

Community Health Assessment

Swisher County

Prepared by:

F. Marie Hall Institute for Rural and Community Health,
Texas Tech University Health Sciences Center,
Earl Survey Research Lab—Department of Political Science- Texas Tech University,
Department of Political Science—Angelo State University

Principal Investigator:

Billy U. Philips, Jr., Ph.D., M.P.H.

West Texas AHEC Director:

Becky Conditt, M.I.S.

Senior Analyst:

Jim Conditt

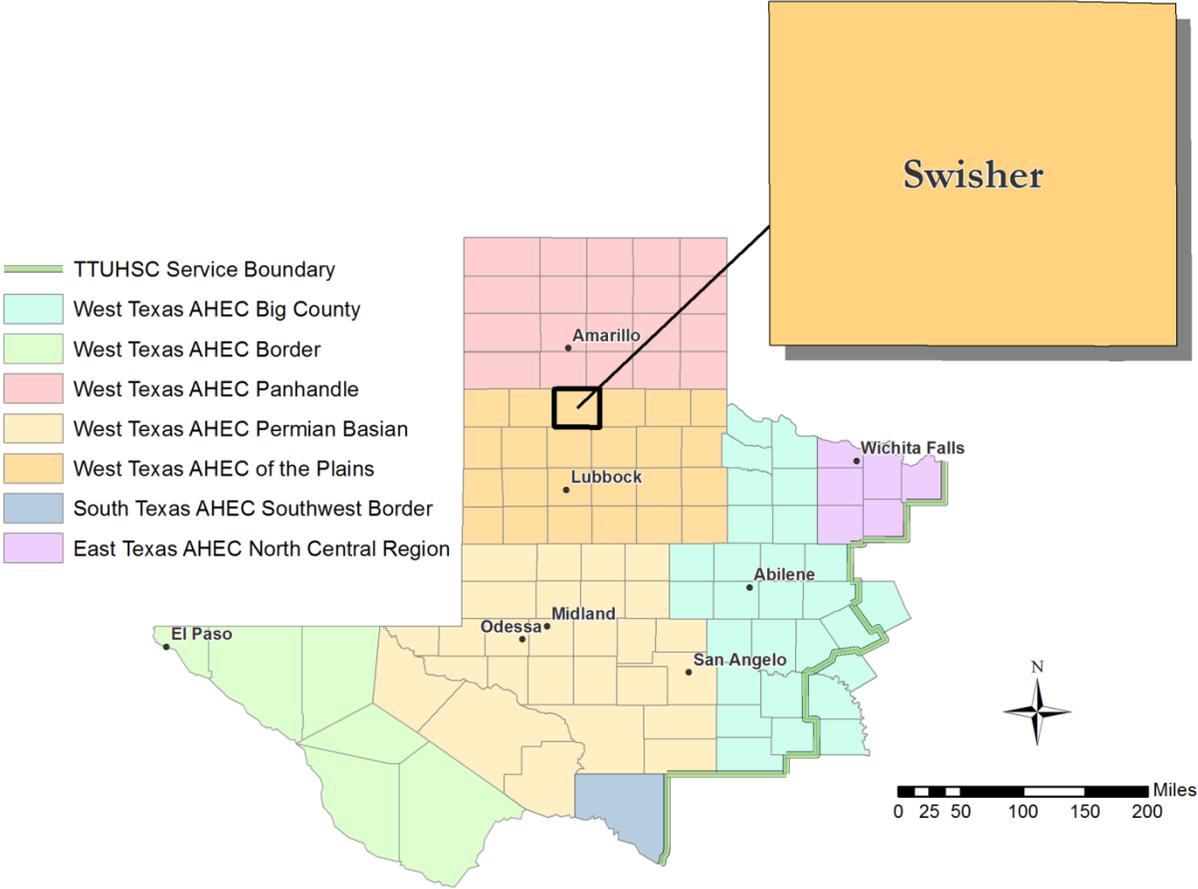


TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
F. Marie Hall Institute of Rural and Community Health

WEST TEXAS
AHEC

TABLE OF CONTENTS

Preface & Acknowledgements	2
Introduction	3
Demographics	4
Methods	7
Results: County Telephone Survey	7
Results: County Focus Group	11
Health Indicators	14



PREFACE

This report has been prepared for Swisher 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:

Swisher Memorial Hospital District, Tulia Texas, 79088 and Mrs. Debbie King, LBSW, MHA, C.E.O.

