

# Community Health Needs Assessment:

## Health and Behavioral Health Needs Runnels County, Texas

**Prepared by:**

**Community Development Initiatives,  
Angelo State University**

**Principal Investigators:**

**Kenneth L. Stewart, Ph.D., Director, Community Development Initiatives  
Susan McLane, Project Coordinator, Concho Valley Community Action Agency  
Cera Cantu, Research Assistant, AmeriCorps VISTA**

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**This report is part of a comprehensive project to assess the Health and Behavioral Health Needs of vulnerable populations in a twenty-county region of West Texas. The region covers Coke, Concho, Crockett, Edwards, Irion, Kimble, Kinney, Mason, McCulloch, Menard, Mills, Reagan, Runnels, San Saba, Schleicher, Sterling, Sutton, Tom Green, Upton, and Val Verde counties. The set of project documents includes a report for each county and a comprehensive regional-level assessment.**



**Runnels County Courthouse - Ballinger, Texas**

**Methodist Healthcare Ministries of South Texas and the San Angelo Health Foundation provided support for this Community Health Needs Assessment for the people of Runnels County.**

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## PREFACE

Community Development Initiatives at Angelo State University prepared this Community Health Needs Assessment for the people of Runnels County, Texas. The assessment is the product of collaboration among Community Development Initiatives, the Concho Valley Community Action Agency, and many community champions and stakeholders of the twenty-county region covered in the comprehensive study of the Health and Behavioral Health Needs of the Extremely Poor in West Texas.

Community Development Initiatives is based on a belief that flourishing communities thrive on trust between individuals, organizations and institutions. Its mission is to link Angelo State University to West Texas communities through innovative community-based research in support of their development.

The Concho Valley Community Action Agency is a 501(c)3 nonprofit corporation founded in 1966 in response to War on Poverty legislation. Although programs and services have changed over the years, the purpose of fighting the causes of poverty in the Concho Valley has been constant. CVCAA's vision is a community free of barriers to self-sufficiency.

The purpose of the comprehensive study is to identify and prioritize health and behavioral health needs of the approximately 14,743 extremely poor individuals living in a twenty-county region covered by the project. The Runnels County Community Health Needs Assessment is a vital part of the regional project.

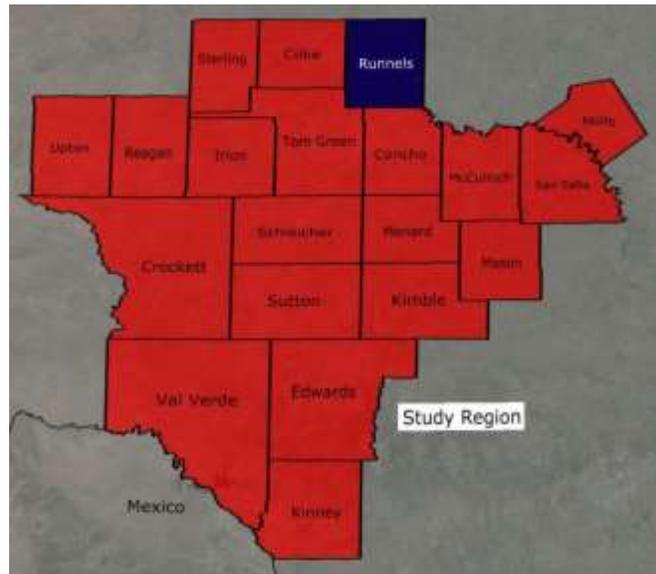
The research to assess the Health and Behavioral Health Needs of the Extremely Poor in West Texas was guided by a six-member advisory group including:

- Mark Bethune, Concho Valley Community Action Agency
- Tim Davenport-Herbst, St. Paul Presbyterian Church of San Angelo
- Dusty McCoy, West Texas Counseling & Guidance
- Susan McLane, Concho Valley Community Action Agency
- Sue Mims, West Texas Opportunities & Solutions
- Kenneth L. Stewart, Community Development Initiatives

The generous support of Methodist Healthcare Ministries of South Texas and the San Angelo Health Foundation made the comprehensive regional project and this Community Health Needs Assessment for the people of Runnels County possible.

