

Community Health Assessment

Sherman County

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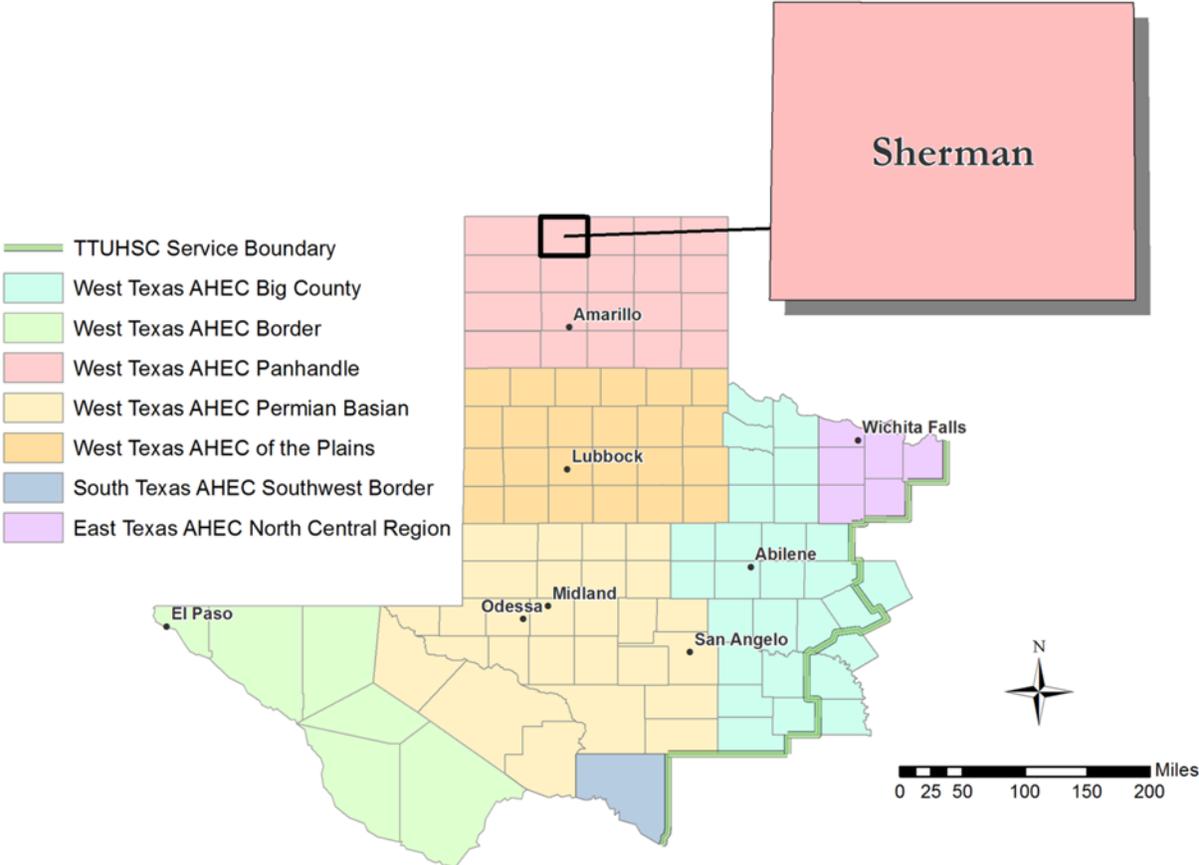
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PREFACE

This report has been prepared for Sherman 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:

Honorable Terri Beth Carter, Sherman County Judge

INTRODUCTION

In 2011, Sherman 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, Panhandle 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 Sherman 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

Sherman County estimate population	3,186
Population Rank among Texas' 254 Counties	230
Population per Square Mile	3.3
Area in Square Miles	923.04

Ethnicity and Race

	% of County
White persons	88.3%
Black persons	0.5%
American Indian/Alaskan	0.8%
Asian	0.2%
Two + Races	1.5%
Hispanic/Latino	40.4%
White Not Hispanic	58.1%

Gender

	% in County
Female	49.0%
Male	51.0%

Age

	% of County
<05 Years	7.1%
<18 Years	30.2%
18-64 Years	49.4%
65+ Years	13.3%

Source: www.census.gov

Socioeconomic Indicators

	County	State
Per Capita Personal Income	\$37,312	\$38,609
Unemployment Rate	4.8%	8.2%
Average Monthly TANF Recipients ¹	0	104,693
Average Monthly SNAP Recipients ²	127	2,819,469
Unduplicated Medicaid Clients	379	4,762,787
Average Monthly CHIP Enrollment	67	466,242

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

The benefits of Sherman County's higher per capita income and lower rate of unemployment could be adversely affected by its high rate of the uninsured population if health costs and number of sick persons continue to rise.

