

# Community Health Assessment

## Martin County

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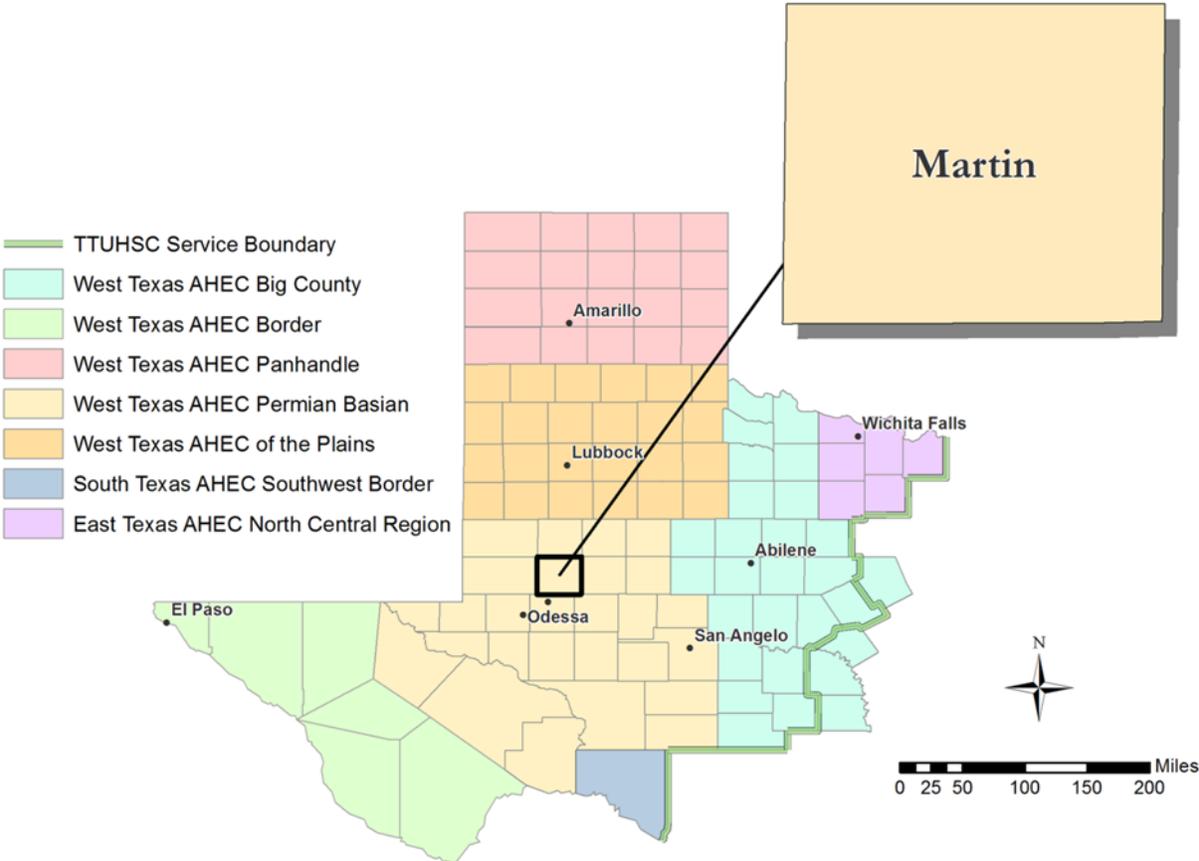
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# TABLE OF CONTENTS

Preface & Acknowledgements	2
Introduction	3
Demographics	4
Methods	7
Results: County Telephone Survey	7
Results: County Focus Group	11
Health Indicators	13



## **PREFACE**

This report has been prepared for Martin 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 Lab in the Texas Tech University Department of Political Science. Assessment of the vulnerable populations' health index was prepared by Angelo State University Center for Community Wellness, Engagement, and Development; Community Development Initiatives.

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

Many thanks to:

Martin County Hospital District, Stanton, TX and Mr. Paul McKinney, CEO

## INTRODUCTION

In 2011, Martin County was one of 25 counties selected by West Texas Area Health Education Center staff from the F. Marie Hall Institute of Rural and Community Health to undergo a community health needs assessment. The objective of the project was to assess what the community understood about their healthcare needs and available resources and to identify what community members felt were priority health concerns.

