

Community Health Assessment

Garza County

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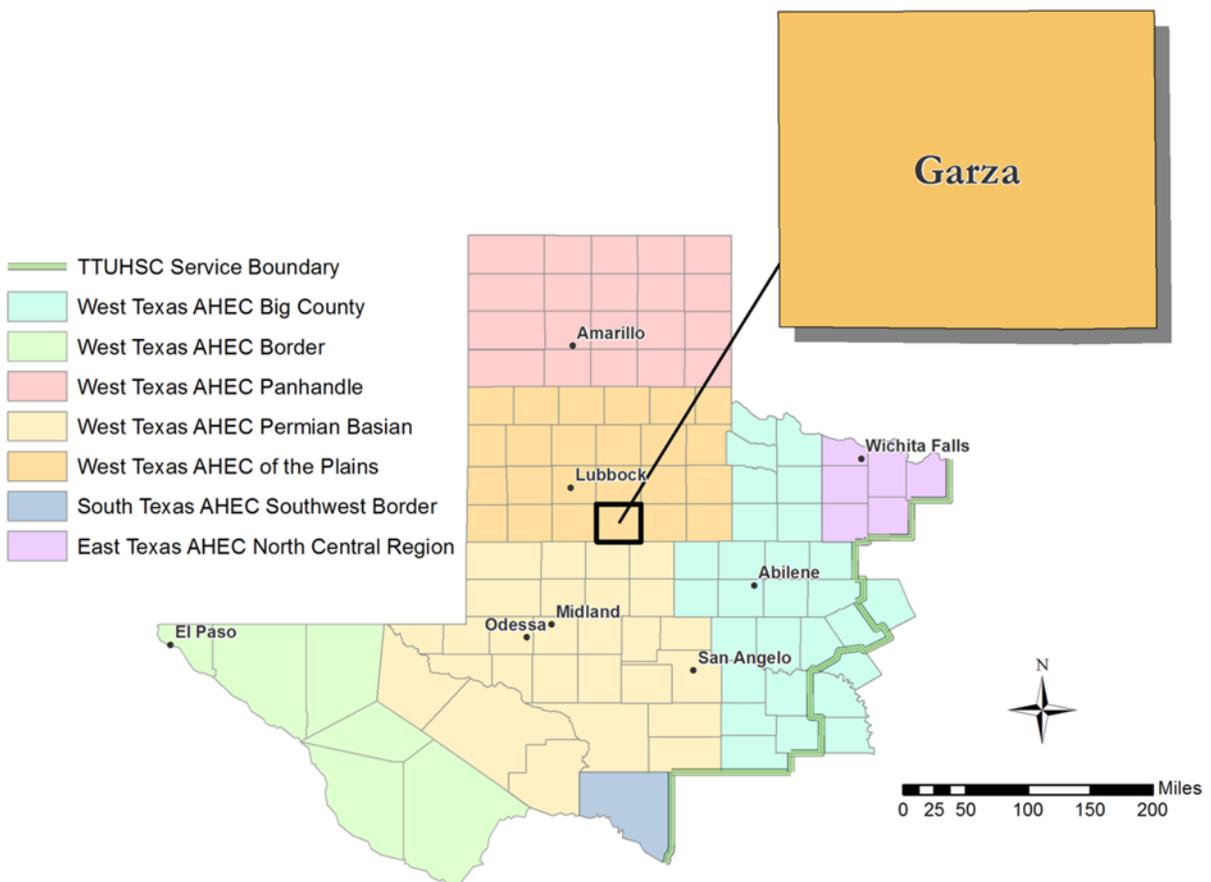


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PREFACE

This report has been prepared for Garza 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:

Garza County and the Honorable Judge Lee Norman, County Judge and Thressa Palmer Harp, Mayor

INTRODUCTION

In 2011, Garza 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 Garza 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

Garza County estimate population:	6,461
Population Rank among Texas' 254 Counties:	192
Population per Square Mile:	7.2
Area in Square Miles:	893.41

