

Community Health Assessment

Dawson County

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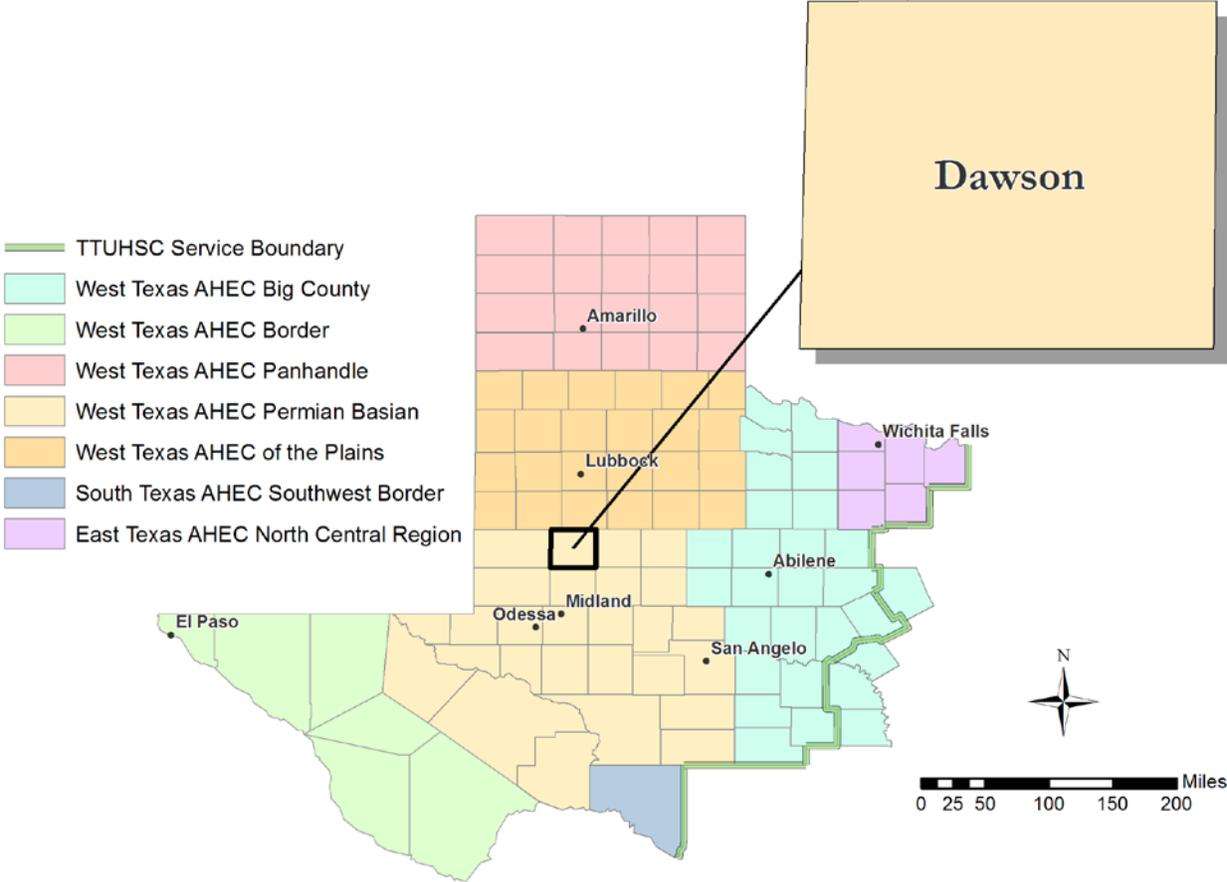
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TABLE OF CONTENTS

Preface & Acknowledgements	2
Introduction	3
Demographics	4
Methods	7
Results: County Telephone Survey	8
Results: County Focus Group	11
Health Indicators	15



PREFACE

This report has been prepared for Dawson County in collaboration with the F. Marie Hall Institute for Rural and Community Health, West Texas Area Health Education Center and the community champions of the county. The focus group and random-digit telephone survey were conducted by the Earl Survey Research Center 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 AHEC.

