

# Community Health Assessment

# Collingsworth County

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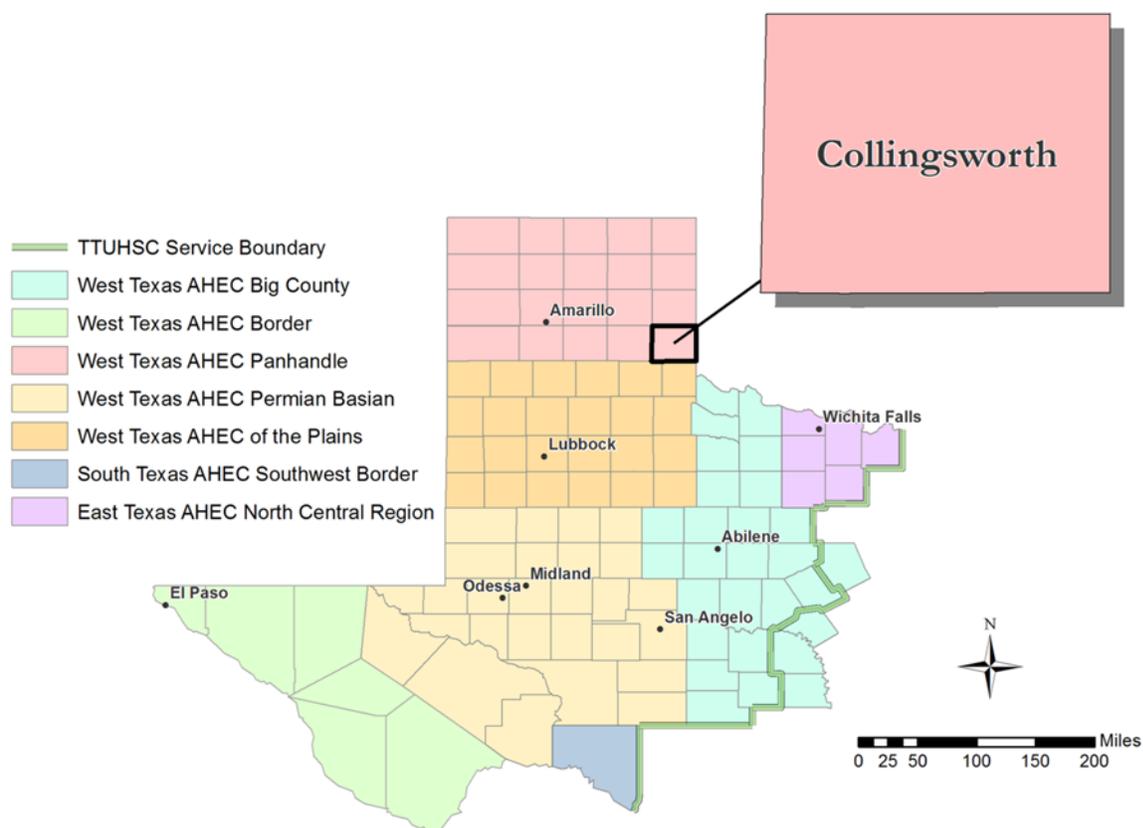
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## **PREFACE**

This report has been prepared for Collingsworth 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 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:

Collingsworth General Hospital, Wellington, Texas and Candy Powell, CEO

## INTRODUCTION

In 2011, Collingsworth 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 Collingsworth 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 poor 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

Collingsworth County estimate population:	3,057
Population Rank among Texas' 254 Counties:	229
Population per Square Mile:	3.3
Area in Square Miles:	918.44

Collingsworth County is among the most sparsely populated counties in Texas.

### Ethnicity

	% of County
White persons	76.5%
Black persons	4.4%
American Indian/Alaskan	1.7%
Asian	0.1%
Two + Races	4.1%
Hispanic/Latino	30.0%
White Not Hispanic	63.4%

About one-third of the population is of Hispanic origin. DSRIP programs will need to be sensitive to bicultural populations.

### Gender

	% in County
Female	51.0%
Male	49.0%

The population over age 65 is a significant percentage of residents; senior programs should be assessed to determine if there are any unique unmet health and social program needs.