Ethnicity and Race

White persons	82.8%
Black persons	6.5%
American Indian/Alaskan	0.6%
Asian	0.1%
Two + Races	1.2%
Hispanic/Latino	47.1%
White Not Hispanic	45.8%

Gender

Female	36.7%
Male	63.3%

Age

<05 Years	5.9%
<18 Years	19.7%
18-64 Years	69.4 %
65+ Years	10.9%

Source: www.census.gov

Socioeconomic Indicators

	County	State
Per Capita Personal Income	\$36,939	\$38,609
Unemployment Rate	5.4%	8.2%
Average Monthly TANF Recipients ¹	39	104,693
Average Monthly SNAP Recipients ²	665	2,819,469
Unduplicated Medicaid Clients	1,317	4,762,787
Average Monthly CHIP Enrollment	115	466,242

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

Garza County is classified as a Frontier county. This means it is sparsely populated and in such locales health disparities are often related to lack of access to health care resources.

The demography of Garza County is a majority minority situation. Bicultural populations with a significant Hispanic influence require attention to heritage, cultural traditions and practices, and bilingual programming that is literacy neutral.

Garza County is atypical in that the male to female ratio is about two to one. This is significant and must be understood since most health care is consumed for families by women. The focus on men's health programs and considerations of this factor of disproportionality will need attention in matters of health, prevention and disease management.

Garza County, like many others in West Texas, has an aging population. Programs focused on chronic diseases and senior services are likely to be prominent needs.

The per capita income is below that of Texas but the unemployment rate is less indicating a high proportion of employed people. Below, note that one in five people are living below federal poverty levels. These suggest a pattern of low wage earners or working poor.

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)	919
Severely Work Disabled	119
Major Depression	241
Recent Substance Abuse (within past month)	254

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

There are two significant vulnerable populations in Garza County – the large percentage of people, young and elderly without health insurance and the low education levels. This likely is related to wage structures, a large number of working poor and a public burden for assistance services.

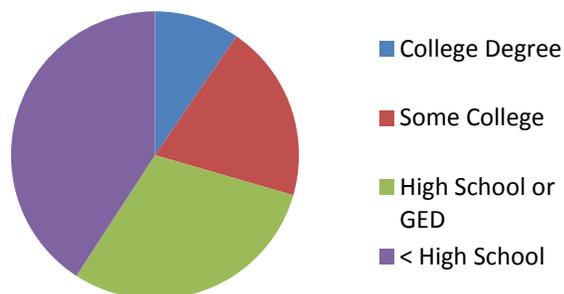
Persons Living Below Poverty Level	#County	%County	#State	%State
	907	21.9%	4,143,077	17.1%
Without Health Insurance	#County	%County	#State	%State
<18	210	18.7%	1,375,714	19.5%
<65	1,014	29.0%	5,765,126	26.8%

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

Education

College Degree	8.6
Some College	18.1
High School/GED	27.2
Less Than High School	37.1

Source: US Census American Community Survey



Access to Care

Average Monthly Medicare Enrollment	
Age 65+	674
Disabled	106
Average Monthly Medicaid Enrollment	1,124
Primary Care Physicians	2
Dentists	1
Physician Assistants	1
Registered Nurses	9
Licensed Vocational Nurses	17
Pharmacists	1
Community/Migrant Health Centers	0
Rural Health Clinics	0

Source: www.communityhealth.hhs.gov

Community Health Indicators

Hospital Information

of Hospitals 0

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

Health Outcomes

	County	Texas
Diabetes	10%	9%
HIV Rate per 100,000 population	261	319

Measures of Birth and Death

	County	USA
<i>% Of All Births</i>		
Low Birth Weight	7.5	8.2
Premature Births	14.1	12.7
<i>Deaths per 1000 live births</i>		
Infant Mortality	3.0	6.9
<i>Deaths per 100,000 population</i>		
Breast Cancer	nr	24.1
Colon Cancer	nr	17.5
Heart Disease	444.8	154.0
Lung Cancer	109.0	52.6
Vehicle Injuries	55.7	14.6
Stroke	111.3	47.0
Suicide	nr	10.9
Other Injury	44.5	39.1

Source: www.communityhealth.hhs.gov

Diseases associated with smoking and trauma show very high rates in Garza County. Heart disease and stroke should be addressed as these are debilitating, expensive and amendable to effective disease screening and prevention programs that focus on cardiovascular risk factor reduction.