Many thanks to:

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INTRODUCTION

In 2011, Dawson 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, Permian Basin 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 Dawson 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

Dawson County estimate population:	13,833
Population Rank among Texas' 254 Counties:	147
Population per Square Mile:	15.4
Area in Square Miles:	900.31

Dawson County has a diverse population mix of majority/minority residents.

Ethnicity

	% of County
White persons	76.7%
Black persons	6.5%
American Indian/Alaskan	0.7%
Asian	0.4%
Two + Races	2.3%
Hispanic/Latino	53.4%
White Not Hispanic	39.1%

The population, like many counties in West Texas, is older than the state averages.

Gender

	% in County
Female	43.5%
Male	56.5%

Age

	% of County
<05 Years	7.6%
<18 Years	24.7%
18-64 Years	53.7%
65+ Years	14.0%

Dawson County has above per capita income level and is in the top tier of counties with needy families.

Source: www.census.gov

Socioeconomic Indicators

	County	State
Per Capita Personal Income	\$27,409	\$38,609
Unemployment Rate	8.2%	8.2%
Average Monthly TANF Recipients ¹	48	104,693
Average Monthly SNAP Recipients ²	2,028	2,819,469
Unduplicated Medicaid Clients	3,736	4,762,787
Average Monthly CHIP Enrollment	241	466,242

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

¹ Temporary Assistance to Needy Families

² 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)	3,130
Severely Work Disabled	508
Major Depression	721
Recent Substance Abuse (within past month)	760

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

Dawson County has an under educated population and a large proportion living below federal poverty levels and without adequate health insurance.

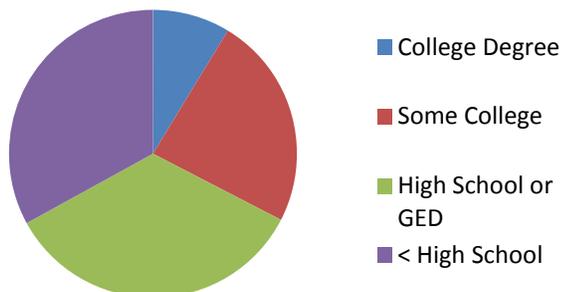
Persons Living Below Poverty Level	#County	%County	#State	%State
>18	1,656	20.4%	2,487,992	14.3%
Without Health Insurance	#County	%County	#State	%State
<18	571	17.2%	1,375,714	19.5%
<65	2,419	25.0%	5,765,126	26.8%

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

Education

College Degree	8.7%
Some College	23.9%
High School/GED	34.4%
Less Than High School	33.0%

Source: US Census American Community Survey



Access to Care

Average Monthly Medicare Enrollment	
Age 65+	1,942
Disabled	289
Average Monthly Medicaid Enrollment	3,159
Primary Care Physicians per 100,000 population	43.8
Dentists per 100,000 population	14.6
Community/Migrant Health Centers	0
Rural Health Clinics	0

Source: www.communityhealth.hhs.gov

Community Health Indicators

Hospital Information

# of Hospitals	1	Bad Debt Charges	\$3,514,376
Ownership	Public	Charity Charges	\$1,908,146
Staffed Beds	22	Total Uncomp Care	\$5,422,522
Admissions	627	Gross Patient Revenue	\$27,802,117
Average Length of Stay	4.0 Days	Uncomp Care % Gross Patient Revenue	19.5%
Emergency Room Visits	7882		

Dawson County has a high rate of uncompensated charity care and an unusual number of ER visits per year.

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

Health Outcomes

	County	Texas
Diabetes	10%	9%
HIV Rate per 100,000 population	80	319

Measures of Birth and Death

	County	USA
<i>% Of All Births</i>		
Low Birth Weight	10.4	8.2
Premature Births	16.6	12.7
<i>Deaths per 1000 live births</i>		
Infant Mortality	6.3	6.9
<i>Deaths per 100,000 population</i>		
Breast Cancer	52.1	24.1
Colon Cancer	32.4	17.5
Heart Disease	258.4	154.0
Lung Cancer	90.0	52.6
Vehicle Injuries	23.8	14.6
Stroke	102.6	47.0
Suicide	16.0	10.9
Other Injury	45.7	39.1