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)	497
Severely Work Disabled	55
Major Depression	150
Recent Substance Abuse (within past month)	168

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

Significantly high numbers of the population with limited education will require specialized health education strategies.

Persons Living Below Poverty Level	#County	%County	#State	%State
	373	13.1%	4,143,077	17.1%

Without Health Insurance	#County	%County	#State	%State
<18	298	36.1%	1,375,714	19.5%
<65	1,045	40.5%	5,765,126	26.8%

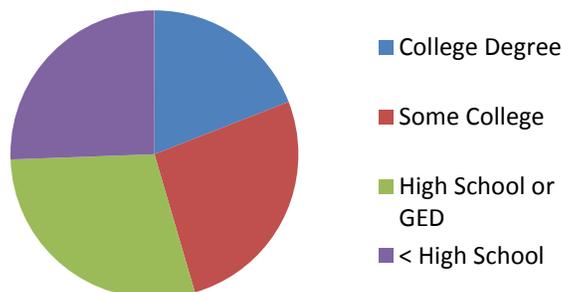
Source: <http://www.dshs.state.tx.us/chs/>

Sherman County has very high rates of uninsured. DSRIP projects that lower rates of heart related illness could prevent a looming economic crisis.

Education

College Degree	19.1
Some College	26.4
High School/GED	29
Less Than High School	25.6

Source: US Census American Community Survey



Access to Care

Average Monthly Medicare Enrollment	
Age 65+	304
Disabled	22
Average Monthly Medicaid Enrollment	289
Primary Care Physicians	0
Dentists	0
Physician Assistants	1
Registered Nurses	1
Licensed Vocational Nurses	0
Pharmacists	0
Community/Migrant Health Centers	0
Rural Health Clinics	0

Source: www.communityhealth.hhs.gov

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

Full County HPSA Designation

Type
Single County

Score
15

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

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

Health Outcomes

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

Sherman County's high HPSA score, lack of current competition, and reasonably good income levels, make it a choice location for National Health Service Corps providers.

Measures of Birth and Death

	County	USA
<i>% Of All Births</i>		
Low Birth Weight	4.8	8.2
Premature Births	9.7	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	252.0	154.0
Lung Cancer	77.2	52.6
Vehicle Injuries	69.3	14.6
Stroke	70.1	47.0
Suicide	nr	10.9
Other Injury	1.2	39.1

Heart related illness and vehicle injuries are significantly higher than state and national rates. DSRIP projects that address these issues are warranted.

Source: www.communityhealth.hhs.gov

Business and Employment

Type of Business	# Employed
Total, All Industries	859
Mining	251
Construction	nr
Manufacturing	nr
Transportation	123
Information	nr
Financial	nr
Professional	nr

Education & Health	252
Leisure/Hospitality	nr
Public Administration	nr
Other	nr

of Large Employers (50+ Employees) 2
 Source: Texas Association of Counties

Coldwater Manor 50+ employees
 Stratford Hospital District 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 Sherman County owning a land-line. In Sherman County 79 surveys were completed out of 509 attempts with a response rate of 10.6%. 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; 20% said health related posters offered them useful information. 84% said their health care provider was a regular source. When asked about media; 52% used the internet to get health information; 27% received health information from the radio; 45% stated that they received health information from local newspapers; and 63% received health information from the television news shows. 23% of respondents received information from bulletin boards; and 38% got some health care information from various newsletters. 75% received information from friends and family. Only 20% reported getting health related information from grocery stores, but 15% stated that WIC was one of their resources for information. 39% reported getting health information from their church, while social services offices provided health information to only 6% of respondents. Other resources mentioned was doctors, magazines, and from the V.A.

