

Community Health Assessment

Mason County

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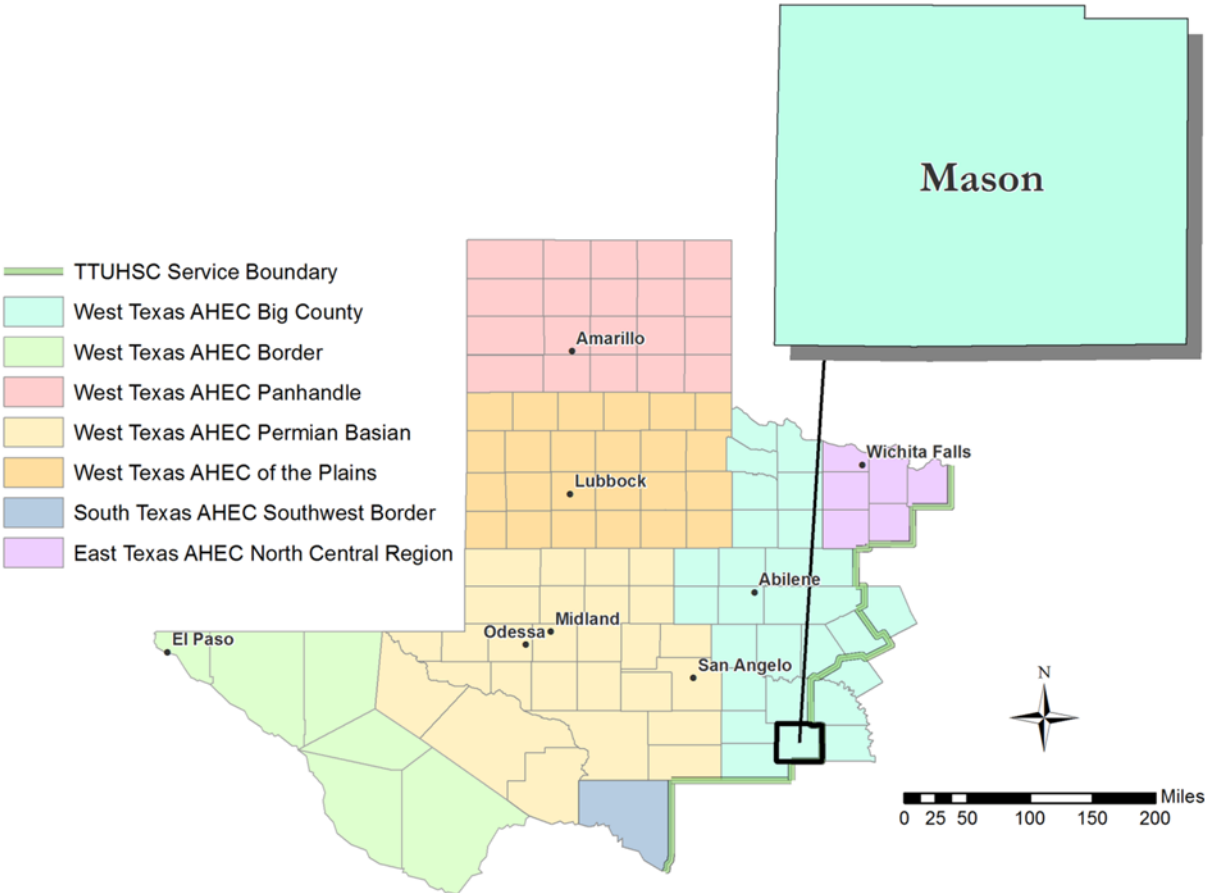


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PREFACE

This report has been prepared for Mason 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 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:

Honorable Jerry M. Bearden, Mason County Judge, Mason, Texas

INTRODUCTION

In 2011, Mason 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.

WTAHEC 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 Mason 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

Mason County estimate population:	4,012
Population Rank among Texas' 254 Counties:	11
Population per Square Mile:	4.3
Area in Square Miles:	928.80

Mason County is among the most rural counties in Texas and is primarily ranch and farming oriented. Emergency services are a common need in such economies.