Business and Employment

Type of Business

Type of Business	# Employed
Total, All Industries	1,717
Mining	257
Construction	180
Manufacturing	nr
Transportation	223
Information	nr
Financial	nr
Professional	nr
Education & Health	351
Leisure/Hospitality	132
Public Administration	nr
Other	nr

Nr= Not Reported by County

of Large Employers (50+ Employees) 4
Source: Texas Association of Counties

Post Elementary School	50+ employees
Rocker A Well Service Inc.	50+ employees
United Supermarkets	50+ employees
Giles W. Dalby Correctional	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 Garza County owning a land-line. In Garza County 100 surveys were completed out of 888 attempts with a response rate of 8.7%. 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; 49% said health related posters offered them useful information. 86% said their health care provider was a regular source. When asked about media; 66% used the internet to get health information; 15% received health information from the radio; 66% stated that they received health information from local newspapers; and 45% received health information from the television news shows. 48% of respondents received information from bulletin boards; and 24% got some health care information from various newsletters. 85% received information from friends and family. Only 15% reported getting health related information from grocery stores, 9% stated that WIC was one of their resources for information. 24% reported getting health information from their church, while social services offices provided health information to only 13% of respondents. Other resources mentioned was doctors, the hospital, magazines, and from their place of employment.

When asked which of those resources was their most trusted source of health information, the local news was cited as the number one choice, followed by their healthcare provider. Friends and family and television, followed by the internet were next, in that order.

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 (69%) and when offered, was too expensive to purchase (46%), were two of

the main reasons mentioned. 11% 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 10% and 10% also stated that while having some form of insurance, their deductible was too expensive. 49% lamented a lack of information around what services might be available. Coverage denial was mentioned by 5% of respondents; 11% said their insurance coverage was inadequate to their healthcare needs, and 12% cited a lack of insurance coverage overall. The high cost of prescription drugs was an issue to 12% of the persons queried. Lack of transportation was mentioned by 4%, and 2% 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, 74% went to their local clinic, doctor, or hospital and 25% went to a hospital or clinic in a town outside of the one they live in. About 1% of respondents utilized the emergency rooms of their local hospital and hospitals outside of their community.

Young Children, Youth and Family

53% of the respondents stated that they currently have children less than 18 years old living in their household. Of this cohort 72% of the respondents reported that they had a child with developmental delays, and 2% reported a child with behavioral delays. 73% reported a child they considered overweight or obese, but only 2% had concerns about inadequate nutrition. Less than 5% reported children with some mental health issue; or any physical limitation their child labored under. When asked about teenage sexual activity less than 2% of the respondents thought their children might be sexually active, and no cases of teenage pregnancy were cited by the parental cohort. 3% of the parents queried mentioned a need for more screening and diagnosis resources for children in their community, and out of home care for special needs children was accessed by 2% of the parental cohort.

Around the issues of family planning; 2% of all respondents reported an unplanned pregnancy, but a lack of family planning information, an inability to receive birth control systems, or other reproductive health services was cited by less than 2% of overall respondents.

Chronic Disease Burden

When asked about chronic diseases in the household; 17% reported a household member with some form of heart disease; 5% cited someone in their household having had a stroke; and high blood pressure was cited by 35% as being prevalent in their household. 18% reported a member with asthma and 8% reported severe breathing issues. Cancer in the household was reported by 15%, and 17% stated that someone in their household was diabetic. Anecdotally, arthritis was also mentioned as chronic illnesses in these households.