INTRODUCTION

In 2011, Swisher 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, AHEC of the Plains, 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 Swisher 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

Swisher County estimate population:	7,854
Population Rank among Texas' 254 Counties:	182
Population per Square Mile:	8.8
Area in Square Miles:	890.16

Swisher county is one of the most sparsely populated counties in Texas. Geographic rurality mediates toward the use of telemedicine and other innovations to address access to care issues.

Ethnicity

	% of County
White persons	75.1%
Black persons	7.2%
American Indian/Alaskan	0.9%
Asian	0.1%
Two + Races	1.9%
Hispanic/Latino	40.1%
White Not Hispanic	51.2%

Swisher 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	47.3%
Male	52.7%

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

Age

	% of County
<05 Years	7.8%
<18 Years	26.1%
18-64 Years	49%
65+ Years	17.1%

Source: www.census.gov

Socioeconomic Indicators

	County	State
Per Capita Personal Income	\$28,521	\$38,609
Unemployment Rate	6.2%	8.2%
Average Monthly TANF Recipients ¹	15	104,693
Average Monthly SNAP Recipients ²	996	2,819,469
Unduplicated Medicaid Clients	1,764	4,762,787
Average Monthly CHIP Enrollment	154	466,242

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

High unemployment and high percentages of TANF and SNAP recipients' suggest basic needs must first be a priority to optimize health.

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)	1,466
Severely Work Disabled	204
Major Depression	392
Recent Substance Abuse (within past month)	423

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
	1,483	22.0%	4,143,077	17.1%

Without Health Insurance	#County	%County	#State	%State
<18	415	20.5%	1,375,714	19.5%
<65	1,572	27.5%	5,765,126	26.8%

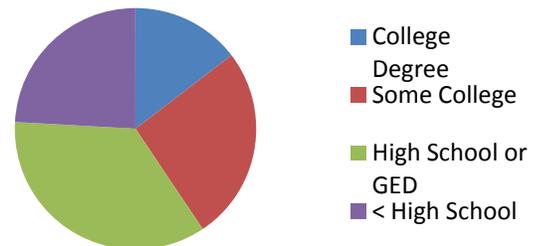
Source: <http://www.dshs.state.tx.us/chs/>

The high percentage of seniors without health insurance signals a potential for higher uncompensated care costs.

Education

College Degree	14.6%
Some College	26.0%
High School/GED	35.3%
Less Than High School	24.1%

Source: US Census American Community Survey



Access to Care

Average Monthly Medicare Enrollment	
Age 65+	1,343
Disabled	159
Average Monthly Medicaid Enrollment	1,643
Primary Care Physicians per 100,000 population	39.2
Dentists per 100,000 population	26.1
Community/Migrant Health Centers	0
Rural Health Clinics	0

Source: www.communityhealth.hhs.gov

Community Health Indicators

Hospital Information

# of Hospitals	1	Charity Charges	\$196,740
Ownership	Public	Total Uncomp. Care	\$1,245,737
Staffed Beds	20	Gross Patient Revenue	\$11,293,814
Admissions	322	Uncomp. Care % Gross Patient Revenue	11.0%
Average Length of Stay	5.9 Days	Emergency Room Visits	219
Bad Debt Charges	\$1,048,997		

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.

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

Health Outcomes

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

Measures of Birth and Death

	County	USA
<i>% Of All Births</i>		
Low Birth Weight	11.8	8.2
Premature Births	19.7	12.7
<i>Deaths per 1000 live births</i>		
Infant Mortality	6.9	6.9
<i>Deaths per 100,000 population</i>		
Breast Cancer	50.9	24.1
Colon Cancer	32.0	17.5
Heart Disease	299.2	154.0
Lung Cancer	46.2	52.6
Vehicle Injuries	35.2	14.6
Stroke	127.9	47.0
Suicide	30.7	10.9
Other Injury	42.2	39.1

Infant mortality rates reflect the need for improving prenatal care and nutrition during pregnancy.

