

Community Health Assessment

Gaines County

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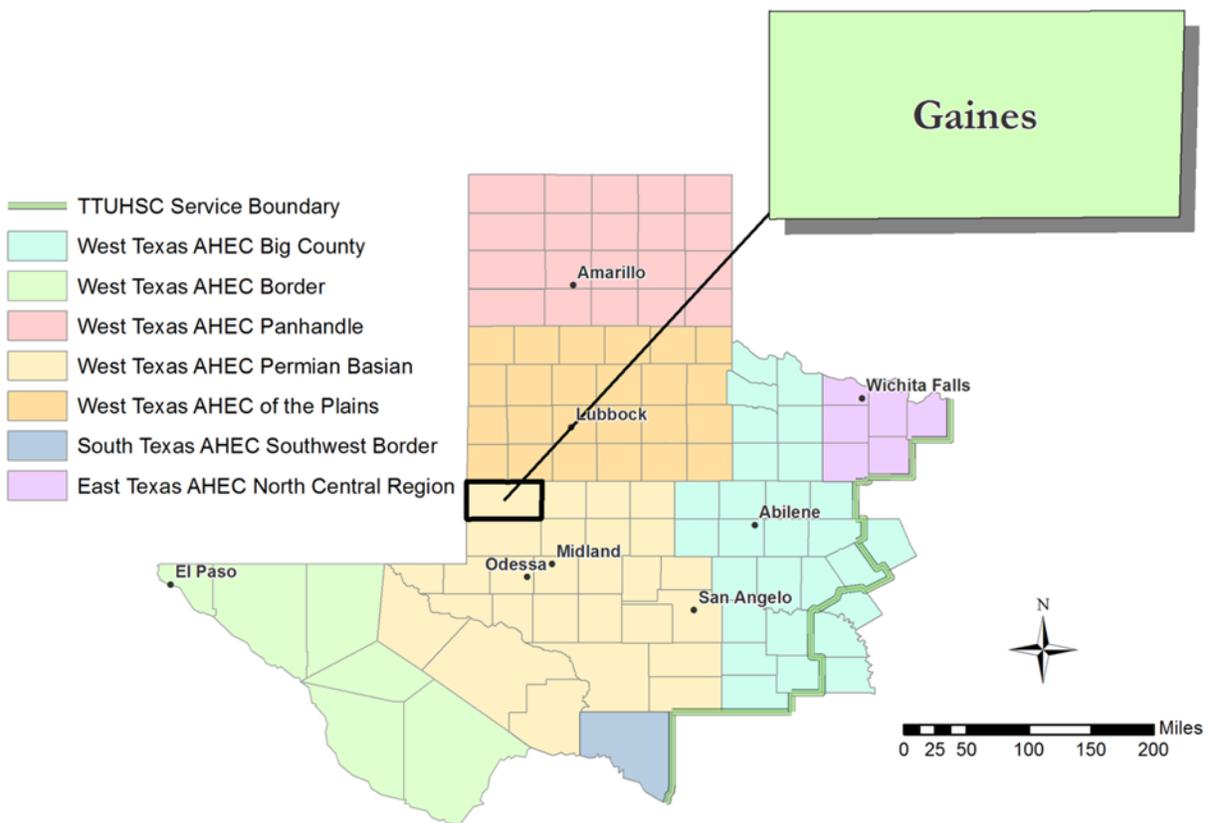
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PREFACE

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

Many thanks to:

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INTRODUCTION

In 2011, Gaines 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 Gaines 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

Gaines County estimate population:	17,526
Population Rank among Texas' 254 Counties:	130
Population per Square Mile:	11.7
Area in Square Miles:	1,502.38

Gaines County is classified as rural. Rurality has been shown to be one factor in health disparities.

Ethnicity and Race

White persons	84%
Black persons	1.7%
American Indian/Alaskan	0.6%
Asian	0.3%
Two + Races	2.0%
Hispanic/Latino	36.6%
White Not Hispanic	84.0%

% of County

The demography of Gaines County suggests a bicultural population with a significant Hispanic influence in the population.

Gender

Female	49.8%
Male	50.2%

% in County

Unlike many of the other rural counties of West Texas, Gaines County has a diverse age structure with a large percentage of working aged people.