Behavioral and Mental Health Needs

Respondents were next asked to report on mental health issues present in their households during the previous 5 year period. 51% reported a household member affected by depression or anxiety, and 1% reported that it was so severe their household member could not maintain employment. Stress was a mental health

issue reported by 55% of persons surveyed, 3% reported an eating disorder, and child abuse/neglect was cited by 1% of respondents. When asked about their ability to receive help and support for these mental health issues, only 27% stated they were completely lacking a resource that would meet their needs. 51% said that the mental health services that were available in their county were not affordable, or accessible due to distance and transportation issues. 27% of respondents cited concerns around the community perception of accessing mental health services.

Unintended injuries are a major cause of mortality and morbidity, especially in rural areas. When asked about household members being affected by certain injury precursors in a previous 5 year period; 1% cited someone receiving. On the job injuries were reported by 8% 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 3% as a result of some sports participation, and 2% reported a child injury due to water activities. Anecdotally, car and motorcycle accidents, and snake bites 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, 1% of respondents reported a household member having had whooping cough. Food and or water borne illnesses, such as giardia and salmonella had affected 1% of respondents during the period in question. 5% reported a household member having had influenza and 4% reported a case or more of pneumonia. Insect borne diseases were nil. Hepatitis was reported by 1% of the cohort and sexually transmitted diseases other than HIV/AIDS were reported by 1% 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 less than 1% of respondents. 5% stated that their insurance carrier did not cover the immunization. 2% cited issues around adults having access to the vaccines, and only 4% of respondents were unaware of resources for free or reduced cost immunizations.

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; 59% cited an overall lack of enough physical activity among household members. 17% reported some physical limitation as preventing a household member from getting enough physical activity. Some of the issues mentioned were asthma and physical limitations. 11% stated a lack of available time for physical activity. 8% lamented a lack of community recreation programs and facilities for adults and 5% reported a lack of accessible neighborhood playgrounds for children. 8% reported a need for paved trails and sidewalks in their community, and 6% commented on the general overall lack of parks and open public spaces. 19% allowed that laziness might be a factor keeping their household member dormant. 58% of respondents reported an obese household member, but only 3% reported a general lack of knowledge about nutrition. 9% stated they did not plan meals, and 5% blamed the cost of healthier nutrition habits. 53% of respondents reported unhealthy eating habits, and 43% 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. 8% of respondents reported that poor outdoor air quality (dust, feed lot organic materials, smoke from grass fires, etc.) had been an issue, and 5% also reported poor water quality. No respondents cited any form of insect or rodent infestation. 5% reported issues around sun exposure, and issues of mold were cited at less than 4%, and noise pollution was a concern to 2% of respondents. 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 3% of respondents, and a lack of affordable housing which affected 4% of the cohort. Furthermore, 4% also reported trouble affording the cost for heating their home. Handicap accessibility issues were cited by 3% 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, 69% of respondents thought tobacco use was a problem, with 98% citing youth smoking as their basis, and 38% including use of smokeless tobacco and youth. 31% believed that the number of pregnant women who smoke is too high. 99% 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 79% of respondents and 77% of respondents were concerned about enforcement of minors purchasing tobacco products. 40% of respondents thought that smoking in cars and homes was a health issue for members of those households, and 82% of respondents were concerned about an overall lack of education and 78% believed resources available to facilitate more smoking cessation was lacking. 82% of respondents believe that drugs and alcohol are a problem in their community. 97% blame the perception of acceptability around the use of drugs and alcohol by adults and youth, and 70% cited the rural nature of the county as being a factor. 82% thought that current drug laws were not being enforced, while 69% 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 July 7, 2011.

