

Community Health Assessment

Lamb County

Prepared by:

F. Marie Hall Institute for Rural and Community Health,
Texas Tech University Health Sciences Center,
Earl Survey Research Lab—Department of Political Science- Texas Tech University,
Department of Political Science—Angelo State University

Principal Investigator:

Billy U. Philips, Jr., Ph.D., M.P.H.

West Texas AHEC Director:

Becky Conditt, M.I.S.

Senior Analyst:

Jim Conditt

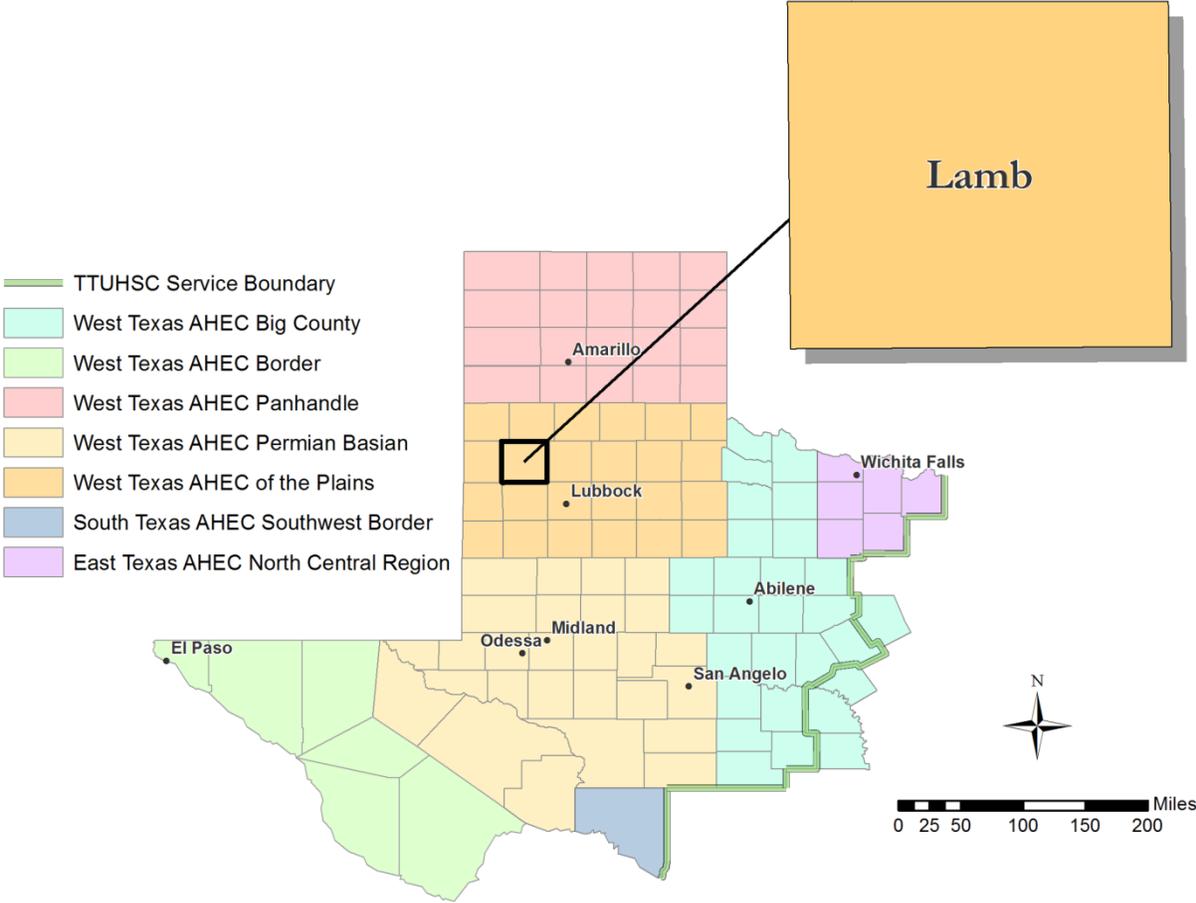


TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
F. Marie Hall Institute of Rural and Community Health

WEST TEXAS
AHEC

TABLE OF CONTENTS

Preface & Acknowledgements	2
Introduction	3
Demographics	4
Methods	7
Results: County Telephone Survey	7
Results: County Focus Group	11
Health Indicators	14



PREFACE

This report has been prepared for Lamb 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:

Lamb Healthcare Center, Littlefield, Texas 79339 and Jo Nell Wischkaemper, CEO

INTRODUCTION

In 2011, Lamb 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 Lamb 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

Lamb County estimate population:	13,977
Population Rank Among Texas' 254 Counties:	145
Population per Square Mile:	13.8
Area in Square Miles:	1,016.18

Very rural sparsely populated counties often benefit from initiatives that increase access to health care services including those of telemedicine.