Source: www.communityhealth.hhs.gov

Business and Employment

Type of Business	# Employed	Annual Payroll (\$1,000)
Mining	100-249	No report
Manufacturing	134	4,354
Wholesale Trade	102	3,716
Retail Trade	518	11,845
Transportation	100-249	No report
Finance/Insurance	131	4,817

Healthcare	370	10,858
Construction	232	8,785
Information	43	856
Real Estate	20-99	203
Scientific/Tech	61	2,415
Food/Lodging	505	4,587
Other (not public)	173	2,726

of Large Employers (50+ Employees) 15

Source: Texas Association of Counties

Britt Trucking Company	50+ employees
Claiborne’s Bakery-Deli	50+ employees
Claiborne’s Office	50+ employees
Claiborne’s Thriftway Grocery	50+ employees
Criminal Justice Div.	100+ employees
Head Start	50+ employees
Key Energy Services	100+ employees
Klondike ISD	50+ employees
Lamesa City Hall	50+ employees
Lamesa ISD	100+ employees
Medical Arts Homecare	100+ employees
Paul Musslewhite Trucking	50+ employees
Sands High School	50+ employees
Sonic Drive In	50+ employees
Walmart	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 Dawson County owning a land-line. In Dawson County 55 surveys were completed out of 892 attempts with a response rate of 5.29%. 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; 20% said health related posters; 70% said their health care provider was a source; 32% received health information from the radio; 17% received information from bulletin boards; 77% received information from friends and family; 52% got some health care information from newsletters; only 10% reported getting health related information from grocery stores; 55% stated that they received health information from local newspapers; 70% received health information from the television news shows; 7% stated that WIC was one of their resources for information; 32% reported getting health information from their church; social services offices provided health information to 7% of respondents; and 57% used the internet to get health information. 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 58% , followed by friends and family at 15%, television and internet each at 7%. Newsletters, newspapers, and WIC we also mentioned by about 2% 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, 20% answered yes. When asked the reason why someone in their household did not have insurance, employers not offering insurance (50%) and when offered, was too expensive to purchase (33%), were two of the main reasons mentioned. 42% 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 15% and 14% stated that while having some form of insurance, their deductible was too expensive. 14% lamented a lack of information around what services might be available. Coverage denial was mentioned by 15% of respondents; 17% said their insurance coverage was inadequate to their healthcare needs, and 17% cited a lack of insurance coverage overall. The high cost of prescription drugs was an issue to 22% of the persons queried. Lack of transportation was mentioned by 7%, and 8% 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, 59% went to their local clinic, and 37% went to a hospital or clinic in a town outside of the one they live in. About 4% of respondents utilized the emergency rooms of their local hospital and hospitals outside of their community.

Young Children, Youth and Family

22% of the respondents stated that they currently have children less than 18 years old living in their household. Of this cohort none of the respondents reported that they had a child with developmental delays; a child they considered obese; concerns about inadequate nutrition; children with some mental health issue; or any 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. 8% of the parents queried mentioned a need for more screening and diagnosis resources for children in their community or out of home care for special needs children.

Around the issues of family planning; 2% of all respondents reported an unplanned pregnancy, a lack of family planning information, an inability to receive birth control systems, and other reproductive health services. When asked about chronic diseases in the household; 27% reported a household member with some form of heart disease; 17% reported a member with asthma; 12% cited someone in their household having had a stroke; cancer was reported by 19%; 27% stated that someone in their household was diabetic; 5% reported severe breathing issues; and high blood pressure was cited by 58% as being prevalent in their household.