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 the internet. Friends and family were also mentioned as trusted sources of information.

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, 30% answered yes. When asked the reason why someone in their household did not have insurance,

employers not offering insurance (54%) and when offered, was too expensive to purchase (47%), were two of the main reasons mentioned.

When asked if anyone in their household was currently having difficulty in getting medical care; cost of services was an issue for 21% and 27% stated that while having some form of insurance, their deductible was too expensive. 25% lamented a lack of information around what services might be available. Coverage denial was mentioned by 9% of respondents; 7% said their insurance coverage was inadequate to their healthcare needs, and 17% cited a lack of insurance coverage overall. The high cost of prescription drugs was an issue to 23% of the persons queried. 7% of respondents 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, 42% 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

45% of the respondents stated that they currently have children less than 18 year's old living in their household. Of this cohort 14% 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 and had concerns about inadequate nutrition. 2% of the parental cohort cited children with some mental health issue, and 13% reported some physical limitation their child labored under. When asked about teenage sexual activity 2% of the respondents thought their children might be sexually active, and reported cases of teenage pregnancy within their households. 15% of the parents queried mentioned a need for more screening and diagnosis resources for children in their community. 8% of the parental cohort 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 less than 2% reported a lack of family planning information, or an inability to receive birth control systems and other reproductive health services.

Chronic Disease Burden

When asked about chronic diseases in the household; 24% reported a household member with some form of heart disease; 3% cited someone in their household having had a stroke; and high blood pressure was cited by 46% as being prevalent in their household. 19% reported a member with asthma and 13% reported severe breathing issues. Cancer in the household was reported by 11%, and 15% stated that someone in their household was diabetic.

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. 3% of respondents had a family member attempt suicide. 5% stated they had a household member whose mental health condition was too severe for the member to maintain employment. Stress was a mental health issue reported by 27% of persons surveyed, and 5% of respondents reported an eating disorder. When asked about

their ability to receive help and support for these mental health issues, 97% stated they were completely lacking a resource that would meet their needs. 40% of respondents cited a lack of quality, (69%) affordable, (70%) accessible, mental health services in their local community. 8% of respondents stated that they had some concerns around the perception of accessing mental health services.

Unintended injuries are a major cause of mortality and morbidity, especially in rural areas. When asked about household members being affected by certain injury precursors in a previous 5 year period; 2% cited someone receiving a DUI. On the job injuries were reported by 12% of respondents. 6% reported an injury caused by a fall. Less than 1% of respondents reported sexual assault as a cause of injury. When queried about children's injuries, a lack of community child injury prevention programs was not mentioned. Injuries of older children were reported by 5% as a result of some sports participation, and 1% reported a child injury due to lack of helmet use while riding a bicycle, motorcycle, or ATV. Anecdotally, horse related injuries 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, 1% of respondents reported a household member having had chicken pox (varicella), MRSA (Methicillin-resistant Staphylococcus aureus), or food and or water borne illnesses, such as giardia and salmonella. 19% reported a household member having had influenza and 14% reported a case or more of pneumonia. Insect borne diseases were less than 3%. HIV/AIDS were nil, but other sexually transmitted diseases were reported by 16% of the overall cohort. Anecdotally, strep throat, bronchitis, and common colds 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. 6% stated that their insurance carrier did not cover the immunization. 7% cited issues around adults having access to the vaccines, and 11% 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 allergic reactions to vaccines 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; 37% 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. 15% stated a lack of available time for physical activity. 18% lamented a lack of community recreation programs and facilities for adults and 14% reported a lack of accessible neighborhood playgrounds for children. 16% reported a need for paved trails and sidewalks in their community, and 12% commented on the general overall lack of parks and open public spaces. 30% allowed that laziness might be a factor keeping their household member dormant. 30% of respondents reported an obese household member, but only 6% reported a general lack of knowledge about nutrition. 21% stated they did not plan meals, and 9% blamed the cost of healthier nutrition habits. 29% of respondents