Source: www.communityhealth.hhs.gov

Business and Employment

Type of Business	# Employed	Annual Payroll (\$1,000)
Wholesale Trade	20-99	2,036
Retail Trade	156	7,101
Manufacturing	123	2,842
Transportation	78	2,226
Finance/Insurance	52	1,683
Real Estate	0-19	172
Healthcare	214	6,468
Construction	24	658
Food/Lodging	133	1,301
Other (not public)	92	1,291

of Large Employers (50+ Employees) 15
Source: Texas Association of Counties

Ceta Canyon Methodist Camp 50+ employees
Tulia Public School System 100+ employees
Tulia Transfer Facility 100+ employees
Wrangler Feed Yards 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 Swisher County owning a land-line. In Swisher County 100 surveys were completed out of 541 attempts with a response rate of 12.9%. 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; 14% said health related posters; 70% said their health care provider was a source; 22% received health information from the radio; 17% received information from bulletin boards; 64% received information from friends and family; 46% got health care information from newsletters; only 6% reported getting health related information from grocery stores; 53% stated that they received health information from local newspapers; 61% received health information from the television news shows; 15% stated that WIC was one of their resources for information; 20% reported getting

health information from their church; social services offices provided health information to 12% of respondents; and 41% used the internet to get health information. 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, the local newspaper was cited as the number one choice, followed closely by friends and family, and their healthcare provider, in that order.

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, 37% answered yes. When asked the reason why someone in their household did not have insurance, employers not offering insurance and when offered, was too expensive to purchase, were the two main reasons mentioned.

When asked if anyone in their household was currently having difficulty in getting medical care; cost of services was an issue for 24% and 27% stated that while having some form of insurance, their deductible was too expensive. 22% lamented a lack of information around what services might be available. Coverage denial was mentioned by 14% of respondents; 27% said their insurance coverage was inadequate to their healthcare needs, and 21% cited a lack of insurance coverage overall. The high cost of prescription drugs was an issue to 29% of the persons queried. Lack of transportation was mentioned by 11%, and 8% 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, 67% went to their local clinic, and 33% went to a hospital or clinic in a town outside of the one they live in.

Young Children, Youth and Family

16% of the respondents stated that they currently have children less than 18 year's old living in their household. Of this cohort; 11% reported that they had a child with developmental delays; 9% had a child they considered obese; 4% cited concerns about inadequate nutrition; 15% reported children with some mental health issue; and 7% cited some physical limitation their child labored under. When asked about teenage sexual activity 11% thought their children might be sexually active, but no cases of teenage pregnancy were cited by the parental cohort. 47% of the parents queried mentioned a need for more screening and diagnosis resources for children in their community. Out of the home care for special needs children was reported by 7% of the parents who responded.

Around the issues of family planning; 14% of all respondents reported an unplanned pregnancy, though only 6% noted a lack of family planning information and 1% cited an inability to receive birth control systems. 7% stated some inability to access other reproductive health services.

Chronic Disease Burden

When asked about chronic diseases in the household; 18% reported a household member with some form of heart disease; 23% reported a member with asthma; 7% cited someone in their household having had a stroke; cancer was reported by 13%; 32% stated that someone in their household was diabetic; 6% reported severe

breathing issues; and high blood pressure was cited by 62% as being prevalent in their household. Anecdotally, arthritis was also mentioned by about 5% of respondents as being a chronic illness in their household.

Behavioral and Mental Health Needs

Respondents were next asked to report on mental health issues present in their households. 26% reported a household member affected by depression or anxiety. 2% of respondents had a family member attempt suicide. 2% had a household member who had been diagnosed with a mental illness other than depression/anxiety, and 1% stated the condition was too severe for the member to maintain employment. Stress was a constant mental health issue reported by 25% of persons surveyed, and 9% reported some form of eating disorder affecting some household member. When asked about their ability to receive help and support for these mental health issues, only 7% stated they were completely lacking a resource that would meet their needs, but 67% cited a lack of quality, affordable, accessible, mental health services in their local community. 100% of respondents stated that concerns around the perception of accessing mental health services were nil.

Unintended injuries are a major cause of mortality and morbidity, especially in rural areas. When asked about household members being affected by certain injury precursors in a previous 5 year period; 1% cited someone receiving a DUI and 1% mentioned an episode of domestic violence. On the job injuries were reported by 10% of respondents. 21% reported an injury caused by a fall. When queried about children's injuries, 6% cited a lack of community child injury prevention programs. Injuries of older children were reported by 13% as a result of some sports participation. Anecdotally, car wrecks were mentioned as a major cause of injuries in the households queried.

