

# Community Health Assessment

## Llano County

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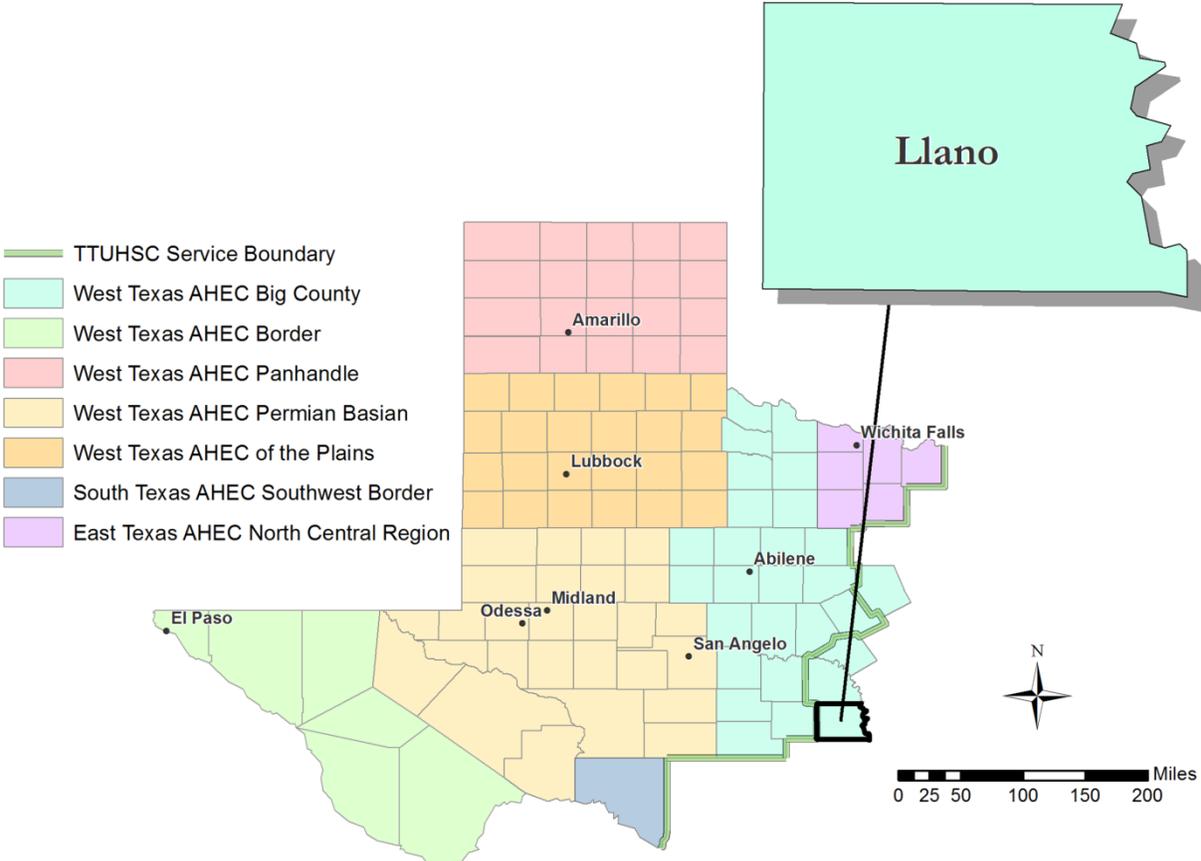


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## **PREFACE**

This report has been prepared for Llano County in collaboration with the F. Marie Hall Institute for Rural and Community Health, West Texas Area Health Education Center (WTAHEC) and the community champions of the county. The focus group and random-digit telephone survey were conducted by the Earl Survey Research Center in the Texas Tech University Department of Political Science. Assessment of the vulnerable populations' health index was prepared by Angelo State University Center for Community Wellness, Engagement, and Development; Community Development Initiatives.

The West Texas AHEC is funded through legislative appropriation to TTUHSC to provide direct health planning to West Texas counties, communities and healthcare providers. This Community Health Needs Assessment is a service of the WTAHEC and satisfies the core requirement for the 1115 Waiver (Texas Healthcare Transformation and Quality Improvement Program) and the Internal Revenue Service Form 990 provisions for hospitals. Community education, health career programs, health pipeline education and planning support are other services of the AHEC.

Many thanks to:

Scott & White Hospital of Llano Texas & Mr. Kevin Leeper, CEO

## INTRODUCTION

In 2011, Llano 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, Big Country 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 Llano County.