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. 19% reported a household member affected by depression or anxiety. 2% of respondents had a family member attempt suicide. 3% 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 22% of persons surveyed. When asked about their ability to receive help and support for these mental health issues, only 44% stated they were completely lacking a resource that would meet their needs, but 43% cited a lack of quality, affordable, accessible, mental health services in their local community, with lack of transportation affecting 23% of respondents. 100% of respondents stated that 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; 2% cited someone receiving a DUI and 2% mentioned an episode of domestic violence. On the job injuries were reported by 7% of respondents. 14% reported an injury caused by a fall. 3% of respondents reported sexual assault as a cause of injury. When queried about children's injuries, a lack of community child injury prevention programs was not mentioned. Injuries of older children were reported by 10% as a result of some sports participation, and 2% reported a child injury due to water activities. Anecdotally, house fires 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). No one recounted a household member having had MRSA (Methicillin-resistant Staphylococcus aureus). Food and or water borne illnesses, such as giardia and salmonella had affected 3% of respondents during the period in question. 17% reported a household member having had influenza and 8% reported a case or more of pneumonia. Insect borne diseases were nil and sexually transmitted diseases were reported by 3% of the overall cohort. Anecdotally, staph infections (not MRSA), bacterial digestive infection, 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 not cited by respondents. 7%

stated that their insurance carrier did not cover the immunization. 2% cited issues around adults having access to the vaccines, and only 5% of respondents were unaware of resources for free or reduced cost immunizations. 5% reported not getting a child immunized for some reason other than religious beliefs. Anecdotally, respondents mentioned allergic reactions to vaccines and forgetfulness on the part of the parents as cause 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; 37% cited an overall lack of enough physical activity among household members. 15% reported some physical limitation as preventing a household member from getting enough physical activity. Some of the issues mentioned were heat and physical limitations. 17% stated a lack of available time for physical activity. 17% lamented a lack of community recreation programs and facilities for adults and 10% reported a lack of accessible neighborhood playgrounds for children. 10% reported a need for paved trails and sidewalks in their community, and 5% commented on the general overall lack of parks and open public spaces. 24% allowed that laziness might be a factor keeping their household member dormant. 32% of respondents reported an obese household member, but only 2% reported a general lack of knowledge about nutrition. 8% stated they did not plan meals, and 5% blamed the cost of healthier nutrition habits. 34% of respondents reported unhealthy eating habits, and 9% 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. 5% of respondents reported that poor outdoor air quality (dust, feed lot organic materials, smoke from grass fires, etc.) had been an issue, and 2% also reported poor water quality. No respondents cited any form of insect or rodent infestation. 6% reported issues around sun exposure, and issues of mold were cited at less than 2%. 5% 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 3% of respondents and 5% reported trouble affording the cost for heating their home. Handicap accessibility issues were cited by 5% of respondents.

Substance Abuse

Health issues surrounding drugs and tobacco use are a major cause of illness and burden on the healthcare infrastructure. When asked about perceptions around tobacco use, 49% of respondents thought tobacco use was a problem, with 90% citing youth smoking as their basis, and 76% including use of smokeless tobacco and youth. 45% believed that the number of pregnant women who smoke is too high. 93% 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 62% of respondents, and 52% of respondents were concerned about enforcement of minors purchasing tobacco products. 80% of respondents thought that smoking in cars and homes was a health issue for members of those households, and 48% of respondents were concerned about an overall lack of education and 41% believed resources available to facilitate more smoking cessation was lacking. 61% of respondents believe that drugs are a problem in their community. 89% blame the perception of acceptability

around the use of drugs and alcohol by adults and youth, and 67% cited the rural nature of the county as being a factor, 67% thought that current drug laws were not being enforced, while 50% 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 August 10, 2011.

Observations from the Dawson County Focus Group - August 10, 2011

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

- There are issues with teenage pregnancy.
- There is a need for mental health services.
- There is a need for drug and alcohol treatment services.
- There is a need for auxiliary services because of the large elderly community.
- There is a need for transportation.
- There is a need for nurses.
- There is a lack of education on health care.
- There is a need for dialysis facilities.

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

- The county has a primary health care clinic that is based out of Levelland.
- There are jobs available but the problem is making the public aware of the opportunities.
- There are issues with teenage pregnancy.
- The schools have renovated exercise services, and offer mammography and stress management for educators.
- There is a need for mental health services.
 - There are not many options for those not on Medicaid or Medicare.
 - Some counselors are private pay only.
 - Dawson County has a local Mental Health Mental Retardation (MHMR) facility.
 - MHMR is suffering from budget cuts.
 - The county judge has the authority to take people to the facility involuntarily.
 - There are difficulties in qualify for MHMR.
- There is a need for drug and alcohol treatment services.
- There are problems with drugs, alcohol, and prescription medication in the county.
 - If a person overdoses, insurance companies will not cover the medical treatment and terminate the insurance coverage.
 - There is no detoxification facility.