Ethnicity and Race

% of County

White persons	93.0%
Black persons	0.4%
American Indian/Alaskan	0.4%
Asian	0.2%
Two + Races	1.0%
Hispanic/Latino	21.5%
White Not Hispanic	77.1%

Gender

% in County

Female	50.7%
Male	49.3%

Age

% of County

<05 Years	5.0%
<18 Years	21.2%
18-64 Years	49.4%
65+ Years	24.4%

Source: www.census.gov

Socioeconomic Indicators

County

State

Per Capita Personal Income	\$30,680	\$38,609
Unemployment Rate	5.1%	8.2%
Average Monthly TANF Recipients ¹	2	104,693
Average Monthly SNAP Recipients ²	313	2,819,469
Unduplicated Medicaid Clients	538	4,762,787
Average Monthly CHIP Enrollment	43	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)	629
Severely Work Disabled	117
Major Depression	218
Recent Substance Abuse (within past month)	208

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

A large number of Mason County's working adult population lacks a high school equivalent education. This requires specialized health education strategies.

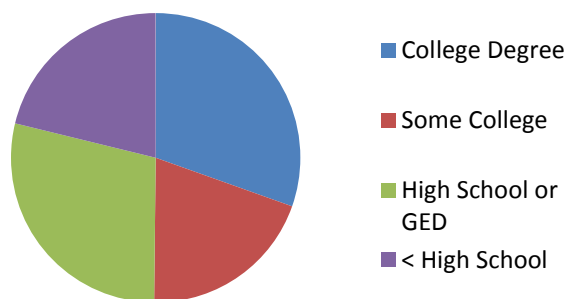
Persons Living Below Poverty Level	#County	%County	#State	%State
	650	16.5%	4,143,077	17.1%
Without Health Insurance	#County	%County	#State	%State
<18	224	29.3%	1,375,714	19.5%
<65	1,090	36.2%	5,765,126	26.8%

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

Education

College Degree	28.9
Some College	18.7
High School/GED	32.3
Less Than High School	20.1

Source: US Census American Community Survey



Access to Care

Average Monthly Medicare Enrollment	
Age 65+	867
Disabled	87
Average Monthly Medicaid Enrollment	496
Primary Care Physicians	0
Dentists	0
Physician Assistants	1
Registered Nurses	14
Licensed Vocational Nurses	23
Pharmacists	2
Community/Migrant Health Centers	Yes
Rural Health Clinics	0

Source: www.communityhealth.hhs.gov

High percentages of uninsured indicate a dire need for cost savings initiatives when considering DSRIP projects.

See above. With over 36% of Mason County currently using Medicare or Medicaid to offset their health care expenses, any reduction in payment rates by state or federal decree could have a detrimental effect on county indigent care budget.

Community Health Indicators

Hospital Information

of Hospitals 0

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

Designated Health Professional Shortage Areas

	Type	Score
Full County HPSA	Single County	13

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

Health Outcomes

	County	Texas
Diabetes	11%	9%
HIV Rate per 100,000 population	nr	319

Source: www.countyhealthrankings.org

Measures of Birth and Death

	County	USA
<i>% Of All Births</i>		
Low Birth Weight	7.3	8.2
Premature Births	13.4	12.7
<i>Deaths per 1000 live births</i>		
Infant Mortality	nr	6.9
<i>Deaths per 100,000 population</i>		
Breast Cancer	nr	24.1
Colon Cancer	nr	17.5
Heart Disease	224.2	154.0
Lung Cancer	90.2	52.6
Vehicle Injuries	nr	14.6
Stroke	97.2	47.0
Suicide	nr	10.9
Other Injury	39.3	39.1

Source: www.communityhealth.hhs.gov

Mason County is significantly higher in heart disease, stroke, and lung cancer compared to state and federal rates. DSRIP projects that seek to lower these rates should be considered.

Business and Employment

Type of Business

Type of Business	# Employed
Total, All Industries	1,082
Mining	nr
Construction	nr
Manufacturing	nr
Transportation	205
Information	nr
Financial	nr
Professional	nr

Education & Health	302
Leisure/Hospitality	117
Public Administration	nr
Other	nr
nr= Not Reported by County	

of Large Employers (50+ Employees) 1
Source: Texas Association of Counties

Mason ISD 100+ employees
Source: www.texasindustryprofiles.com

METHODS

Telephone Surveys

Telephone surveys were conducted by the Earl Research Survey Lab. The goal was to complete 100 random-digit telephone surveys from residents living in Mason County owning a land-line. In Mason County 101 surveys were completed out of 443 attempts with a response rate of 12.5%. 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; 83% said health related posters offered them useful information. 75% said their health care provider was a regular source. When asked about media; 47% used the internet to get health information; 13% received health information from the radio; 40% stated that they received health information from local newspapers; and 38% received health information from the television news shows. 15% of respondents received information from bulletin boards; and 27% got some health care information from various newsletters. 64% received information from friends and family. Only 5% reported getting health related information from grocery stores, but 3% stated that WIC was one of their resources for information. 14% reported getting health information from their church, while social services offices provided health information to only 13% of respondents. Other resources mentioned were doctors, the V.A., magazines, and from books.