Age

<05 Years	10.4%
<18 Years	34.8%
18-64 Years	45.8%
65+ Years	9.0%

% of County

Source: www.census.gov

Socioeconomic Indicators

	County	State
Per Capita Personal Income	\$27,178	\$38,609
Unemployment Rate	6.2%	8.2%
Average Monthly TANF Recipients ¹	8	104,693
Average Monthly SNAP Recipients ²	1,223	2,819,469
Unduplicated Medicaid Clients	3,414	4,762,787
Average Monthly CHIP Enrollment	611	466,242

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

The per capita income is significantly below that of Texas but the unemployment rate is less indicating a high proportion of employed at wage nearer minimums – working poor.

¹ Temporary Assistance to Needy Families

² Supplemental Nutrition Assistance Program

The most significant vulnerability in the population is low education levels. This likely is related to wage structures and per capita income.

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)	3,867
Severely Work Disabled	329
Major Depression	720
Recent Substance Abuse (within past month)	812

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

There is a significant portion of the Gaines County population that is uninsured and underinsured for health care needs.

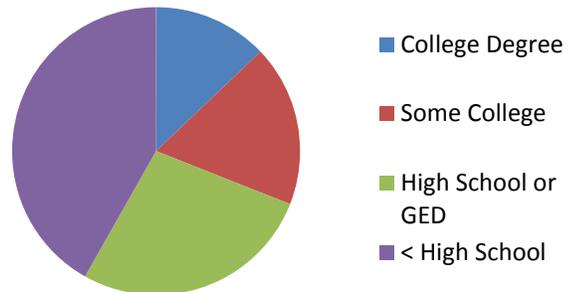
	#County	%County	#State	%State
Persons Living Below Poverty Level	2,524	16.5%	4,143,077	17.1%
Without Health Insurance				
<18	1,324	27.0%	1,375,714	19.5%
<65	4,775	35.5%	5,765,126	26.8%

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

Education

College Degree	12.9
Some College	18.1
High School/GED	27.2
Less Than High School	41.8

Source: US Census American Community Survey



Access to Care

Average Monthly Medicare Enrollment	
Age 65+	1,414
Disabled	248
Average Monthly Medicaid Enrollment	3,329
Primary Care Physicians	5
Dentists	2
Physician Assistants	1
Registered Nurses	41
Licensed Vocational Nurses	31
Nurse Practitioners	4
Pharmacists	6
Certified Emergency Medical Services Personnel	25
Community/Migrant Health Centers	No

Average Medicaid enrollment is substantial and likely related to the bad debt, charity care, and UC costs experienced in the health care system in Gaines County.

Rural Health Clinics

No

Source: www.communityhealth.hhs.gov

Community Health Indicators

Hospital Information

# of Hospitals	1	Bad Debt Charges	\$2,330,695
Ownership	Public	Charity Charges	\$453,304
Staffed Beds	25	Total Uncomp Care	\$2,783,999
Admissions	850	Gross Patient Revenue	\$19,620,673
Average Length of Stay	4.0 Days	Uncomp Care % Gross Patient Revenue	14.2%
Emergency Room Visits	5,436		

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

Health Outcomes

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

Measures of Birth and Death

	County	USA
<i>% Of All Births</i>		
Low Birth Weight	8.5	8.2
Premature Births	13.6	12.7
<i>Deaths per 1000 live births</i>		
Infant Mortality	6.3	6.9
<i>Deaths per 100,000 population</i>		
Breast Cancer	42.0	24.1
Colon Cancer	39.5	17.5
Heart Disease	366.0	154.0
Lung Cancer	85.5	52.6
Vehicle Injuries	47.7	14.6
Stroke	104.7	47.0
Suicide	15.5	10.9
Other Injury	49.0	39.1

Source: www.communityhealth.hhs.gov

Business and Employment

Type of Business	# Employed
Total, All Industries	5,087
Mining	1,638
Construction	346
Manufacturing	N/A
Transportation	1,002
Information	N/A

Mining and agriculture are industries with high trauma rates. Programs that target workplace safety issues have been shown to be effective public health education measures.