Vulnerable populations are groups that are not well integrated into the health care system because of ethnic, cultural, economic, geographic, or health characteristics. This isolation puts members of these groups at risk for not obtaining necessary medical care, and thus constitutes a potential threat to their health and that of the entire community in which they live. Commonly cited examples of vulnerable populations include racial and ethnic minorities, the rural and urban poor, undocumented immigrants, and people with disabilities or multiple chronic conditions. A large section of rural America has an increased susceptibility to adverse health outcomes. The reasons for disparities are varied but rurality is increasing one salient factor.

Persons with disabilities and multiple chronic conditions may find it difficult to obtain insurance coverage. Many employers of small companies cannot afford to add workers to their health plans who are likely to have high medical costs, and finding an affordable insurance plan as an individual with pre-existing conditions is very difficult. The geographic and economic isolation of some poor rural residents may make access to specialty care difficult, even if they are covered by insurance. Finally, language barriers and fear of being discovered are all factors that may keep undocumented immigrants from seeking coverage and ultimately, care.

Index indicator variables listed in the report are based on downloadable data from public access files available over the internet and originally produced by a variety of state and federal agencies such as the Census Bureau, Department of State Health Services, and Texas Department of Health & Human Services. There are no personal identifiers in any of the public access files.

## DEMOGRAPHY AND POPULATION

### Population

Llano County estimate population:	19,301
Population Rank among Texas' 254 Counties:	124
Population per Square Mile:	20.7
Area in Square Miles:	934.03

*Llano County is a rural county that has a very low population density. Mainstays of ranching and agriculture centric economy with a developing tourism base.*

### Ethnicity

	% of County
White persons:	94%
Black persons:	0.6%
American Indian/Alaskan:	0.6%
Asian:	0.4%
Two + Races:	1.4%
Hispanic/Latino:	8.0%
White Not Hispanic:	9.6%

*Llano County has a very ethnically homogeneous population*

### Gender

	% in County
Female:	51.7%
Male:	48.3%

*Llano County has an aging population and challenges with many recipients on government support for healthcare.*

### Age

	% of County
<05:	4.3%
<18 Years:	15.9%
18-64 Years:	48.7%
65+ Years:	31.1%

Source: [www.census.gov](http://www.census.gov)

## Socioeconomic Indicators

	County	State
Per Capita Personal Income	\$36,634	\$38,609
Unemployment Rate	7.5%	8.2%
Average Monthly TANF Recipients <sup>1</sup>	1	104,693
Average Monthly SNAP Recipients <sup>2</sup>	1,346	2,819,469
Unduplicated Medicaid Clients	2,936	4,762,787
Average Monthly CHIP Enrollment	300	466,242

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

<sup>1</sup> Temporary Assistance to Needy Families

<sup>2</sup> 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)	2,334
Severely Work Disabled	548
Major Depression	1,051
Recent Substance Abuse (within past month)	952

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

*Depression and substance abuse often are associated with increased health costs for behavioral health system issues.*

Without Health Insurance	#County	%County	#State	%State
<18	568	17.1%	1,375,714	19.5%
<65	2,993	23.1%	5,765,126	26.8%

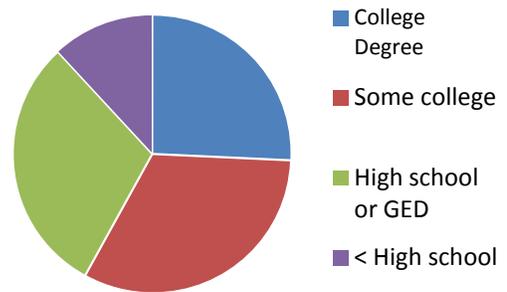
	#County	%County	#State	%State
Persons Living Below Poverty Level	2,380	13.2%	4,143,077	17.1%

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

### Education

College Degree	26%
Some College	31.6%
High School/GED	30.4%
Less than High School	12%

Source: US Census American Community Survey



### Access to Care

Average Monthly Medicare Enrollment	
Age 65+	4,478
Disabled	534
Average Monthly Medicaid Enrollment	2,162
Primary Care Physicians per 100,000 population	108.7
Dentists per 100,000 population	27.2
Community/Migrant Health Centers	0
Rural Health Clinics	0

Source: [www.communityhealth.hhs.gov](http://www.communityhealth.hhs.gov)

## Community Health Indicators

### Hospital Information

# of Hospitals	1	Bad Debt Charges	\$2,856,686
Ownership	Public	Charity Charges	\$204,256
Staffed Beds	26	Gross Patient Revenue	\$49,967,304
Admissions	1,166	Total Uncomp. Care	\$3,060,942
Average Length of Stay	2.6 days	Uncomp Care % Gross Patient Revenue	6.1%
ER Visits	7810		

