quality, affordable, accessible, mental health services in their local community, with lack of transportation affecting 80% of respondents. 40% of respondents reported concerns around the perception of accessing mental health services.

Unintended injuries are a major cause of mortality and morbidity, especially in rural areas. When asked about household members being affected by certain injury precursors in a previous 5 year period; 1% cited someone receiving a DUI and 1% mentioned an episode of domestic violence. On the job injuries were reported by 2% of respondents. 14% reported an injury caused by a fall. When queried about children's injuries, a lack of community child injury prevention programs was only mentioned by 1% of respondents. Injuries of older children were reported by 13% as a result of some sports participation, and 1% reported a child injury due to water activities, and 2% cited child injuries due to lack of helmet use when riding bicycles, motorcycles, or ATVs.

### **Reportable Health Condition**

When asked about certain reportable diseases within the previous 5 year period, 2% of respondents reported a household member having had chicken pox (varicella). Surprisingly, 12% recounted a household member having had MRSA (Methicillin-resistant Staphylococcus aureus). Food and or water borne illnesses, such as giardia and salmonella had affected 4% of respondents during the period in question. 24% reported a household member having had influenza and 7% reported a case or more of pneumonia. Insect borne diseases, tuberculosis, meningitis, and sexually transmitted diseases were reported by less than 1% each by this cohort. Anecdotally, staph infections (not MRSA), strep throat, pink eye, and mononucleosis were mentioned as being other prevalent health issues among the households of queried respondents.

Next the respondents were asked about problems relating to immunizations and household members over the past 5 years. A lack of availability of certain vaccines in the community was cited by 11% of respondents. 7% stated that their insurance carrier did not cover the immunization and cited issues around adults having access to the vaccines. Only 7% of respondents were unaware of resources for free or reduced cost immunizations. 2% reported not getting a child immunized for some reason other than religious beliefs. Anecdotally, respondents mentioned allergic reactions to vaccines and an ability to pay for vaccines as reasons why someone in their household was not vaccinated.

## **Health Promotion**

Lack of physical activity and poor nutrition are regularly cited as early indicators of future health issues. When asked about household members and physical activity in the previous 5 year period; 41% cited an overall lack of enough physical activity among household members. 18% reported some physical limitation as preventing a household member from getting enough physical activity. Some of the issues mentioned were heart disease, stroke and other physical limitations. 26% stated a lack of available time for physical activity as a reason for a lack of enough physical activity. 22% lamented a lack of community recreation programs and facilities for adults and 7% reported a lack of accessible neighborhood playgrounds for children. 13% reported a need for paved trails and sidewalks in their community, and 10% commented on the general overall lack of parks and open public spaces. 29% allowed that laziness might be a factor keeping their household member dormant. 38% of respondents reported an obese household member, but only 1% reported a general lack of knowledge about nutrition. 6% stated they did not plan meals, and 7% blamed the cost of healthier nutrition habits. 43% of respondents reported unhealthy eating habits, and 7% were concerned about the availability of junk food and soda in the school.

## **Environmental Issues**

Many environmental issues can impact a person's overall health and quality of life. Respondents were asked about certain environmental issues during the previous 5 year period. 9% of respondents reported that poor outdoor air quality (dust, feed lot organic materials, smoke from grass fires, etc.) had been an issue, and 5% also reported poor water quality. 4% of respondents cited incidents of insect or rodent infestation. 8% reported issues around sun exposure, and issues of mold and noise pollution were cited at less than 1%. 15% of respondents stated that they were exposed to hazardous materials in their employment. Other quality of life issues queried included such things as a lack of transportation, which affected 2% of respondents, and lack of affordable housing, which was mentioned by 2% of respondents. 8% also reported some difficulty in affording the cost for heating their home. Handicap accessibility issues were cited by 6% of respondents.

## **Substance Abuse**

Health issues surrounding drugs, alcohol, and tobacco use are a major cause of illness and burden on the healthcare infrastructure. When asked about perceptions around tobacco use, 37% of respondents thought tobacco use were a problem, with 78% citing youth smoking as their basis, and 72% including use of smokeless tobacco by youth. 72% also believed that the number of pregnant women who smoke is too high, while 94% of respondents believed that the number of adults who smoke is too high. Lack of local enforcement of smoking bans was considered to be a problem by 48% of respondents and 57% of respondents were concerned about enforcement of minors purchasing tobacco products. 76% of respondents thought that smoking in cars and homes was a health issue for members of those households. 46% of respondents were concerned about an overall lack of education and 37% believed resources available to facilitate more smoking cessation was lacking. 52% of respondents believe that drugs are a problem in their community. 79% blame the perception of acceptability around the use of drugs and alcohol by adults and youth, and 58% cited the rural nature of the county as being a factor. 64% thought that current drug laws were not being enforced, while 36% cited a lack of education as being a contributing factor to alcohol and drug use.