When asked which of those resources their most trusted source of health information was, their healthcare provider was cited as the number one choice, followed by the internet. Friends and family 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 10% and 14% stated that while having some form of insurance, their deductible was too expensive. 5% lamented a lack of information around what services might be available. Coverage denial was mentioned by 3% of respondents; 10% said their insurance coverage was inadequate to their healthcare needs, and 9% cited a lack of insurance coverage overall. The high cost of prescription drugs was an issue to 9% of the persons queried. Lack of transportation was mentioned by 5%, and 4% 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, 44% went to their local clinic and 53% went to a hospital or clinic in a town outside of the one they live in.

Young Children, Youth and Family

21% of the respondents stated that they currently have children less than 18 years old living in their household. Of this cohort 4% of the respondents reported that they had a child with developmental delays, mental health issues, and some form of physical limitation. When asked about teenage sexual activity none of the respondents thought their children might be sexually active, and no cases of teenage pregnancy were cited by the parental cohort. 4% of the parents queried mentioned a need for more screening and diagnosis resources for children in their community, and none accessed out of home care for special needs children.

Around the issues of family planning; 2% of all respondents reported an unplanned pregnancy, but a lack of family planning information, an inability to receive birth control systems, and other reproductive health services, was cited by less than 1% of respondents.

Chronic Disease Burden

When asked about chronic diseases in the household; 19% reported a household member with some form of heart disease; 4% cited someone in their household having had a stroke; and high blood pressure was cited by 48% as being prevalent in their household. 13% reported a member with asthma and 5% reported severe breathing issues. Cancer in the household was reported by 11%, and 22% stated that someone in their household was diabetic. Anecdotally, arthritis and allergies were 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. 20% reported a household member affected by depression or anxiety. 1% of respondents had a family member attempt suicide. 4% had a household member who had been diagnosed with a mental illness other than depression/anxiety, and stated the condition was too severe for the member to maintain employment. Stress was a mental health issue reported by 20% of persons surveyed. When asked about their ability to receive help and support for these mental health issues, only 21% stated they were completely lacking a resource that would meet their needs, but other issues were cited around mental health services, including; a lack of quality (14%), affordable (58%), accessible (14%), mental health services in their

local community. 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; 2% cited someone receiving a DUI. On the job injuries were reported by 5% of respondents. 8% reported an injury caused by a fall. When queried about children's injuries, a lack of community child injury prevention programs was not mentioned. Injuries of older children were reported by 4% as a result of some sports participation, and 1% reported a child injury due to water activities. Anecdotally, car wrecks, and horse related injuries were mentioned as a cause of injury in the households queried.

Reportable Health Condition

When asked about certain reportable diseases within the previous 5 year period, 1% 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. 20% reported a household member having had influenza and 13% reported a case or more of pneumonia. Insect borne diseases were less than 1%. Anecdotally, common colds and mange were mentioned as being health issues amongst this cohort.

Health Promotion

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 7% of respondents. 2% stated that their insurance carrier did not cover the immunization. Anecdotally, respondents mentioned a lack of available flu shots as cause for not becoming immunized.

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; 31% cited an overall lack of enough physical activity among household members. 20% reported some physical limitation as preventing a household member from getting enough physical activity. 13% stated a lack of available time for physical activity. 11% lamented a lack of community recreation programs and facilities for adults and 5% reported a lack of accessible neighborhood playgrounds for children. 8% reported a need for paved trails and sidewalks in their community, and 2% commented on the general overall lack of parks and open public spaces. 70% allowed that laziness might be a factor keeping their household member dormant. 27% of respondents reported an obese household member, but only 2% reported a general lack of knowledge about nutrition. 5% stated they did not plan meals, and 1% blamed the cost of healthier nutrition habits. 27% of respondents reported unhealthy eating habits, and 9% 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. 4% of respondents reported that poor outdoor air quality (dust, feed lot organic materials, smoke from grass fires, etc.) had been an issue, and 12%