Ethnicity

	% of County
White persons	74.4%
Black persons	4.3%
American Indian/Alaskan	0.9%
Asian	0.1%
Two + Races	2.3%
Hispanic/Latino	51.7%
White Not Hispanic	43.1%

Gender

	% in County
Female	50.2%
Male	49.8%

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

Age

	% of County
<05 Years	8.1%
<18 Years	29.3%
18-64 Years	46.7%
65+ Years	15.9%

Source: www.census.gov

Socioeconomic Indicators

	County	State
Per Capita Personal Income	\$28,876	\$38,609
Unemployment Rate	7.1%	8.2%
Average Monthly TANF Recipients ¹	41	104,693
Average Monthly SNAP Recipients ²	2,239	2,819,469
Unduplicated Medicaid Clients	3,872	4,762,787
Average Monthly CHIP Enrollment	370	466,242

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

¹ Temporary Assistance to Needy Families

² Supplemental Nutrition Assistance Program

Vulnerable Populations

Vulnerable populations may face unique health risks and barriers to care, requiring enhanced services and target strategies for outreach and case management.

Lack of High School/GED (Adults >24 years old)	3,132
Severely Work Disabled	323
Major Depression	682
Recent Substance Abuse (within past month)	722

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

Under educated populations pose special challenges to health literacy and in health care choices.

Lamb County has a higher percentage of persons living below federal poverty levels. This indicates needs in basic necessities such as food, shelter, and transportation – all contributors to disease susceptibility. Moreover, poverty is a major factor in over use of emergency facilities and other access to care issues.

Persons Living Below Poverty Level	#County	%County	#State	%State
	1,538	16.9%	2,487,992	14.3%

Without Health Insurance	#County	%County	#State	%State
<18	760	19.6%	1,375,714	19.5%
<65	3,187	28.4%	5,765,126	26.8%

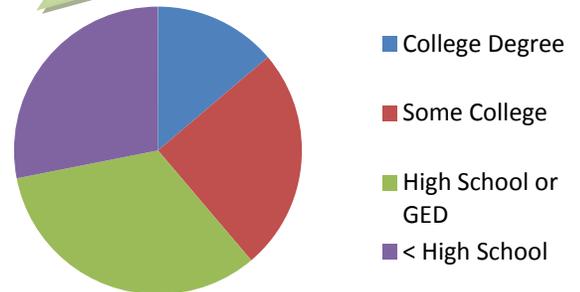
Source: <http://www.dshs.state.tx.us/chs/>

The high percentage of seniors without health insurance signals a potential for higher uncompensated care costs.

Education

College Degree	13.8%
Some College	25.0%
High School/GED	33.1%
Less Than High School	28.1%

Source: US Census American Community Survey



Access to Care

Average Monthly Medicare Enrollment	2,223
Age 65+	320
Disabled	3,454
Average Monthly Medicaid Enrollment	29.4
Primary Care Physicians per 100,000 population	22.1
Dentists per 100,000 population	0
Community/Migrant Health Centers	0
Rural Health Clinics	0

Source: www.communityhealth.hhs.gov

“Dual eligible” among the large Medicaid population suggests the need for DSRIP focused on better coordination of care.

Designated Health Professional Shortage Areas	Type	Score
Full County	Single County	10
Source: http://hpsafind.hrsa.gov/		

Community Health Indicators

Hospital Information

# of Hospitals	1	Bad Debt Charges	\$1,791,314
Ownership	Public	Charity Charges	\$530,234
Staffed Beds	41	Total Uncomp Care	\$2,321,548
Admissions	785	Gross Patient Revenue	\$9,061,247
Average Length of Stay	4.5 Days	Uncomp Care % Gross Patient Revenue	16.3%
Emergency Room Visits	3995		