## Focus Group

A focus group was conducted to gain a better understanding of community health needs and available resources. Subjects were recruited by West Texas AHEC staff in collaboration with the community champion. Focus group participants consisted of local government officials, local health care providers, and other community members who had a stake in public health. The focus group was conducted by a moderator from the Earl Research Survey Lab on June 22, 2011.

## Observations from the Carson County Focus Group – June 22, 2011

### What do you feel your county needs assistance with regarding health issues?

- A. A need for transportation services to Pampa, Lubbock, Pantex and Amarillo.
  - The ambulance is being used to transport patients to Amarillo, Pampa and Pantex.
  - Cost of personal transportation is an issue.
  - Community has to rely on the church, friends and family to drive citizens to doctor's appointments outside of the county. As a result, there is a burden on caretakers.
- B. There is a need for Meals of Wheels or some type of nutritional services.
- C. High elderly population that needs medical care, "too many elderly individuals are falling through the cracks."
- D. A need for an assisted living facility. Panhandle does have a nursing home.
- E. There is a need for EMS paramedics.

### What do you feel are the primary health concerns in your area? These can be structural, fiscal, or related to specific health issues.

- A. The primary concern for this community is the lack of medical resources to care for the elderly population.
  - Not enough is being done to educate citizens on when to call 911.
  - Urgent care facility is needed.
  - The city is very pleased with its Nurse Practitioner
- B. Medicaid is not an issue in this county.
  - Less than 5% of the population is on Medicaid.
- C. The Medicare system
  - Most patients are enrolled in Medicare.
  - Prescriptions are reimbursed through Medicare A and B. The local pharmacist and nurse practitioner are instrumental in assisting clients with Medicare paperwork.
- D. The lack of personal health insurance does not seem to be an issue in the county. Most community members are either enrolled in Medicare or are employed in neighboring communities where healthcare benefits are offered. Residents work at Pantex, the Phillips Plant and Valero.

### Perception of infrastructure: How would you deal with a particular health concern?

- A. The perception of the infrastructure in this community is that there are not enough healthcare resources in the county. Traveling to and from neighboring cities is costly and time consuming for caregivers and patients.
- B. The city recruited a nurse practitioner by offering incentives. The nurse practitioner is considering increasing the size of her practice.
- C. There are a very high percentage of elderly citizens in Panhandle. Those citizens live at home and officials worry that they may overlook some in need of assistance. The nurse practitioner,

pharmacist and police chief routinely look in on elderly citizens they know of if they have not seen that citizen in a while.

- D. The community would like to establish a registry for citizens and the types of medical needs the citizens require. This would be a preliminary effort to coordinate when and how patients travel to medical appointments; a program where citizens can sign-up to either transport patients or register their personal medical needs, but the issue of funding is a concern.
- E. The county is very supportive. The local EMS is paid. There also is ambulance and EMS in other localities within the county.
- F. If a particular health concern is minor citizens rely on the local clinic, but for any specialized services citizens make decisions based on the distance traveled and the costs associated with traveling. A more efficient transportation system would be helpful. Also, if there was a way to bring specialty personnel into the county periodically, it would be helpful.
- G. Many believe a transitional living facility would address many concerns, particularly those of transportation.
- H. There is a belief that because Panhandle is relatively close to Amarillo, that transportation and other issues are not viewed by the state as important. Officials emphasize that getting to and from Amarillo is difficult for elderly citizens regardless.
- I. How does it vary based upon the condition – routine physical v. broken leg?
- J. For routine care patients rely on the local clinic, but patients will travel to Amarillo and Pampa for acute conditions. If citizens cannot make it to Amarillo themselves, they either do not go or they rely on the local EMS.

#### **How does distance affect the decision to deal with a particular health concern?**

- A. As a result of the lack of healthcare services and resources in the county patients do travel to Amarillo, Pampa or Pantex to receive medical treatment. However, traveling is problematic for those patients on a fixed income and patients lacking personal transportation.
  - o What is the most prevalent or problematic health issue in your area?
  - o Top 5 (heart disease, cancer, stroke, trauma, diabetes/metabolic syndrome)
- B. The following health issues were considered the most problematic and prevalent in Carson County:
  - o Age
  - o Diabetes
  - o Cancer
  - o COPD
  - o Asthma
  - o Heart Disease

#### **What are the priorities regarding health care compared to other needs such as housing, transportation, education, and jobs in your area?**

- A. Healthcare is a priority in the community.
- B. Panhandle is not equipped to absorb any additional healthcare changes in adjacent rural counties.