Reportable Health Condition

When asked about certain reportable diseases within the previous 5 year period, 6% of respondents reported a household member having had chicken pox (varicella). 10% recounted a household member having had MRSA (Methicillin-resistant Staphylococcus aureus). Food and or water borne illnesses, such as giardia and salmonella had affected 7% of respondents during the period in question. 15% reported a household member having had influenza and an equal number reported pneumonia. Insect borne diseases and sexually transmitted diseases were reports by less than 1% of the overall cohort.

Next the respondents were asked about problems relating to immunizations and household members over the past 5 years. A lack of availability of certain vaccines in the community was cited by 7% of respondents, and 8% stated that their insurance carrier did not cover the immunization. 14% cited issues around adults having access to the vaccines, and only 10% of respondents were aware of resources for free or reduced cost immunizations. 6% reported not getting a child immunized for some reason other than religious beliefs.

Health Promotion

Lack of physical activity and poor nutrition are regularly cited as early indicators of future health issues. When asked about household members and physical activity in the previous 5 year period; 25% cited an overall lack

of enough physical activity among household members. 23% reported some physical limitation as preventing a household member from getting enough physical activity. Some of the issues mentioned were arthritis, cancer, broken back/bones, breathing issues, lupus, Parkinson's, job limitations, and post work fatigue. 20% stated a lack of available time for physical activity. 25% lamented a lack of community recreation programs and facilities for adults and 8% reported a lack of neighborhood playgrounds for children. 23% reported a need for paved trails and sidewalks in their community, and 22% commented on the general overall lack of parks and open public spaces. 26% allowed that laziness might be a factor keeping their household member dormant. 24% of respondents reported an obese household member, and 14% reported a general lack of knowledge about nutrition. 20% stated they did not plan meals, and 17% blamed the cost of healthier nutrition habits. 40% of respondents reported unhealthy eating habits, and 15% were concerned about the availability of junk food and soda in the school. Anecdotally, respondents also were concerned that working on the road in transportation jobs prevented them from eating better and getting enough exercise. The rigors of food preparation to accommodate diabetes and overall healthier cooking were mentioned, as well as a lack of availability of fresh fruit and vegetables in their community.

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. 20% of respondents reported that poor outdoor air quality (dust, feed lot organic materials, smoke from grass fires, etc.) had been an issue, and 9% also reported poor water quality. 3% cited some form of insect or rodent infestation. 6% reported issues around sun exposure, and issues of mold and noise were cited at less than 1%. 8% 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. 7% also mentioned issues around accessing affordable housing, and 11% reported trouble affording the cost for heating their home. Handicap accessibility issues were cited by 1% of respondents.

Substance Abuse

Health issues surrounding drugs and tobacco use are a major cause of illness and burden on the healthcare infrastructure. When asked about perceptions around tobacco use, 57% of respondents thought tobacco use is a problem, with 47% citing youth smoking as their basis, and 37% including use of smokeless tobacco and youth. 34% 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 28% of respondents, and 27% of respondents were concerned about enforcement of minors purchasing tobacco products. 45% of respondents thought that smoking in cars and homes was a health issue for members of those households, and 57% of respondents were concerned about an overall lack of education and resources available to facilitate more smoking cessation. 70% of respondents believe that drugs are a problem in their community. 90% blame the perception of acceptability around the use of drugs and alcohol by adults and youth, and 47% cited the rural nature of the county as being a factor. 57% thought that current drug laws were not being enforced, while 43% 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 May 2, 2011.

