

Community Health Assessment

Floyd County

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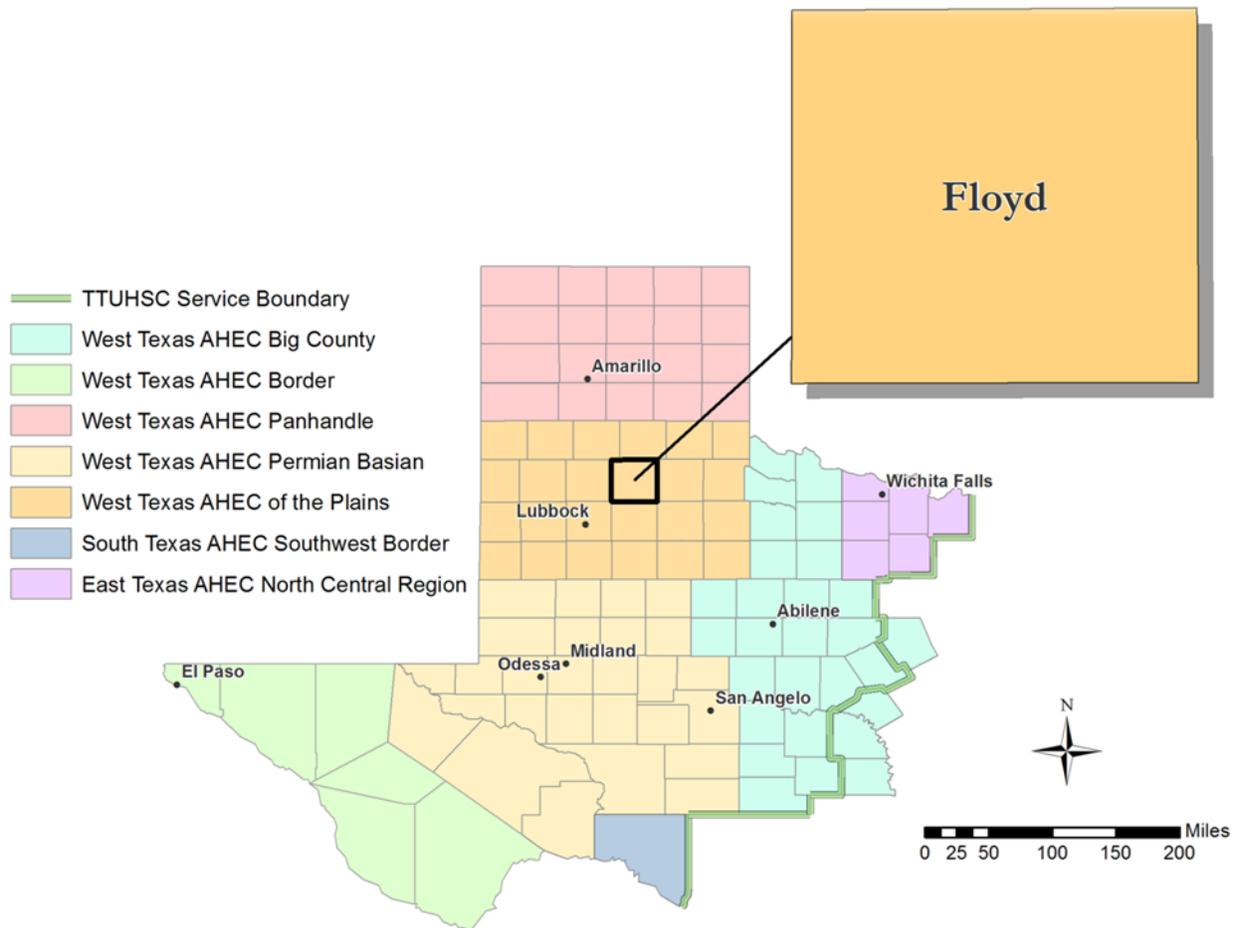


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PREFACE

This report has been prepared for Floyd 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 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:

Lockney General Hospital District, Lockney, Texas and Sharon Hunt, CEO/Administrator

INTRODUCTION

In 2011, Floyd 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, AHEC of the Plains, 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 Floyd 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 and that of the entire community in which they live. 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 but rurality is increasing one salient factor.