## INTRODUCTION

The project to assess Health and Behavioral Health Needs in West Texas employs a collaborative community-based research approach to evaluate the health status and situation of the vulnerable population groups in the study region. By definition, vulnerable populations are the most underserved by the health care system. They include individuals with the least education, low incomes, and members of racial or ethnic minority groups. People living in rural areas such as Runnels County are an important segment of the vulnerable populations in health care. The assessment includes the following:



1. A demographic profile featuring the vulnerable groups in the population. The profile integrates publicly available secondary demographic data.
2. A health status profile of community health and mental health care resources, utilization patterns, and morbidity and mortality rates.
3. Results of a survey of poor and extremely poor residents of selected counties in the northern part of the study region.
4. Identification and prioritization of health and behavioral health issues in Runnels County based on the prevalence, consequences, and impact of risk factors on health inequities, and the feasibility of communities acting toward solutions.

## GENERAL DESCRIPTION OF THE RUNNELS COUNTY COMMUNITY

Runnels County is a 1,060 square mile land area in the West Central Texas region. The county was established in 1858, but it was not organized until 1880 when cattlemen from the southern United States began settling along the Colorado River and its tributaries located in Runnels County. The fertile and available land in Runnels County drew many German and Czechoslovakian immigrants to the county. Ballinger became the county seat in 1888 after it was established as a terminal town for the Gulf, Colorado, and Santa Fe Railway.



There are three incorporated towns in Runnels County: Ballinger, Winters, and Miles. Additionally, there are a number of small-unincorporated communities in the county. The towns host various events and festivals that attract tourists. Other attractions include two recreational lakes, 1,184 acres of recreation areas and municipal parks, the Texas Forts Trail, and the Ballinger Carnegie Library.

The county's economic base started diversifying after World War II. Originally agriculture was the main source of income in the county. While it is still important, manufacturing, ranching, oil production, and mining now contribute significantly to the county's economy. Oil was discovered in 1927, providing a number of new job opportunities for the residents of the county. Runnels County has two hospitals. Ballinger Memorial Hospital is located in Ballinger and North Runnels Hospital is located in Winters.

Table 1 reports private industry and employment for Runnels County in 2013. About 209 private industry establishments employed nearly 1,856 county residents at an average pay rate of \$34,298. Private industry employees comprised approximately 41 percent of the county's 4,478 person labor force in 2013.<sup>1</sup>

Table 1 illustrates the diversity of employment in Runnels County. While no single sector dominated the employment picture in Runnels County, manufacturing (NAICS code 31-33) was the largest source of private employment at 34 percent. Despite the low percentages of employment in the NAICS sectors 11 and 21, these sectors had the largest location quotients (3.86 and 3.97 respectively) for employment in Runnels County. This indicates that employment

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<sup>1</sup> The estimate of 4,478 labor force participants is from the US Census Bureau's 2009-2013 5-Year American Community Survey, retrieved October 6, 2015: <http://factfinder.census.gov>.

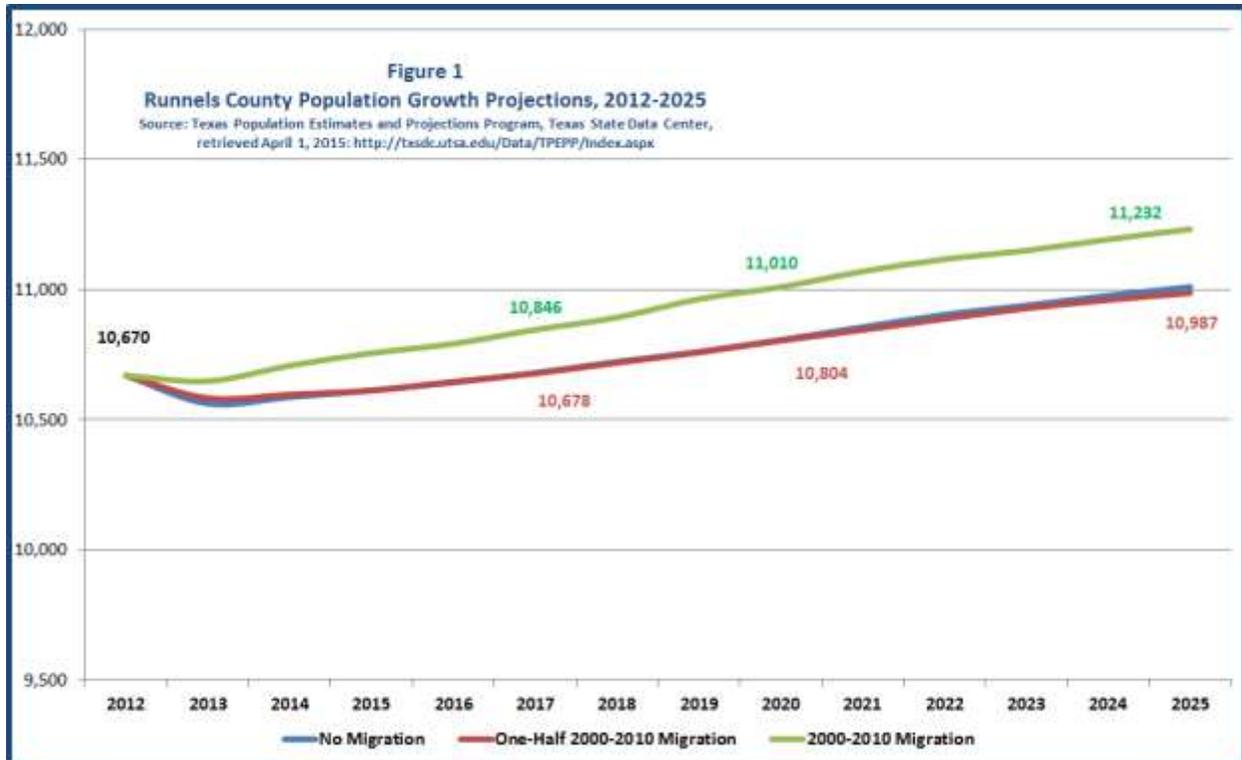
in agriculture, forestry, fishing, and hunting as well as employment in mining, quarrying, and oil and gas extraction was nearly 4 times more concentrated in Runnels County than the nationwide level.