AHEC developed the Community Health Needs Assessment Index as a check-up on the public health conditions in an individual county and to serve as resources for the county to use in their Texas Healthcare Transformation and Quality Improvement Program (1115 Waiver) Regional Health Plan, and the IRS (Form 990) required Community Health Needs Assessment.

Like a personal health check-up a person might have with a physician, the best use of the index is to focus discussions between community leaders and stakeholders about improving the public health. With the help of the local community, Permian Basin AHEC, and the Earl Survey Research Lab at Texas Tech University, information was gathered from a local focus group, telephone surveys, and secondary data to assess the health needs of Martin 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 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

Martin County estimate population:	4,799
Population Rank Among Texas' 254 Counties:	205
Population per Square Mile:	5.2
Area in Square Miles:	914.94

### Ethnicity

	% of County
White persons	84.7%
Black persons	1.6%
American Indian/Alaskan	0.6%
Asian	0.3%
Two + Races	1.8%
Hispanic/Latino	43.5%
White Not Hispanic	53.7%

### Gender

	% in County
Female	49.8%
Male	50.2%

### Age

	% of County
<05 Years	8.2%
<18 Years	30.3%
18-64 Years	49.2%
65+ Years	12.3%

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

Martin County's Hispanic population makes up almost half of the county's total population. Health Education strategies should take this into account when developing DSRIP projects in order to be culturally and linguistically effective.

### Socioeconomic Indicators

	County	State
Per Capita Personal Income	\$32,996	\$38,609
Unemployment Rate	5.7%	8.2%
Average Monthly TANF Recipients <sup>1</sup>	5	104,693
Average Monthly SNAP Recipients <sup>2</sup>	469	2,819,469
Unduplicated Medicaid Clients	1,195	4,762,787
Average Monthly CHIP Enrollment	91	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)	926
Severely Work Disabled	155
Major Depression	221
Recent Substance Abuse (within past month)	249

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

Populations with a lower rate of educational attainment often need more specialized health education in order to be effective.

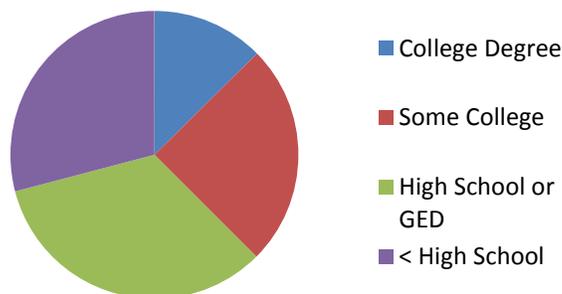
Persons Living Below Poverty Level	#County	%County	#State	%State
	680	15.1%	4,143,077	17.1%
Without Health Insurance	#County	%County	#State	%State
<18	304	22.0%	1,375,714	19.5%
<65	1,151	29.3%	5,765,126	26.8%

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

## Education

College Degree	12.6
Some College	24.9
High School/GED	33.4
Less Than High School	29.1

Source: US Census American Community Survey



## Access to Care

Average Monthly Medicare Enrollment	
Age 65+	507
Disabled	106
Average Monthly Medicaid Enrollment	1,035
Primary Care Physicians	3
Dentists	1
Physician Assistants	0
Registered Nurses	19
Licensed Vocational Nurses	23
Pharmacists	5
Community/Migrant Health Centers	0
Rural Health Clinics	0

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

Martin County has a high percentage of its population that are either completely uninsured, or are currently enrolled in Medicare and/or Medicaid programs. With cost of care rising and government programs being reduced, it is vital that Martin County improve the health of its citizens in order to reduce the potential economic harm an aging population typically heralds.

## Community Health Indicators

### Hospital Information

# of Hospitals	1
Ownership	Public
Staffed Beds	20
Admissions	111
Average Length of Stay	3.3 Days
Bad Debt Charges	\$1,236,693
Charity Charges	\$104,919
Total Uncomp Care	\$1,341,612
Gross Patient Revenue	\$9,083,385
Uncomp Care as % of Gross Patient Revenue	14.8%
Emergency Room Visits	2,122

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

Designated Health Professional Shortage Areas	Type	Score
	N/A	N/A

Source: <http://hpsafind.hrsa.gov/>

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

Measures of Birth and Death	County	USA
<i>% Of All Births</i>		
Low Birth Weight	6.4	8.2
Premature Births	12.3	12.7
<i>Deaths per 1000 live births</i>		
Infant Mortality	7.1	6.9
<i>Deaths per 100,000 population</i>		
Breast Cancer	nr	24.1
Colon Cancer	nr	17.5
Heart Disease	430.3	154.0
Lung Cancer	108.4	52.6
Vehicle Injuries	57.4	14.6
Stroke	129.4	47.0
Suicide	nr	10.9
Other Injury	nr	39.1

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

The incidence rates of heart related illness, cancer, and vehicle injuries are significantly higher than state and federal averages. DSRIP projects that seek to lower these rates are warranted.