reported unhealthy eating habits, and 9% were concerned about the availability of junk food and soda in the public 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. 19% of respondents reported that poor outdoor air quality (dust, feed lot organic materials, smoke from grass fires, etc.) had been an issue, and 2% also reported poor water quality. 5% of respondents cited some form of insect or rodent infestation. 16% reported issues around sun exposure. Issues of mold were cited at less than 2%, with 6% of respondents complaining of noise pollution. 5% of respondents stated that they were exposed to hazardous materials in their employment. Other quality of life issues queried included such things as a lack of affordable housing which affected 6% of respondents and 5% reported trouble affording the cost for heating their home. Handicap accessibility issues were cited by 2% 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, 46% of respondents thought tobacco use is a problem, with 77% citing youth smoking as their basis, and 62% including use of smokeless tobacco and youth. 54% believed that the number of pregnant women who smoke is too high. 90% 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 55% of respondents and 59% of respondents were concerned about enforcement of minors purchasing tobacco products. 92% of respondents thought that smoking in cars and homes was a health issue for members of those households. 44% of respondents were concerned about an overall lack of education and believed resources available to facilitate more smoking cessation was also lacking. 55% 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 55% cited the rural nature of the county as being a factor. 66% thought that current drug laws were not being enforced, while 46% 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 22, 2011.

Observations from the Sherman County Focus Group

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

- A. A need for transportation services to Dumas, Dalhart, Lubbock and Amarillo.
 - o Dumas has a dialysis facility and Amarillo has a chemotherapy facility.

- Panhandle Transit has a limited schedule and some patients are too ill to be on the transit for an entire day.
 - Cost of the Panhandle Transit puts a financial strain on the elderly population living on a fixed income; there was some discussion on whether Medicaid or Medicare actually subsidizes a portion of the transit fees patients pay.
 - Cost of personal transportation is an issue.
- B. There is a need for identifying citizens with special needs in the community. There are many farmers and elderly people who may need assistance, but the county has no way of identifying them.
- C. There is a high rate of cancer and diabetes in the area resulting in a need for cancer and dialysis treatment centers.
- D. There is a need for EMS paramedics.
- E. There is a need to educate citizens about Alzheimer’s disease.
- F. Additional education on minimizing teenage pregnancy.
- G. Need assistance with language barriers for the Hispanic, Burmese and Somalian population in the county and nearby counties
- H. Need to re-institute telemedicine via TTUHSC.
- I. There is a need for healthcare information, but there is concern as to who will provide the education, who will attend and who will pay for the education.
- J. The Veterans Clinic left and citizens would like it back.

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

- A. The primary concern for this community is the lack of EMS personnel.
- Employee turnover is extremely high.
 - Unable to recruit qualified candidates.
 - High cost associated with training qualified candidates.
 - There is a tendency for candidates to begin the qualification process, but mid way through the process candidate’s drop-out of the program.
 - State certification requirements continue to increase making it difficult for candidates to financially afford on-going training.
 - EMS classes are offered in Stratford in conjunction with Frank Phillips College in Borger. However, candidates must still travel to Amarillo for clinicals.
- B. A secondary concern is that the telemedicine center sponsored by TTUHSC is not currently being utilized.
- Stratford was used as a pilot program to launch telemed; it was used in the media announcement of the service.
 - Now the county says they are unable to get doctors or specialist to respond via telemed.
 - Telemed services are contingent on providers accepting Medicaid patients. There is a belief that patients other than those on Medicaid should be able to use telemed. The county and city are quite perturbed about telemed.
 - The county will probably re-apply for its Medicaid license.
 - TTUHSC was supposed to absorb costs, but since telemed is not being utilized all the healthcare cost are being shifted back to the hospital district.
- C. Medicaid is an issue since the county lost its Medicaid license.
- Difficult to get patients enrolled in Medicaid.

- For patients that are enrolled in Medicaid and receive medical services, it is an issue getting Medicaid to reimburse.
 - There was a situation in which the hospital did have its Medicaid license, but was not accepting Medicaid patients; the Department of Health and Human Services warned the hospital that denying medical care to Medicaid patients was considered discrimination.
- D. The Medicare system is not as problematic as the Medicaid system.
- Medicare reimburses at a faster and higher rate.
 - Paperwork is problematic for some seniors to understand.
 - Some seniors are not aware of what types of services Medicare will cover.
- E. Personal health insurance is sporadic throughout the county. Some self-employed individuals and some farmers do have health insurance. Large corporations located outside of the county do offer health benefits to employees, but not all employees enroll for benefits.