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

Floyd County estimate population:	6,446
Population Rank among Texas' 254 Counties:	193
Population per Square Mile:	6.5
Area in Square Miles:	992.14

Floyd County is among one of the most sparsely populated counties in Texas. Sparse population distribution often adds unique challenges to health care access. One possible solution for DSRIP consideration is Telemedicine and Telehealth solutions.

Ethnicity

	% of County
White persons	76.3%
Black persons	3.6%
American Indian/Alaskan	0.7%
Asian	0.2%
Two + Races	1.2%
Hispanic/Latino	52.9%
White Not Hispanic	43.1%

Counties with large majority minority segments in the population require health programs to be both bilingual and bicultural. Community health workers and health system navigators are important to the success of DSRIP.

Gender

	% in County
Female:	50.7%
Male:	49.3%

Age

	% of County
<05 Years	7.6%
<18 Years	28.9%
18-64 Years	45.7%
65+ Years	17.8%

Age spectrum programs are indicated in Floyd County with a balance for children and youth as well as adults especially seniors.

Source: www.census.gov

Socioeconomic Indicators

	County	State
Per Capita Personal Income	\$31,402	\$37,809
Unemployment Rate	4.8%	4.9%
Average Monthly TANF Recipients ¹	3	117,689
Average Monthly SNAP Recipients ²	1,066	2,366,546
Unduplicated Medicaid Clients	1,786	4,508,948
Medicaid Covered Births	61	224,937
Medicaid Births % of total births	54.0%	55.3%
Average Monthly CHIP Enrollment	153	389,062

Health care innovations often become a tool in economic development for counties such as Floyd County.

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)	1,500
Severely Work Disabled	302
Major Depression	324
Recent Substance Abuse (within past month)	347

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

The single most important factor after age to health status is education; it is highly predictive of lifestyle habits such as smoking and substance abuse, health care utilization, and participation in health care prevention and community health education programs. Low literacy programs are essential along with the use of community health workers such as Promotoras and patient navigators.

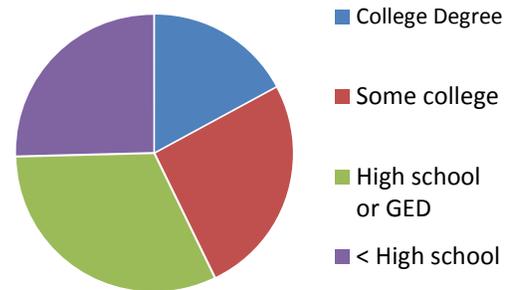
Without Health Insurance	Number	% of County	(State comparison)
Age 0-17	417	24.0%	(16.9%)
Age 0-64	1,734	32.7%	(25.7%)
Persons Living Below Poverty Level	1,384	21.9%	(15.8%)

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

Education

College Degree	17.1%
Some College	25.7%
High School/GED	31.8%
Less than High School	25.4%

Source: US Census American Community Survey



Access to Care

Average Monthly Medicare Enrollment	
Age 65+	1,454
Disabled	132
Average Monthly Medicaid Enrollment	1,752
Primary Care Physicians per 100,000 population	93.0
Dentists per 100,000 population	15.5
Community/Migrant Health Centers	0
Rural Health Clinics	1

Source: www.communityhealth.hhs.gov

Community Health Indicators

Hospital Information

# of Hospitals	1	Bad Debt Charges	\$933,248
Ownership	Public	Charity Charges	\$85,193
Staffed Beds	25	Gross Patient Revenue	\$10,398,054
Admissions	629	Total Uncomp. Care	\$1,018,441
Average Length of Stay	3.6 days	Uncomp Care % Gross Patient Revenue	9.8%
ER Visits	2944		

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

Health Outcomes

	County	Texas
Diabetes	12%	9%
HIV Rate per 100,000 population	nr	319

Floyd County has a very large uncompensated care burden that indicates indigent health care costs must be contained.