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

### Health Outcomes

	County	Texas
Diabetes	13%	9%
HIV Rate per 100,000 population	50	319

### Measures of Birth and Death

	County	USA
% Of All Births		
Low Birth Weight	7.2	8.2
Premature Births	10.8	12.7
Deaths per 1000 live births		
Infant Mortality	7.0	6.9
Deaths per 100,000 population		
Breast Cancer	48.5	24.1
Colon Cancer	30.7	17.5
Heart Disease	166.7	154.0
Lung Cancer	96.8	52.6
Vehicle Injuries	45.5	14.6
Stroke	61.6	47.0
Suicide	25.4	10.9
Other Injury	39.8	39.1

nr = no report from county

Source: www.communityhealth.hhs.gov

*Cancer is an emerging issue in Llano County.*

## Business and Employment

Type of Business	# Employed	Annual Payroll (\$1,000)
Mining	11	300
Manufacturing	106	2,843
Transportation	0-19	292
Finance/Insurance	202	6,675
Real Estate	40	1,452

Healthcare	796	19,836
Construction	303	9,408
Scientific	125	4,174
Food/Lodging	1,033	21,066
Recreation	22	703
Other (not public)	164	3,024

# of Large Employers (50+ Employees) 11

Source: Texas Association of Counties

Buttery Co. Llp	100+ employees
Care Inn of Llano	50+ employees
HEB Foods	50+ employees
Hill Country Health Care Center	50+ employees
Kingsland Hills Care Center	50+ employees
LCRA Hydro	50+ employees
Llano County Sheriff's Depart.	50+ employees
Llano ISD	100+ employees
Llano Memorial Medical System	100+ employees
Lupe Rubio Construction Co.	50+ employees
Packsaddle Elementary School	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 Llano County owning a land-line. In Llano County 99 surveys were completed with a response rate of 12.15%. Surveys were conducted in Spanish and English. The survey instrument contained questions regarding basic demographics, health care access and various health and behavior indicators. Survey included in attachments.

### County Telephone Survey Results

#### Trusted Sources of Information

When asked where they typically received their health information; 14% said health related posters; 89% said their health care provider was a source; 24% received health information from the radio; 11% received information from bulletin boards; 71% received information from friends and family; 45% got health care information from newsletters; only 6% reported getting health related information from grocery stores; 51% stated that they received health information from local newspapers; 64% received health information from the

television news shows; 7% stated that WIC was one of their resources for information; 17% reported getting health information from their church; social services offices provided health information to 9% of respondents; and 47% used the internet to get health information. Other resources mentioned was doctors, the hospital, magazines, pharmacy, insurance company, and from their place of employment.

When asked which of those resources mentioned above was their most trusted source of health information 60% of respondents cited their healthcare provider. Friends and family was the most trusted healthcare information source for 15% of respondents, and television news programs was the first choice of 8% of respondents. The internet was the most trusted resource for 7% of respondents.

### **Health Insurance Coverage and Health Care Access**

When asked if anyone in their household had been without health insurance at any time during the past 12 months, 11% answered yes. When asked the reason why someone in their household did not have insurance, employers not offering insurance and when offered, was too expensive to purchase, were the two main reasons mentioned.

When asked if anyone in their household was currently having difficulty in getting medical care; cost of services was an issue for 17% and 27% stated that while having some form of insurance, their deductible was too expensive. 18% lamented a lack of information around what services might be available. Coverage denial was mentioned by 10% of respondents; 25% said their insurance coverage was inadequate to their healthcare needs, and 21% cited a lack of insurance coverage overall. The high cost of prescription drugs was an issue to 23% of the persons queried. Lack of transportation was mentioned by 11%, and 4% reported a cultural and or language barrier to their accessing medical care. The distance from outlying areas to the hospital was anecdotally mentioned as well.

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

### **Young Children, Youth and Family**

11% of the respondents stated that they currently have children less than 18 years old living in their household. Of this cohort; none reported that they had a child with developmental delays; had a child they considered obese; cited concerns about inadequate nutrition; reported children with some mental health issue; or cited any physical limitation their child labored under. When asked about teenage sexual activity none thought their children might be sexually active, and no cases of teenage pregnancy were cited by the parental cohort. 3% of the parents queried mentioned a need for more screening and diagnosis resources for children in their community. Out of the home care for special needs children was not cited as a community need by any the parents who responded.