Observations from the Garza County Focus Group – July 7, 2011

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

- Drugs and alcohol are a problem in the county.
- Teen pregnancy is a problem in the county.
- An increase in the number of people who receive delivery from Meals on Wheels has put a strain on the county.
- There is a need for specialists.
- There is a need for more flexibility on federal and state regulations on how to approach health concerns.
- Transportation is an issue.
- There is a need for more doctors.
- There is a need for more trained daytime EMTs.

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

- There is a need for more health care resources but there is an understanding why there is not. The county has a district, clinics, mobile units, a health department, and a health and wellness center.
- Home health is available locally and people come to the county from home health agencies in Lubbock. Home health is very positive and utilized.
- There is a pharmacy but it is not open on the weekends; however, the pharmacist will do call-outs if necessary.
- Drugs and alcohol are a problem in the county.
- Teen pregnancy is a problem in the county.
 - There are programs available but they do not seem to be effective in preventing teen pregnancy. It was noted that the programs provide too much assistance, which reduces the incentive for mothers to go off assistance.
- The county has a local Mental Health Mental Retardation (MHMR) facility and it is really needed.
 - MHMR provides assessment for mental health patients.
 - MHMR provides services for the surrounding counties.
 - The county provides space for the MHMR facility.
 - Mental health patients cannot be taken by ambulance to True Point, a mental hospital, so they must be diagnosed in an ER.
- An increase in the number of people who receive delivery from Meals on Wheels has put a strain on the county.
 - There are 70 home deliveries now while there were only 15 home deliveries 4 years ago.
 - There is a need to make sure people qualify for Meals on Wheels.
- There is a local nursing home and it is privately owned.
 - The nursing home has an occupational speech therapist and a physical therapist that comes in from Lubbock. There are in and out patients.
 - CNAs at the nursing home are given a raise after three months as an incentive to stay.
- There is a need for specialists.
 - Health and Human Services provides mobile dental work.

- The local school nurse brings in mobile eyesight examinations and mammogram examinations to the community.
- An optometrist comes to Post once a week.
- There is a local dentist.
- There is a need for more flexibility on federal and state regulations on how to approach health concerns.
 - The ambulance must go to the ER and not to the local clinic. The closest ER is in Tahoka that is 25 miles away. The ambulance will transfer more traumatic health emergencies to Lubbock or call for an airlift.
 - The nursing home deals with many falls from the elderly. The local doctor can provide stitches but ambulance rules do not allow for that. The local doctor should be able to make a judgment call on whether to go to the ER in Lubbock.
- Transportation is an issue.
 - Many people drive to Lubbock for medical care.
 - Some people will not go to the doctor until it is critical.
 - Dialysis patients must go to Lubbock for dialysis.
 - The nursing home tried to qualify for a dialysis wing for the community but realized there would be issues with staffing, abilities for coding patients, and getting patients to Lubbock if they need medical care.
 - Spartan provides transportation but people cannot afford the fare, and even if they can and the bus is sometimes unreliable, especially on weekends.
 - The County provides a van for transportation to Lubbock once a week medical appointments. The van will take to 3 to 4 people and they are in Lubbock from 9:00am to 3:00pm because they must wait for all medical appointments.
 - Volunteers and churches help with transportation by taking people to their medical appointments.
 - Lack of transportation affects people without insurance and the elderly community.
- There is a need for doctors.
 - There is an active search for a second doctor. (Participants were unsure whether the community or the clinic is looking. The Physicians Network Services (PNS) keeps up with the needs for the doctor and the clinic so they may be taking care of the search.)
 - There is 1 doctor and 1 physician's assistant in the clinic.
 - The doctor takes care of medical needs for people in jail and makes house calls. It is estimated that he has approximately 3,000 patients
 - The doctor will refer people to Lubbock when necessary.
 - Some participants said that there have been problems getting an appointment with the doctor but others participant said there have been no problems.
 - The clinic in Post is open only Monday through Friday. The clinic is relatively new at 3 years old. The clinic provides general procedures, x-rays, lab work, and other electronic health resources. The clinic can send results to Lubbock to reduce the need for travel.
- There is a need for more trained daytime EMTs. EMTs are volunteers who have daytime jobs.