<b>Table 1</b>				
<b>Runnels County Private Industry &amp; Employment, 2013</b>				
<b>North American Industry Classification System (NAICS) Sectors</b>	<b>Annual Average Establishment Count</b>	<b>Annual Average Employment</b>	<b>Percent Total Employment</b>	<b>Average Annual Pay</b>
All private industries	209	1,856	100	\$34,298
NAICS 11 Agriculture, forestry, fishing and hunting	32	104	6	\$30,878
NAICS 21 Mining, quarrying, and oil and gas extraction	11	72	4	\$52,271
NAICS 22 Utilities	4	12	1	\$44,479
NAICS 23 Construction	28	155	8	\$40,656
NAICS 31-33 Manufacturing	18	625	34	\$40,474
NAICS 42 Wholesale trade	11	47	3	\$39,919
NAICS 44-45 Retail trade	35	358	19	\$21,318
NAICS 48-49 Transportation and warehousing	12	37	2	\$44,429
NAICS 52 Finance and insurance	19	101	5	\$36,182
NAICS 53 Real estate and rental and leasing	3	5	0	\$21,343
NAICS 54 Professional and technical services	10	24	1	\$27,841
NAICS 62 Health care and social assistance	26	316	17	\$28,384

Source: US Department of Labor, Bureau of Labor Statistics, Quarterly Census of Employment and Wages, April 1, 2015: <http://www.bls.gov/cew/>

## DEMOGRAPHICS

The Census Bureau's 2013 estimate of the Runnels County resident population is 10,309.<sup>2</sup> The most recent official Texas estimate from the State Demographer is 10,670 for 2012. In addition, the State Demographer developed three population projections based on varying assumptions about migration to and from the county in years ahead. Figure 1 depicts the State's official projections for population growth in Runnels County through 2025.



The highest growth projection (green line) is based on the assumption that migration in and out of the county is following the trend set between the decennial census counts in 2000 and 2010. This projection approximates the county will reach 10,846 residents in 2017, 11,010 by 2020, and 11,232 for 2025 (an overall 5% gain from 2012-2015).

<sup>2</sup> From US Census Bureau, Population Division, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2013, retrieved April 1, 2015: <http://factfinder.census.gov>.

## Vulnerable Populations

Table 2 below shows the majority (64%) of the residents in Runnels County identify as White, Non-Hispanic. The county's 3,798 Hispanic residents comprised the majority of the minority population in 2012 according to estimates of the State Demographer. Black citizens and other minorities added another 298 residents, bringing the total minority population to 36 percent.

Groups	2012		2017		2020		2025	
White, Non-Hispanic	6,872	64%	6,624	61%	6,536	59%	6,388	57%
Total Minority	3,798	36%	4,222	39%	4,474	41%	4,844	43%
Hispanic	3,500	33%	3,897	36%	4,142	38%	4,507	40%
Black	162	2%	178	2%	181	2%	182	2%
Other	136	1%	147	1%	151	1%	155	1%
Total Population	10,670	100%	10,846	100%	11,010	100%	11,232	100%

Source: Texas Population Estimates and Projections Program, Texas State Data Center, retrieved April 1, 2015: <http://txsdc.utsa.edu/Data/TPEPP/Index.aspx>. The forward projections for 2017, 2020, and 2025 reflect the State Demographer's high-growth assumption that migration will equal the rates of the 2000-2010 time period.

