

# Community Health Assessment

## Runnels County

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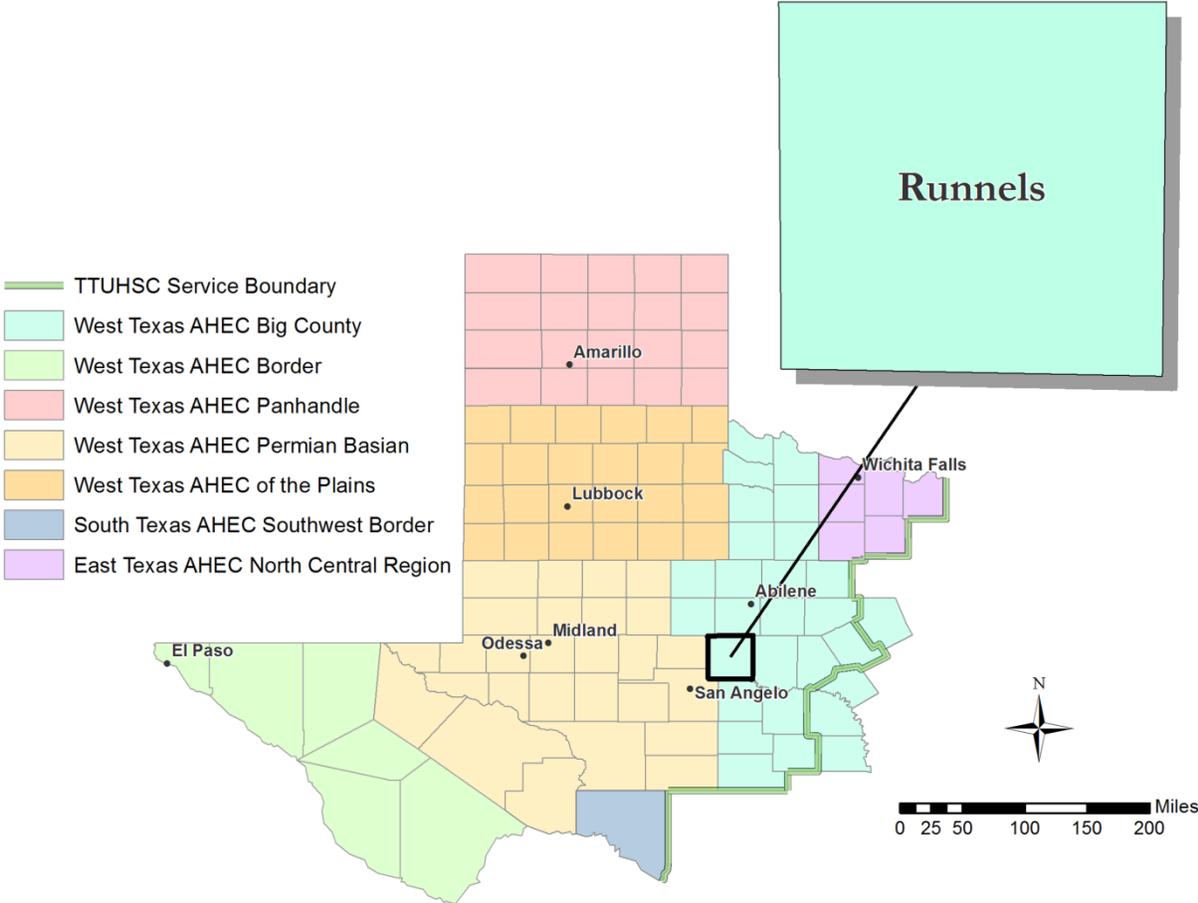


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## **PREFACE**

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

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

Many thanks to Ballinger Memorial Hospital for the use of space to conduct the focus group session and to Mr. Lance Keilers, Administrator Ballinger Memorial Hospital, for being a community champion.