- There are good requirements in place to become trained EMTs, but it is hard for the county to find people to fill those requirements.
- The county has 1 EMT and 1 driver. The county had to get a waiver to have a volunteer driver.
- There are 3 ambulances available if they run properly.
- There is no air ambulance available to the county. EMS will call an airlift in Lubbock under extreme circumstance.
- People in the community drive themselves for to receive emergency medical care because they are afraid EMS will not be available.
- The nursing home will call Lubbock for trauma care because the EMTs have daytime jobs. The nursing home trains the staff on when to provide basic first aid and when to call an ambulance.
- Sponsorship of care/insurance. Includes Medicare, Medicaid, private health issues.
- There are a fair number of indigent care patients and people who are uncovered that cannot seek service.
 - There is a perception that this does not cause a strain on the community like it does in Lubbock, though there are a number of people who will not seek health care until it is an emergency.
- Many children are on Children’s Health Insurance Program (CHIP) and they are covered better than their parents are.
- Local nursing home cannot provide insurance to its nurses because of the cost.
- Some people feel entitled to health care. It is an enabling society and those who feel entitled behave as though cost is not a factor.

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

- There is a need for more flexibility on federal and state regulations on how to approach health concerns.
- Participants said they use the local doctor as much as possible. Some participants said they use a family doctor that is not in Post.
- People must travel to Lubbock to receive specialist care.
- People go to the clinics at United Supermarkets in Lubbock.
 - The supermarkets have programs in which a person can receive free prescriptions by spending a certain amount on groceries.
- Grace Clinic in Lubbock is good for immediate needs because it is one-stop shopping and walk-ins are welcome.

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

- Participants said they will travel to Lubbock for medical treatment they cannot receive in Garza County.
 - There are transportation issues for people with chronic health problems who must travel 5 days a week for medical care.
 - How does distance affect the decision to deal with a particular health concern?

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 until it is critical.
 - This affects people without insurance and the elderly community.

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

- Diabetes is prevalent in the community.
- Many people in the community have heart issues.
- There are many cancer patients but the percentage is unknown.

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?

- Financially, the county is doing everything they can for health care and it is a high priority.
- Many indigent care and uncovered patients do not get check-ups or general health care because they use their funds for food and bills.
- More people would live in the county if there was adequate housing. There are many oil wells on the land so no houses are built.
 - The county tax rates are cheaper because of the oil wells.
- The community is good with helping people if they know who is in need.
 - The community has had benefits for families in need.
 - Sometimes the nursing home will provide health care for the elderly pro bono.
- The elderly are the most at risk in the community but they are too proud and do not want help or assistance.
 - The older generation is too independent but they need health care more, and the younger generation will get health care when it is free.