Observations from the Swisher County Focus Group – May 2, 2011

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

- Lack of knowledge and education of healthcare services is the main issue.
 - Home Health attempts to spread information on health care.
 - Church services discuss where people can receive health information but people do not ask the church about health information.
 - Swisher County Hospital distributes a quarterly newsletter about hospital information to Hart, Kress, Happy, Wayside, and Tulia.
 - Kress had an independent newspaper but has now combined with Swisher. A suggestion was made that a phone number should be printed in the newspaper for people to call to receive health information.
- A participant mentioned 211, the Texas Health and Human Services hotline, which offers information on non-emergency resources such as community programs, counseling services, donations and volunteering, financial assistance, and shelter.
 - Many people in the focus group did not know about 211 and there is a perception of a lack of availability for seniors and families about the number.
 - Retired Services Volunteer Program (RSVP) is useful to the community and they could help with distributing the 211 information.
- There used to be a health fair but there has not been one in a long time.
- Social services receive many phone calls for health information.
- Some participants did not know mammograms were available at the hospital.
- There is a strong and active elderly community.
 - There is a perception that senior citizens need knowledge and education on the services that are available.
- A participant said they receive information on health facilities and services from the hospital.
- In Happy, there are several ways of obtaining information.
- People with children do not know what health services are available. There is a perception that doctors' offices will not explain what services are available. Also, if people are told which services are not available, they will believe those services are unavailable.
- A participant said there should be more information sharing between households and the schools. For example, when a child repeatedly comes to school sick, the entire household needs to be educated on the health issues and the school needs to be informed because it affects other students at the school.
- Swisher County has one of the highest rates of teen pregnancy in Texas.
 - Parents need education on teen pregnancy.
 - Pregnant teenagers do not receive prenatal care.

- There are no educational classes for teen pregnancy.
- Teens do not understand the responsibility of raising children.
 - Teenagers with children have no resources or services on how to care for children.
 - There is a perception that teens do not know that adoption is available.
- Children are becoming pregnant between the ages of 10 and 12.
 - Children need sex education before they are 13 years old.
- There is a perception that parents do not understand when to provide their children with sex education.
- There is a perception the cycle starts with parents before their children become pregnant.
- The church discusses sex education in one confirmation class.
- Planned Parenthood gave a talk on abstinence but parents complained of the group's stance on abortion.
- There were ongoing discussions among the participants about ways to raise awareness of services.
- Transportation is an issue.
 - Traveling deters people from going to see a doctor.
 - For example, a parent may drive to Plainview for a child to see a pediatrician and drive to Lubbock to see an allergy specialist. For emergencies, it depends on the issue, but going for treatment will almost always involve traveling.
 - People will not travel for health care because Medicaid and Medicare will not pay for gas.
 - Patients sometimes call an ambulance for doctor's appointments. If it is the only way for the patient to get to an appointment, an ambulance will transfer the patient to and from the appointment.
 - The emergency room (ER) is used for after-hours care for low-income families.
 - Patients must travel to Amarillo or Plainview for dialysis.
 - The hospital provides certain services so patients must travel for other services.
 - Patients believe that they are entitled to ER care.
- There are ER regulations for vaccinations. If the patient is not having a true emergency, the ER does not have to treat the patient. They are referred to the Texas Health Department for vaccinations.
- The air care helicopter comes from Amarillo for emergencies.
- It is a choice to live in a rural city, and then some participants agreed to this statement.
 - People that live around Amarillo must travel to see doctors in their area, so it is no different that traveling in the Swisher County area.
- The county needs access to resources and health care. Lubbock and Amarillo have more resources than the Swisher County area. Medical equipment for the elderly and the lower economic population are easier to access in Lubbock and Amarillo.
- The aging community has particular needs.
- Kress is shrinking every 10 years because younger people are moving or working in Plainview.
 - It is good to have hospital services for the aging community.
- Families could benefit more from resources in Lubbock and Amarillo than Plainview.

- There is a need for obstetrics care.
 - Swisher hospital no longer delivers babies because of malpractice lawsuits.
 - Patients must travel to Lockney or Plainview to receive prenatal care.
 - The hospital is expanding their capabilities.
- Every Tuesday people can get their MRIs taken care of.
- CT scans are provided at the hospital.
- Services for rheumatoid arthritis are available at the hospital.
- The hospital provides physical therapy services.
- Mammograms are available, but patients must travel if additional care is needed.
- The hospital is hoping to create a new facility to bring in doctors for outpatient procedures, such as colonoscopy and GIs. People must travel for these procedures.
- There are issues affecting first responders. There should be some incentives for the respondents because responders and patients must travel.
- Volunteers are the first responders. The first responders attend training at Texas A & M but it is hard to keep up with the training. The state requires a large number of training hours and the EMS chief must keep up with the training for everyone. The chief tries to get others certified to become instructors for training.
 - There is a perception that some of the training is paid for.
 - Swisher County has the best EMS personnel ever, but they need the right equipment.
 - A participant said there is a concern for vehicle equipment. There are two ambulances and sometimes they do not work properly.