## INTRODUCTION

In 2011, Runnels 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 Runnels 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

Runnels County estimate population:	10,501
Population Rank Among Texas' 254 Counties:	165
Population per Square Mile:	10.0
Area in Square Miles:	1,050.95

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

### Ethnicity

	% of County
White persons	83.2%
Black persons	1.8%
American Indian/Alaskan	0.7%
Asian	0.2%
Two + Races	1.7%
Hispanic/Latino	32.0%
White Not Hispanic	65.1%

Runnels County is a homogenous county in terms of population mix with a large segment of Hispanic heritage. Sensitivity to language and cultural traditions will be important.

### Gender

	% in County
Female	50.5%
Male	49.5%

### Age

	% of County
<05 Years	6.7%
<18 Years	25.1%
18-64 Years	48.7%
65+ Years	19.5%

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

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

### Socioeconomic Indicators

	County	State
Per Capita Personal Income	\$28,488	\$38,609
Unemployment Rate	9.0%	8.2%
Average Monthly TANF Recipients <sup>1</sup>	25	104,693
Average Monthly SNAP Recipients <sup>2</sup>	1,300	2,819,469
Unduplicated Medicaid Clients	2,384	4,762,787
Average Monthly CHIP Enrollment	193	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)	2,153
Severely Work Disabled	251
Major Depression	540
Recent Substance Abuse (within past month)	552

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

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

Persons Living Below Poverty Level	#County	%County	#State	%State
	1,591	16.0%	4,143,077	17.1%

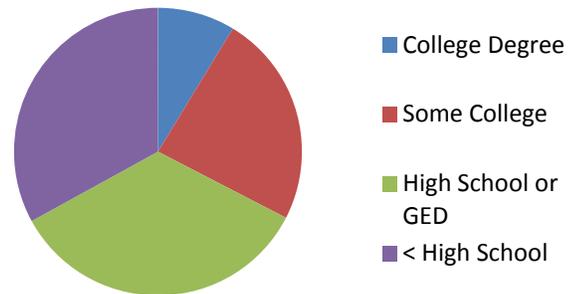
Without Health Insurance	#County	%County	#State	%State
<18	475	18.2%	1,375,714	19.5%
<65	2,093	25.6%	5,765,126	26.8%

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

## Education

College Degree	16.4%
Some College	21.9%
High School/GED	38.7%
Less Than High School	22.9%

Source: US Census American Community Survey



## Access to Care

Average Monthly Medicare Enrollment	
Age 65+	2,018
Disabled	311
Average Monthly Medicaid Enrollment	2,150
Primary Care Physicians per 100,000 population	38.9
Dentists per 100,000 population	19.5
Community/Migrant Health Centers	0
Rural Health Clinics	1

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

A large uncompensated care burden is a major reason to participate in the development of a regional health plan. DSRIP should be focused on initiatives that are proven to lower costs.

**Community Health Indicators**

**Hospital Information**

# of Hospitals	2	Bad Debt Charges	\$844,430
Ownership	Public	Charity Charges	\$34,267
Staffed Beds	37	Total Uncomp Care	\$878,697
Admissions	342	Gross Patient Revenue	\$11,663,683
Average Length of Stay	4.6 Days	Uncomp Cares % Gross Patient Revenue	7.5%
Emergency Room Visits	1056		

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

Designated Health Professional Shortage Areas	Type	Score
Full County HPSA Designation	Single County	13
Ballinger Hospital Clinic	Rural Health Clinic	5

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

**Health Outcomes**

	<b>County</b>	<b>Texas</b>
Diabetes	11%	9%
HIV Rate per 100,000 population	60	319

**Measures of Birth and Death**

	<b>County</b>	<b>USA</b>
<i>% Of All Births</i>		
Low Birth Weight	9.0%	8.2%
Premature Births	13.3%	12.7%
<i>Deaths per 1000 live births</i>		
Infant Mortality	9.2	6.9
<i>Deaths per 100,000 population</i>		
Breast Cancer	39.5	24.1
Colon Cancer	38.5	17.5
Heart Disease	304.3	154.0
Lung Cancer	101.2	52.6
Vehicle Injuries	61.2	14.6
Stroke	86.5	47.0
Suicide	21.2	10.9
Other Injury	37.6	39.1

Death rates indicate considerable focus is needed in DSRIP on chronic disease management and early screening programs for most cancers.