In addition, the State Demographer's projections indicate that Hispanic residents are likely to account for all of the county's population increase in the near future. The expectation is for the Hispanic segment of the community to steadily grow from 36 to 43 percent between 2012 and 2025 while the Non-Hispanic White population is expected to shrink proportionally.

Children under age 18 (numbering 2,617) made up approximately 25 percent of the county's population in 2012 according to State estimates. Youngsters of school attendance age (5-17 years) comprised 75 percent of the children, while preschoolers accounted for 25 percent.

Groups	2012		2017		2020		2025	
All Children (under age 18)	2,617	100%	2,572	100%	2,629	100%	2,696	100%
School-age children (ages 5-17)	1,966	75%	1,901	74%	1,910	73%	1,934	72%
Pre-school-age children (under 5)	651	25%	671	26%	719	27%	762	28%

Source: Texas Population Estimates and Projections Program, Texas State Data Center, retrieved April 1, 2015: <http://txsdc.utsa.edu/Data/TPEPP/Index.aspx>. The forward projections for 2017, 2020, and 2025 reflect the State Demographer's high-growth assumption that migration will equal the rates of the 2000-2010 time period.

In comparison to the county's population the child population is not expected to grow or decline from 2012 to 2025. In 2025 children 5-17 will still comprise the majority of the child population in Runnels County despite a slight decline from 75 to 72 percent.

The county was home to 2,145 senior citizens in 2012 according to State estimates. They comprised 20 percent of the total population. Hispanics (numbering 345) made up 16 percent of the senior residents in the county.

<b>Table 4</b>								
<b>Seniors: 2012 Estimate with Projections to 2025</b>								
<b>Groups</b>	<b>2012</b>		<b>2017</b>		<b>2020</b>		<b>2025</b>	
Total Population	10,670	100%	10,846	100%	11,010	100%	11,232	100%
Seniors (65 & over)	2,145	20%	2,349	22%	2,501	23%	2,757	25%
Hispanic Seniors (65 & over)	345	16%	489	21%	569	23%	711	26%

Source: Texas Population Estimates and Projections Program, Texas State Data Center, retrieved April 1, 2015: <http://txsdc.utsa.edu/Data/TPEPP/Index.aspx>.  
The forward projections for 2017, 2020, and 2025 reflect the State Demographer's high-growth assumption that migration will equal the rates of the 2000-2010 time period.

Official State projections suggest steady growth of the senior population to 25 percent by 2025. Hispanics, once again, will account for much of the increase. The number of Hispanic seniors is expected to more than double between 2012 and 2025, increasing their representation within the elder population from 16 to 26 percent.

There is a one-to-one ratio of females to males in the Runnels County population. Women and girls comprised 50 percent of the population according to the State Demographer's 2012 population estimates. Projections indicate the female population will slowly increase in number through 2025, but slightly decrease as a segment (from 50% to 49%) because the overall population is set for faster growth.

<b>Table 5</b>								
<b>Females: 2012 Estimate with Projections to 2025</b>								
<b>Groups</b>	<b>2012</b>		<b>2017</b>		<b>2020</b>		<b>2025</b>	
Total Population	10,670	100%	10,846	100%	11,010	100%	11,232	100%
Female (all ages)	5,376	50%	5,396	50%	5,444	49%	5,509	49%
Female (ages 13-17)	379	7%	355	7%	358	7%	354	6%
Hispanic Female (ages 13-17)	179	47%	168	47%	189	53%	183	52%

Source: Texas Population Estimates and Projections Program, Texas State Data Center, retrieved April 1, 2015: <http://txsdc.utsa.edu/Data/TPEPP/Index.aspx>.  
The forward projections for 2017, 2020, and 2025 reflect the State Demographer's high-growth assumption that migration will equal the rates of the 2000-2010 time period.

Girls age 13-17 are particularly vulnerable to risks of teen pregnancy and a range of associated factors. Hispanic females comprise 47 percent of the 379 females age 13-17 according to the State Demographer's 2012 population estimates. By 2025 this population is expected to grow to 52 percent of females age 13-17.