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

### **Chronic Disease Burden**

When asked about chronic diseases in the household; 33% reported a household member with some form of heart disease; 17% reported a member with asthma; 5% cited someone in their household having had a stroke; cancer was reported by 16%; 26% stated that someone in their household was diabetic; 6% reported severe breathing issues; and high blood pressure was cited by 60% as being prevalent in their household. Anecdotally, arthritis and allergies were mentioned by about 2% of respondents as being a chronic illness in their household.

### **Behavioral and Mental Health Needs**

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

Unintended injuries are a major cause of mortality and morbidity, especially in rural areas. When asked about household members being affected by certain injury precursors in a previous 5 year period; 0% cited someone receiving a DUI and 1% mentioned an episode of domestic violence. On the job injuries were reported by 3% of respondents. 21% reported an injury caused by a fall. When queried about children's injuries, 1% cited a lack of community child injury prevention programs. Injuries of older children were reported by 3% respectively, as a result of some sports participation; water sports injuries; and bicycle/motorcycle/ATV injuries due to lack of helmet use.

### **Reportable Health Condition**

When asked about certain reportable diseases within the previous 5 year period, 1% of respondents reported a household member having had chicken pox (varicella). 2% recounted a household member having had MRSA (Methicillin-resistant Staphylococcus aureus). Food and or water borne illnesses, such as giardia and salmonella had affected 4% of respondents during the period in question. 4% of respondents reported a household member having been diagnosed with some form of hepatitis. 18% reported a household member having had influenza and 14% reported pneumonia. Insect borne diseases and sexually transmitted diseases were reports by less than 1% of the overall cohort.

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

## Health Promotion

Lack of physical activity and poor nutrition are regularly cited as early indicators of future health issues. When asked about household members and physical activity in the previous 5 year period, 40% of respondents reported one or more members of their household were not getting enough physical activity. 24% reported some physical limitation as preventing a household member from getting enough physical activity. Some of the issues mentioned were obesity and some physical impairment. 21% stated a lack of available time for physical activity. 15% lamented a lack of community recreation programs and facilities for adults and 9% reported a lack of neighborhood playgrounds for children. 13% reported a need for paved trails and sidewalks in their community, and 7% commented on the general overall lack of parks and open public spaces. 37% allowed that laziness might be a factor keeping their household member dormant. 39% of respondents reported an obese household member, and 8% reported a general lack of knowledge about nutrition. 15% stated they did not plan meals, and 7% blamed the cost of healthier nutrition habits. 36% of respondents reported unhealthy eating habits, and 8% were concerned about the availability of junk food and soda in the school. Anecdotally, respondents also were concerned that the rigors of food preparation to accommodate diabetes and overall healthier cooking were too difficult and their education was lacking in this regard. A lack of availability of fresh fruit and vegetables in their community was also mentioned.

## Environmental Issues

Many environmental issues can impact a person's overall health and quality of life. Respondents were asked about certain environmental issues during the previous 5 year period. 11% of respondents reported that poor outdoor air quality (dust, feed lot organic materials, smoke from grass fires, etc.) had been an issue, and 6% also reported poor water quality. 9% cited some form of insect or rodent infestation. 2% cited noise pollution as a health concern. 15% reported issues around sun exposure. Issues of mold were cited at less than 6%. Only 2% of respondents stated that they were exposed to hazardous materials in their employment. Other quality of life issues queried included such things as a lack of transportation which affected 9% of respondents. 4% also mentioned issues around accessing affordable housing, and 6% reported trouble affording the cost for heating their home. Handicap accessibility issues were cited by 4% of respondents.

## Substance Abuse

Health issues surrounding drugs and tobacco use are a major cause of illness and burden on the healthcare infrastructure. When asked about perceptions around tobacco use, 55% of respondents thought tobacco use is a problem, with 49% citing youth smoking as their basis, and 40% including use of smokeless tobacco by youth. 30% believed that the number of pregnant women who smoke is too high. 49% of respondents believed that the number of adults who smoke is too high. Lack of local enforcement of smoking bans was considered to be a problem by 23% of respondents, and 47% of respondents were concerned about enforcement of minors purchasing tobacco products. 41% of respondents thought that smoking in cars and homes was a health issue for members of those households, and 22% of respondents were concerned about an overall lack of education and 26% were concerned about resources lacking to facilitate more smoking cessation. 74% of respondents believe that drugs are a problem in their community. 78% blame the perception of acceptability around the use of drugs and alcohol by adults, and 62% blame the acceptability around the use of drugs and alcohol by youth. 53% of respondents cited the rural nature of the county as being a factor. 51% thought that current

drug laws were not being enforced, while 33% cited a lack of education as being a contributing factor to alcohol and drug use.