also reported poor water quality. 1% of respondents cited some form of insect or rodent infestation. 11% reported issues around sun exposure, and issues of mold were cited at 4%. 4% of respondents stated that they were exposed to hazardous materials in their employment. Handicap accessibility issues were cited by 1% 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, 39% of respondents thought tobacco use were a problem, with 72% citing youth smoking as their basis, and 76% including use of smokeless tobacco and youth. 56% believed that the number of pregnant women who smoke is too high. 83% 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 47% of respondents and 26% of respondents were concerned about enforcement of minors purchasing tobacco products. 70% of respondents thought that smoking in cars and homes was a health issue for members of those households, and 26% of respondents were concerned about an overall lack of education and 37% believed resources available to facilitate more smoking cessation was lacking. 58% of respondents believe that drugs and alcohol are a problem in their community. 89% blame the perception of acceptability around the use of drugs and alcohol by adults and youth, and 67% cited the rural nature of the county as being a factor. 56% thought that current drug laws were not being enforced, while 30% 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 Mason County Focus Group – June 9, 2011

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

- There is a need for physician recruitment.
- There is concern about the water supply.
- There is a need for transportation.
- There is a need for education and awareness on health issues.
- There is a need for elderly health care.
- There is a need for drug and alcohol treatment.
- There is a need for general medical care after hours and weekends.
 - There is no hospital in the county.
- There is a lack of awareness of available resources in Mason County.
 - People must rely on EMS when the clinic is closed.
- There is a need for specialists.
- There is a need for mental health services.

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

- There is a need for help with physician recruitment.
 - The clinic has preceptors and rotating visitors. Housing would be made available.
- There is concern about the drinking water.
 - The water is contaminated but the affect is unknown.
 - There are high rates of cancer and some suspect the water might be an issue.
 - There are two children with a very rare cancer, 80% of men who are 40 years old or older have cancer, and 10% of women have cancer.
 - There is no county health authority.
 - There is no cancer tracking surveillance so there is no data to analyze to see whether rates are average or not.
- There is a need for transportation.
 - People must rely on friends and family for transportation to medical appointments.
 - Thunderbird used to be an available transportation service for dialysis patients. Patients must make an appointment 24 hours in advance and must pay a small fee.
 - HOP is service that provides local transportation.
 - Good Samaritan (in Fredericksburg, Gillespie County) will no longer take dental patients from out of the county but will continue to take medical patients.
 - The senior center has volunteers for transportation but it is not dependable.
 - There are no funds for gas and no Medicaid reimbursement.
 - People traditionally travel to seek medical treatment.
- There is a need for education and awareness on health issues.
 - Be Well - Do Well used to offer diabetes classes but participation was a struggle to get people to participate even with incentives.
 - People are embarrassed about their health problems and they want privacy.
 - There is a need for preventative education in the schools.
 - Diabetes, hypertension, and fatty livers are common in children.
 - A health advancement committee is working to fight nutrition and obesity.
 - Federal and state health guidelines have changed for the better but Mason County cannot immediately meet the expectations. Meeting the state and federal standards will take a few years.
 - Mason County is limited because of the budget and employees.
 - A nutritionist is helping schools with food choices.
 - No diabetic food is available for children at school.
- There are no geriatric services.
 - There are no assisted living facilities in the county.
 - There are no nursing homes in the county.
 - There was a nursing home in the past but it went bankrupt which caused a loss of jobs. The county still has the beds but needs a nursing home and employees.
 - There are nursing homes in other areas that are county operated but they cost too much.
 - A health care group said the Mason community was too small for a nursing home unless swing beds were made available for rehabilitating patients.
- There are no treatment services available locally for drugs and alcohol problems.
 - Many drug and alcohol issues are related to domestic issues.
 - Some people who commit crimes are under the influences of drugs and/or alcohol.