- This is problematic for people without insurance.
 - People must travel to Abilene and used to travel to Stanton detoxification.
- There are two nursing homes and one assisted living facility.
- The facilities previously used the hospital's physical therapists, occupational therapists, and speech therapists.
 - Some therapists come to the facilities for in-patient care.
 - These allied health services are available for outpatient care, but more room and providers are needed.
- Home health is affiliated with the hospital and people come to the county from home health agencies in Lubbock.
 - These agencies travel to Denver City, Borden County, and other sounding areas.
 - Private pay is expensive at approximately \$7,000 a month.
 - Home health is short-staffed.
 - There is an RN on call 24 hours a day.
 - Finding a sitter with a CAN is difficult.
- Specialist services are available.
 - Electronic images or lab work can be sent to specialists outside of the community.
 - Doctors have latched onto the services at the hospital. They used to send people outside of the community for medical treatment.
 - The hospital can perform bone density tests.
 - Specialist care includes orthopedics, dermatology, cardiology, and neurologist.
 - Cardiologists oversee 12-15 stress tests each week.
 - Gynecological services are available and there are two family practioners who perform obstetrics.
 - The hospital has birthing facilities and dedicated delivery.
 - There are plans to have a visiting oncologist and chemo treatment.
 - Patients travel to Lubbock, Houston, and Midland for chemo treatment.
- There is a need for auxiliary services because of the large elderly community.
- There is a need for rehabilitation facilities.
- There is a need for water therapy.
- There is a need for exercise services.
- There is a need for transportation.
 - A large population would benefit from more transportation services.
 - Most of the transportation services are within Lamesa.
 - Sometimes the elderly have a difficult time getting to the clinic.
 - There are TRACK services available but patients must wait for other people's appointments.
 - The Senior Citizens Center can transport the elderly.
 - Home health will provide transportation.
 - The poverty rate makes it difficult for people who need to go to Lubbock and Midland because of the cost of gas.
 - People on Medicare and the public need transportation on Saturday.
 - There is transportation for people on Medicaid for each day of the week.

- Someone who is not on Medicaid but in a great need of medical care can go on Saturdays.
- There is a need for nurses.
 - The hospital needs 3-4 nurses and one CNA.
 - The county has the workforce development to support those services such as LVNs, CNAs, administrations, and technicians.
 - Howard College can provide CNA and LVN education and can fund high school students for 2 years with dual credit for a CAN to pursue an LVN.
 - Students are transported to Big Spring for classes but clinic work is done in Dawson County.
- There is a lack of education on health care.
 - There is a need to educate the elderly because some do not know where to go for care.
 - The school is bringing in people and resources to educate parents on the availability of resources in the county.
 - Medical facilities and schools need to partner to educate children so they will bring that information home to the parents.
 - Head Start makes children get physicals, take parenting classes, take nutrition classes, and offers parent meetings.
 - Educating adults is best on a one-on-one basis because it is difficult to change habits.
 - The hospital advertises information on the radio, at speaking engagements, in newspapers, and at health fairs.
 - Catholic Family Services is a possible avenue for education.
 - The service offers intervention on eating habits, abuse, quality of life, and education for everyone.
- The hospital can meet the needs of the community.
 - Two prisons are contracted with the hospital for health services.
 - A hospital is beneficial and the service is better.
 - The hospital has level 4-trauma care.
 - There emergency room provides 24-hour service.
 - The waiting time is short.
- The hospital district is in the county, but no funding comes from the county because of the district.
 - EMS is not part of the hospital district and is funded partly through the co-commissioners and Levelland.
 - The EMTs are paid.
 - The ambulances have MLS abilities. To replace a unit can cost \$180,000.
 - Transfers are a combination of an air ambulance or ambulance, depending on the patient's medical needs.
 - The hospital can provide CAT scans and will soon have MRI capabilities.
 - Nuclear medicine diagnostic capabilities are offered, which helps many patients from traveling.
 - There are no mammogram services because a registered mammographer is needed.
- There is a need for dialysis facilities.