## Business and Employment

Type of Business	# Employed
Total, All Industries	1,271
Mining	243
Construction	nr
Manufacturing	nr
Transportation	270
Information	nr
Financial	nr
Professional	nr
Education & Health	368
Leisure/Hospitality	nr
Public Administration	nr
Other	
nr= Not Reported by County	
# of Large Employers (50+ Employees)	3
Source: Texas Association of Counties	
Rusty's Oilfield Service	50+ employees
Stanton ISD	50+ employees
Wes-Tex Telephone Co-op Inc.	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 Martin County owning a land-line. In Martin County 108 surveys were completed out of 548 attempts with a response rate of 12.7%. 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; 23% said health related posters offered them useful information. 79% said their health care provider was a regular source. When asked about media; 42% used the internet to get health information; 33% received health information from the radio; 47% stated that they received health information from local newspapers; and 57% received health information from the television news shows. 17% of respondents received information from bulletin boards; and 40% got some health care information from various newsletters. 79% received information from friends and family. Only 22% reported getting health related information from grocery stores, but 10% stated that WIC was one of their resources for information. 20% reported getting health information from their church, while social services

offices provided health information to 21% 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. Television, the internet, and newspapers came next.

### **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, 19% answered yes. When asked the reason why someone in their household did not have insurance, employers not offering insurance (44%) and when offered, was too expensive to purchase (17%), were two of the main reasons mentioned. 21% 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 12% and 21% stated that while having some form of insurance, their deductible was too expensive. 19% lamented a lack of information around what services might be available. Coverage denial was mentioned by 14% of respondents; 19% said their insurance coverage was inadequate to their healthcare needs, and 19% cited a lack of insurance coverage overall. The high cost of prescription drugs was an issue to 20% of the persons queried. Lack of transportation was mentioned by 8%, and 3% 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, 54% went to their local clinic, doctor, or hospital and 38% went to a hospital or clinic in a town outside of the one they live in. About 4% of respondents utilized the emergency rooms of their local hospital and hospitals outside of their community.

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

29% of the respondents stated that they currently have children less than 18 years old living in their household. Of this cohort 6% of the respondents reported that they had a child with developmental delays, and 6% reported a child with behavioral delays. 6% reported a child they considered overweight or obese, none expressed concerns about inadequate nutrition. 9% of respondents reported children with some mental health issue. 5% cited some physical limitation their child labored under. When asked about teenage sexual activity 4% of the respondents thought their children might be sexually active, and 2% reported cases of teenage pregnancy. 12% of the parents queried mentioned a need for more screening and diagnosis resources for children in their community, and 12% accessed some form of out of home care for special needs children.

Around the issues of family planning; 4% of all respondents reported an unplanned pregnancy, but a lack of family planning information, an inability to receive birth control systems, and other reproductive health services was reported by less than 3% of respondents.

### **Chronic Disease Burden**

When asked about chronic diseases in the household; 28% reported a household member with some form of heart disease; 6% cited someone in their household having had a stroke; and high blood pressure was cited by 57% as being prevalent in their household. 20% reported a member with asthma and 9% reported severe breathing issues. Cancer in the household was reported by 19%, and 32% 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. 19% reported a household member affected by depression or anxiety. 1% of respondents had a family member attempt suicide. 2% had a household member who had been diagnosed with a mental illness other than depression/anxiety, but none stated the condition was too severe for the member to maintain employment. Stress was a mental health issue reported by 22% of persons surveyed. When asked about their ability to receive help and support for these mental health issues, only 28% stated they were lacking a resource that would meet their needs. 37% cited a lack of quality mental health services. 29% lacked affordable mental health care, and 68% said current distances from them to care made mental health services inaccessible. A lack of transportation affected 39% of respondents. All respondents stated that concerns around the perception of accessing mental health services were nil.