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

- The Swisher hospital has three physicians, and two physician's assistants. Three grew up in the Swisher County area.
- There is a pharmacy in Tulia.
- There is not a full time doctor in the ER but one is always on call.
- There are nurses and nurse practitioners.
- There are high rates of teenage pregnancy in the state.
 - Swisher County has the highest rate of teen pregnancy in the region.
 - There is perception that teen pregnancy is related to culture, but not with a specific group.
 - A participant said there are no educational classes on teen pregnancy.
 - It was suggested that pregnant teenagers should be placed in an Alternative Learning Program.
 - The local schools should handout contraceptives.
 - There is no access to birth control.
 - There is a perception that teen pregnancy is a political issue.
 - A participant said there is a perception that there is an increase of Medicaid, food stamps, and welfare after teens are having babies. In addition, some grandparents believe that grandchildren are a means of income.

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

- Patients must drive Lubbock, Amarillo, Lockney, or Plainview for treatment that is not offered at the Swisher hospital.
- Traveling deters people from going to see a doctor, but other participants said that it is expected if living in a rural area.

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

- High cancer rates in the past few years.
- Many heart attacks.
- There are high rates of teen pregnancy.

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?

- There is a perception that patients believe that they are entitled to ER care.
- Health care is closely related to where a person or family is in life.
- Education is a concern.
- A participant said there is limited housing availability.
- There is a perception of community awareness.
- A family may be more comfortable with the local schools because they are aware of their child's chronic health issues. A larger school may be unable to give the proper attention to their child's chronic health issues.
- People are always thinking about healthcare.
- The biggest problem is people's attitudes, adding it is a "911 society." No matter how much healthcare information and education is distributed, people must make the decision for healthcare.
- There is a perception that children have parents who want resources, but some parents want to be benefited by the resources.
- Money is an issue. No matter how much healthcare education people, they may not be able to afford it.
- Whether to obtain healthcare is culture related.

HEALTH INDICATORS

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

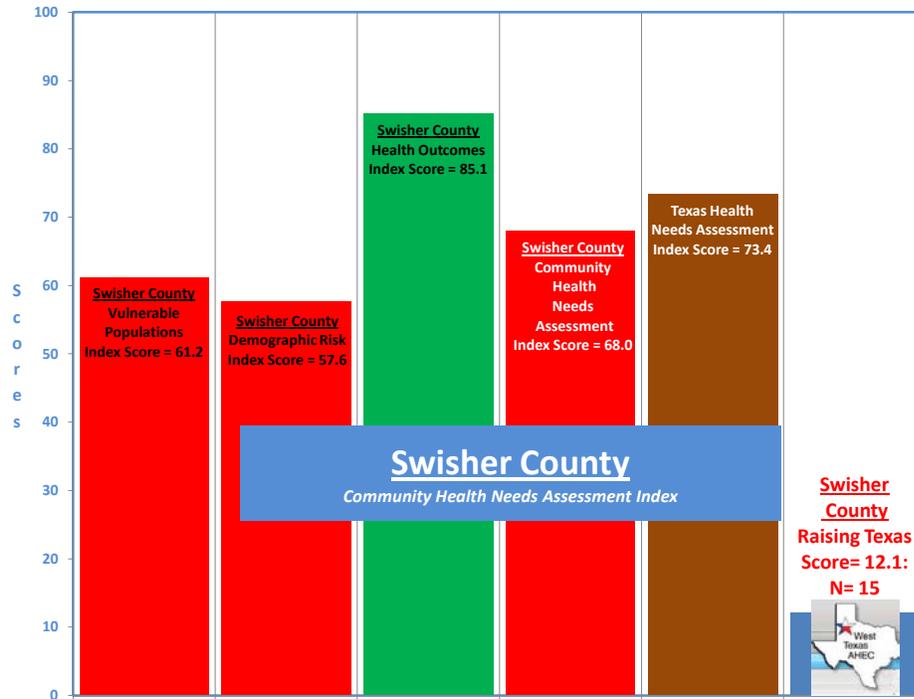


Table 1: Community Health Needs Assessment Index

Table 1 provides a Community Health Needs Assessment Summary for Swisher 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 Swisher County scores lower than the overall state on this specific indicator. By working on improving the areas indicated, a community can better its public health and that of the State of Texas.