- There are no facilities because of the costs, space, and special staff associated with running a dialysis treatment facility.
- Patients must travel to Lubbock, Midland, Odessa, and Big Spring. Each location is about 1 hour away.
- One in 800 Texans are in the renal stage, while 1/180 is in Dawson, which is more than 4 times the number of Texans.
- Diabetes in the county is caused by lifestyle, genetics, and lack of education.
- The county is treating its 4th generation of brutal diabetes.
- The mortality of the county is one of the highest in the state across all groups, which is measured by the total age adjusting.
- Participants wanted to know why so many people have diabetes and why they are more likely to die.
- The hospital and foundations are trying to answer these questions and figure out what resources are needed for the county.
- Sponsorship of care/insurance. Includes Medicare, Medicaid, private health issues.
- Many parents provide no health care for their children.
 - Parents do not take care of low cost insurance.
 - People with low incomes do not take advantage of CHIPs.
- The hospital separates indigent care and uncollectable patients.
 - There is a process for indigent care patients to qualify for charity.
 - The charity does not apply to EMS services.
 - This causes difficulty with EMS services and people who need care because they do not understand why they cannot use the EMS service.
 - People who are dual recipients of Medicaid and Medicare can use the ambulance service for non-emergencies.
 - There have been times when EMS has taken a small fee so they transport the person to the hospital.
 - People with no sponsorship go to the emergency room for medical treatment.
 - Doctors do not turn away sick patients.
 - Doctors try to educate people to go to the local clinic for non-emergencies.
 - Before the clinic was open, people would go to the emergency room because of long wait times and being unable to get a doctor's appointment.
 - The hospital offers a prescription assistance program through drug companies.
 - Patients must provide paperwork for the process
 - Every company has a different process.
 - One drug company has help with \$460,000 worth of prescriptions and a lot of it is insulin.
- The county has a high poverty rate.
 - Seventy-two percent of the school district has lower socio-economic status.
 - Nutrition outside of school is an issue.
 - Many people receive free/reduced cost lunch.
 - The school offer breakfast in classrooms through the 5th grade.
 - The Boys and Girls Club approximately feeds 150 children during the summer.

- There are no other programs.
- This is linked to diabetes and bad eating habits.

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

- People travel to Lubbock, Midland, Odessa, and Big Spring for treatment they cannot receive in Dawson County.
 - People stay local but must travel to Lubbock for worker’s compensation.

How does it vary based upon condition – routine physical v. broken leg?

- People will stay in Dawson County until they need services that cannot be provided, for which they travel to Lubbock, Midland, Odessa, and Big Spring.

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

- Lack of transportation is a concern because people will put off health care.

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

- The most prevalent health concerns are diabetes, heart disease related to diabetes, obesity, cancer, and Alzheimer’s disease.

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?

- All quality life issues such as health care, employment, education, transportation, and housing are ordered.
- The priorities depend on the make-up of the community.
 - The elderly and aging community will make health care a top priority.
- Health care in the county is good except for diabetes and cancer because those illnesses cannot be treated locally.
 - Treatments for major chronic illnesses are not good.
- The community has improved throughout the years with more services provided.
 - The hospital provides more medical services.
 - For many years, women could not deliver their babies and no surgeries were performed in the county.