### Focus Group

A focus group was conducted to gain a better understanding of community health needs and available resources. Subjects were recruited by West Texas AHEC staff in collaboration with the community champion. Focus group participants consisted of local government officials, local health care providers, and other community members who had a stake in public health. The focus group was conducted by a moderator from the Earl Research Survey Lab on June 9, 2011.

### Observations from the Llano County Focus Group - June 09, 2011

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

- There is a need for emergency services in the southeast and western parts of Llano County because it is more rural.
- There is a need for a dentist.
- There is a need for mental health issues.
- There is a need for education and awareness on health issues.
- There is a need for specialists.
- 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.

- There are many home health providers available.
  - There are several independent private home health providers as well as some that are affiliated with Scott & White.
  - Home health care is integrating into homes more frequently because it is cheaper than nursing homes and assisted living.
- Sunrise Beach used to have a medical office but no longer does. A nurse practitioner provided preventative care and health care to patients. The community has a large elderly population and would like to have another office in that area.
- There is a perception that the hospital triage in Llano does not do a good job and prioritizing emergency treatment.
  - There is a long waiting time that causes people to need more medical treatment.
  - In practice, it is not always easy to practice effective triage. It is a challenge if there are many people who need medical treatment all at once.
- There are several nursing homes and assisted living options available in Llano County.
  - Many people have lived in the county a long time and retire there.
  - In Horseshoe Bay, a facility has a program that begins as assisted living and progresses into a nursing home.
- The west side of Llano County is more rural than the east side. The increasing population on the east side raises vulnerability to the lack of emergency services on the west side.
  - The general population must address this issue because having more ambulances, training staff, and housing costs will increase taxes.

- There is a high demand for an EMT in the more rural area of Llano County.
- The lack of telephone landlines in all parts of the population makes emergency situations difficult.
- There is a need for a dentist.
  - A dentist is needed particularly because of a high incidence of methamphetamine use in the county.
  - People who could not afford dental insurance would travel to Gillespie County.
  - People would talk to local government officials about free dental care.
- There is a need for mental health services.
  - There are no local services available for mental health issues.
  - No mental health services leads to many people going to jail for committing crimes.
  - There are a limited number of mental hospitals available in the area.
  - In Gillespie County, there is no mental health specialist to handout medication but there is a doctor that can prescribe medication.
  - Mental Health Mental Retardation (MHMR) has reduced the amount of medication for mental health patients, causing problems for those patients.
  - There are limited services from MHMR in Kerrville, and there are not enough beds for mental health patients.
  - There are many guidelines for admitting a patient. A person must be evaluated by MHMR before being admitted for psychological services.
  - A deputy is required if a person is transported for mental health services in Gillespie County and Llano County.
  - HOP will not provide transportation for MHMR.
- There is a need for education and awareness on health issues.
  - Many people go to the Department of Human Services for information and resources on health issues.
  - People are unaware of the services available at the hospital. The hospital needs to promote the services available.
  - There is a perception that there is no need for the hospital to promote awareness.
  - The hospital does some marketing in the newspaper. The hospital hosts health fairs 6 times in different towns in the county.
  - The health fairs have been effective and there has been lots of participation.
    - The health fairs have helped break through community barriers.
    - The county is a monopoly under health care providers and they are all interconnected. The providers are not competitive and they would sponsor other services.
    - Life Line is a private company that has sponsored a health fair at the senior center. The service had lots of participation and offered screenings and tests for general health care.
    - The city uses annual wellness fairs to encourage city employees to follow wellness track.
- Preventative health care needs to be addressed.

- There used to be classes for diet and education on diabetes but there was a lack of participation. To increase participation, access to the classes must be convenient and easy.
- There is more worry on preventative health care than those who are already in need of medical care.
- People with no insurance wait until health issues are acute to seek care. People without insurance cannot afford preventative care.
- Scott & White has helped with health education and testing.
- There is a need for specialists.
  - Some people have moved away from Llano to be closer to medical specialists.
  - There is a shortage of nurse practitioners and physician's assistants. It is difficult to pay a salary that is competitive to larger urban areas.
  - There are specialists who visit Llano once a week.
  - The hospital has contracts with physical therapists, occupational therapists, and chiropractors.
  - Patients will travel to Horseshoe Bay to seek medical care.
  - There is a perception that the elderly community needs more specialist care than the younger population.
  - For chronic care for conditions such as cancer, patients will travel to Houston, Temple, or San Antonio.
  - There is a current commitment to build a hospital with greater capabilities so people will not have to travel.
    - A participant provided a list of the types of doctors for recruitment for the new hospital in Marble Falls.
    - Participants wondered if the new hospital would offer the same level of quality as the hospital in Fredericksburg, which has many philanthropic donations that has helped with the level of the facilities.
- There is a need for transportation.
  - Scott & White has mitigated the transportation issue by bringing doctors to Llano.
  - Having to travel causes people not to seek medical care.
    - Local community tried to get an air ambulance stored at the county airport by offering to build a hanger, but the company thought it would be better to keep the helicopter in an area with greater population.
    - The air ambulance company did not believe there was enough demand for air evacuation in that part of the county to justify changing moving the air ambulance to a part of the county with lower population.
  - HOP is a transit service that provides transportation to medical appointments. Local, state, and federal government financially support the service. One-way fares cost \$1.00. People on Medicare and individuals with disabilities can ride for half fare. Also, monthly passes can be purchased for \$25. Appointments must be made to ride the transit.
  - HOP offers transportation to San Saba, Vernon, Llano, Temple, and Lampasas.
  - HOP offers transportation to Kerrville for veterans.
  - Angel Flight arranges free air transportation for a medical need. The program is not funded by any government entities.