### Age

	% of County
<05 Years	8.4%
<18 Years	27.6%
18-64 Years	46.1%
65+ Years	17.9%

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

### Socioeconomic Indicators

	County	State
Per Capita Personal Income	\$30,402	\$38,609
Unemployment Rate	5.4%	8.2%
Average Monthly TANF Recipients <sup>1</sup>	0	104,693
Average Monthly SNAP Recipients <sup>2</sup>	375	2,819,469
Unduplicated Medicaid Clients	759	4,762,787
Average Monthly CHIP Enrollment	69	466,242

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

<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)	559
Severely Work Disabled	100
Major Depression	155
Recent Substance Abuse (within past month)	164

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

A large proportion of elderly residents lack health insurance which contributes to the charity and uncompensated care burden in Collingsworth County.

Persons Living Below Poverty Level	#County	%County	#State	%State
	564	17.7%	4,143,077	17.1%

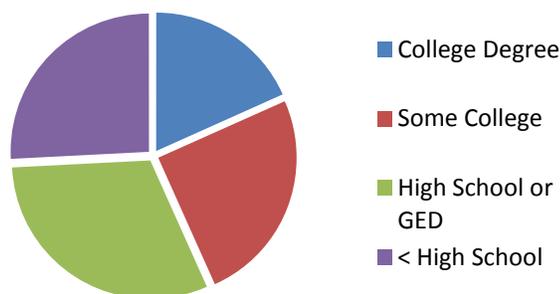
Without Health Insurance	#County	%County	#State	%State
<18	211	26.9%	1,375,714	19.5%
<65	856	35.2%	5,765,126	26.8%

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

## Education

College Degree	18.3
Some College	25
High School/GED	30.9
Less Than High School	25.8

Source: US Census American Community Survey



## Access to Care

Average Monthly Medicare Enrollment	
Age 65+	551
Disabled	72
Average Monthly Medicaid Enrollment	661
Primary Care Physicians	2
Dentists	0
Community/Migrant Health Centers	0
Rural Health Clinics	0

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

Undereducated populations require special effort in community education and health care programs. Community health workers, health care navigators, and community-based clinics are important to serve these types of clientele in a way that produces sustained and positive health outcomes.

## Community Health Indicators

### Hospital Information

# of Hospitals	1	Bad Debt Charges	\$462,754
Ownership	for profit	Charity Charges	\$112,420
Staffed Beds	16	Total Uncomp Care	\$575,174
Admissions	310	Gross Patient Revenue	\$4,120,682
Average Length of Stay	4.7 Days	Uncomp Care % Gross Patient Revenue	8.9%
Emergency Room Visits	1041		

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

DSRIP = Delivery System Reform Incentive Payments

DSRIP programs must reduce charity and UC costs focusing on high utilization of high risk populations; which usually are older, less educated, underemployed and poor.

### Health Outcomes

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

### Measures of Birth and Death

	County	USA
<i>% Of All Births</i>		
Low Birth Weight	8.1	8.2
Premature Births	14.5	12.7
<i>Deaths per 1000 live births</i>		
Infant Mortality	nr	6.9
<i>Deaths per 100,000 population</i>		
Breast Cancer	nr	24.1
Colon Cancer	nr	17.5
Heart Disease	334.6	154.0
Lung Cancer	82.7	52.6
Vehicle Injuries	100.9	14.6
Stroke	85.6	47.0
Suicide	nr	10.9
Other Injury	nr	39.1

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

Health care is a major component of the employment base in the county and key to economic development.

### Business and Employment

Type of Business	# Employed	Annual Payroll (\$1,000)
Manufacturing	0-19	Withheld by Employers
Wholesale Trade	20-99	Withheld by Employers
Retail Trade	90	1,791
Transportation	0-19	Withheld by Employers
Finance/Insurance	20-99	Withheld by Employers

Healthcare	100-249	Withheld by Employers
Construction	7	102
Information	0-19	Withheld by Employers
Scientific/Tech	0-19	Withheld by Employers
Food/Lodging	20-99	412
Other (not public)	34	493