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

- A. The perception of the infrastructure in this community is that there is not enough healthcare education available to citizens.
- B. There is also a perception that rural communities lack a full time school nurse.
- C. A perception also exists that children “are falling through the cracks because of a lack of personal insurance and Medicaid.”
- D. There is also a concern about the influx of “refugees” from Burma and Somalia into neighboring Moore County. The Burmese and Somalians work at a meat plant. These workers do not always speak English, straining the health care systems. Also, there is concern about their acclimation into American culture. Although few of these workers have accessed the health care or education services in Sherman County, there is a belief that they will.
- E. If a particular health concern is routine citizens rely on the local clinic, but for any specialized services such as dialysis or chemotherapy patients travel to Amarillo or Dumas for care. The county does have a visiting doctor from Sun Ray. There is a difference of opinion about how travel influences citizens. Some in the community believe it is not a problem and that Panhandle Transit addresses what problem there is. Others are concerned that distance is a causal factor in older citizens opting to move.
- F. There also is a perception that information is needed on fitness programs. Citizens young and old are inactive and this contributes to health care risks in the county.

How does it vary based upon condition – routine physical v. broken leg?

- A. For routine care patients rely on the local clinic, but patients will travel to Amarillo and Dumas for acute conditions.

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

- A. As a result of the lack of healthcare services and resources in the county patients will travel to Amarillo or Dumas to receive medical treatment. However, traveling is problematic for those patients on a fixed income and patients lacking personal transportation. The Panhandle Transit can be expensive for those patients that need to travel to Amarillo multiple times a week and are on a fixed income. There was some debate on whether Medicaid subsidized a portion of the fee charged by the Panhandle Transit.

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

- A. The following health issues were considered the most problematic and prevalent in Sherman County:
 - o Diabetes
 - o Cancer
 - o Obesity (adults and children)
 - o Teenage pregnancy
 - o Alzheimer's
 - o Sedentary lifestyle
- B. There was a concern that physical activity was no longer a priority for some citizens in the community.
- C. Also, there is some concern about teenage pregnancy, although there is disagreement about that topic.

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. The lack of housing is the most pressing issue in the county. There are not enough rental properties in the county to attract prospective employees who might consider moving to the area.
- B. A second pressing issue is a concern for public health. Participants expressed concern over the cultural adversity in the community and the inability to get community members to want to educate themselves about a health lifestyle. After some probing, participants stated that JBS a meat packing plant in neighboring Cactus (Moore County) has recently started employee refugees from Burma, Somalia and Guatemala. The following quote was made: "refugees are bringing in diseases that we have not seen in decades and we are afraid we might not be able to treat the diseases in this rural community; some came in with worms." There is a language barrier when trying to provide healthcare services for refugees; there are currently 22 different languages and dialects that are being spoken by the refugees.
- C. Stratford is not equipped to absorb any additional healthcare changes because of state and county budgets.

What else do we need to be aware of? Is there anything we have not discussed?

- A. The trend is for the elderly to move to Amarillo or Dumas in order to be in closer healthcare facilities and their physicians /or specialist. In the past ten years 152 citizens have moved away from Stratford because of a lack of healthcare providers and facilities.
- B. Dumas and Sun Ray have qualified primary physicians and specialists (two internal medicine doctors and one OBGYN). Patients travel to Dumas for MRIs and mammograms.
- C. There is a lack of Alzheimer's education in the Hispanic and African American communities. "The culture of these two groups keeps them from providing the necessary care for aging family members."
 - a. Teen pregnancy is an issue because of a lack of adequate education in the schools and at home. Most pregnant teens do receive prenatal care, but most are on Medicaid.