Measures of Birth and Death

	County	USA
% Of All Births		
Low Birth Weight	10.4	8.2
Premature Births	16.1	12.7
Deaths per 1000 live births		
Infant Mortality	10.8	6.9
Deaths per 100,000 population		
Breast Cancer	nr	24.1
Colon Cancer	30.4	17.5
Heart Disease	327.0	154.0
Lung Cancer	50.5	52.6
Vehicle Injuries	29.8	14.6
Stroke	112.1	47.0
Suicide	nr	10.9
Other Injury	49.2	39.1

Measures of chronic health conditions indicate abnormally high percentages of chronic diseases such as diabetes, cancer and stroke. Early disease management strategies, screening, and community health education programs have been found to produce better health outcomes and lessen excessive mortality. Addressing these issues is essential to a fit and productive workforce.

nr = no report from county

Source: www.communityhealth.hhs.gov

Business and Employment

Type of Business	# Employed	Annual Payroll (\$1,000)
Forestry/Ag	40	2,228
Manufacturing	20-99	Withheld by employers
Wholesale Trade	138	4,051
Retail Trade	118	2,371
Transportation	32	1,137

Finance/Insurance	57	1,816
Healthcare	250-499	Withheld by employers
Construction	30	632
Scientific/Tech	20-99	446
Food/Lodging	61	555
Other (not public)	61	1,213

of Large Employers (50+ Employees) 5

Source: Texas Association of Counties

Carthal Brothers	100+ employees
Floydada Co-op Gins Inc.	50+ employees
Floydada ISD	100+ employees
Lockney ISD	100+ employees
Monsanto	50+ employees
WJ Mangold Memorial Hospital	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 Floyd County owning a land-line. In Floyd County 100 surveys were completed of the 336 attempted with a response rate of 18.8%. Surveys were conducted in Spanish and English. The survey instrument contained questions regarding basic demographics, health care access and various health and behavior indicators. Survey included in attachments.

County Telephone Survey Results

Trusted Sources of Information

When asked where they typically received their health information; 14% said health related posters; 89% said their health care provider was a source; 24% received health information from the radio; 11% received information from bulletin boards; 71% received information from friends and family; 45% got health care information from newsletters; only 6% reported getting health related information from grocery stores; 51% stated that they received health information from local newspapers; 64% received health information from the television news shows; 7% stated that WIC was one of their resources for information; 17% reported getting health information from their church; social services offices provided health information to 9% of respondents; and 47% used the internet to get health information. Other resources mentioned was doctors, the hospital, magazines, pharmacy, insurance company, and from their place of employment.

When asked which of those resources mentioned above was their most trusted source of health information 60% of respondents cited their healthcare provider. Friends and family was the most trusted healthcare information source for 15% of respondents, and television news programs was the first choice of 8% of respondents. The internet was the most trusted resource for 7% 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, 11% answered yes. When asked the reason why someone in their household did not have insurance, employers not offering insurance and when offered, was too expensive to purchase, were the two main reasons mentioned.

When asked if anyone in their household was currently having difficulty in getting medical care; cost of services was an issue for 17% and 27% stated that while having some form of insurance, their deductible was too expensive. 18% lamented a lack of information around what services might be available. Coverage denial was mentioned by 10% of respondents; 25% said their insurance coverage was inadequate to their healthcare needs, and 21% 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 11%, and 4% reported a cultural and or language barrier to their accessing medical care. The distance from outlying areas to the hospital was anecdotally mentioned as well.

When asked where they most often go for help when they are sick or need healthcare advice, 69% went to their local clinic, and 28% went to a hospital or clinic in a town outside of the one they live in, and 3% of respondents utilized the emergency room of their local hospital.