## COMMUNITY HEALTH RESOURCES

The health resources in Runnels County are divided between the two largest cities in the county. Ballinger Memorial Hospital District is located in the southern city of Ballinger. Ballinger Memorial operates emergency medical ambulance services. Ballinger is also the location of a local home health agency, two nursing homes, and a rural health clinic. The northern city of Winters is home to the North Runnels Hospital District. The hospital owns and operates a home health agency, a rural health clinic, and emergency medical ambulance services. There is also a separate nursing home located in Winters.

Records from the Texas Comptroller's Office for 2013 indicate a contrast in revenue to support the facilities and activities of the two districts. Even though the taxable value of properties in the Ballinger Memorial District (\$315.4 million) is about 22 percent higher than in the North Runnels District (\$258.1 million), the tax rate in the North District (41.1 cents per \$100 valuation) is more than double the rate in the Ballinger District (20.4 cents per \$100 valuation). Consequently, the revenue (or levy) generated by the North Runnels District (\$1,063,408) was nearly double that of the Ballinger Memorial District (\$642,696). In 2013, 100 of the 137 Texas hospital districts levying taxes generated more revenue than Ballinger; 79 of the 137 collected more than the North Runnels District.<sup>3</sup>

### Hospital Utilization, Revenue, and Charges

Together, the Runnels county hospitals reported availability of 37 staff beds in the 2012 Annual Survey of Hospitals.<sup>4</sup> The number translates to availability of 3.5 staff beds per 1,000 residents of the county. This compares to 2.7 staff beds available per 1,000 residents in 13 acute care hospitals located in 10 counties across the 20-county study area.<sup>5</sup>

An initial indication of hospital underutilization is indicated by the combined 400 annual admissions for 1,792 inpatient days reported for 2012. This computes to just 37.5 admissions per 1,000 county residents and compares to 91.8 per 1,000 in the combined 13 hospitals within the study region. The Staffed Occupancy Rate for Reagan Memorial indicates that only 16.4

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<sup>3</sup> See "Special District Rates and Levies," 2013, Texas Comptroller of Public Accounts, retrieved May 2, 2015: <http://www.window.state.tx.us/taxinfo/proptax/taxrates/>.

<sup>4</sup> The Annual Survey of Hospitals is a cooperative project of the American Hospital Association, the Texas Hospital Association and the Texas Department of State Health Services. The Annual Survey of Hospitals reports for Texas are available at: <http://www.dshs.state.tx.us/chs/hosp/>.

<sup>5</sup> The 13 hospitals within the study region include Concho County Hospital, Kimble Hospital, Heart of Texas Healthcare System, Reagan County Memorial, Ballinger Memorial Hospital District, North Runnels Hospital, Schleicher County Medical Center, Lillian M. Hudspeth Memorial Hospital, San Angelo Community Medical Center, Shannon West Texas Memorial Hospital, McCamey Hospital, Rankin County Hospital District, and Val Verde Regional Medical Center.

percent of its staff bed capacity was used in 2012. This is less than half of the 40.6 percent Staffed Occupancy Rate for the 13 hospitals across the region.

<b>Table 6</b>				
<b>2012 Hospital Utilization, Revenue and Charges</b>				
<b>Hospital(s)</b>	<b>Ballinger Memorial Hospital District</b>	<b>North Runnels Hospital</b>	<b>Runnels County</b>	<b>Region</b>
<b>Utilization Measures</b>				
Staff Beds	16	21	37	643
Admissions	172	228	400	21,832
Inpatient Days	962	830	1,792	95,593
Medicare Inpatient Days	93%	63%	0.0%	59.6%
Medicaid Inpatient Days	0%	5%	0.0%	12.9%
Average Daily Census	2.6	2.3	4.9	20.1
Average Length Stay	5.6	3.6	4.5	4.5
Staffed Occupancy Rate	16.4%	10.8%	13.2%	40.6%
<b>Revenue &amp; Charges</b>				
Total Uncompensated Care	\$805,175	\$495,161	\$1,300,336	\$130,254,618
Bad Debt Charges	\$772,171	\$424,030	\$1,196,201	\$67,864,830
Charity Charges	\$33,004	\$71,131	\$104,135	\$62,389,788
Net Patient Revenue	\$4,716,524	\$3,417,081	\$8,133,605	\$401,687,575
Total Gross Patient Revenue	\$8,542,664	\$4,302,449	\$12,845,113	\$1,474,374,831
Gross Inpatient Revenue	\$1,618,832	\$1,336,661	\$2,955,493	\$664,983,937
Gross Outpatient Revenue	\$6,923,832	\$2,965,788	\$9,889,620	\$809,390,894
Percent of Gross Patient Revenue in Uncompensated Care	9.4%	11.5%	10.1%	8.8%
<b>Population Measures</b>				
Population Estimate	10,670	10,670	10,670	237,912
Staff Beds per 1,000 Population	1.5	2.0	3.5	2.7
Admissions per 1,000 Population	16.1	21.4	37.5	91.8
Inpatient Days per 1,000 Population	90.2	77.8	167.9	401.8
Per Capita Gross Patient Revenue	\$800.62	\$403.23	\$1,203.85	\$6,197
Per Capita Uncompensated Care	\$75.46	\$46.41	\$121.87	\$547
Source: Texas Department of State Health Services, Annual Survey of Hospitals, retrieved May 12, 2015: <a href="http://www.dshs.state.tx.us/chs/hosp/">http://www.dshs.state.tx.us/chs/hosp/</a> .				