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 a DUI and 3% mentioned an episode of domestic violence. On the job injuries were reported by 4% of respondents. 11% 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 mentioned by less than 1% of respondents. Injuries of older children were reported by 6% as a result of some sports participation. Anecdotally, car accidents 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, 5% of respondents reported a household member having had chicken pox (varicella). 3% of respondents recounted a household member having had MRSA (Methicillin-resistant Staphylococcus aureus). Food and or water borne illnesses, such as giardia and salmonella had affected 2% of respondents during the period in question. 18% reported a household member having had influenza, 3% reported whooping cough, and 12% reported a case or more of pneumonia. Insect borne diseases were less than 1%. Hepatitis was reported by 4% of respondents. HIV/AIDS was nil, but other sexually transmitted diseases were reported by 4% of the overall cohort. Anecdotally, staph infections (not MRSA), and bronchitis, were mentioned as being health issues amongst this 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. 2% stated that their insurance carrier did not cover the immunization. 5% cited issues around adults having access

to the vaccines, and only 9% of respondents were unaware of resources for free or reduced cost immunizations. 2% 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; 32% cited an overall lack of enough physical activity among household members. 8% 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. 20% lamented a lack of community recreation programs and facilities for adults and 10% reported a lack of accessible neighborhood playgrounds for children. 18% reported a need for paved trails and sidewalks in their community, and 13% commented on the general overall lack of parks and open public spaces. 32% allowed that laziness might be a factor keeping their household member dormant. 27% of respondents reported an obese household member, but only 7% reported a general lack of knowledge about nutrition. 9% stated they did not plan meals, and 4% blamed the cost of healthier nutrition habits. 22% of respondents reported unhealthy eating habits, and 6% 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 8% also reported poor water quality. 4% of respondents cited some form of insect or rodent infestation. 17% reported issues around sun exposure, and issues of mold were cited at less than 2%. 5% of respondents complained about noise pollution. 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 transportation and affordable housing which affected 4% of respondents and 7% reported trouble affording the cost for heating their home. Handicap accessibility issues were cited by 4% 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, 51% of respondents thought tobacco use were a problem, with 92% citing youth smoking as their basis, and 65% including use of smokeless tobacco and youth. 63% believed that the number of pregnant women who smoke is too high. 97% 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 62% of respondents and 41% of respondents were concerned about enforcement of minors purchasing tobacco products. 82% of respondents thought that smoking in cars and homes was a health issue for members of those households. 54% of respondents were concerned about an overall lack of education and 59% believed resources available to facilitate more smoking cessation was lacking. 85% of respondents believe that drugs and alcohol are a problem in their community. 84% blame the perception of acceptability around the use of drugs and alcohol by adults and youth, and 65% cited the rural

nature of the county as being a factor. 63% thought that current drug laws were not being enforced, while 42% 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 April 21 2011.

### **Observations from the Martin County Focus Group – April 21, 2011**

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

- A. There is a lack of allied health services available, such as speech therapy and social workers.
- B. There is a perception of hospices in that they accelerate the death process instead of providing palliative care.
  - a. There is a perception that people do not like to discuss the need for a hospice. They do not understand that hospices are not just for cancer. They help for all diseases and people can receive palliative care and help for a long period of time. The local hospice provides help with the grieving process for one year after a passing of a patient.
- C. There is a need for alcohol, drug, and mental health services.
  - a. The Stanton hospital has a detoxification area, but it is short-term and sometimes busy. There is a need for a drug and alcohol facility that can provide more care, such as a long-term program.
  - b. There is a perception that some of the drug problems are not a health issues and can be dealt with by law enforcement.
  - c. Local government officials help with referrals for drug and alcohol treatment when there are no other resources available.
- D. There is a lack of knowledge of the different healthcare resources available.
  - a. People are unaware of home health resources.
  - b. People are unaware of air evacuations. People can pay a subscription fee to be able to be transferred to another hospital via helicopter.
  - c. People will go to Midland for treatment because they are unaware that they can receive the same treatment in Stanton.
  - d. There is no health prevention and awareness for children except for what is offered at school.
    - i. The EMS goes to the school when possible to teach prevention and awareness. Also, accident awareness has been brought to the schools, with focused programs such as preventing texting while driving.
    - ii. Sex education awareness has been brought to the school, but teenage pregnancy is an issue.
      1. Although the school has provided some sex education awareness, teen pregnancy is still a concern. There is a need to educate both girls and boys on the issue of teenage pregnancy.