# of Large Employers (50+ Employees) 3

Source: Texas Association of Counties

Collingsworth General Hospital	50+ employees
Wellington Care Center	50+ employees
Wellington ISD	50+ 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 Collingsworth County owning a land-line. In Collingsworth County 100 surveys were completed out of 751 attempts with a response rate of 10.2%. 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; 25% said health related posters offered them useful information. 78% said their health care provider was a regular source. When asked about media; 46% used the internet to get health information; 27% received health information from the radio; 48% stated that they received health information from local newspapers; and 54% received health information from the television news shows. 24% of respondents received information from bulletin boards; and 39% got some health care information from various newsletters. 68% received information from friends and family. Only 17% reported getting health related information from grocery stores, but 16% stated that WIC was one of their resources for information. 29% reported getting health information from their church, while social services offices provided health information to only 13% of respondents. Other resources mentioned was doctors, the hospital, magazines, and from their place of employment.

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 59% , followed by friends and family and newspapers at around 11%. Television and internet followed at just under 5%.

### **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, 25% 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 (9%), were two of the main reasons mentioned. 13% 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 25% and 32% stated that while having some form of insurance, their deductible was too expensive. 24% lamented a lack of information around what services might be available. Coverage denial for pre-existing conditions was mentioned by 7% of respondents. 26% made the complaint that their insurance coverage was inadequate to meet their healthcare needs. 28% cited a lack of insurance coverage overall. The high cost of prescription drugs was an issue to 31% of the persons queried. Lack of transportation was mentioned as an obstacle by 14%, and 13% 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, 72% went to their local clinic or doctor's office, and 24% 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**

Respondents stated that 26% currently have children less than 18 years old living in their household. Of this cohort 15% of the respondents reported that they had a child with developmental delays. None reported a child they considered overweight or obese in their household, but 6% had concerns about inadequate nutrition. Another 6% reported having children with some mental health issue, and 12% said their children had experienced behavioral delays. 6% cited some physical limitation their child labored under. When asked about teenage sexual activity none of the respondents thought their children might be sexually active, and no cases of teenage pregnancy were cited by the parental cohort. 3% of the parents queried mentioned a need for more screening and diagnosis resources for children in their community and 6% used some form of out of home care for special needs children.

Around the issues of family planning; 2% of all respondents reported an unplanned pregnancy, but none reported a lack of family planning information, an inability to receive birth control systems, or other reproductive health services.

### **Chronic Disease Burden**

When asked about chronic diseases in the household; 23% reported a household member with some form of heart disease; 2% cited someone in their household having had a stroke; and high blood pressure was cited by 53% as being prevalent in their household. 22% reported a member with asthma and 8% reported severe

breathing issues. Cancer in the household was reported by 11%, and 31% stated that someone in their household was diabetic. Anecdotally, arthritis, fibromyalgia, and Parkinson's disease were also mentioned as chronic illnesses in these households.

### **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. 33% reported a household member affected by depression or anxiety. 7% of respondents had a household member attempt suicide. 9% 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 27% of persons surveyed, and 2% reported an eating disorder within their households. When asked about their ability to receive help and support for these mental health issues, only 4% stated they were completely lacking a resource that would meet their needs, but 50% cited a lack of quality, affordable, accessible, mental health services in their local community. Lack of transportation as an obstacle and concerns around the perception of accessing mental health services were nil.

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 2% 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 not mentioned. Injuries of older children were reported by 4% as a result of some sports participation. Anecdotally, car wrecks and wild animals were also mentioned as a cause of injury in the households queried.

### **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). Of persons queried, 5% recounted a household member having had MRSA (Methicillin-resistant Staphylococcus aureus). Food and or water borne illnesses, such as giardia and salmonella had affected 2% of respondents during the period in question. 1% of respondents reported cases of tick borne diseases, and hepatitis, respectively. 22% reported a household member having had influenza and 10% reported a case or more of pneumonia. HIV was nil, but other sexually transmitted diseases were reported by 12% of the overall cohort. Anecdotally, bronchitis, mononucleosis, and common colds were mentioned as being health issues amongst this cohort.

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 less than 1% of respondents, but 8% stated that their insurance carrier did not cover the immunization. No issues were cited around adults having access to the vaccines, and only 10% of respondents were unaware of resources for free or reduced cost immunizations. 1% reported not getting a child immunized for some reason other than religious beliefs. Anecdotally, respondents mentioned allergic reactions to vaccines, and fears that vaccines cause developmental delays in children as reasons for not becoming immunized.