Financial	162
Professional	N/A
Education & Health	1,102
Leisure/Hospitality	304
Public Administration	223
Other	101

of Large Employers (50+ Employees) 12

Source: Texas Association of Counties

Doss Fitness Memorial Hospital	100+ employees
F.J. Young Elementary School	50+ employees
Golden Peanut Company	50+ employees
Hess Corporation	100+ employees
Key Energy Services	100+ employees
Memorial Health Care Center	50+ employees
Memorial Hospital	100+ employees
Seagraves ISD	100+ employees
Seminole ISD	200+ employees
Seminole Water Dept.	50+ employees
T&T Earth Movers Inc.	50+ employees
Wal-Mart	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 Gaines County owning a land-line. In Gaines County 100 surveys were completed out of 394 attempts with a response rate of 14.7%. 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; 21% said health related posters offered them useful information. 60% said their health care provider was a regular source. When asked about media; 47% used the internet to get health information; 24% received health information from the radio; 47% stated that they received health information from local newspapers; and 59% received health information from the television news shows. 16% of respondents received information from bulletin boards; and 33% got some health care information from various newsletters. 72% received information from friends and family. Only

11% reported getting health related information from grocery stores, but 7% stated that WIC was one of their resources for information. 32% reported getting health information from their church, while social services offices provided health information to only 11% of respondents. Other resources mentioned was doctors, the hospital, magazines, and from their place of employment.

When asked which of those resources their most trusted source of health information was, their healthcare provider was cited as the number one choice, followed by friends and family. Television and internet were cited as the next most trusted health information resource. Newsletters, newspapers, and churches were also mentioned by 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, 35% answered yes. When asked the reason why someone in their household did not have insurance, employers not offering insurance (36%) and when offered, was too expensive to purchase (65%), were two of the main reasons mentioned. 20% 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 18% and 29% stated that while having some form of insurance, their deductible was too expensive. 20% lamented a lack of information around what services might be available. Coverage denial was mentioned by 13% of respondents; 20% said their insurance coverage was inadequate to their healthcare needs, and 18% cited a lack of insurance coverage overall. The high cost of prescription drugs was an issue to 28% of the persons queried. Lack of transportation was mentioned by 14%, 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, 47% went to their local clinic, doctor, or hospital and 47% went to a hospital or clinic in a town outside of the one they live in. About 5% of respondents utilized the emergency rooms of their local hospital and hospitals outside of their community.

Young Children, Youth and Family

Respondents stated that 34% currently have children less than 18 years old living in their household. Of this cohort 13% of the respondents reported that they had a child with developmental delays, and 8% reported a child with behavioral delays. 7% reported having a child they considered overweight or obese living in the household, but less than 1% expressed concerns about inadequate nutrition. Children with some physical limitation or mental health issue were reported by 3% of the parental cohort. When asked about teenage sexual activity 3% of the respondents thought their children might be sexually active, but no cases of teenage pregnancy were cited by the parental cohort. 14% of the parents queried mentioned a need for more screening and diagnosis resources for children in their community, and 3% accessed some form of out of home care for special needs children. Anecdotally, some respondents raised issues around ADHD treatment as an issue within their households.

Around the issues of family planning; 7% of all respondents reported an unplanned pregnancy. 2% lamented a lack of access to family planning information. None of the respondents expressed an inability to receive birth control systems, but 2% had some barrier to other reproductive health services.

Chronic Disease Burden

When asked about chronic diseases in the household; 73% reported a household member with some form of heart disease; 13% cited someone in their household having had a stroke; and high blood pressure was cited by 57% as being prevalent in their household. 21% reported a member with asthma and 5% reported severe breathing issues. Cancer in the household was reported by 12%, and 32% stated that someone in their household was diabetic. Anecdotally, arthritis, Parkinson's disease, and thyroid problems were 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. 24% reported a household member affected by depression or anxiety. 7% 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, but none stated the condition was too severe for the member to maintain employment. Stress was a mental health issue reported by 31% of persons surveyed. When asked about their ability to receive help and support for these mental health issues, 33% stated they were completely lacking a resource that would meet their needs. 70% of respondents cited a lack of quality, affordable, accessible, mental health services in their local community. 70% of respondents were concerned about the perception of accessing mental health services.