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	84	319

Measures of Birth and Death	County	USA
<i>% Of All Births</i>		
Low Birth Weight	8.9	8.2
Premature Births	14.9	12.7
<i>Deaths per 1000 live births</i>		
Infant Mortality	9.5	6.9
<i>Deaths per 100,000 population</i>		
Breast Cancer	28.1	24.1
Colon Cancer	28.2	17.5
Heart Disease	345.0	154.0
Lung Cancer	84.6	52.6
Vehicle Injuries	51.7	14.6
Stroke	101.7	47.0
Suicide	23.2	10.9
Other Injury	59.2	39.1

Infant mortality rates reflect the need for improving prenatal care and nutrition during pregnancy.

nr = no report from county

Source: www.communityhealth.hhs.gov

Business and Employment

Type of Business	# Employed	Annual Payroll (\$1,000)
Wholesale Trade	183	6,709
Retail Trade	392	7,101
Transportation	131	5,625
Finance/Insurance	100-249	5,403
Healthcare	528	11,351
Construction	114	2,775
Scientific/Tech	43	1,159
Food/Lodging	213	2,103
Other (not public)	100-249	2,411

of Large Employers (50+ Employees) 13

Source: Texas Association of Counties

American Cotton Growers	500+ employees
Boehning Dairy Farms	50+ employees
Littlefield ISD	100+ employees
Lamb County Treasurer	50+ employees
Littlefield Nursing and Rehab	50+ employees
Lowes Supermarkets	100+ employees
McDonald's	50+ employees
Olton ISD	100+ employees
Runningwater Draw Care Center, Inc.	50+ employees
Springlake-Earth ISD	100+ employees
Sudan ISD	100+ employees
United Supermarkets	50+ employees
Xcel Energy	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 Lamb County owning a land-line. In Lamb County 55 surveys were completed out of 892 attempts with a response rate of 2.89%. Surveys were conducted in Spanish and English. The survey instrument contained questions regarding basic demographics, health care access and various health and behavior indicators.

County telephone survey results

Trusted Sources of Information

When asked where they typically received their health information; 25% said health related posters offered them useful information. 81% said their health care provider was a regular source. When asked about media; 46% used the internet to get health information; 19% received health information from the radio; 51% stated that they received health information from local newspapers; and 76% received health information from the television news shows. 18% of respondents received information from bulletin boards; and 48% got some health care information from various newsletters. 79% received information from friends and family. Only 15% reported getting health related information from grocery stores, but 11% stated that WIC was one of their resources for information. 30% reported getting health information from their church, while social services offices provided health information to only 16% of respondents. Other resources mentioned was doctors, the hospital, magazines, and from their place of employment.

When asked which of those resources was their most trusted source of health information, their healthcare provider was cited as the number one choice, followed by friends and family. Newsletters, television, newspapers, and WIC were also mentioned by respondents.

Health Insurance Coverage and Health Care Access

When asked if anyone in their household was currently having difficulty in getting medical care; cost of services was an issue for 35% and 34% stated that while having some form of insurance, their deductible was too expensive. 36% lamented a lack of information around what services might be available. Coverage denial was mentioned by 12% of respondents; 27% said their insurance coverage was inadequate to their healthcare needs, and 29% cited a lack of insurance coverage overall. The high cost of prescription drugs was an issue to 37% of the persons queried. Lack of transportation was mentioned by 10%, and 5% 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, 55% went to their local clinic, and 44% 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

30% of the respondents stated that they currently have children less than 18 year's old living in their household. Of this cohort 37% of the respondents reported that they had a child with developmental delays, and 30% reported having a child in their household with behavioral delays. 3% stated that a child they considered overweight or obese lived in their household, and 13% expressed concerns about inadequate nutrition. 27% of respondents reported children with some mental health issue, and 7% reported some physical limitation their child labored under. When asked about teenage sexual activity 3% of the respondents thought their children might be sexually active, and 3% reported teenage pregnancy within their household. 16% of the parents queried mentioned a need for more screening and diagnosis resources for children in their community, but none of the parental cohort expressed a need for out of home care for special needs children.

Around the issues of family planning; 12% of all respondents reported an unplanned pregnancy, but none reported a lack of access to prenatal care. An inability to access family planning information was cited by 2%, and 4% reported an inability to receive birth control systems, and other reproductive health services.