### **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; 40% cited an overall lack of enough physical activity among household members. 19% reported some physical limitation as preventing a household member from getting enough physical activity. Some of the issues mentioned were heat and physical limitations due to arthritis. 14% stated a lack of available time for physical activity. 10% lamented a lack of community recreation programs and facilities for adults and 8% reported a lack of accessible neighborhood playgrounds for children. 9% reported a need for paved trails and sidewalks in their community, and 8% commented on the general overall lack of parks and open public spaces. 27% allowed that laziness might be a factor keeping their household member dormant. 29% of respondents reported an obese household member, but only 3% reported a general lack of knowledge about nutrition. 12% stated they did not plan meals, and 5% blamed the cost of healthier nutrition habits. 35% of respondents reported unhealthy eating habits, and 5% 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. 11% of respondents reported that poor outdoor air quality (dust, feed lot organic materials, smoke from grass fires, etc.) had been an issue, and 17% also reported poor water quality. 8% of respondents cited some form of insect or rodent infestation. 12% reported issues around sun exposure, and issues of mold and noise pollution were cited at less than 3%. 2% 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, and affordable housing, which affected less than 1% of respondents. 5% reported trouble affording the cost for heating their home. Handicap accessibility issues were cited by 2% 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, 68% of respondents thought tobacco use was a problem, with 86% citing youth smoking as their basis, and 47% including use of smokeless tobacco and youth. 39% believed that the number of pregnant women who smoke is too high. 96% 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 20% of respondents and 31% of respondents were concerned about enforcement of minors purchasing tobacco products. 46% of respondents thought that smoking in cars and homes was a health issue for members of those households. 27% of respondents were concerned about an overall lack of education and 27% believed resources available to facilitate more smoking cessation was lacking. 78% of respondents believe that drugs and alcohol are a problem in their community. 66% blame the perception of acceptability around the use of drugs and alcohol by adults and youth, and 72% cited the rural nature of the county as being a factor. 59% thought that current drug laws were not being enforced, while 32% 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 20, 2011.

## Observations from the Collingsworth County Focus Group – June 20, 2011

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

Respondents in Collingsworth County indicated that there was a need for the following health issues:

- A. Transportation to Amarillo, TX for chemotherapy and transportation to Childress, TX for dialysis treatments.
  - o Panhandle Transit leaves Wellington, TX at 4:30 a.m. and returns only after all patients have been seen by their doctor.
  - o Cost of the Panhandle Transit puts a financial strain on the elderly population living on a fixed income (\$12.50 one way or \$25 roundtrip).
- B. Need education on diabetes i.e. consequences of non-compliance, meal preparation, importance of medication.
- C. There is a need for assisted living for the elderly and adult day care/transitional center for special needs patients (specifically, children and adults suffering from mental retardation).
- D. There is also a need for substance abuse treatment facility.
- E. There is a need for a round table to discuss the consolidation of healthcare services and resources and to discuss what is and is not working within the county.
- F. Assistance with interpreting healthcare information to the Hispanic community.
- G. Assistance with providing financial/fiscal training to the community.
- H. Additional information/method to provide education on minimizing teenage pregnancy and substance abuse.
  - o Information on breaking the family cycle or chain of teen pregnancy and drug abuse.
- I. Additional financial funding for Charity Care which is currently funded by Collingsworth County and a local hospital.
- J. Need for services for mentally retarded citizens. There is a belief that there is a high occurrence of mental retardation in the county.

### 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 EMS personnel.
  - o EMS personnel are volunteers.
  - o Employee turnover is extremely high.
  - o Unable to recruit qualified candidates.
  - o High cost associated with training qualified candidates.
  - o Firefighters are being asked to fill EMS gaps.
  - o As a result of the lack of EMS personnel, helicopter services based out of Amarillo and Lubbock are used to transport critical patients.
  - o Prior attempts to pool paramedic resources between Wellington, Wheeler and Sherman have not worked.