- The county cannot help a person with a drug and/or alcohol problem in many cases, and the person ends up not getting help in any way until they have a criminal record.
 - If people use Mental Health Mental Retardation (MHMR) for services, they must go through detoxification first. There is no local facility to do detox.
 - Even when people with drug and alcohol problems beg for help local officials are often unable to help at all.
 - There is no drug and alcohol counseling available.
 - There is no workable way to address the drug and alcohol problems.
 - A court order is need for involuntary commitment to a rehab program.
 - People must seek care for drugs and alcohol in San Angelo or Lubbock and this is assessed on a case-by-case basis.
 - There is hesitation on how to approach each situation because there are no services on how to tell a local official to handle a drug and/or alcohol problem.
- There is a need for general medical care after-hours.
 - There is no hospital in the county.
 - A clinic is available and is open 5 days a week. There are no after-hours or weekend hours care available.
 - A physician comes to the clinic two times each week from Llano.
 - The physician's assistant is overloaded with many patients.
 - People who need medical treatment must rely on the EMS when the clinic is closed.
 - EMS will transfer patients to Fredericksburg, Llano, and Brady.
 - There are 3 full-time EMTs. Two are advanced certified and one has basic training and serves as the driver.
 - Volunteers are paid when they are on call.
 - Relying on one ambulance used to be enough but now there often a is a second ambulance out on calls at the same time. This puts a strain on the EMS because there are only 3 EMTs.
 - The EMS is having more calls on kids for breathing and asthma.
 - In some cases population does not understand the difference between emergencies and non-emergencies, which strains the system.
- There is a lack of awareness of the resources available at the clinic.
 - Air evacuation is available to the public for an annual fee of \$65.
 - People can take care of their primary care needs in Mason County.
 - The clinic has been open for more than 40 years.
 - There is a gap in the knowledge of local residents about the services the clinic provides. Some people in the county know about the services the clinic provides and some people do not.
 - There is very little marketing for the clinic but the hours have increased and the physician's availability has been increase.
 - The physician's assistant voluntarily writes articles for the newspaper.
 - The clinic is associated with Scott & White and Frontera. Management changes have been positive.
 - Mason County has few medical services and is far from major metropolitan cities.
 - The lack of medical care affects people's decision to move to Mason County.
 - Many newcomers are 50-60 years old retirees who are educated and concerned about health care.
- Home health is available.
 - One home health agency has staffing issues.

- Areas covered include Mason, Kimball, Menard, Eden, Junction, parts of Llano, and Mason.
 - Most patients have chronic care needs.
 - Another home health agency covers areas of Mason, Kimball, and Menard.
 - The agency sees patients with private pay, Medicaid, and Medicare.
- Lots of travel is involved for home health providers and areas they cover are very rural.
 - Medicare took away the 15% add-on for rural travel for home health providers, so it is difficult to provide the care.
 - Nursing homes are more expensive than home health.
 - Home health providers receive calls after hours and on weekends for all kinds of issues (medical and non-medical).
 - Home Health does not offer obstetrics, pediatrics, and does not treat patients under 18 years old.
 - There are special needs children who need nursing care.
 - Educating elderly patients on the differences between emergencies and non-emergencies is difficult because they are scared.
- There is a need for specialists.
 - There is no optometrist in the county.
 - There is no obstetrics care so people must travel to San Angelo and Fredericksburg.
 - Veterans will seek care in Kerrville and San Antonio.
 - Does Kerrville accept ambulances for veterans only, or not at all?
 - People must travel to Fredericksburg to see a GI or urologist.
 - Stroke patients seek care in Fredericksburg because they have a neurologist available.
 - The dentist is practically retired but does a lot of pro bono work.
 - People will travel to Menard to see a dentist.
 - A mobile dental clinic visited Mason County and saw over 100 people.
 - There is a need for a physical therapist, speech therapist and an occupational therapist.
 - There are problems with getting these therapists licensed through local health care providers.
 - There used to be three available physical therapists but now only one visits one day a week.
 - There is a local occupational therapist but lacks a license to practice.
 - People must drive to Fredericksburg, Menard, or Brady for treatment and they do not want to travel.
 - These therapists could staff the swing beds in a nursing home if these therapists were local and licensed.
 - One of the home health providers provides a physical therapist, occupational therapist, and speech therapist from San Angelo and some in Menard.
 - There is a need for a speech therapist for swallowing treatment.
 - Participants are concerned that the new hospital in Marble Falls will downgrade the Llano facilities, which will increase the distance for medical for people in Mason County.
- There are no mental health services.
 - There is no psychiatrist or counseling services.
 - Counselors are needed so people can come back to the community.
 - Mental health services are needed the most for the elderly.
 - Mental issues include mental retardation, dementia, bipolar disorder, and schizophrenia. These issues are not more prominent in any specific group.
 - It is difficult to find a facility for people who are in need of mental health care.