Chronic Disease Burden

When asked about chronic diseases in the household; 22% reported a household member with some form of heart disease; 8% cited someone in their household having had a stroke; and high blood pressure was cited by 64% as being prevalent in their household. 26% reported a member with asthma and 5% reported severe breathing issues. Cancer in the household was reported by 25%, and 38% stated that someone in their household was diabetic. Anecdotally, arthritis, fibromyalgia, and lupus 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. 22% reported a household member affected by depression or anxiety. 4% of respondents had a family member attempt suicide. 10% had a household member who had been diagnosed with a mental illness other than depression/anxiety, and 8% stated the condition was too severe for the member to maintain employment. Stress was a mental health issue reported by 28% of persons surveyed. Eating disorders were cited by 4% of respondents, and 5% reported cases of child abuse and or neglect within their household. When asked about their ability to receive help and support for these mental health issues, only 25% stated they were completely lacking a resource that would meet their needs, but almost 70% of all respondents cited a lack of quality, affordable, accessible, mental health services in their local community. 33% of respondents stated that they had concerns around 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; 4% mentioned an episode of domestic violence, and on the job injuries. 20% reported an injury caused by a fall. 1% of respondents reported sexual assault as a cause of injury. When queried about children's injuries, a lack of community child injury prevention programs was not mentioned. Injuries of older children were reported by 8% as a result of some sports participation. Anecdotally, car wrecks were also mentioned as a point of injury for these households.

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), MRSA (Methicillin-resistant Staphylococcus aureus), whooping cough, and food and/or water borne illnesses, such as giardia and salmonella during the period in question. 19% reported a household member having had influenza and 12% reported a case or more of pneumonia. Insect borne diseases were less than 1%. HIV/AIDS was reported by less than 1% of respondents, and sexually transmitted diseases were reported by 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 5% of respondents. 9%

stated that their insurance carrier did not cover the immunization. 12% cited issues around adults having access to the vaccines, and only 10% of respondents were unaware of resources for free or reduced cost immunizations. 4% reported not getting a child immunized for some reason other than religious beliefs.

Heath 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; 34% cited an overall lack of enough physical activity among household members. 31% reported some physical limitation as preventing a household member from getting enough physical activity. Some of the issues mentioned were heat and physical limitations. 15% stated a lack of available time for physical activity. 22% lamented a lack of community recreation programs and facilities for adults and 14% reported a lack of accessible neighborhood playgrounds for children. 13% reported a need for paved trails and sidewalks in their community, and general overall lack of parks and open public spaces. 34% allowed that laziness might be a factor keeping their household member dormant. 32% of respondents reported an obese household member, but only 6% reported a general lack of knowledge about nutrition. 12% stated they did not plan meals, and 8% blamed the cost of healthier nutrition habits. 34% of respondents reported unhealthy eating habits, and 8% 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. 13% of respondents reported that poor outdoor air quality (dust, feed lot organic materials, smoke from grass fires, etc.) had been an issue, and 4% also reported poor water quality. 10% of respondents complained of insect or rodent infestation. 12% reported issues around sun exposure, and issues of noise pollution were cited at less than 4%. 3% 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 affordable housing and transportation which affected about 6% of respondents, who also reported trouble affording the cost for heating their home. Handicap accessibility issues were cited by 11% 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, 53% of respondents thought tobacco use was a problem, with 94% citing youth smoking as their basis, and 63% including use of smokeless tobacco and youth. 72% 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 57% of respondents were also concerned about lack of enforcement of minors purchasing tobacco products. 84% of respondents thought that smoking in cars and homes was a health issue for members of those households, and 40% of respondents were concerned about an overall lack of education. 73% believed resources available to facilitate more smoking cessation was lacking. 68% of respondents believe that drugs and alcohol are a problem in their community. 91% 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. 77% thought that current drug laws were not being enforced, while 45% 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 14, 2011.

Observations from the Lamb County Focus Group – July 14, 2011

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

- There is a need for bilingual services. There are more language barriers now than in the past.
- There is a lack of acute care resources.
- There is a need for more volunteer EMTs and first responders.
- There is a need for specialists.
- There is a need for allied health services on an outpatient basis.
- There is a need for transportation.