HEALTH INDICATORS

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

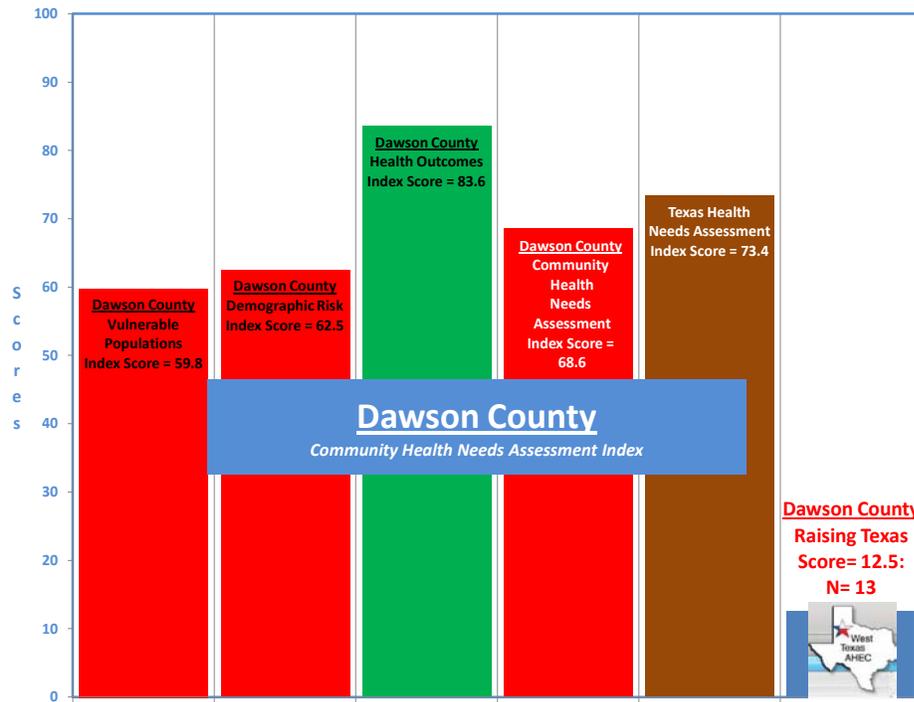


Table 1: Community Health Needs Assessment Index

Table 1 provides a Community Health Needs Assessment Summary for Dawson 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 Dawson 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 Dawson 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)