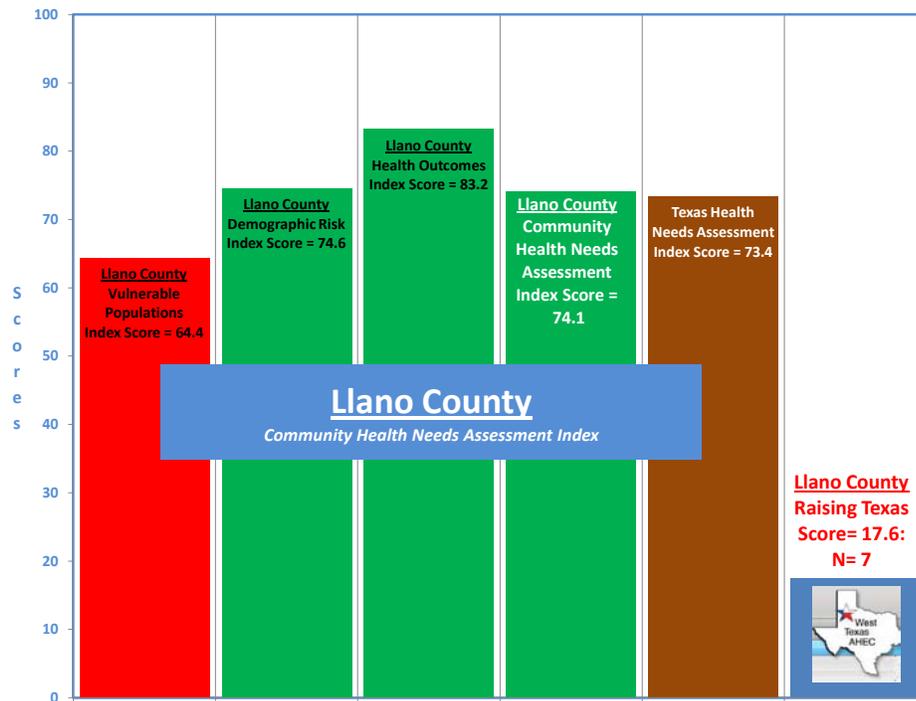
- Sponsorship of care/insurance. Includes Medicare, Medicaid, and private health issues.
  - In some cases a person's insurance network limits which doctors people can see for medical treatment.
  - There are some concerns among local government officials about the new national health care policy and the burden it will place on local government.
  - There are people who are too wealthy to qualify for Medicaid but too poor to afford private insurance, straining the system. If they qualify, they may be written off as indigent care patients, but not in all circumstances.
  - Participants are unaware of the number of indigent care patients.
    - Llano County has a small number of programs for indigent care patients. The programs are not funded by the state or Medicaid.
    - The county judge must interview a family and determine their assets on an individual basis to determine if they are qualified for indigent care.
  - Place of Hope is a donated medical facility that is supplied by Scott & White. The facility is used for charity service that is designed for people who are not funded. There is a screening process and people are asked to pay co-pay. Medical care professionals volunteer two days a week.