HEALTH INDICATORS

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

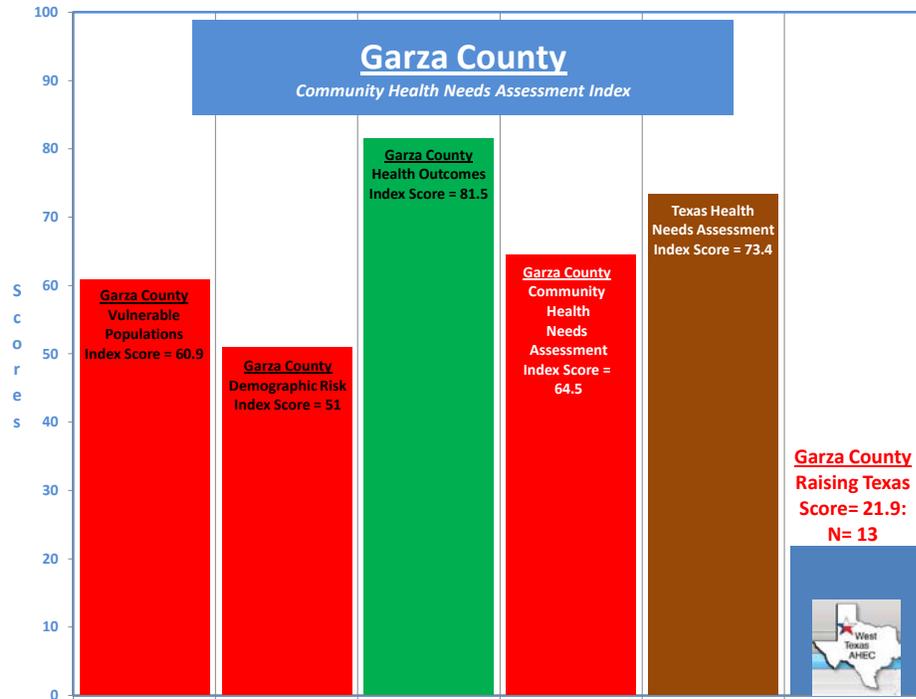


Table 1: Community Health Needs Assessment Index

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

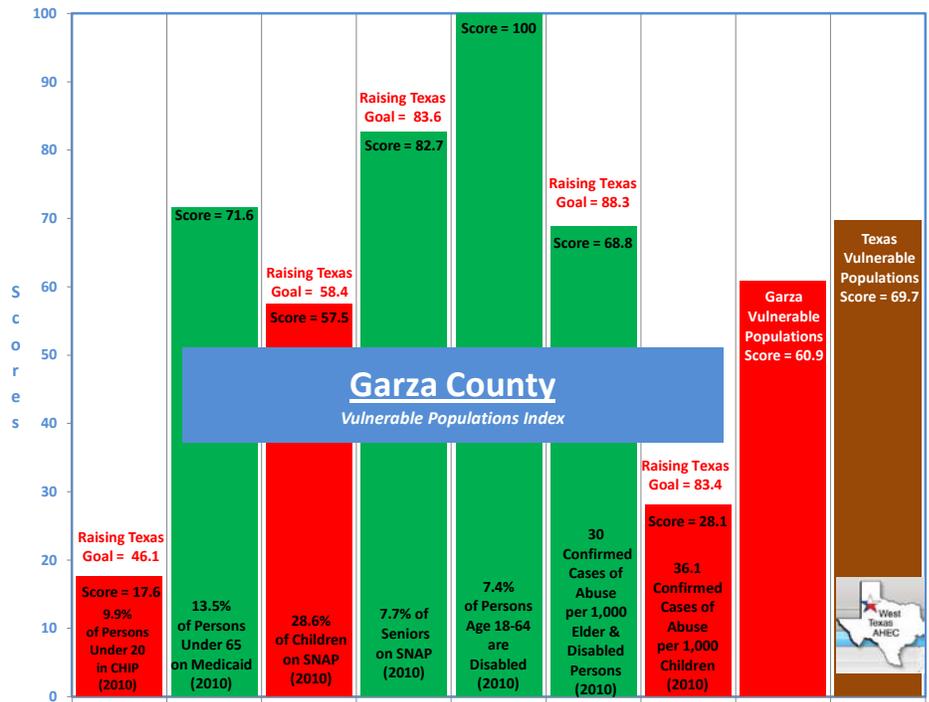