Young Children, Youth and Family

11% of the respondents stated that they currently have children less than 18 years old living in their household. Of this cohort; none reported that they had a child with developmental delays; had a child they considered obese; cited concerns about inadequate nutrition; reported children with some mental health issue; or cited any physical limitation their child labored under. When asked about teenage sexual activity none 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. Out of the home care for special needs children was not cited as a community need by any the parents who responded.

Around the issues of family planning; 3% of all respondents reported an unplanned pregnancy, though only 1% noted a lack of family planning information. 1% reported an inability to get prenatal care and 3% cited an inability to receive birth control systems. 3% stated some inability to access other reproductive health services.

Chronic Disease Burden

When asked about chronic diseases in the household; 33% reported a household member with some form of heart disease; 17% reported a member with asthma; 5% cited someone in their household having had a stroke;

cancer was reported by 16%; 26% stated that someone in their household was diabetic; 6% reported severe breathing issues; and high blood pressure was cited by 60% as being prevalent in their household. Anecdotally, arthritis and allergies were mentioned by about 2% of respondents as being a chronic illness in their household.

Behavioral and Mental Health Needs

Respondents were next asked to report on mental health issues present in their households. 25% reported a household member affected by depression or anxiety. 3% of respondents had a family member attempt suicide. 2% 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 constant mental health issue reported by 24% of persons surveyed, and 7% reported some form of eating disorder affecting some household member. 1% of respondents cited child abuse and or neglect as contributing factors to their mental health. When asked about their ability to receive help and support for these mental health issues, only 6% stated they were completely lacking a resource that would meet their needs, and a mere 1% cited a lack of quality, affordable, accessible, mental health services in their local community, though 30% did have issues with the distance between themselves and a mental health provider. 3% of respondents were concerned about community perceptions around accessing mental health providers.

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; 0% cited someone receiving a DUI and 1% mentioned an episode of domestic violence. On the job injuries were reported by 3% of respondents. 21% reported an injury caused by a fall. When queried about children's injuries, 1% cited a lack of community child injury prevention programs. Injuries of older children were reported by 3% respectively, as a result of some sports participation; water sports injuries; and bicycle/motorcycle/ATV injuries due to lack of helmet use.

Reportable Health Condition

When asked about certain reportable diseases within the previous 5 year period, 1% of respondents reported a household member having had chicken pox (varicella). 2% 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. 4% of respondents reported a household member having been diagnosed with some form of hepatitis. 18% reported a household member having had influenza and 14% reported pneumonia. Insect borne diseases and sexually transmitted diseases were reports by less than 1% of the overall cohort.

Next the respondents were asked about problems relating to immunizations and household members over the past 5 years. 6% stated that their insurance carrier did not cover immunizations. 4% cited issues around adults having access to the vaccines. 90% of respondents were aware of resources for free or reduced cost immunizations. 1% reported not getting a child immunized for some reason other than religious beliefs.

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% of respondents reported one or more members of their household were not getting enough physical activity. 24% reported some physical limitation as preventing a household member from getting enough physical activity. Some of the issues mentioned were obesity and some physical impairment. 21% stated a lack of available time for physical activity. 15% lamented a lack of community recreation programs and facilities for adults and 9% reported a lack of neighborhood playgrounds for children. 13% reported a need for paved trails and sidewalks in their community, and 7% commented on the general overall lack of parks and open public spaces. 37% allowed that laziness might be a factor keeping their household member dormant. 39% of respondents reported an obese household member, and 8% reported a general lack of knowledge about nutrition. 15% stated they did not plan meals, and 7% blamed the cost of healthier nutrition habits. 36% of respondents reported unhealthy eating habits, and 8% were concerned about the availability of junk food and soda in the school. Anecdotally, respondents also were concerned that the rigors of food preparation to accommodate diabetes and overall healthier cooking were too difficult and their education was lacking in this regard. A lack of availability of fresh fruit and vegetables in their community was also mentioned.