- Possible solution to EMS shortage would be for the federal government to set-up military medical evacuation exercises in rural communities; in this case, medical evacuation services would be provided to citizens residing between I-40 and Highways 287 and 83

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

- The perception of the infrastructure in this community is that there are too many healthcare needs and not enough resources within their own county.
- Transportation and costs associated with transportation to Amarillo and Lubbock are ongoing issues for both caregivers and patients. Traveling distance does affect when and how patients receive treatment, there are times when patients with limited incomes cannot financially afford to travel or to purchase their daily medications.
- A perception also exist that the current healthcare system in some cases invites abuse of services by citizens. For example, citizens who visit the emergency room because they know they will receive faster medical attention than they would if they had gone to the local clinic. In most cases these same citizens do not have the financial resources to pay for a clinic visit.
- The county has two physicians.
- How would you deal with a particular health concern?
- If a particular health concern is routine (i.e. flu or stitches) citizens rely on the local hospital, but for any specialized services such as dialysis or chemotherapy patients travel to Amarillo, Lubbock or Childress.
- The emergency room is busy with patients seeking routine care.
- Patients with urgent needs are transported via helicopter to other towns. The helicopter comes there often.
- How does it vary based upon the condition – routine physical v. broken leg?
- For routine care such as a physical or broken leg, patients rely on the local hospital, but patients will travel for acute conditions.

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

- As a result of the lack of healthcare services and resources in the county patients will travel to Amarillo, Lubbock, Childress and Altus, OK to receive medical treatment. However, traveling is problematic for those patients on a fixed income and patients lacking personal transportation.
- There have been instances where an elderly patient who can no longer drive will not want to burden a caretaker and will not keep a scheduled medical appointment in a neighboring city because of the traveling distance to the appointment.

**What is the most prevalent or problematic health issue in your area? Top 5 (Heart disease, cancer, stroke, trauma, diabetes/metabolic syndrome)**

- Diabetes (adults and children)
- Cancer
- Hypertension
- Obesity (adults and children)
- Asthma
- COPD
- Teenage pregnancy
- Respondents stated the following:
  - Healthcare is less of a priority in our community, housing and everyday living are our priorities. If someone's home life is not stable, kids will fall through the cracks and their needs will not be addressed. "Surviving day-to-day" is the top priority.

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

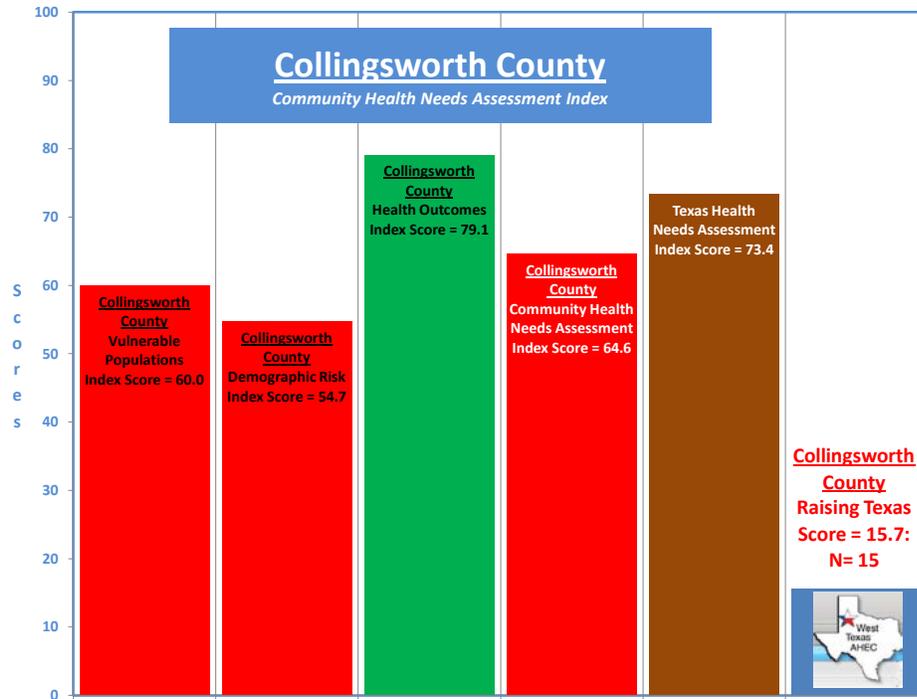
- A. Healthcare is less of a priority in our community, housing and everyday living are our priorities. If someone's home life is not stable, kids will fall through the cracks and their needs will not be addressed. "Surviving day-to-day" is the top priority.
- B. The most pressing issue identified was the lack of free birth control for teenagers.