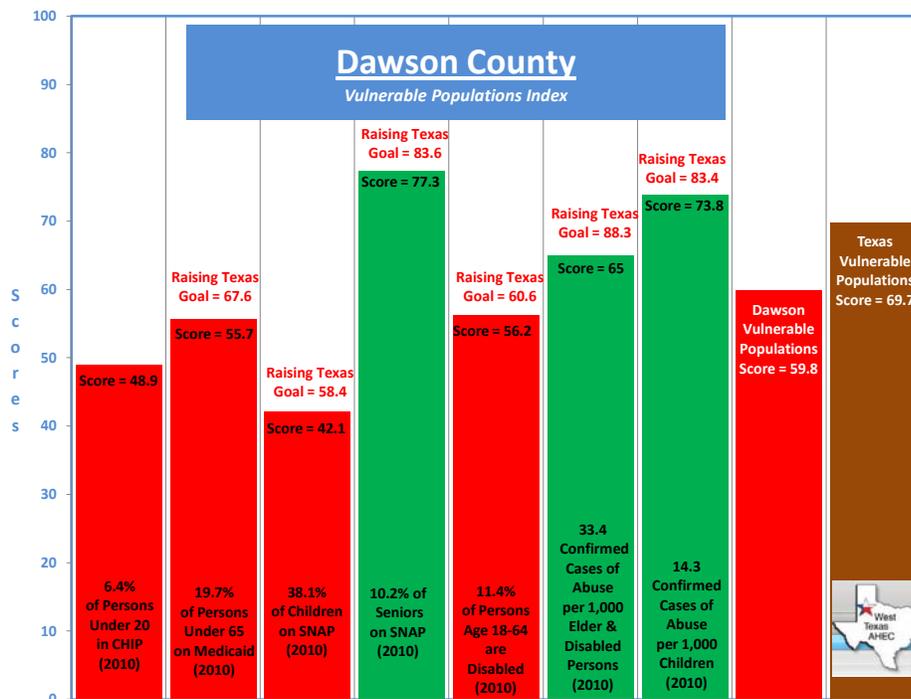


Table 2: Vulnerable Population Index

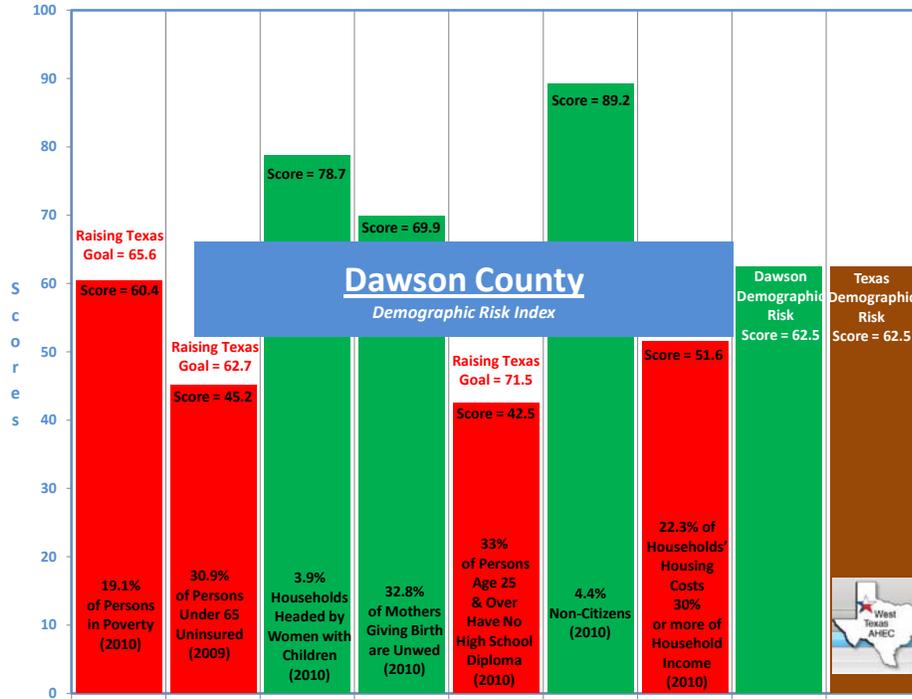


Table 3: Demographic Risk Index

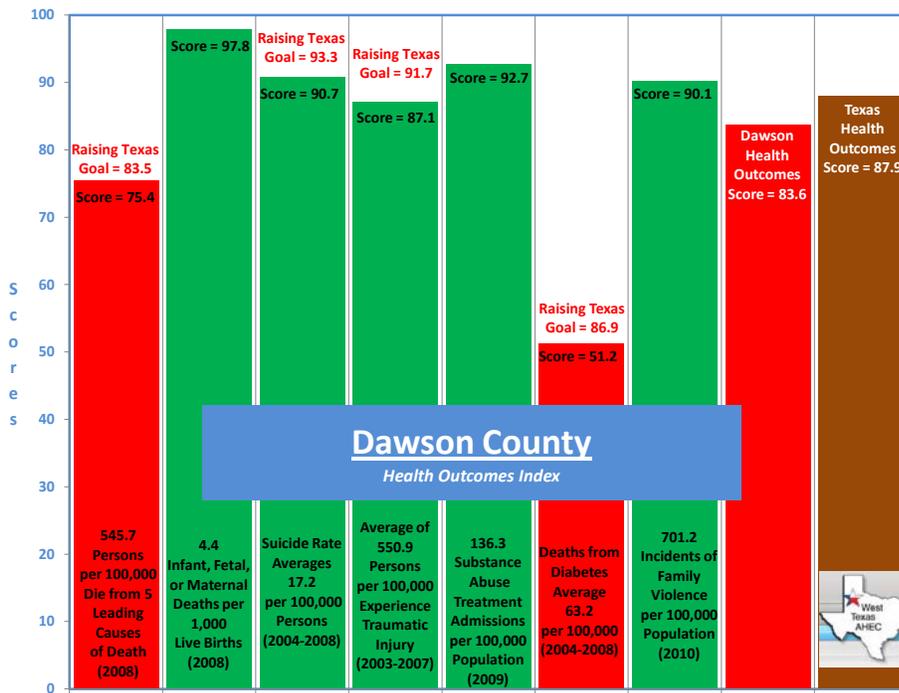


Table 4: Health Outcomes Index

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

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