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

## Business and Employment

(Other Than Public Administration)

Type of Business	# Employed		Annual Payroll (\$1,000)	
Mining	103	4.33%	3,155	4.97%
Manufacturing	695	29.21%	19,123	30.15%
Wholesale Trade	52	2.19%	1,978	3.12%
Retail Trade	491	20.64%	12,386	19.53%
Transportation	49	2.06%	1,710	2.70%
Finance/Insurance	121	5.09%	3,623	5.71%
Healthcare	330	13.87%	9,483	14.95%
Food/Accom.	165	6.94%	1,532	2.42%
Other	157	6.60%	2,274	3.59%

# of Large Employers (50+ Employees) 14

Source: Texas Association of Counties

Ac Nutrition	50+ employees
Ballinger Elementary School	50+ employees
Ballinger Healthcare & Rehab	50+ employees
Ballinger Memorial Hospital	50+ employees
Buddy's Plant Plus	50+ employees
Dankworth Packing Co.	50+ employees
Mile ISD	50+ employees
Mueller Inc.	50+ employees
North Runnels Hospital	50+ employees
Runnels County Rehab	50+ employees
Shoppin Basket	50+ employees
Skinny's Groceries	50+ employees
Walmart	50+ employees
Winters ISD	50+ employees

Source: [www.texasindustryprofiles.com](http://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 Runnels County owning a land-line. In Runnels County 100 surveys were completed out of 486 attempts with a response rate of 12.4%. 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; 12% said health related posters offered them useful information. 81% said their health care provider was a regular source. When asked about media; 54% used the internet to get health information; 22% received health information from the radio; 47% stated that they received health information from local newspapers; and 63% received health information from the television news shows. 15% of respondents received information from bulletin boards; and 35% got some health care information from various newsletters. 88% received information from friends and family. Only 8% reported getting health related information from grocery stores, but 1% stated that WIC was one of their resources for information. 25% reported getting health information from their church, while social services offices provided health information to only 10% 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. The internet and television were also mentioned by about 10% 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, 15% answered yes. When asked the reason why someone in their household did not have insurance, employers not offering insurance (37%) and when offered, was too expensive to purchase (26%), were two of the main reasons mentioned. 8% 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 15% and 21% stated that while having some form of insurance, their deductible was too expensive. 15% lamented a lack of information around what services might be available. Coverage denial was mentioned by 4% of respondents; 17% said their insurance coverage was inadequate to their healthcare needs, and 15% cited a lack of insurance coverage overall. The high cost of prescription drugs was an issue to 16% of the persons queried. Lack of transportation was mentioned by 7%, 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, 41% went to their local clinic, doctor, or hospital, and 58% went to a hospital or clinic in a town outside of the one they live in. About 1% of respondents utilized the emergency rooms of their local hospital and hospitals outside of their community.

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

21% of the respondents stated that they currently have children less than 18 year's old living in their household. Of this cohort less than 1% of the respondents reported that they had a child with developmental delays. 2% reported a child they considered overweight or obese in their household, but none had concerns about inadequate nutrition. Less than 1% of respondents reported children with some mental health issue; or any physical limitation their child labored under. 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. The parents queried did not think their county had a need for more screening and diagnosis resources for children in their community or out of home care for special needs children resources.

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

### **Chronic Disease Burden**

When asked about chronic diseases in the household; 19% reported a household member with some form of heart disease; 14% cited someone in their household having had a stroke; and high blood pressure was cited by 61% as being prevalent in their household. 13% reported a member with asthma and 18% reported severe breathing issues. Cancer in the household was reported by 17%, and 30% 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. 28% reported a household member affected by depression or anxiety. 2% of respondents had a family member attempt suicide. 3% 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 mental health issue reported by 21% of persons surveyed. When asked about their ability to receive help and support for these mental health issues, only 8% stated they were completely lacking a resource that would meet their needs, 50% cited a lack of quality, affordable, accessible, mental health services in their local community. Concerns around the perception of accessing mental health services were not reported.