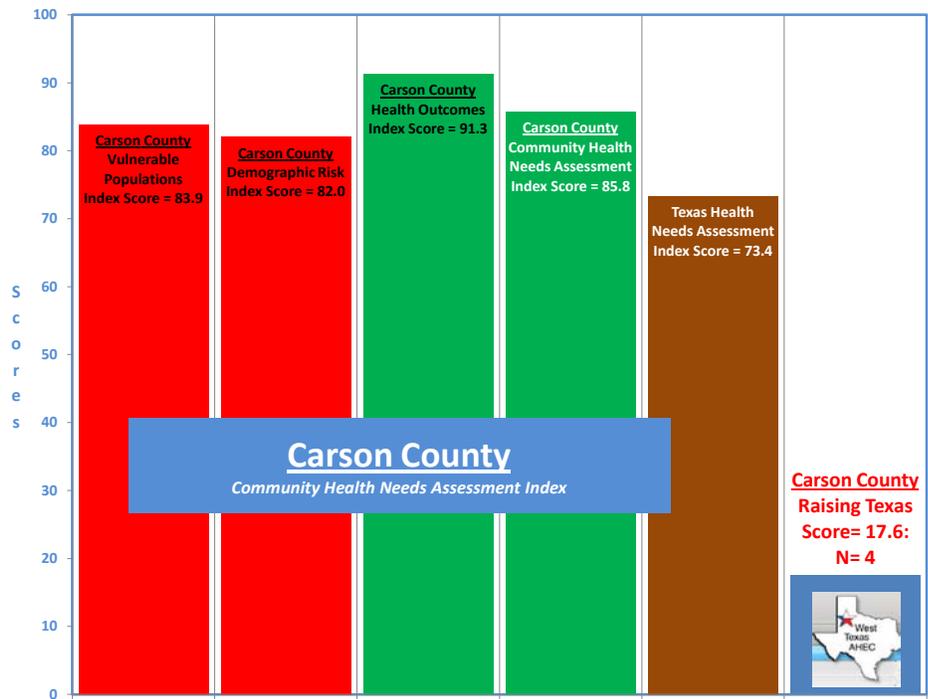
#### **What else do we need to be aware of? Is there anything we have not discussed?**

- A. The trend is for the elderly to move to Amarillo in order to be in closer healthcare facilities and their physicians /or specialist. These are people who would otherwise stay in Panhandle.
- B. There is some concern over drug abuse; most drug users travel outside of Panhandle to purchase drugs.
- C. There is a local clinical staffed with a nurse practitioner.

- D. The local pharmacist and nurse practitioner is an asset to the community. On multiple occasions the pharmacist and nurse practitioner have allowed clients to get medications or treatment on a credit basis. They also personally deliver prescriptions and check on elderly patients at home.
- E. There are two EMS providers who are paid employees funded through the county.
- F. There is a need for senior services in the community.

## HEALTH INDICATORS

There are many aspects of health that affect a community. To determine if residents of Carson County are having difficulties with any of these aspects, survey respondents were asked questions regarding health. Twenty-one indicators comprise the Community Health Needs Assessment Index. Each indicator is based on a ratio measurement using the most recent available data for each Texas county and the overall state. The Index also scores each indicator measurement in a manner that compares to Carson County with all other counties and with the overall state. AHEC uses a 100-point scaling method for this. The method assigns the county with the most positive indicator measurement, a score of 100, while other counties and the state get lesser scores ranging down to zero. Counties with better measurement outcomes get higher indicator scores.



**Table 1: Community Health Needs Assessment Index**

Table 1 provides a Community Health Needs Assessment Summary for Carson County. Moving from left to right, the first three columns in this chart give your county’s average score on the 7 indicators making up each of the three previously explained categories. The fourth and fifth columns to the right represent the average of all 21 Indicator Scores for your county and the state respectively. The color coding follows the same protocol as the previous categorical charts:

- The Texas column is consistently coded burnt orange to signify the statewide average as a benchmark.