HEALTH INDICATORS

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

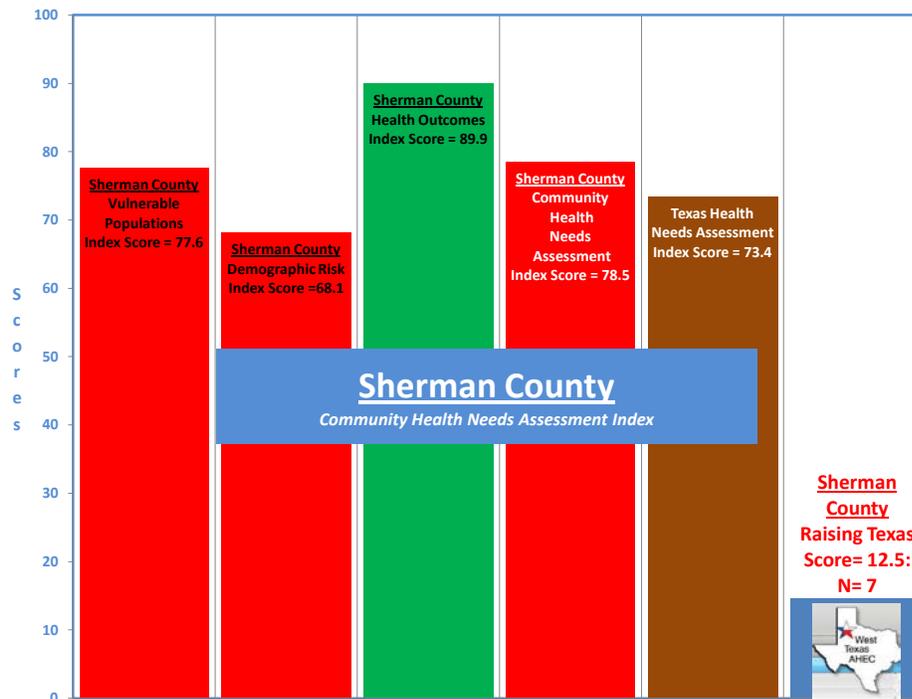


Table 1: Community Health Needs Assessment Index

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

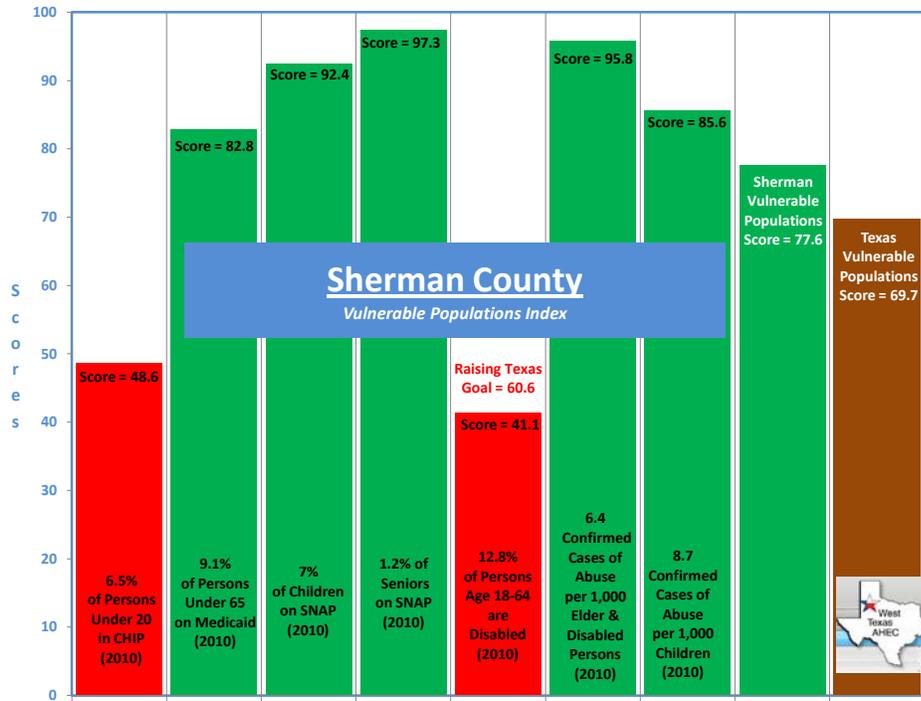