**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 proximity to their physicians and/or specialist.
- B. There is a lack of education in several areas: diabetes, teen pregnancy, drug abuse and healthy living. The county does participate in health fairs, but the citizens who would benefit the most from the fairs do not participate due to numerous personal reasons.
- C. There is a need for nutritional services: some children receive their only meal at school. Many times children arrive at school without having breakfast because of the difficult economic conditions at home. Costs of providing fruits and vegetables to school aged children are extremely high and at times unaffordable.
- D. Local churches attempt to provide meals for the indigent, but there are instances where individuals will take advantage of the program by "double and triple dipping."
- E. Personal pride is an ongoing issue in the elderly population. Many times an elderly citizen will not ask for medical or financial assistance because of pride, thus, resulting in not obtaining up to date medication, traveling to doctors appointments, and receiving routine exams.
- F. A large portion of the elderly who live on a fixed income cannot afford air conditioning, running water, or heating for their homes, they must decide on whether to pay utilities or buy medications.
- G. Focus group participants would like ideas on how to address the issues in the community. What programs actually work? Who can they bring in to speak to teens about teenage pregnancy? How are citizens from "all walks of life" falling through the cracks? How does the community get citizens to buy into personal responsibility and healthy living?

## **HEALTH INDICATORS**

There are many aspects of health that affect a community. To determine if residents of Collingsworth 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 Collingsworth 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 Collingsworth 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 Collingsworth 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 Collingsworth 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)