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 6% also reported poor water quality. 9% cited some form of insect or rodent infestation. 2% cited noise pollution as a health concern. 15% reported issues around sun exposure. Issues of mold were cited at less than 6%. Only 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 which affected 9% of respondents. 4% also mentioned issues around accessing affordable housing, and 6% reported trouble affording the cost for heating their home. Handicap accessibility issues were cited by 4% 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, 55% of respondents thought tobacco use is a problem, with 49% citing youth smoking as their basis, and 40% including use of smokeless tobacco by youth. 30% believed that the number of pregnant women who smoke is too high. 49% 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 23% of respondents, and 47% of respondents were concerned about enforcement of minors purchasing tobacco products. 41% of respondents thought that smoking in cars and homes was a health issue for members of those households, and 22% of respondents were concerned about an overall lack of education and 26% were concerned about resources lacking to facilitate more smoking cessation. 74% of respondents believe that drugs are a problem in their community. 78% blame the perception of acceptability around the use of drugs and alcohol by adults, and 62% blame the acceptability around the use of drugs and alcohol by youth. 53% of respondents cited the rural nature of the county as being a factor. 51% thought that current drug laws were not being enforced, while 33% 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 May 3, 2011.

Observations from the Floyd County Focus Group – May 3, 2011

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

- A participant said that there is a lack of specialized and advanced medical capabilities.
- The hospital in Lockney has no ICU.
- The hospital can perform ancillary treatments, such as physical therapy, CT scans, MRIs, C-sections, minor surgeries, and tonsillectomies.
 - Some people do not know that the Lockney hospital can perform the ancillary capabilities.
 - The hospital does not have a Neonatal Intensive Care Unit (NICU), so patients will be referred to another hospital if there is a problem.
 - For specialist care, patients are referred to another hospital. Many patients will travel to Lubbock for critical care, though many will stay in Lockney.
- Patients do seek primary care in Lockney.
- There is a lack of dental care in the area.
- One participant said the biggest issue is transportation.
 - People rely on friends, churches, and volunteers for transportation.
- Because of the time it takes to transfer a patient from the Lockney hospital to another hospital, a patient can go from being in a stable condition to an unstable condition.
 - One participant told an anecdote about a patient calling an ambulance and faking symptoms so that he/she could get a ride to the medical facilities.
- The people that staff the ambulance are allowed to bypass the Lockney hospital if they need care that the Lockney hospital cannot provide. Otherwise, they will take patients to Lockney.
- Air ambulance memberships are available but they are unaware of any subscribers. They assume this is because the hospital is in Lockney.
- People try to seek medical treatment locally in Floydada or Lockney when they can because of high gas prices.
 - People may use subsidized rural transportation called Spartan, but they need to schedule 24-hours in advance. A person must schedule a ride and go to other appointments if other people that are the transportation that day.
- Another participant said that more volunteers EMTs are needed because of the age and population of the county.
 - An issue with getting more volunteers is the high standards of training. The qualifications of becoming a volunteer EMT in Floyd County are the same as in a large metropolitan city, such as Dallas.

- Another need for the county is vehicles and equipment. Lockney has two ambulances but sometimes only one works.
- This problem is connected to the transportation situation.
- A participant said that there is a lack of knowledge in the community about the hospital's capabilities.
- A participant said that many people do not know about the Swing Board Program. The program is for short-term rehabilitation that is provided by skilled nurses.
- 90% of the women who give birth in Lockney are on Medicaid.
 - There is a perception there are two primary groups of women who seek prenatal care differently because of their lack of knowledge about the hospital's birthing capabilities.
 - One group of women stays in Lockney for childbirth and do not seek prenatal care because they believe they do not need it. These are primarily low income women.
 - Because they do not seek prenatal care, it hinders the hospital when taking care of the patient because doctors lack lab work and x-rays of a pregnancy. These issues can lead to the need for specialized care, so sometimes patients are transferred.
 - This is connected to the transportation problem.
 - There is a perception that the middle group of women is status seeking, so they travel to Lubbock for prenatal care and childbirth.
 - In addition, a participant said that people travel to Plainview for obstetrics, even though that hospital has two doctors who perform obstetrics and Lockney has five doctors who perform obstetrics.
- The marketing strategies in larger hospitals are better and can reach the Lockney area at no extra cost (Since Lockney is in Lubbock's media market). Those hospitals also have more to offer, such as luxury birthing packages. There is also a perception that the larger hospitals and their marketing make it more undesirable for women to use the Lockney hospital for obstetrics.
- A participant said that for patients that can travel, they will sometimes bring their child to the Lockney ER even though their primary care physician may be available in Lubbock.