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 2% mentioned an episode of domestic violence. On the job injuries were reported by 5% of respondents. 15% reported an injury caused by a fall. When queried about children's injuries, a lack of community child injury prevention programs was not

mentioned. Injuries of older children were reported by 3% as a result of some sports participation. Anecdotally, horse related injuries, and injuries involving local wildlife 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, 2% of respondents reported a household member having had chicken pox (varicella), and 2% also 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. 10% reported a household member having had influenza and 16% reported a case or more of pneumonia. Insect borne diseases and sexually transmitted diseases were nil in this cohort. Meningitis and hepatitis were cited by less than 2% of respondents. Anecdotally, common colds, strep throat, foot and mouth disease, sinus infections, and stomach viruses, 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. 9% of respondents stated that their insurance carrier did not cover the immunization. 7% cited issues around adults having access to the vaccines, and only 3% 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. Anecdotally, respondents mentioned problems obtaining flu vaccines as cause for not becoming immunized.

### **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; 39% cited an overall lack of enough physical activity among household members. 21% reported some physical limitation as preventing a household member from getting enough physical activity. Some of the issues mentioned were heat, arthritis, and other physical limitations. 15% stated a lack of available time for physical activity. 11% lamented a lack of community recreation programs and facilities for adults and 6% reported a lack of accessible neighborhood playgrounds for children. 12% reported a need for paved trails and sidewalks in their community, and 5% commented on the general overall lack of parks and open public spaces. 44% allowed that laziness might be a factor keeping their household member dormant. 35% of respondents reported an obese household member, but only 11% reported a general lack of knowledge about nutrition. 16% stated they did not plan meals, and 13% blamed the cost of healthier nutrition habits. 40% 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. 11% of respondents reported that poor outdoor air quality (dust, feed lot organic materials, smoke from grass fires, etc.) had been an issue, and 19% also reported poor water quality. 5% of respondents cited some form of insect or rodent infestation. 13% reported issues around sun exposure, and issues of mold were cited at 5%. Noise pollution was cited by less than 1% of respondents. 4% 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 5% of respondents and 1% reported trouble affording the cost for heating their home. Handicap accessibility issues were cited by 6% 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, 58% of respondents thought tobacco use was a problem, with 41% citing youth smoking as their basis, and 42% including use of smokeless tobacco and youth. 27% believed that the number of pregnant women who smoke is too high. 43% 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 30% of respondents and 34% of respondents were concerned about enforcement of minors purchasing tobacco products. 39% of respondents thought that smoking in cars and homes was a health issue for members of those households, and 27% of respondents were concerned about an overall lack of education. 66% of respondents believe that drugs and alcohol are a problem in their community. 49% blame the perception of acceptability around the use of drugs and alcohol by adults and youth, and 46% cited the rural nature of the county as being a factor. 41% thought that current drug laws were not being enforced, while 32% 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 8, 2011.

## Observations from the Runnels County Focus Group – June 8, 2011

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

- There is a need for advanced diagnostics.
  - The hospital cannot afford advanced diagnostics because the number of patients who would use it is not enough to support the costs associated with the equipment.
- There is a need for transportation.
  - Some patients are unaware they can get some lab work done locally.
- There is a lack of education and awareness about health issues.
  - People are unaware of some available health care in the area so they travel
  - Participants would like specialist care but understand that there is not enough demand to pay for those resources full-time.
- There is a lack of specialists in Runnels County.