- The column representing the county average is coded red if it falls below the statewide average on the combination of the 21 indicators.
- The column representing the county average is coded green if it exceeds the statewide average, indicating that your county scores better than the state on the combination of the 21 indicators.
- Indicator category columns are coded red if the category average is below the 21 indicator summary average for the county. Code red categories are bringing down the county summary average.
- Indicator category columns are coded green if the category average exceeds the 21 indicator summary average for the county. Code green categories are bringing up the county summary average.

The “Raising Texas Score” column on the far right summarizes the “Raising Texas Goals” for specific indicators in the category charts. This tells you the average difference between the county and state scores for indicators on which the county scores lower. The “N” gives the number of indicators involved.

Each of the charts for these categories includes a color-coded set of columns. The indicator scores for the county determine the height of the colored columns in the charts. Exact scores are reported in the black-colored text notations at the top of the columns. Some of the indicator columns have red-colored “Raising Texas Goal” notations above the column. These notes tell you that Carson County scores lower than the overall state on this specific indicator. By working on improving the areas indicated, a community can better its public health and that of the State of Texas.

The 21 indicators that make up the community health needs assessment Index are grouped into three distinct categories. The Index report for Carson County includes a chart for each category. The categories are:

- **Vulnerable Populations:** Seven indicators measure the prevalence of vulnerable populations. Vulnerable populations are social groups whose members are likely to “fall through the cracks” when it comes to providing health and social services that help maintain or improve public health. The indicators measuring the prevalence of these groups are the percent of children enrolled in CHIP, the percent of population (excluding elders) on Medicaid, the percent of children on SNAP, the percent of the working-age population that is disabled, the rate of child abuse and the rate of abuse for elders and disabled persons in your county. (Table 2)
- **Demographic Risk:** These seven indicators focus on the prevalence of population that shares demographic characteristics that create risk of lower health outcomes at both the personal and community level. The indicators measure the poverty rate in your county, the percent of medically uninsured population (excluding elders), the percentage of households that are headed by females with children, the percentage of mothers giving birth who are unwed, the percent of population age 25 and over who did not complete high school, and the percent of households burdened by housing costs that consume 30 or more percent of the household income. (Table 3)
- **Health Outcomes:** Measurements of public health outcomes are the basis of these seven indicators. They include the death rate from the five leading causes of death in Texas, the combined rate of infant, fetal, and maternal deaths, the suicide rate, and the rate of traumatic injury, the rate of substance abuse treatment admissions, the rate of death resulting from diabetic conditions, and the incidence rate of family violence in your county. (Table 4)