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

- The participants noted many health concerns in the Lockney area.
 - As stated in the previous question, the biggest issue is transportation.
 - As stated in the previous question, there is a need for volunteer EMTs.
 - As stated in the previous question, there is a need for vehicles and equipments for the Emergency Medical services.
 - As stated in the previous question, there is a lack of medical capabilities.
- This is connected to the transportation problem because people must travel to see a specialist.
- There is not retail pharmacy in the hospital. Lockney and Floydada each have one pharmacy.
- An unfunded medication assistance program is managed by the hospital. Hospital staff help patients who qualify for free or reduced cost medicines with paperwork for pharmaceutical companies so they can receive a discount on their medication.

- A participant said the hospital does not do a lot of marketing because it is a funding issue. If the hospital does more marketing, it would probably make a difference.
 - This is connected to the lack of knowledge about the hospital's medical capabilities that are mentioned in question one.
- A participant said that there are emerging cardiac issues in young people, though this is not unique to the community.
- A participant said there is a perception that there are many upper respiratory issues due to the aging population and farming. Also, there is a perception that there are above normal rates of pneumonia and flu.
- A participant said there is a perception of seasonal allergies that are related to agricultural production. Sometimes these allergies can aggravate pneumonia. As another aggravating factor, Lockney has two cotton gins.
- A participant said that there is a perception that a segment of the population do not or cannot take care of their homes properly, so this is conducive to many types of health issues.
- Another participant said that for a while chronic pneumonia among babies and children was prevalent.
- Another participant noted that a few years ago there were high rates of cancer.

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

- Participants agree that they will seek care locally unless they need to see a specialist, in which case they must travel.
- As stated previously, there is a lack of knowledge in the local community about the hospital's capabilities.
- As stated in the first previously, people seek primary care in Lockney or Floydada but travel for specialists.
- There is a perception that how patients are treated will make a difference on where they seek care.
- There is a perception that the ER services in Lockney has less waiting time and has a faster triage than the larger hospital in Plainview.
- A participant said that when people cannot receive the proper care in Lockney, they travel to Lubbock or Amarillo, but it mostly depends on where they are in the county and which is in closer proximity.
- Another participant said that where people travel for care depends on the level of care needed. For example, Lubbock has a Trauma 1 facility and Amarillo does not, but Amarillo has more capabilities than Lockney. In addition, Lubbock has the only burn centers in the region.

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

- There is a lack of knowledge in the community about the hospital's capabilities.
- People seek primary care in Lockney or Floydada but travel for specialists.
 - There is a perception that how patients are treated will make a difference on where they seek care. In some cases the perception is that Lockney will provide better care than Plainview and some other area hospitals.
- As stated in the previous question, geographical proximity and the level of care will depend on where a patient will seek care outside of Floyd County.

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

- A participant said that there are emerging cardiac issues in young people, but this is not unique to the community.
- There is a perception that there are many upper respiratory issues due to the aging population and farming. Also, there are normal rates of pneumonia and flu.
- There is a perception of seasonal allergies that are related to agricultural production. Sometimes these allergies can aggravate pneumonia. For example, Lockney has two cotton gins.
- There is a perception that many people do not or cannot take care of their cleanliness of their homes, so this is conducive to many types of health issues.
- A participant said that for a while chronic pneumonia among babies and children was prevalent.
- A participant noted that a few years ago there were high rates of cancer.