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

- How does it vary based upon condition – routine physical v. broken leg?
  - Participants will seek care locally but must travel for medical treatment that is unavailable in Llano County.
  - Most people seek primary care and some specialist care in the county until they need medical care that is not available, at which time they travel outside the county.
- How does distance affect the decision to deal with a particular health concern?
  - People who are able will drive to major metropolitan cities to deal with chronic medical issues and catastrophic illnesses.
  - But in many cases distance causes people with fewer resources not to seek medical treatment.
- What is the most prevalent or problematic health issue in your area? Top 5 (Heart disease, cancer, stroke, trauma, diabetes/metabolic syndrome)
  - There is a perception that a toxaphene plant in Llano is related to a high incidence of cancer in the area.
  - There is higher than average usage of tobacco in rural areas and within the elderly community.
  - Alzheimer's is common.
  - There is a drug problem.
- 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?
  - Health care is a top priority for the elderly community because they are more susceptible to health issues. Health care is less of a priority to younger people.
  - The community has a large elderly population and they want security, the police department is a priority.
  - Both health education and health care is a top priority for the elderly community, but younger people need more health education.

## HEALTH INDICATORS

There are many aspects of health that affect a community. To determine if residents of Llano 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 Llano County with all other counties and with the overall state. West Texas AHEC uses a 100-point scaling method for this. The method assigns the county with the most positive indicator measurement, a score of 100, while other counties and the state get lesser scores ranging down to zero. Counties with better measurement outcomes get higher indicator scores.



**Table 1: Community Health Needs Assessment Index**

Table 1 provides a Community Health Needs Assessment Summary for Llano County. Moving from left to right, the first three columns in this chart give your county’s average score on the 7 indicators making up each of the three previously explained categories. The fourth and fifth columns to the right represent the average of all 21 Indicator Scores for your county and the state respectively. The color coding follows the same protocol as the previous categorical charts:

- The Texas column is consistently coded burnt orange to signify the statewide average as a benchmark.
- The column representing the county average is coded red if it falls below the statewide average on the combination of the 21 indicators.
- The column representing the county average is coded green if it exceeds the statewide average, indicating that your county scores better than the state on the combination of the 21 indicators.
- Indicator category columns are coded red if the category average is below the 21 indicator summary average for the county. Code red categories are bringing down the county summary average.

- Indicator category columns are coded green if the category average exceeds the 21 indicator summary average for the county. Code green categories are bringing up the county summary average.

The “Raising Texas Score” column on the far right summarizes the “Raising Texas Goals” for specific indicators in the category charts. This tells you the average difference between the county and state scores for indicators on which the county scores lower. The “N” gives the number of indicators involved.

Each of the charts for these categories includes a color-coded set of columns. The indicator scores for the county determine the height of the colored columns in the charts. Exact scores are reported in the black-colored text notations at the top of the columns. Some of the indicator columns have red-colored “Raising Texas Goal” notations above the column. These notes tell you that Llano County scores lower than the overall state on this specific indicator. By working on improving the areas indicated, a community can better its public health and that of the State of Texas.

The 21 indicators that make up the community health needs assessment Index are grouped into three distinct categories. The Index report for 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)