Unintended injuries are a major cause of mortality and morbidity, especially in rural areas. When asked about household members being affected by certain injury precursors in a previous 5 year period less than 1% cited someone receiving a DUI, domestic violence, and sexual assault as causes of injuries. On the job injuries were reported by 6% of respondents. 12% 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 5% as a result of some sports participation, and 1% reported a child injury due to water activities. Anecdotally, horse related injuries were 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 2% of respondents during the period in question. 19% reported a household member having had influenza, 2% reported a case of whooping cough, and 15% reported a case or more of pneumonia. Insect borne diseases and Hantavirus were nil. No cases of HIV/AIDS were reported by this cohort and sexually transmitted diseases were reported by less than 2% of the overall 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 4% of respondents. 8%

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. Less than 1% of respondents 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% cited an overall lack of enough physical activity among household members. 20% reported some physical limitation as preventing a household member from getting enough physical activity. Some of the issues mentioned were surgery recovery and arthritis. 23% stated a lack of available time for physical activity. 16% 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. 39% allowed that laziness might be a factor keeping their household member dormant. 36% of respondents reported an overweight or obese household member, but only 5% reported a general lack of knowledge about nutrition. 7% stated they did not plan meals, and 8% blamed the cost of healthier nutrition habits. 32% of respondents reported unhealthy eating habits, and 14% 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. 14% of respondents reported that poor outdoor air quality (dust, feed lot organic materials, smoke from grass fires, etc.) had been an issue, and 16% also reported poor water quality. Insect or rodent infestation was cited by 2% of respondents. 7% reported issues around sun exposure, and issues of mold and noise were cited at less than 3%. 7% 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 5%, and lack of affordable housing, which affected 3% of respondents. Furthermore, 19% reported trouble affording the cost for heating their home. Handicap accessibility issues were cited by 8% 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, 58% of respondents thought tobacco use was a problem, with 96% citing youth smoking as their basis, and 83% including use of smokeless tobacco and youth. 67% 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 64% of respondents and 58% of respondents were concerned about enforcement of minors purchasing tobacco products. 75% of respondents thought that smoking in cars and homes was a health issue for members of those households, and 58% of respondents were concerned about an overall lack of education and 49% believed resources available to facilitate more smoking cessation was lacking. 82% of respondents believe that drugs and alcohol are a problem in their community. 86% 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. 55% thought that current drug laws were not being enforced, and were concerned that a lack of education was 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 April 5, 2011.

Observations from the Gaines County Focus Group – April 5, 2011

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

- A. Transportation.
 - One participant noted that more transportation assistance is needed within the area for people that are on dialyses, as well as cancer patients. These people need transportation to and from the Seminole hospital for treatment.
 - Transportation to Lubbock is also an issue. Residents, people who live in the nursing home, and people in assisted living care (although not as frequent), need transportation to Lubbock for treatment and care.
- B. Diabetes education.
 - One participant suggested that there needs to be a center that deals specifically with diabetes education because diabetes is common for young people in the area.
 - Also, there are three different languages – English, Spanish, and German (high and low) – that are spoken within the area so a center for diabetes education would provide more communication.

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

- A. Diabetes is a major health concern, especially because a diabetes center is needed.
- B. There are certain places where young people are diagnosed with the same type of cancer.
 - For example, there is a group of women in the same area that have the same type of cancer, and a group of men that have the same type of kidney cancer.
 - Perhaps, some research can or should be done on that issue.
- C. A high incidence of congestive heart failure in younger people.
- D. Sponsorship of care/insurance. Includes Medicare, Medicaid, private health issues.
 - There is a concern with upcoming cuts with Medicare and Medicaid that may shift people to indigent status.

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

- A. The hospital does not have an MRI service, so they deal with the issue by having an MRI and a technician commuting from Abilene to the Seminole hospital once a week on Tuesdays. If someone needs an MRI quickly at another time during the week, the person has to be sent to another facility for

the test. If the hospital could expand the services, they would not need to send as many people to other facilities for MRIs.

- B. There is a local nurse practitioner that many know and trust for health issues. If the issue is a bit more serious, they are referred to a local physician that works in the same clinic. If it is much more serious they go to a larger medical facility in Midland or Lubbock.
- C. People who come through the JP offices and local courts end up getting recommendations for how to deal with different issues (medical, personal, etc.) by way of the court system. These recommendations often come because people are not knowledgeable about how to receive those services otherwise.
- D. There is, in general, a lack of awareness in the community regarding what services are available locally.
- E. Local hospice care is a tremendous help to the community.
- F. If an issue is critical, they will call the local EMS.
- G. People receive as much help as they can until they must go elsewhere where treatment is provided. There are no orthopedics or specialists for some health concerns (i.e. ear, nose, and, throat specialist), so people will not leave the community until it is needed. The local hospital and medical facilities play a part in this by helping people to understand what is available locally and what is not.