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

- The structure of the hospital is a battle because it is a 50-60 year old building.
- It has been difficult to recruit doctors to come to a rural town but it has improved.
  - There are 3 physicians, 1 physician's assistant, and 1 nurse practitioner at the hospital.
- There is a need for advanced diagnostics.
  - Sonograms and CT scans are done locally once a week through a traveling lab.
  - Obstetrics lab work can be done locally and sent to an ob in other locations.
  - X-rays can be done at the hospital.
  - The hospital cannot afford many advanced diagnostics because the number of patients who use it will not be enough to support the cost of the services. The community is small and has to live within its means.
- There is a need for transportation.
  - People have a problem getting to appointments.
  - The elderly do not want to travel to San Angelo because of the time and cost involved.
  - Some people volunteer to take people to their medical appointments, but there is no organized approach.
  - A regional transport service provides transportation to medical appointments. There is a sliding scale but people may still be unable to afford it.
- There is a lack of education and awareness about health issues.
  - The hospital does a great job on publicity.
  - There is a need to change younger people's awareness and level of knowledge on health insurance.
    - It would be best to target children in high school for health insurance awareness and have a class about budgeting. They have no life skills when they finish high school so they rely on others.
  - There needs to be more education on issues relating to obesity, dieting, and exercise.



- In one very large local business only 50% of several hundred employees have insurance.
- In one home health company, 95% of the patients are on Medicare, 4% of the patients are on private insurance, and 1% of the cases are written off.
- The Medicare Part D coverage gap is problematic for senior citizens.
- There is a need to change the way insurance conducts business on medications.
  - The medications are too high, as well as the premiums and co-pays of medication.
- A participant there is a perception that younger people refuse health insurance even though they can afford it.
  - There is a need to promote good health care because it becomes a crushing issue when people need it but cannot get it.
  - There is a perception that some insurance plans are difficult to work with even if people can afford it.
  - That health insurance is not a priority for younger people. It is a priority for people who are 30-50 years old.

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

- People stay local for primary care but must travel to see specialists.
  - The availability of local services has helped people avoid travel but it creates a long wait time for appointments.

**How does it vary based upon condition – routine physical v. broken leg? How does distance affect the decision to deal with a particular health concern?**

- People will seek primary care locally but must travel to San Angelo or Abilene for specialist care.
  - The vast majority of day-to-day issues can be taken care of at the Ballinger hospital.
  - People’s willingness to travel is often based on a doctor’s personal reputation.
  - Some patients have lab work ordered in San Angelo because they do not know they can get lab work done locally and sent to San Angelo.

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

- Diabetes, cardiac problems, and cancer (particularly skin cancer) are prevalent in the county.
- There is a perception that autoimmune diseases such as lupus, and multiple sclerosis are prevalent. The county tried to have a study conducted but the request was denied.
  - It is possible that it is more difficult to tell if health issues are prevalent because people know each other more intimately in a small community than in a large community.
- It seems like that someone is diagnosed with cancer once a week.
- There is a perception that COPD is common

**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?**

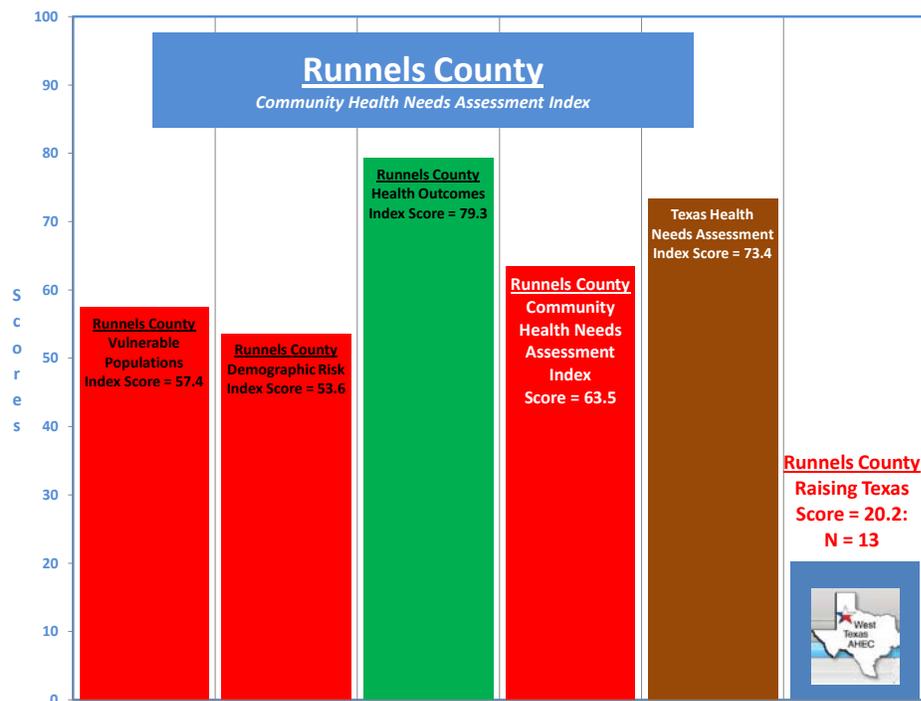
- People think health care is a priority. People want the hospital, it is at the top of the list, and community leaders are concerned about it.
- Preventative care is not as much of a priority compared to the medical issues that have already happened.