2. There is a perception that young adult parents are ignorant on educating their children on teen pregnancy. Children of younger parents are likely to repeat the cycle.
- e. Stanton healthcare providers have attempted to raise health awareness by holding a local health fair for the public.
    - i. The fair is open to different community health care providers and interested parties, and usually 30 to 40 vendors participate. The helicopter for area evacuations, an ambulance, and a fire trucks are on display for the public.
- E. Another main concern among the participants is a need for a community health clinic.
- a. There used to be a community health clinic (run by Texas Tech University) but the services have been closed. It provided general healthcare needs to the community. Also, people with no insurance went to it for many reasons, such as immunizations and preventative healthcare. Without the facility, the hospital sees more indigent care patients.
- F. There is a lack of transportation for medical assistance outside the community.
- a. There is a lack of transportation to get prescriptions filled and for dialysis. There is no shuttle service, but TRAX offers transportation opportunities out of Big Spring. If people use the transportation service, people must schedule a ride in advance and they must go to other appointments for other people that are using the transportation that day. In addition, non-Medicaid patients must pay a fee. This is a problem for people who cannot afford the fee. It causes people to go without medication by making their prescriptions last longer. Scheduling transportation can also become a concern when a patient or a doctor reschedules an appointment. Also, to schedule an appointment people must dial an 800 number and listen to the menu options. Senior citizens become frustrated because some do not hear well enough understand the menu options.
  - b. Some patients do not understand why they must go to Midland instead of Big Spring when being transferred by ambulance. They do not understand that the Stanton hospital only transfers patients to Midland, and it is due to the availability of services.

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

- A. Diabetes is a concern in the county, and in the past, diabetes education classes have been offered to the community. The free classes were coordinated by a local extension service. It was helpful for diabetes education and having more education on diabetes and cardiovascular issues would ease the burden on home health. There is a home health agency in the area that offers free educational counseling on diabetic abilities. The classes work well for people who do not require standard home health services.
- B. Sponsorship of care/insurance. Includes Medicare, Medicaid, and private health issues.
- C. Because the community health clinic has closed, the hospital sees more indigent care patients.
- D. People with Medicaid are having problems with the costs of prescriptions. People can receive help with the paperwork for people, but there are still gaps in the process.
  - a. The hospital has a coordinator position that helps with this process. People can receive help with prescriptions and paperwork so that patients can obtain all of their prescriptions.
- E. People on Medicaid or a fixed income travel to Midland for treatment.

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

- A. The participants will use local health assistance for vaccines, physical exams, and check-ups. They will use local assistance for minor issues, but travel for more pressing health concerns.

- B. If the Stanton Hospital does not have the medical capabilities, they will transfer patients to the Midland Hospital.
- C. Because the high costs of medication, some people will fill a prescription at the Wal-Mart in Midland. However, people can only do this if they have transportation.

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

- A. Because there are no specialists, doctors refer patients to specialists in Midland.
  - a. For example, women cannot get mammograms and there is limited care for ob/gyn services.
  - b. For cancer care, people travel to Midland, Lubbock, San Angelo, or even Dallas.
  - c. People from Stanton will stay at the Hope House in Midland to reduce the costs associated with traveling for medical care.
- B. Critical patients are transferred to the Midland hospital because they have broader capabilities.
  - a. The Stanton ambulance service takes patients to Midland instead of Big Spring because Midland has a higher level of medical care and offer more services.