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 participant said that there is a perception that people do not have health as a top priority, even if they have Medicaid.
- As stated previously, there is a perception that some women believe prenatal care is not necessary. The hospital has a reputation for being a birthing center. Floyd County and its neighbor Briscoe County have high rates of women that lack prenatal care.
- As stated previously, 90% of the women who give birth at the hospital in Lockney are on Medicaid.
- A participant said there is a perception that some people are too old to receive health insurance through their parents so they do not have insurance, but health is not a priority because they are more concerned with housing a food.
- A participant said there is a perception at the community level that the hospital is a large contributor to the economy because of the jobs it provides.
- A participant said there is a perception that health is viewed as important to the elderly community.
- A participant said there is a perception that people feel entitled to health care.
- There is another perception that the sense in the community is that everyone will help each other.
- A participant said there is a perception that some people must take care of their children and elderly parents. These people may not speak English, they have limited or no transportation, and they must work, which makes it difficult to take children to doctors appointments. They do not see a doctor or take their children to doctors because it would require missing time from work, which they feel they cannot afford. Often elderly parents take care of the children for them, but often times their elderly parents may have health issues that cause them to become a burden and they end up needing to take care of both their children and their parents medical needs, which is difficult given their limited resources.

HEALTH INDICATORS

There are many aspects of health that affect a community. To determine if residents of Floyd 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 Floyd County with all other counties and with the overall state. West Texas 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.

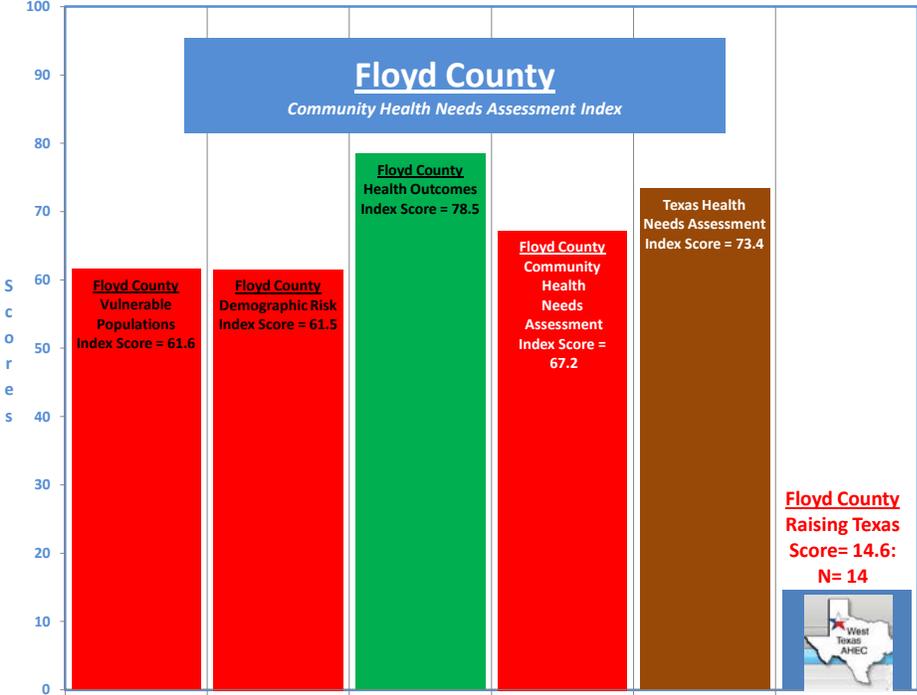


Table 1: Community Health Needs Assessment Index

Table 1 provides a Community Health Needs Assessment Summary for Floyd 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 Llano 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 Floyd 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 Populations Index