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

- A. Many people in the community will go without treatment or go see a local “chiropractor.” These “chiropractors” are not trained medical professionals (nor are they licensed chiropractors who treat pain/back injuries). These untrained individuals give recommendations on how to treat injuries and dispense medicine that can sometimes cause great problems – one example given was a young man who had an untreated broken leg because one of the “chiropractors” gave him medicine and told him he was fine.
- B. The increase in fuel prices are a concern and can affect decisions to drive for health issues.
- C. There is a lack of health awareness and knowledge so many people do not seek treatment. It is not usually a money issue, although that is a factor, but it is the level of knowledge that people have. If people knew that they needed help with their health, they would get treatment. Also, the local culture is a factor.
 - If people knew they needed to be treated and had a means of transportation, they would seek treatment.
 - If people were more knowledgeable about their diabetes situation, they would be more likely to travel to get treatment. Even more so if more transportation was provided.
- D. This question was raised: Is diabetes in the area higher than typical rates, or is there a higher proportion?
 - A participant said they Home Healthcare used “finger-sticks” to test children in the afternoon. Many children’s sugar levels were too high. The participant is unsure of the diabetes are Type I or Type II because they remain undiagnosed.
 - Also, younger people come to the hospital with headaches and tested positive for high sugar levels.

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

- A. The most common or problematic health issue is psychiatric care for all ages. For example, there have been 7 suicides in a short period of time in the county, which has a total population of approximately 15,000 people.
- B. Some women from the local area go to the hospital in Midland to seek care for sexual assault.

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. A participant said that some of the community and people outside of the community do not hold health care as a top priority because they do not know what is available.
- For example, because people do not know what treatment is available they turn to the previously mentioned “chiropractors.” These “chiropractors” do not know how to properly treat medical issues but will dispense medical advice and medicines regardless. This often leads to the patient’s condition worsening until they are forced to seek medical care.
- B. Another participant said that Family Coaching in Lubbock helps and direct people to the right place for treatment. Seminole needs this type of communication because people may not make the best decisions when under pressure and they may not always need a doctor. They need someone to listen.
- For example, a Missionary delivers food to approximately 271 children in the local area. Those people most likely have medical needs but they do not seek treatment or preventative care from the local community. Very few people have received medical services.
 - The first care needed is immunizations for children then they will probably need additional care. The question is how do you reach them and let them know what resources available?

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

- A. Different cultures treat medical issues differently. It is unclear if the Mennonite community does not know what type of medical care to seek or they do not want medical care. They do not use medication properly, such as giving one dose of Tylenol to their child and do not understand why the fever is still present more than 24 hours later. Many in the Mennonite community still use home remedies, such as sweating a fever, rather than seeking conventional medical care.
- In addition, the Mennonite community has pockets of three different languages (German, English, and Spanish), are very knowledgeable about business, and perform well at school but they seem uninformed about health issues. Some of the children are integrated into public schools, and others are home schooled or attend a Mennonite schools. A notable portion of the Mennonite community stops education after about the 8th grade, though that is changing somewhat.
 - Many of the households are very traditional – the children are taught how to work like the father or take care of the house like the mother, depending on the gender of the child.
 - Depending on the type of school a child attends (or whether he or she is home schooled), education on health awareness varies.
 - Some people in the Mennonite community have said that free screening would help but they have no insurance (also an issue with the Hispanic community). Some do not know that Medicaid is an option and that they can qualify for it.
- B. Another participant noted that a sexual assault victim that went to Midland for treatment needed psychological treatment too. A nurse helped to provide both types of treatments, so there is an issue on how far a health care provider has to go for one patient. Perhaps both a medical and psychiatric provider is needed.
- C. The Mennonite community, while insular, is not completely isolated from the larger community. Many Mennonites in the area own small businesses and have a role in the larger community. The question is how to reach out to them to raise awareness on healthcare in the area.
- D. A participant said that the cultures that are most at risk and that are seen the most in the emergency room are elderly Hispanics and young Germans.
- Not all Germans in the Community are Mennonites.