The 21 indicators that make up the community health needs assessment Index are grouped into three distinct categories. The Index report for Llano County includes a chart for each category. The categories are:

- **Vulnerable Populations:** Seven indicators measure the prevalence of vulnerable populations. Vulnerable populations are social groups whose members are likely to “fall through the cracks” when it comes to providing health and social services that help maintain or improve public health. The indicators measuring the prevalence of these groups are the percent of children enrolled in CHIP, the percent of population (excluding elders) on Medicaid, the percent of children on SNAP, the percent of the working-age population that is disabled, the rate of child abuse and the rate of abuse for elders and disabled persons in your county. (Table 2)
- **Demographic Risk:** These seven indicators focus on the prevalence of population that shares demographic characteristics that create risk of lower health outcomes at both the personal and community level. The indicators measure the poverty rate in your county, the percent of medically uninsured population (excluding elders), the percentage of households that are headed by females with children, the percentage of mothers giving birth who are unwed, the percent of population age 25 and over who did not complete high school, and the percent of households burdened by housing costs that consume 30 or more percent of the household income. (Table 3)
- **Health Outcomes:** Measurements of public health outcomes are the basis of these seven indicators. They include the death rate from the five leading causes of death in Texas, the combined rate of infant, fetal, and maternal deaths, the suicide rate, and the rate of traumatic injury, the rate of substance abuse treatment admissions, the rate of death resulting from diabetic conditions, and the incidence rate of family violence in your county. (Table 4)