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

- Lamb County has a local Mental Health Mental Retardation (MHMR) facility. Telemed is available at the facility and it is utilized.
- Several home health is available locally and people come to the county from home health agencies in Lubbock.
- The Family Medical Leave Act (FMLA) only allows people to leave work for 12 weeks for medical issues. People who need more time to take of medical issues could lose their job and insurance.
- There are two dentists in the available in the county.
- There is a need for bilingual services. There are more language barriers now than in the past.
 - There is a need for Spanish-speaking aids in home health agencies.
 - Several dairies in the area have a majority of Spanish-speaking employees.
 - There is a need for German-speaking aids because of the Mennonite community.
- There are several nursing homes in Littlefield, so there is no shortage on availability.
 - The nursing home in Olton stays full and there is usually a waiting list.
 - A physical therapist comes to the nursing home once a week.
- There are 3 physicians and 1 nurse practioner at the Lamb County Hospital.
 - The Lamb County Hospital has Level 4 trauma care.
 - There is an in-house doctor in the emergency room 24/7.
 - People can be brought to the hospital for stabilization, then transferred to Lubbock.
 - The hospital has community health fairs and has safety fairs at local schools.
 - The health fairs have approximately 500 people in attendance.

- There is a perception that the dairy workers are uninsured and go the emergency room and pay on a cash basis for medical treatment.
- High deductibles make people with insurance feel they are no better than people without insurance.
- Health insurance is lower if an employer provides it, while private insurance is twice as much.
 - When applying for private insurance, having pre-existing issues and not having health insurance previously will count against a person.
- The largest employer use to cover insurance for their employees 100%, but now employees must pay a partial amount for insurance.
 - Older employees and people who need chronic care want insurance, but younger people do not want it until they need it.
 - The new health care law prohibits denial based on pre-existing conditions. Because of that, the factory has heard comments like “If I get sick, I’ll just enroll next year.”
- Children whose Medicaid eligibility has lapsed are at risk.
 - Medicaid has an immunization program for which children must continue their shots to remain eligible for Medicaid. The problem is that when children get off the program, they do not continue with their shots.
- People with low-incomes use their funds for housing and food so they do not have money for health care.
 - The cost of nutritional foods is an issue.
 - People who cannot afford to take off work will not seek health care.
 - People who are uninsured will not seek health care.
- The county hospital spends 3-5 million dollars each year on unfunded patients, especially those that need chronic treatment.
 - There is an indigent care program sponsored by the county for people who have no funding.
 - The hospital has a charity care program. There are income guidelines and residence restrictions, but the problem is getting people to return the paperwork. Once people meet all of the requirements, they are usually accepted to the program.
 - The hospital cannot turn people away from the emergency room even if they are not going to pay for treatment.
 - The hospital will reduce a person’s medical bill by 30% if they pay cash up front.
- The hospital has challenges providing better services with small reimbursements.
 - The hospital makes \$0.30 of each \$1 with Medicaid. Insurance companies will only pay the allowable charge, which again results in cents on the dollar reimbursements.
 - It has been difficult to provide health insurance because the premium increased 23%.
 - As a result, hospital employees pay \$17 of their paycheck insurance to help cover the increased cost.

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

- People travel to Lubbock for treatment they cannot receive in Lamb County.

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

- People travel to Lubbock for treatment they cannot receive in Lamb County.

- How does it vary based upon condition – routine physical v. broken leg?
- People will stay in Lamb County until they need services that cannot be provided, for which they travel to Lubbock.
 - How does distance affect the decision to deal with a particular health concern?
- Lack of transportation is a concern because people will put off health care.
 - What is the most prevalent or problematic health issue in your area?
 - Top 5 (Heart disease, cancer, stroke, trauma, diabetes/metabolic syndrome)

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

- The two most prevalent health concerns are diabetes and congestive heart failure.
- Asthma, pneumonia, and obesity are health concerns.
- There is a perception that there are high rates of cancer in young people.
- People who wait to seek health care until it is critical have multiple health issues.
- There is a perception that men are more at risk than women are.

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?

- Many participants agreed that health care is a high priority in the community.
 - The hospital performed a needs assessment and found that because of the economic downturn, health care was ranked 3rd or 4th on the list compared with housing, food, and other concerns.
- The older generation is more concerned about health care, while the younger generation does not understand that the burden of health care falls on them.
 - The younger generation does not understand the value of money or life insurance.
 - The elderly are at risk in the community because they believe they are too independent and that the government should not take care of them.