HEALTH INDICATORS

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

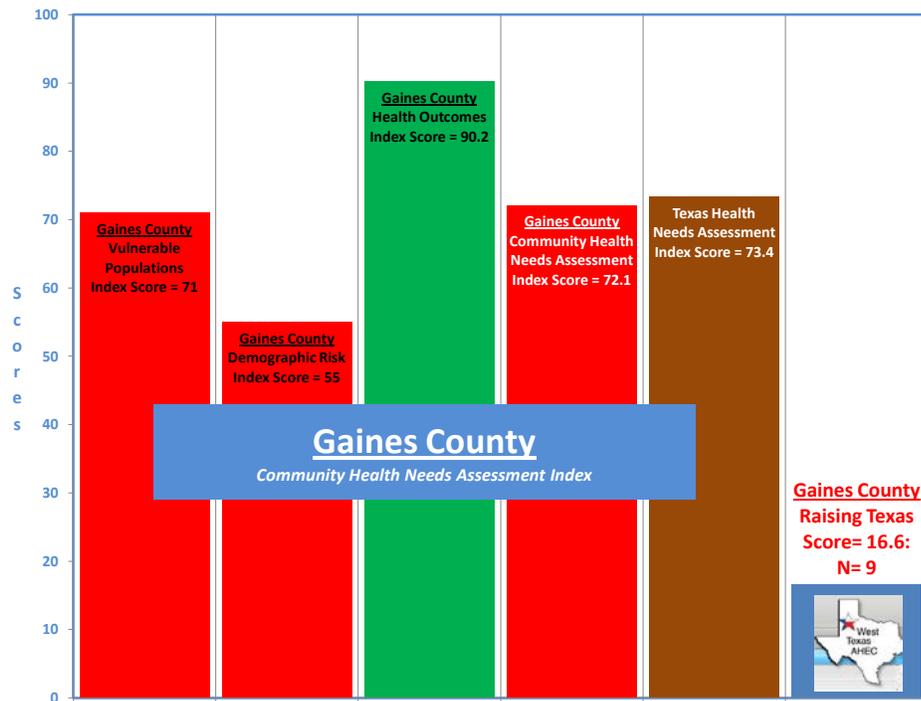


Table 1: Community Health Needs Assessment Index

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

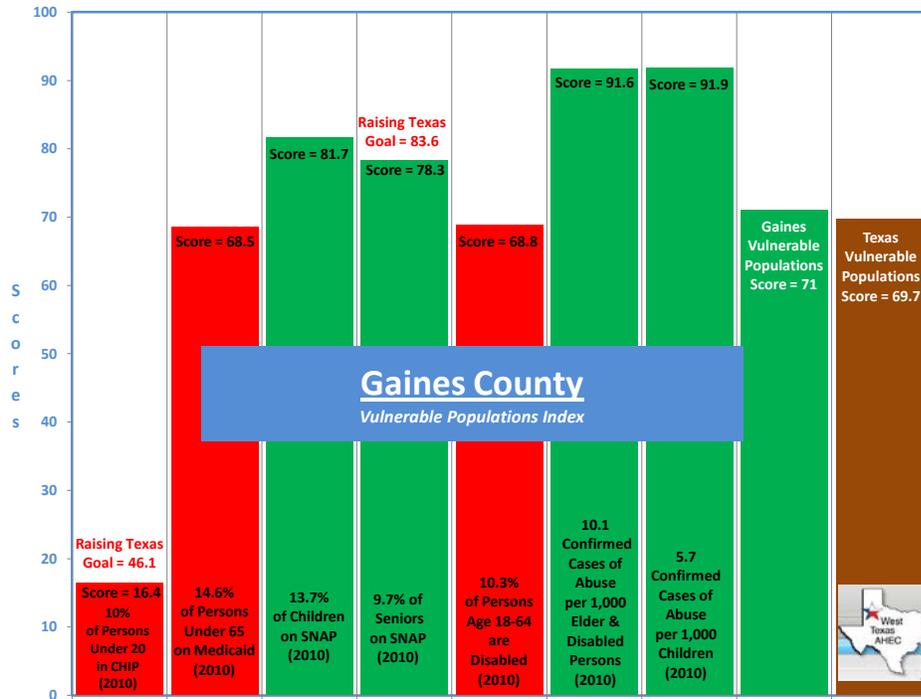