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

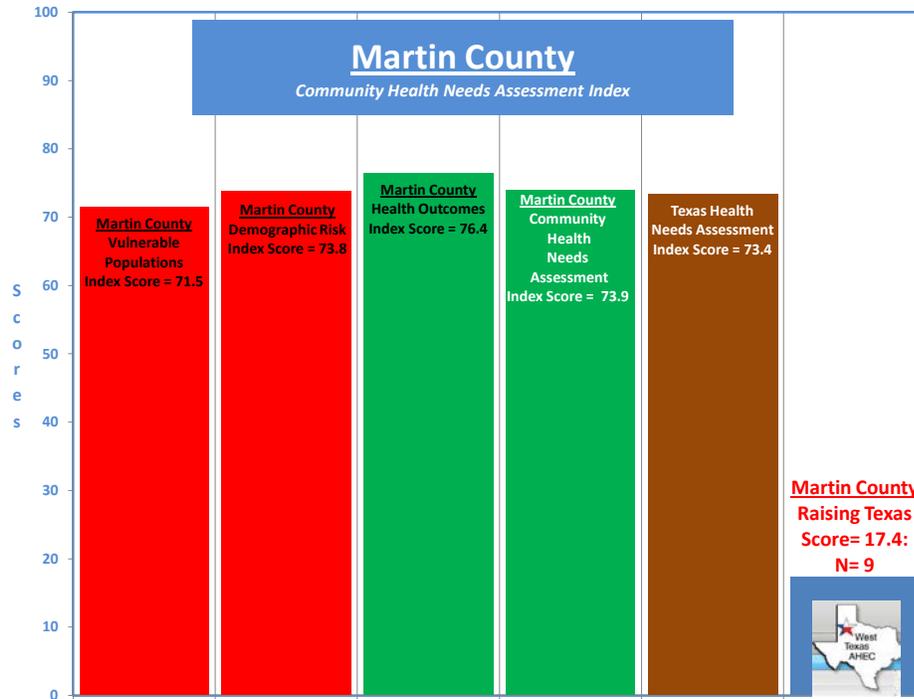
- A. Diabetes is a problematic health issue.
- B. There are high rates of different types of cancer. Breast cancer is common.
- C. There are higher rates of respiratory issues, Alzheimer’s, pneumonia, and strokes in the elderly community.

**What are the priorities regarding health care compared to other needs such as housing, transportation, education, and jobs in your area? Which is the most pressing issue?**

- A. Priorities for health care depend on an individual’s immediate need and the options available. Senior citizens always have a pressing issue because of their health conditions.
  - a. Health care priorities depend on the pressing issue.
- B. Health care is a high priority among the general public because there was a high voter turnout for Stanton to build a new hospital.
  - a. Stanton would have lost the EMS if voters chose not to build a new hospital. If Stanton lost the EMS, people in need of immediate care would have had to wait on an ambulance to come from Midland or Big Spring. The more that people have used the EMS have realized they need to keep it.