- From a community standpoint, the hospital provides jobs. The hospital is needed for the local economy.
- People do not think about how many lives the ambulance service and the hospital save because not everyone can make it to San Angelo for medical care.
- Once people need medical care they will support it in the community -- until then people do not think about.

A participant inquired about disaster preparedness. There is a local plan in place.

## HEALTH INDICATORS

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

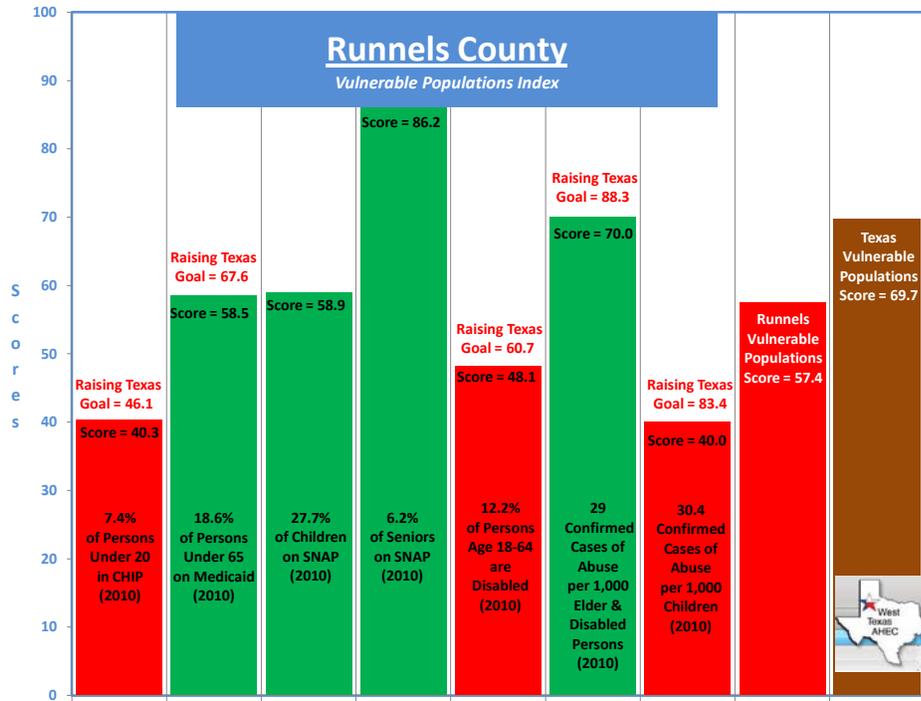


Table 2: Vulnerable Population Index

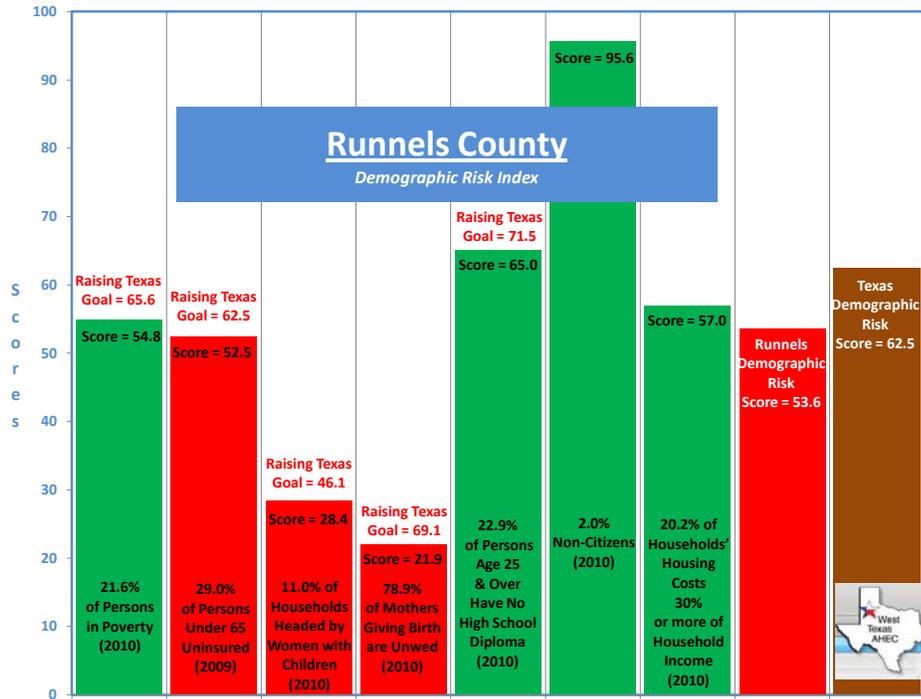


Table 3: Demographic Risk Index

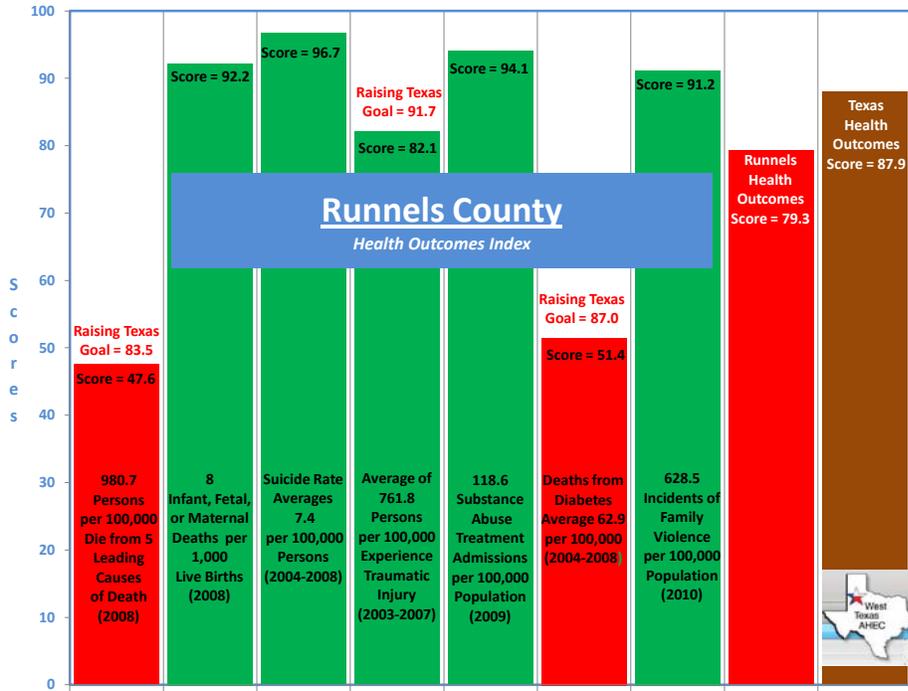


Table 4: Health Outcomes Index

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

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