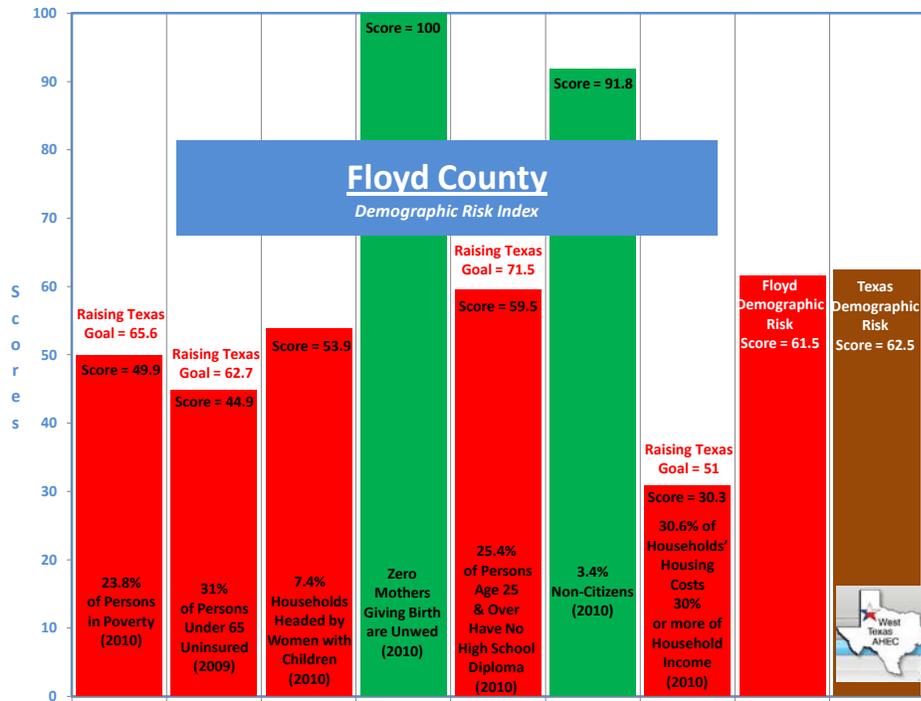


Table 3: Demographic Risk Index

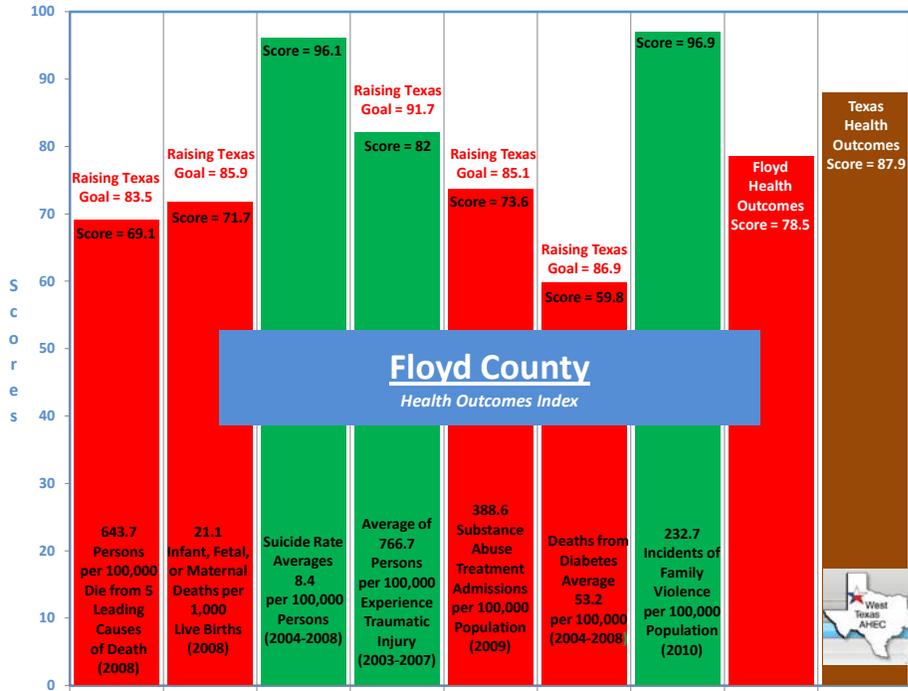


Table 4: Health Outcomes Index

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

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