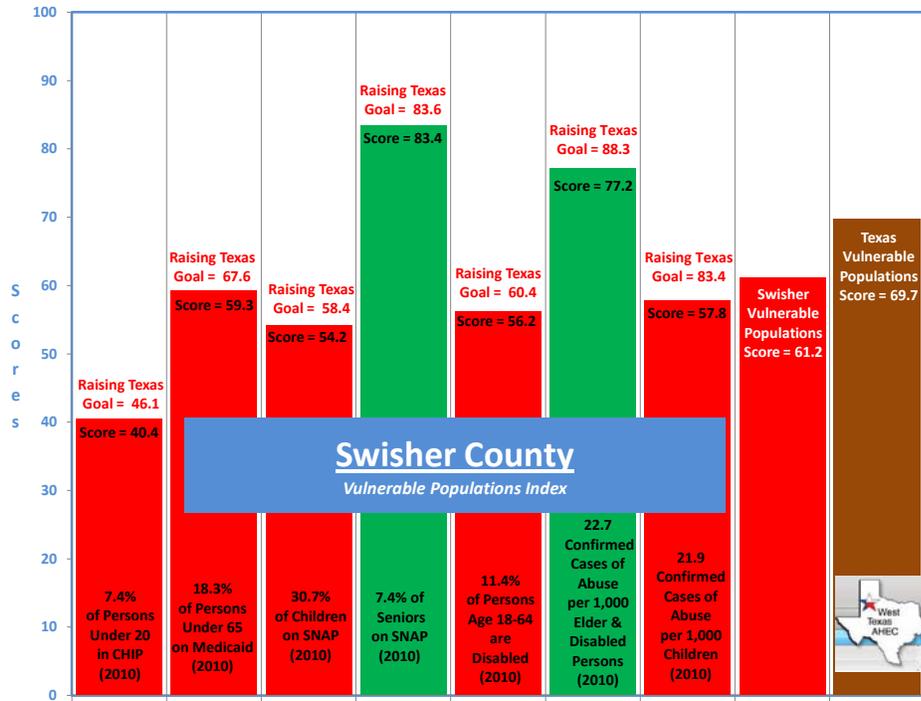


Table 2: Vulnerable Population Index

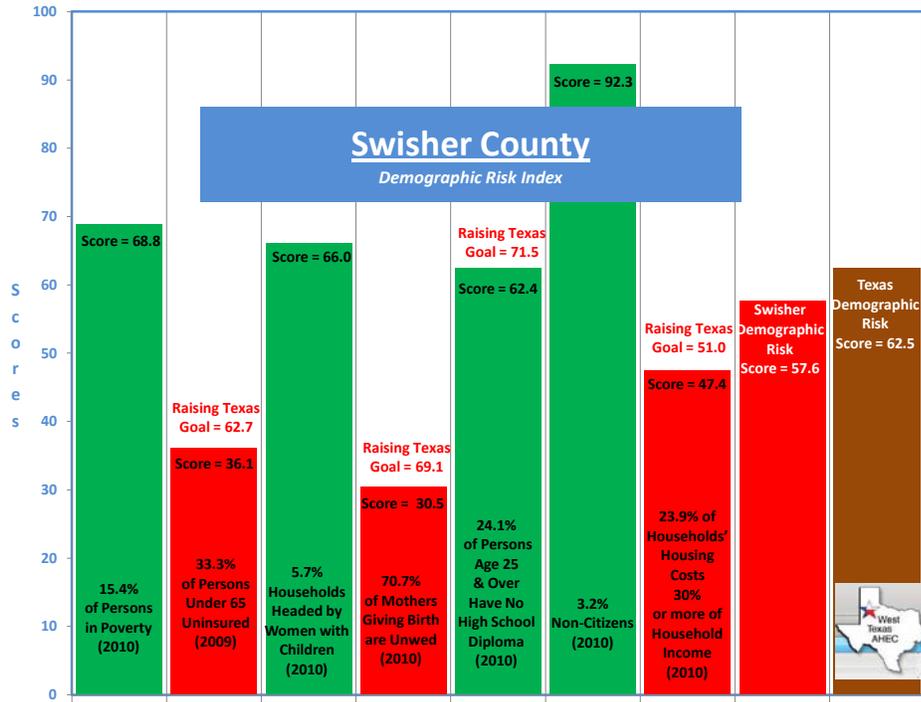


Table 3: Demographic Risk Index

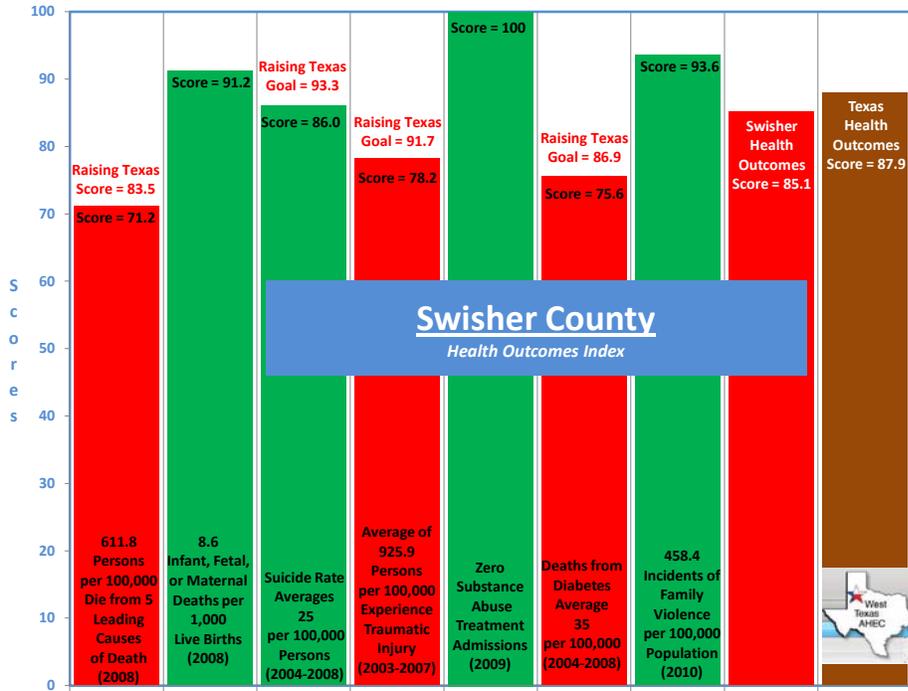


Table 4: Health Outcomes Index Community Health Needs Assessment Index

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

Jim Conditt
 Texas Tech University Health Sciences Center
 F. Marie Hall Institute for Rural and Community Health
 3601 4th Street M.S. 6232
 Lubbock, Texas 79430
 806-743-1338
 Jim.Conditt@ttuhsc.edu