- Mental issues can go on for months before a person comes to the clinic for medical care.
- The county judge can sign an emergency form for detention to transfer a patient to a mental health facility, but this is something that is used very sparingly because when it is done you are taking away a person's rights entirely.
- Mason County uses MHMR from Kerrville, Uvalde, and Junction.
 - Assistance is needed for psychiatric evaluations.
 - Getting evaluations from MHMR is difficult because of the limited availability of staff.
 - MHMR's funding was cut 20% and this will make it more difficult to receive help with evaluations.
- It is unclear who is responsible for transfers to a mental health facility.
 - Law enforcement is used but if the patient is a female, a female law enforcement officer must accompany the patient on the transfer.
 - Using a law enforcement officer for transfers takes the officer away from the county for the day.
 - EMS services can be used for transfers but this takes EMTs away from the county for the day.
- A participant had an idea of using the Heritage program in Brady as an option for mental health services.
 - Counseling and medicine management are available, and there are telemedicine capabilities.
 - There are no nurses on staff but the doctor prescribes psychiatric medications only.
 - The program recently changed management.

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

- Approximately 30% of the patients from the clinic are on Medicare, 30% of the patients are on Medicaid, 30% of the patients have private insurance, and the remaining 10% are indigent care patients.
- The Federal Qualified Health Centers (FQHC) provides a sliding scale and county pays for indigent care patients.
- The number of indigent care patients has increased significantly.
 - This increase of indigent care patients is largely due to the state of the economy and high unemployment.
 - Hospitals tell patients to apply for indigent care through the county.
 - \$ 14,000 to \$15,000/year used to be spent on indigent care patients by the county and now it is about \$100,000/year.
 - The cost of medical treatment for indigent care patients varies. The care for one patient may cost \$300 and another may cost \$25,000.
- Participants said they stay local for medical treatment until they need to travel for resources that are unavailable in Mason County.
- Doctors in Fredericksburg tell patients to go to Mason for acute care. The physician's assistant treats a lot of acute care cases.
 - How does it vary based upon condition – routine physical v. broken leg?
- People will receive local care until they have to travel for specialist care or other medical care they cannot receive in Mason.
 - Fredericksburg has no pediatric specialist.
 - Children will/must go to San Antonio, or Austin but it depends on the level of trauma.
 - Llano and Fredericksburg do not like to take acute respiratory problems because they are not well equipped to deal with them.

- Any asthmatic problems in which the patient cannot be sent home must be air transferred.
 - There is no nursing or specialists for children.
 - Fredericksburg has no after-hours acute care services except for the emergency room.
 - There is a need for an urgent care center.
 - There a perception that Gillespie has 100 physicians that could work in an after-hours facility.
 - People must travel for chronic care services, such as cancer.
 - People will travel to Fredericksburg, San Angelo, Austin, De Leon, or Houston.
 - How does distance affect the decision to deal with a particular health concern?
- People will drive to Brady, Fredericksburg, Llano, or San Angelo for medical care they cannot receive in Mason.

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

- There are high rates of cancer.
- Diabetes, hypertension, and fatty livers are common in children.
- Congestive heart failure, cardiac issues, and COPD are common.
- Chronic lung disease is common and that it is seen in non-smokers.
- Plants in the county cause a prevalence of allergies and asthma.
 - This can progress into anaphylaxis.
- Routine vaccines are available.
 - Rabies is becoming more of a concern.
 - Because of the drought, wild animals are coming into towns looking for water and infecting the feral animals which have contact with people.
 - The IGG vaccine for rabies costs \$2,000 and a short shelf life.
 - Rattlesnakes are an issue.
 - The clinic does not have anti-venom because it costs \$1,000 and has a short shelf life.
 - Patients must travel to San Angelo because a ventilator is needed for medical treatment.

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 has been a very high priority and it has been for a long time.
 - Because there is no district, there have been two local elections for raising health care taxes.
 - The first election was 10 years ago and the county voted in favor of raising health care taxes 25%.
 - The second election had overwhelming community support because people in Mason County voted to double taxes (from ¼ cent to ½ cent sales tax) to support the ambulance service.