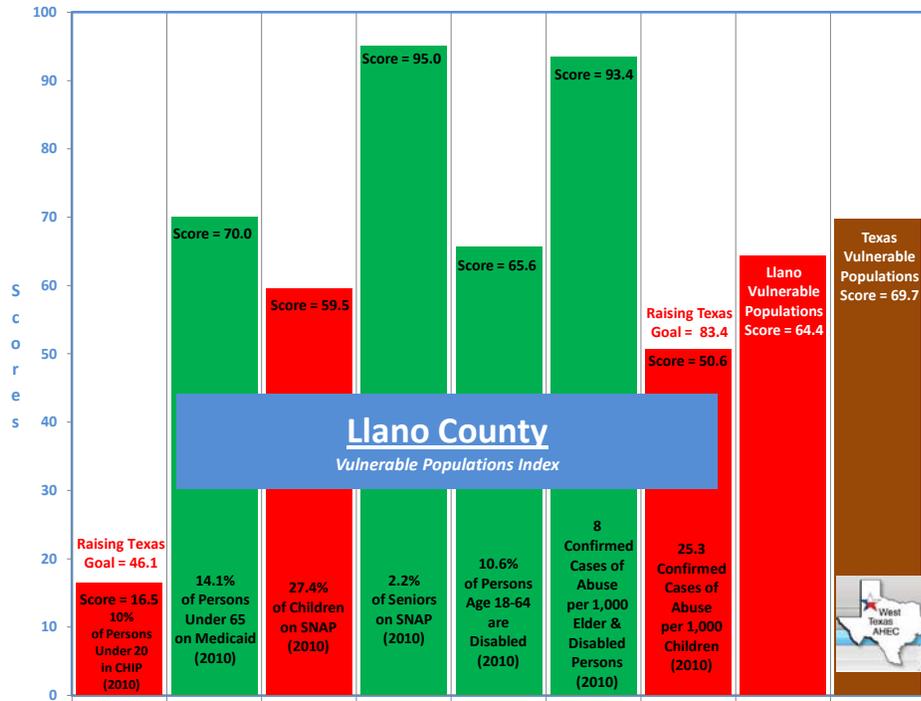


Table 2: Vulnerable Populations Index

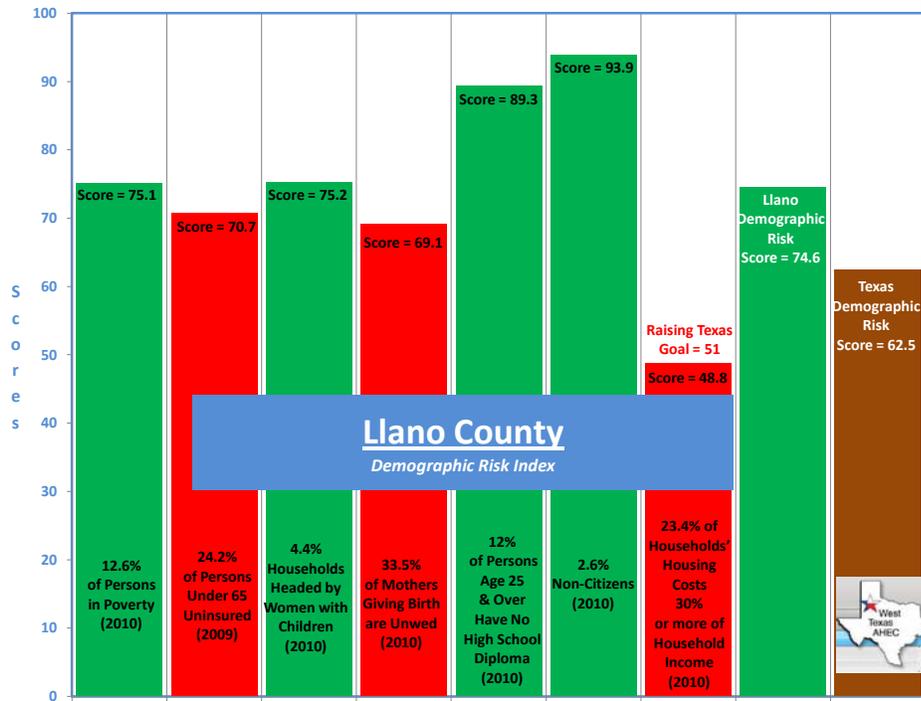


Table 3: Demographic Risk Index

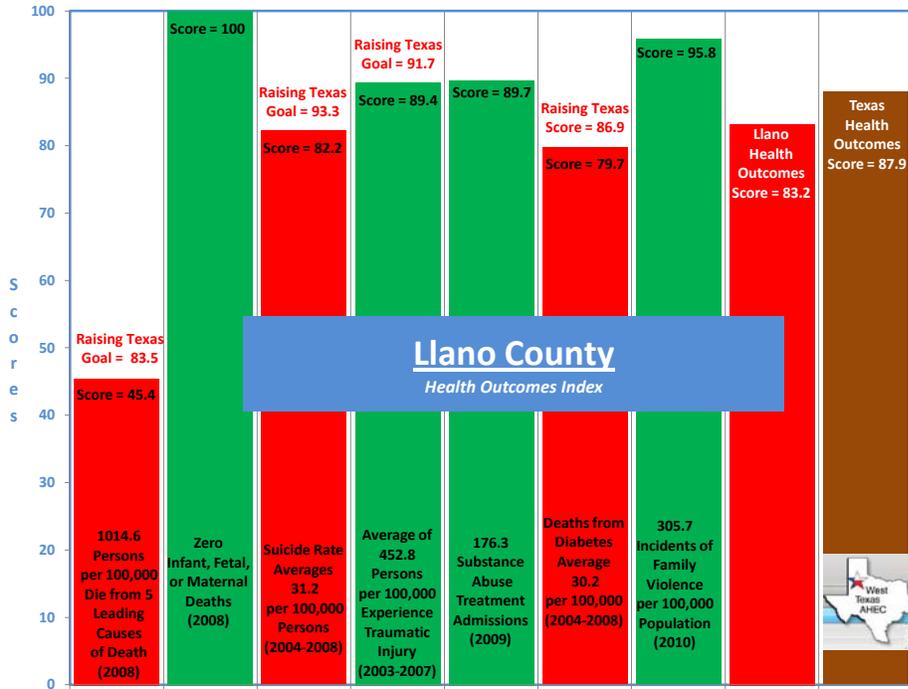


Table 4: Health Outcomes Index

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

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