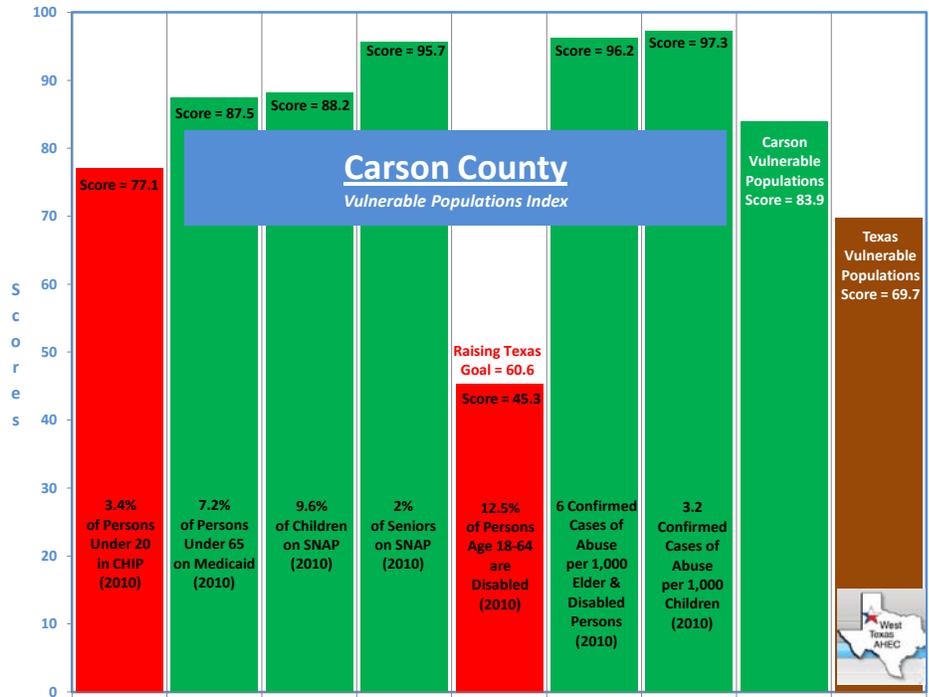


Table 2: Vulnerable Population Index

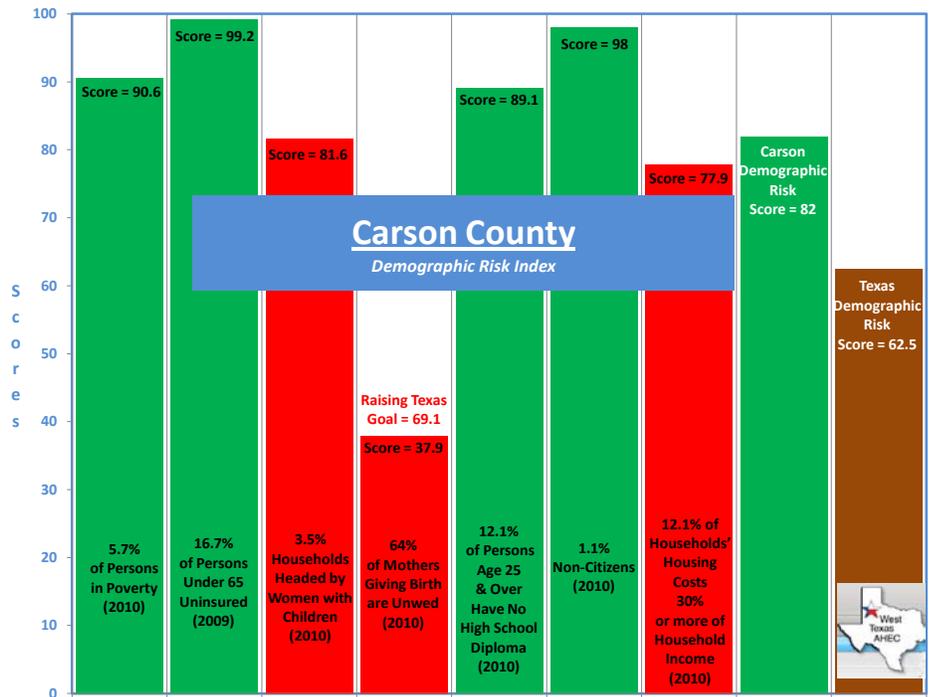


Table 3: Demographic Risk Index

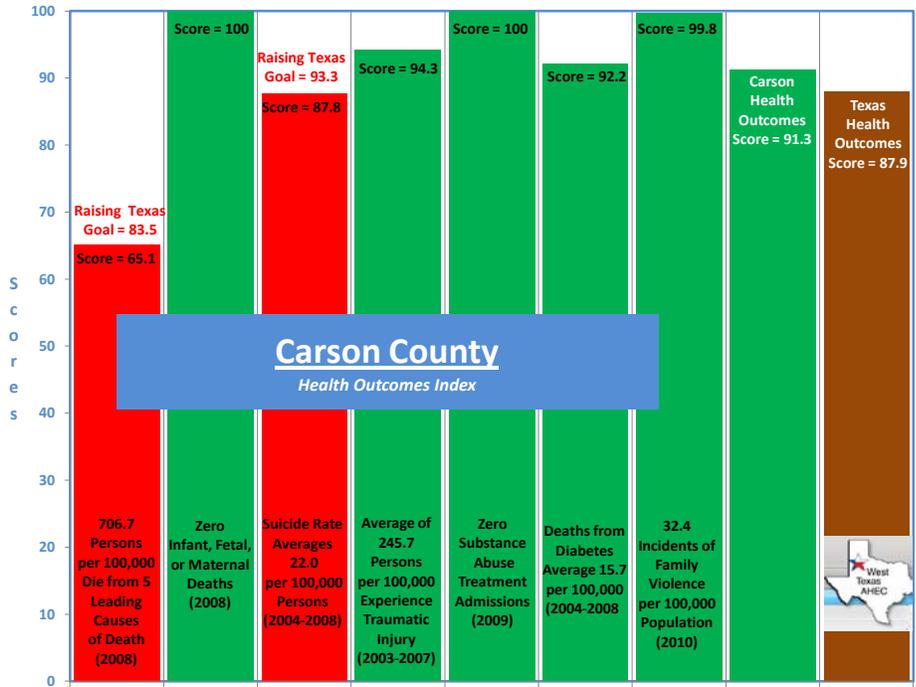


Table 4: Health Outcomes Index

For more information or if there are additional questions not answered by this Community Health Needs Assessment, please contact:

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