**HEALTH INDICATORS**

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

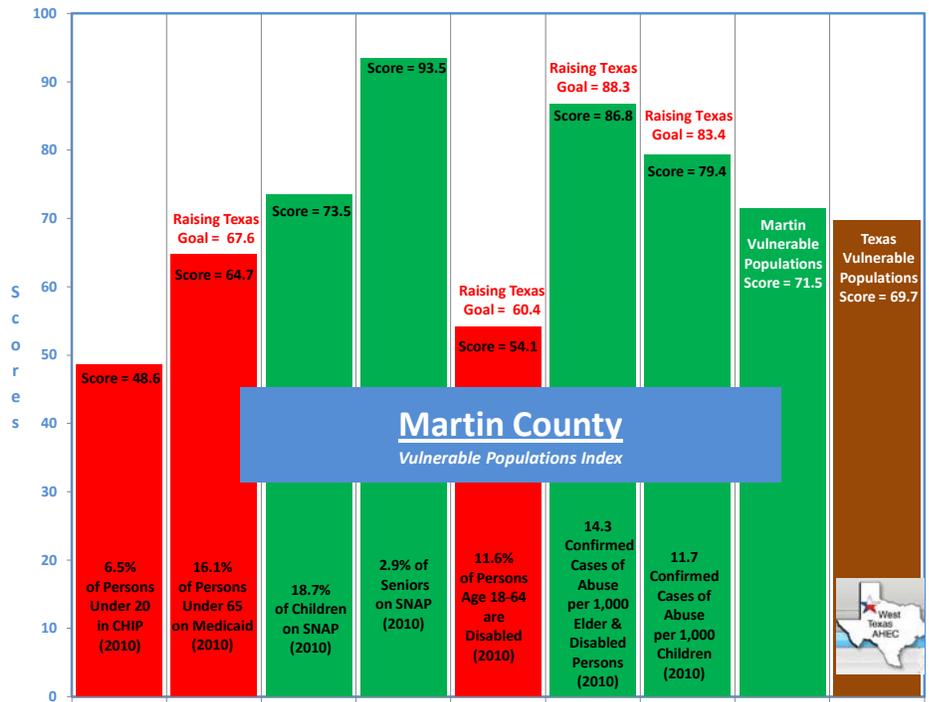


Table 2: Vulnerable Population Index

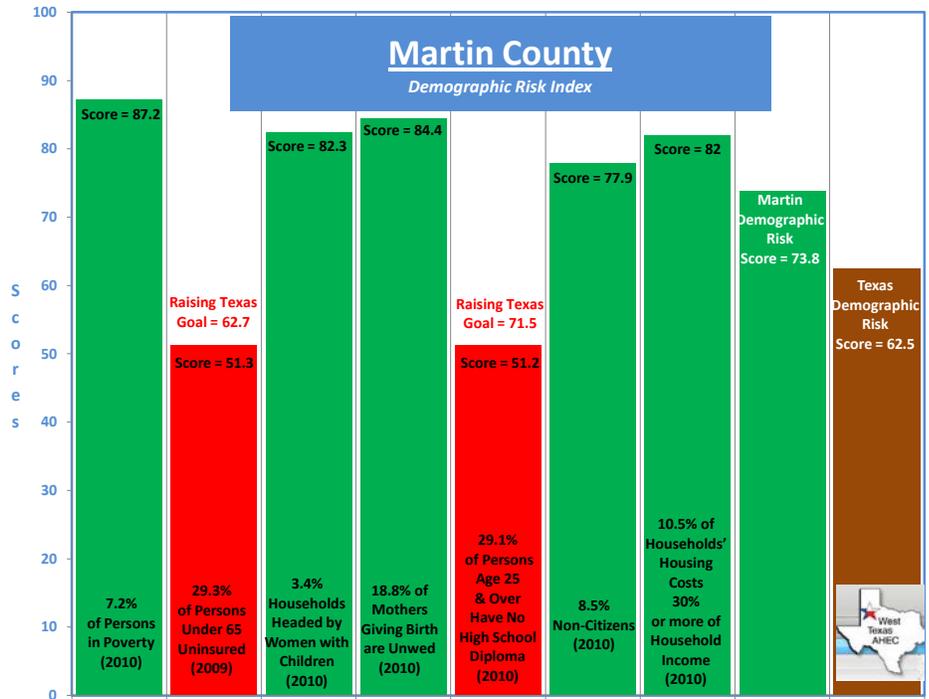


Table 3: Demographic Risk Index

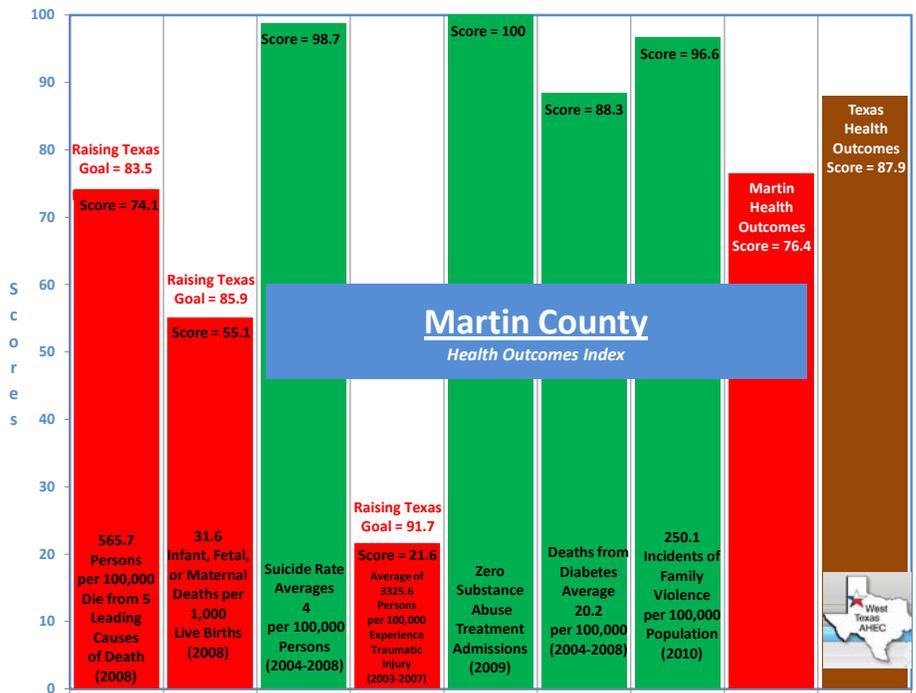


Table 4: Health Outcomes Index

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

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