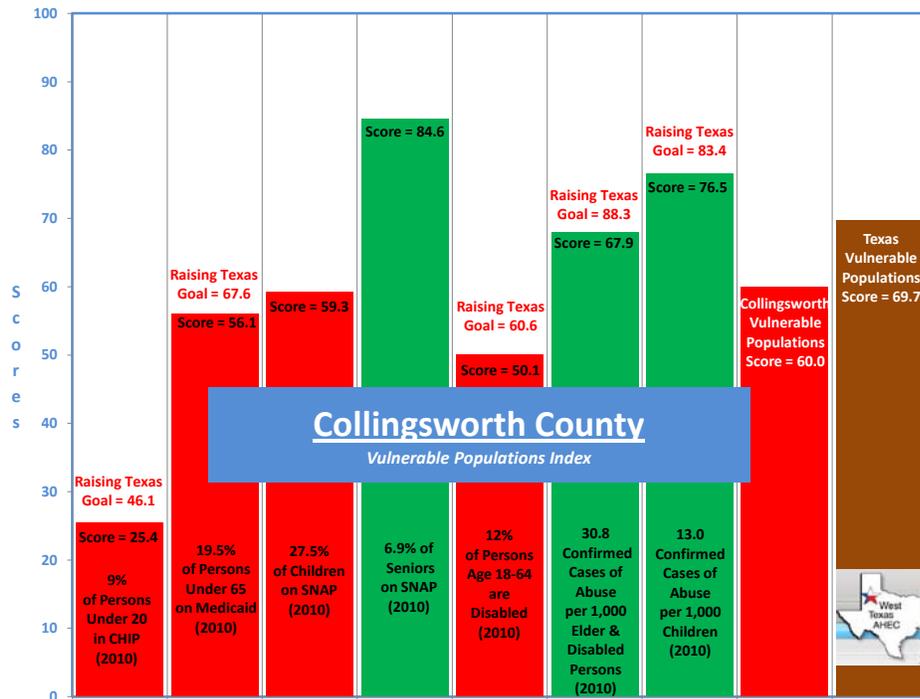


Table 2: Vulnerable Population Index

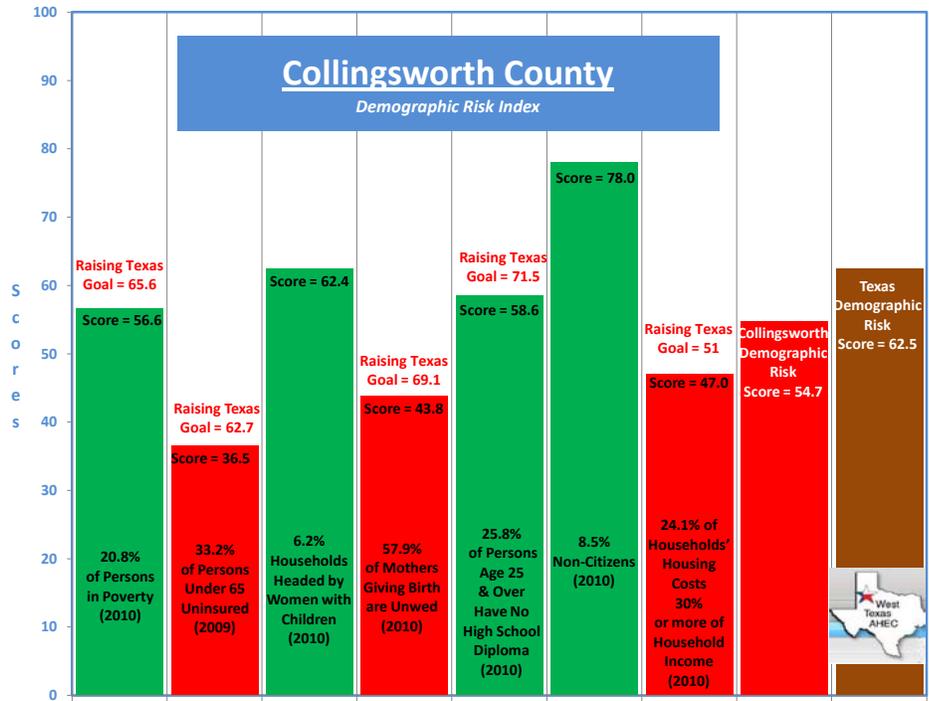


Table 3: Demographic Risk Index

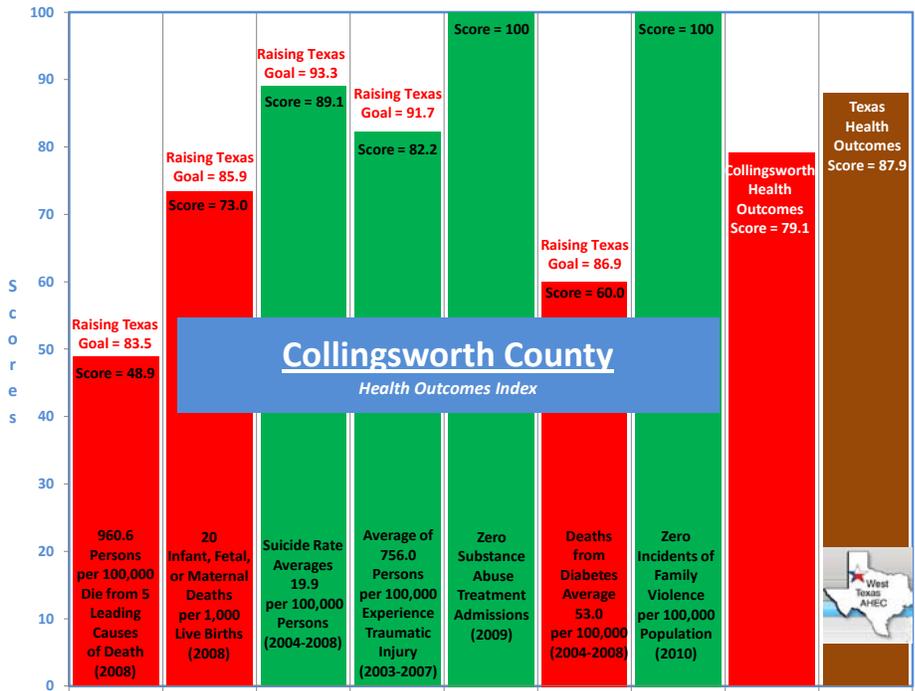


Table 4: Health Outcomes Index

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

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