Table 2: Vulnerable Population Index

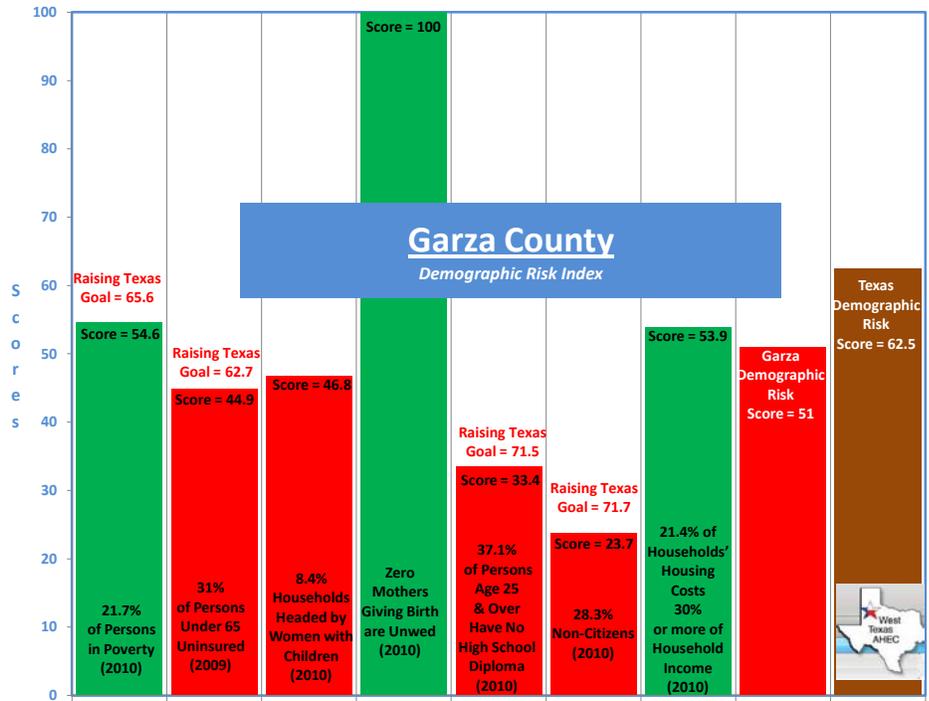


Table 3: Demographic Risk Index

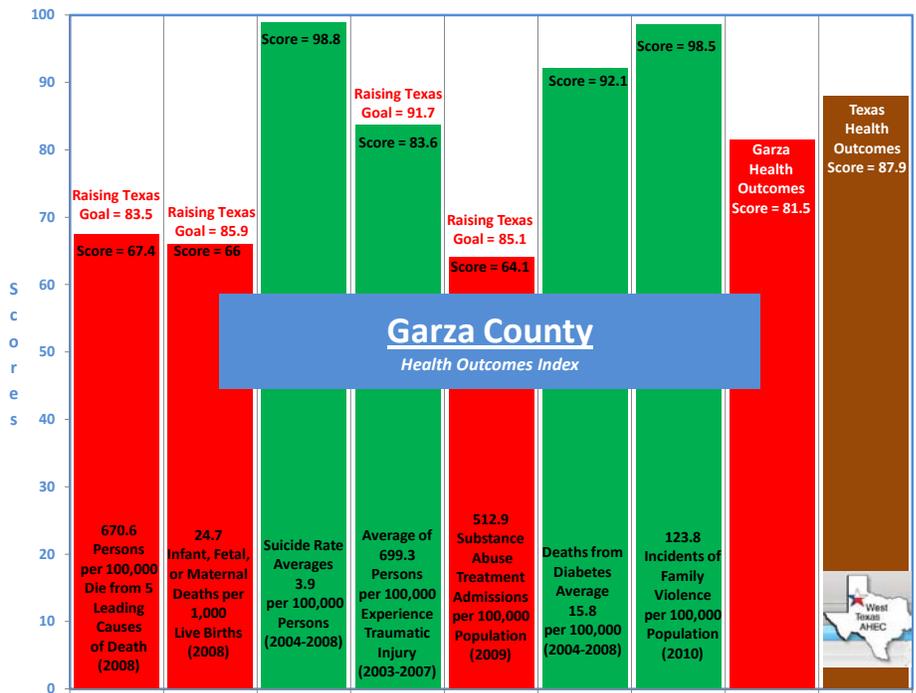


Table 4: Health Outcomes Index

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

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