HEALTH INDICATORS

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

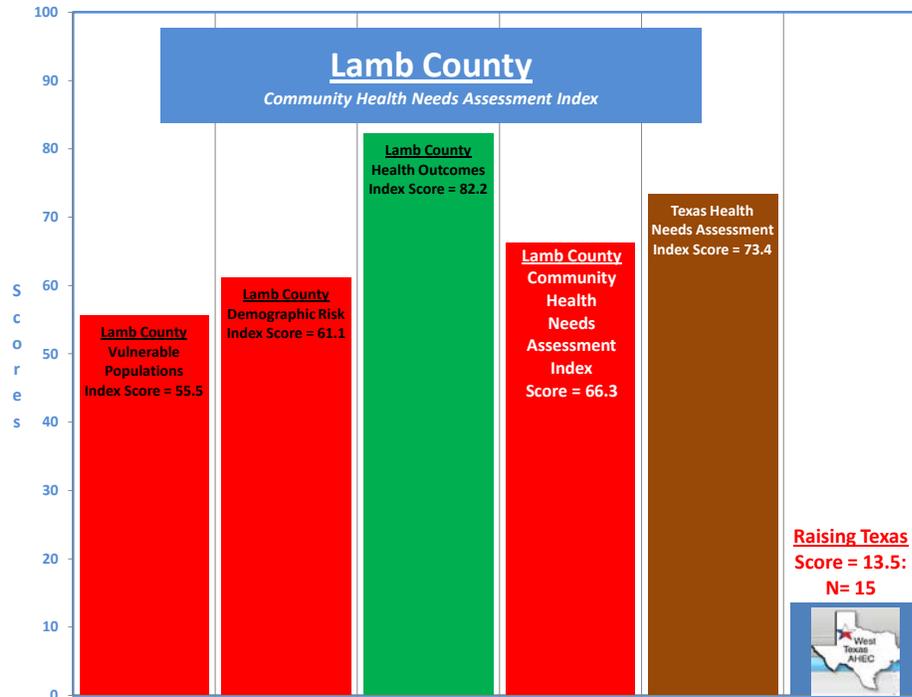


Table 1: Community Health Needs Assessment Index

Table 1 provides a Community Health Needs Assessment Summary for Lamb 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 Lamb 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 Llano 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)