Table 2: Vulnerable Population Index

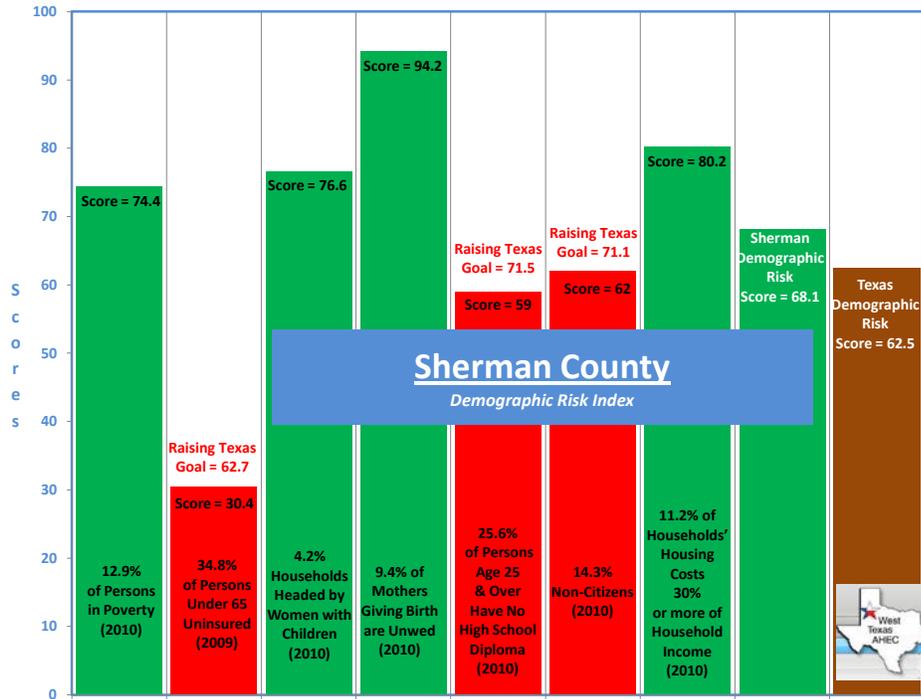


Table 3: Demographic Risk Index

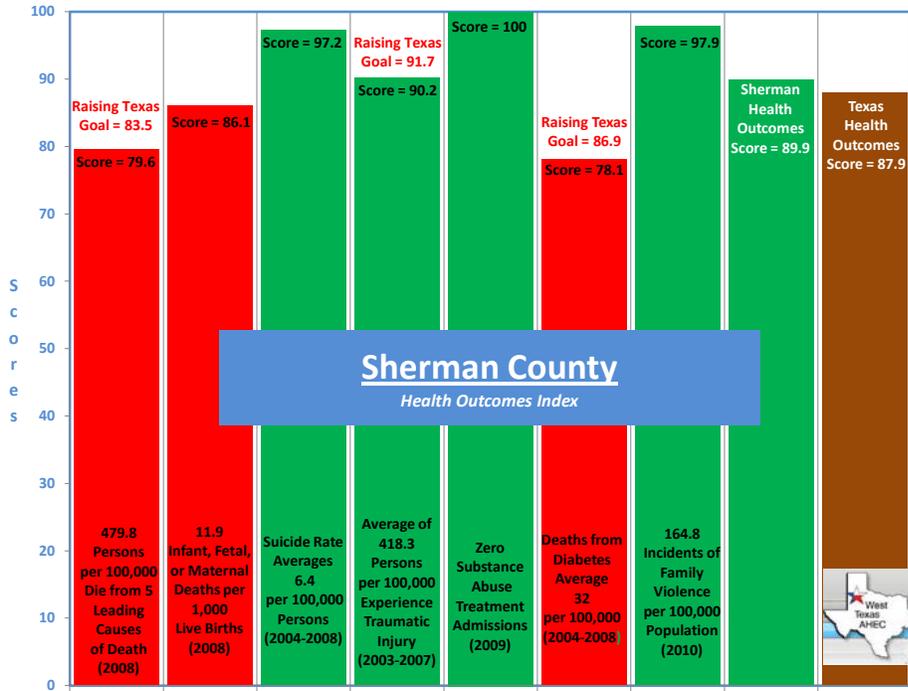


Table 4: Health Outcomes Index

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

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