HEALTH INDICATORS

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

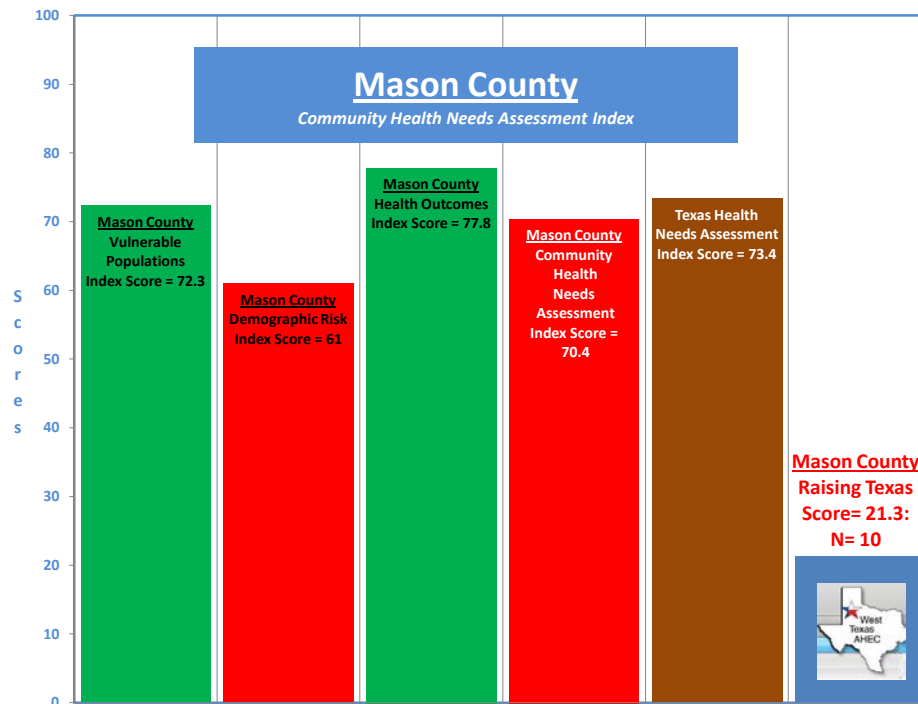


Table 1: Community Health Needs Assessment Index

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

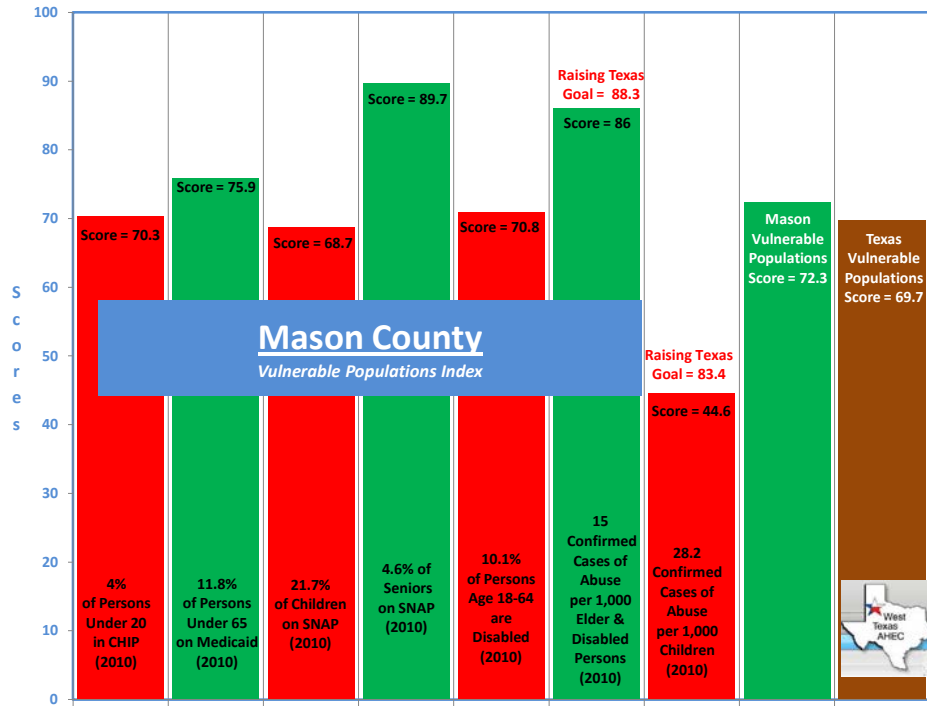