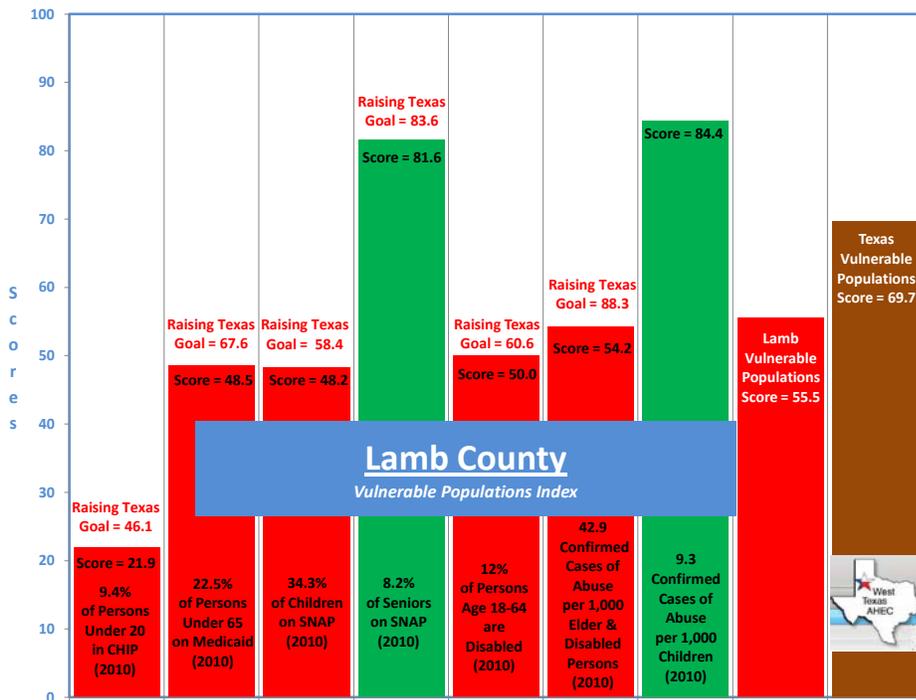


Table 2: Vulnerable Population Index

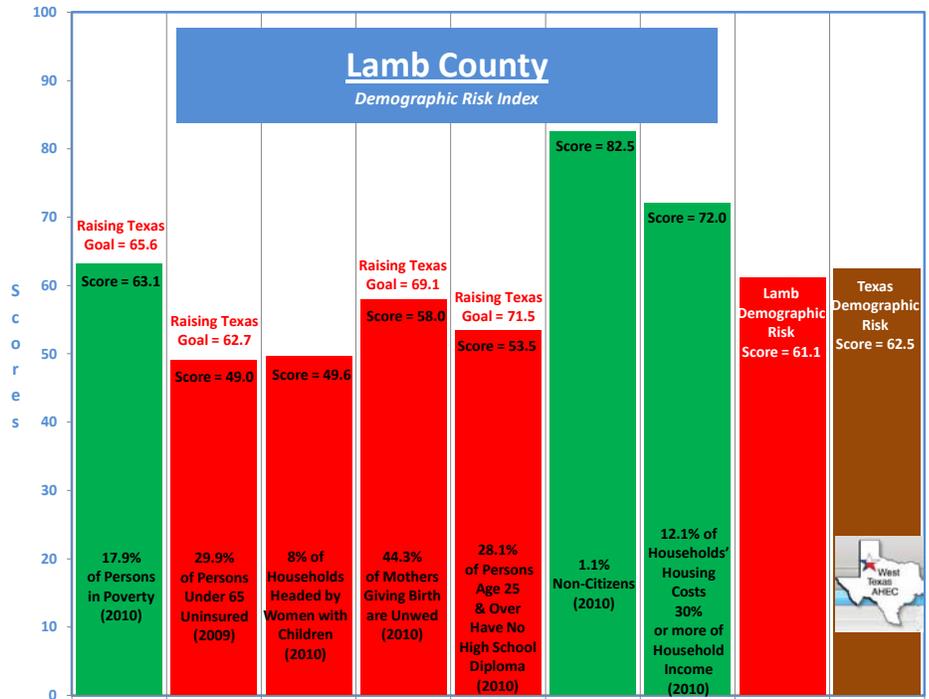


Table 3: Demographic Risk Index

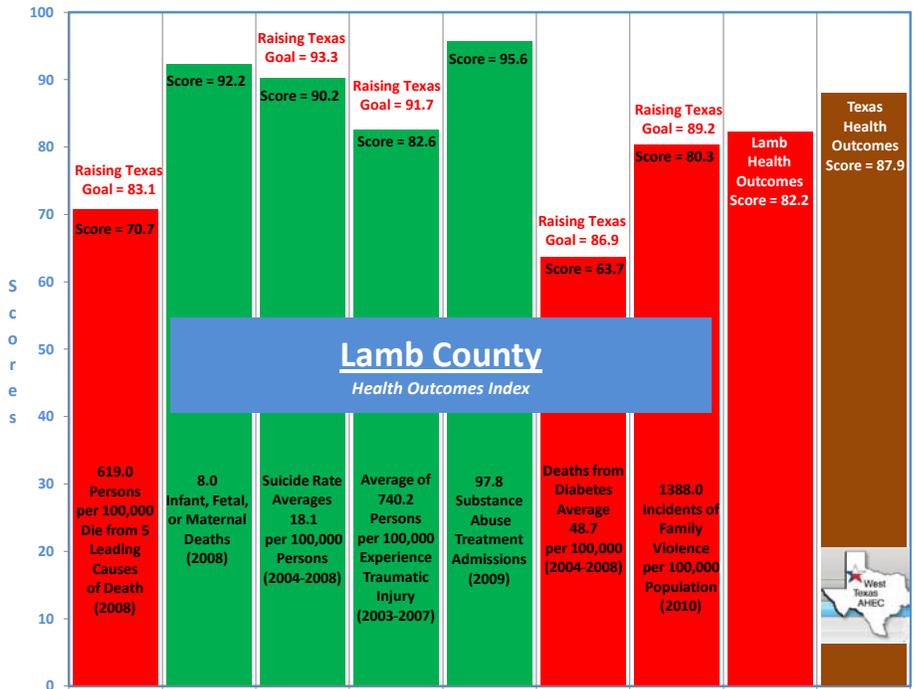


Table 4: Health Outcomes Index

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

Jim Conditt
Texas Tech University Health Sciences Center
F. Marie Hall Institute for Rural and Community Health
3601 4th Street M.S. 6232
Lubbock, Texas 79430
806-743-1338
Jim.Conditt@ttuhsc.edu