Table 2: Vulnerable Population Index

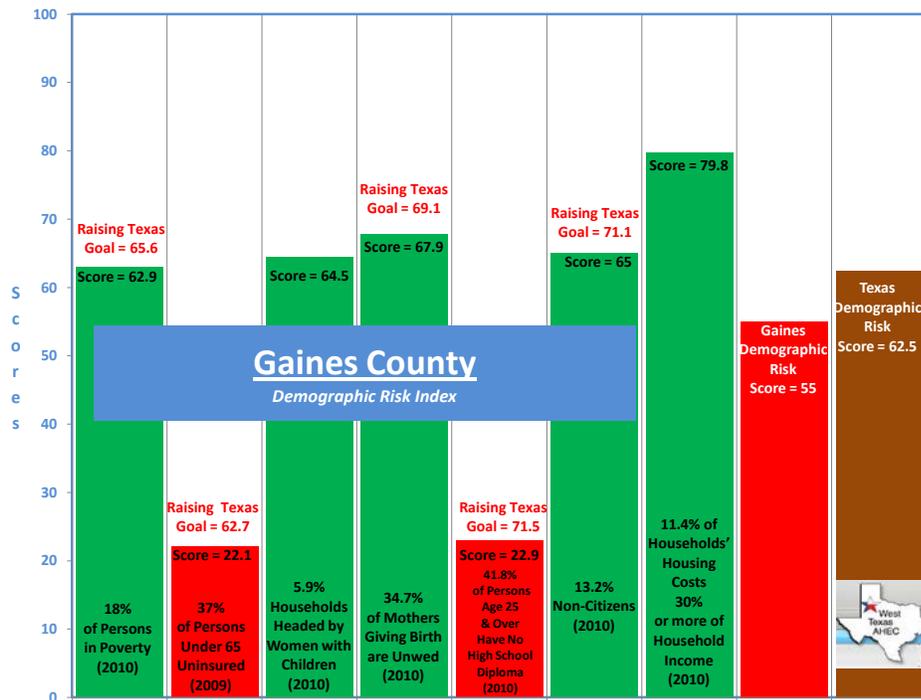


Table 3: Demographic Risk Index

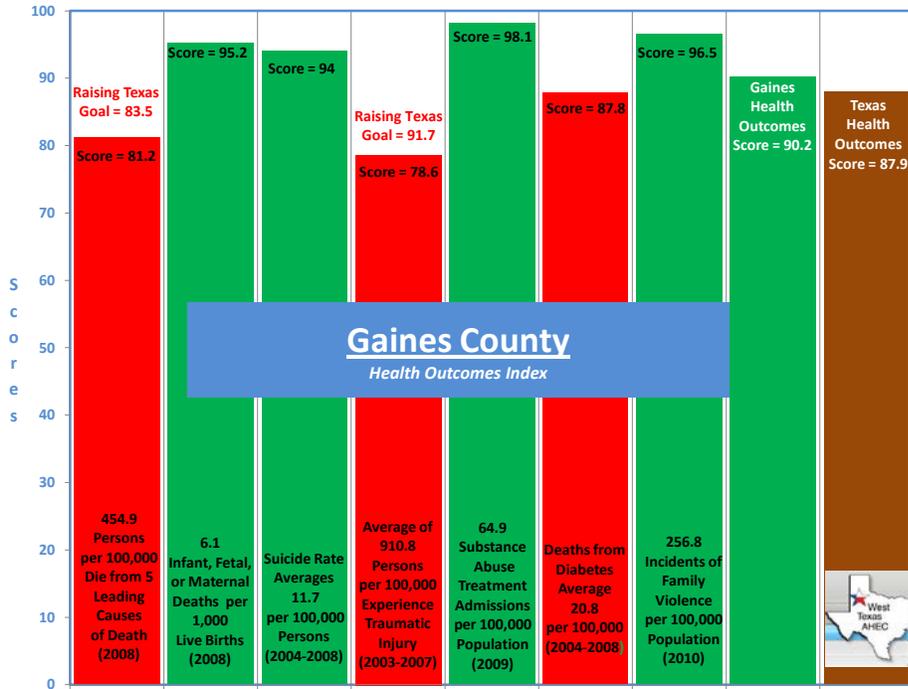


Table 4: Health Outcomes Index

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

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