Table 2: Vulnerable Population Index

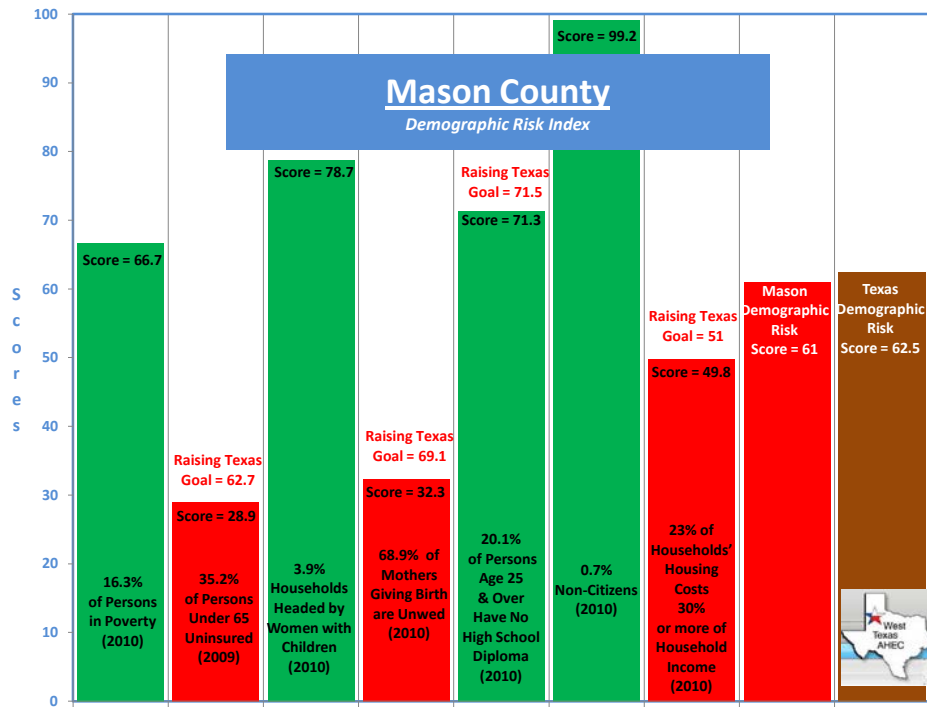


Table 3: Demographic Risk Index

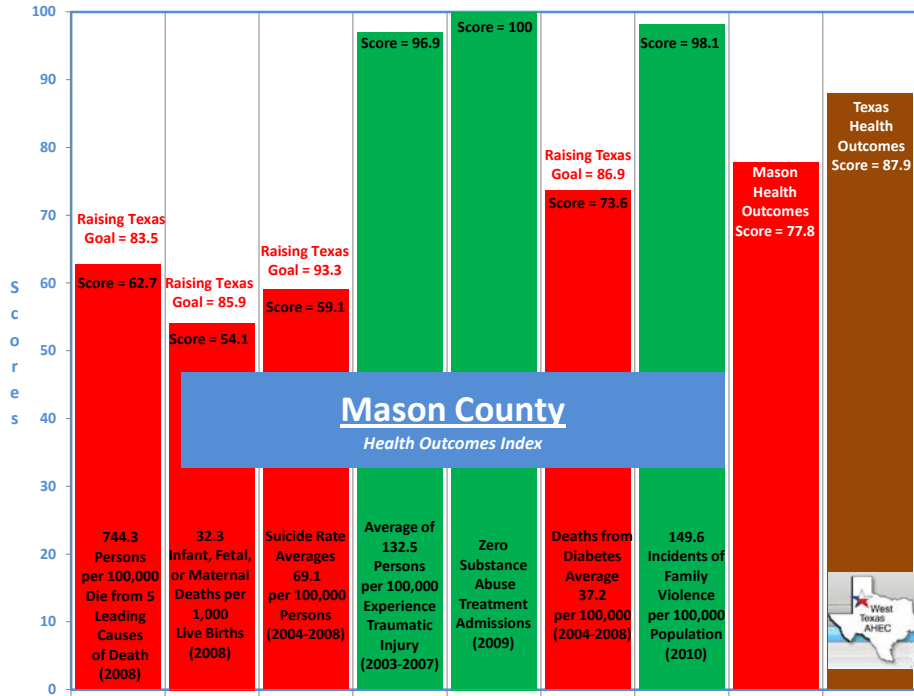


Table 4: Health Outcomes Index

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

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