Underutilization is also reflected in the 2012 published data on revenues and charges at Ballinger Memorial Hospital and North Runnels Hospital. The combined gross patient revenue,

on a per capita basis for 2012, amounted to \$1,203 per resident of the county.<sup>6</sup> This was about one-fifth of \$6,197 per capita revenue in the combined 13 hospitals of the region. In addition, both hospitals reported uncompensated care charges (almost all of which were accounted as “bad debt”) totaling 10.1 percent of the gross patient revenue. That rate of uncompensated care compares to 8.8 percent of gross patient revenue in the 13 regional hospitals combined.

More recent data indicates a shift in uncompensated care charges for both hospitals. Uncompensated care charges totaled 13.6 percent of the gross patient revenue for Ballinger Memorial during 2013-2014. Conversely, the rate of uncompensated care charges decreased to 6.1 percent of gross patient revenue for North Runnels during the same time period.<sup>7</sup>

In addition, Texas hospital discharge data indicates that the vast majority of inpatient stays (62%) and outpatient visits (53%) by Runnels County residents during 2013 were to facilities located in neighboring Tom Green County.<sup>8</sup>

North Runnels Hospital and Ballinger Memorial Hospital had too few responses from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey to receive a summary rating from the Centers for Medicare and Medicaid Services (CMS). Despite low response rates, however, data is available on patient experiences from Ballinger Memorial Hospital. Discharged patients generally answered positively about their experience at the hospital. The survey was conducted in partnership with CMS between January and December 2013.<sup>9</sup>

### **Other Health Care Resources**

Three skilled nursing home facilities are located in Runnels County: Ballinger Healthcare and Rehabilitation Center (Ballinger), Central Texas Nursing & Rehabilitation (Ballinger), Senior Citizens Nursing Home (Winters). All three facilities are underutilized compared to other nursing home facilities across Texas. Publicly available 2015 data provided by the Centers for Medicare and Medicaid Services (CMS) indicate that the Runnels County facilities have a combined certified bed capacity of 290 with approximately 138 in residence. This computes to a

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<sup>6</sup> The gross patient revenue on a per capita basis for 2012 for North Runnels (\$403.23) was nearly half of the gross patient revenue for Ballinger Memorial (\$800.62).

<sup>7</sup> Data retrieved from Texas PricePoint, August 2, 2015: <http://www.txpricepoint.org/>.

<sup>8</sup> Texas Department of State Health Services, Inpatient and Outpatient Public Use Data Files, 2013.

<sup>9</sup> HCAHPS items cover topics such as doctor and nurse communication, hospital cleanliness and noise levels, medication and post-discharge care instructions, and overall patient ratings. Data retrieved October 20, 2015: <https://www.medicare.gov/hospitalcompare/profile.html#profTab=0&ID=451310&Distn=1.5&dist=100&lat=31.7382062&lng=-99.9473077&loc=BALLINGER%2C%20TX>.

countywide occupancy rate of 48 percent, which compares to a statewide rate of 71 percent for 1,220 Texas nursing homes represented in the CMS 2015 data.<sup>10</sup>

CMS uses a five-star rating system for nursing home facilities to indicate whether they are average (3 stars), above (4 or 5 stars), or below (1 or 2 stars) compared to similar facilities nationwide. Star ratings are assigned for the facility's performance on health inspections, staffing, and quality of care, plus an overall facility rating.

The Ballinger skilled nursing facilities received average or above average ratings on the 2015 CMS data for health inspections, staffing, and the overall facility. One of the Ballinger facilities is also rated above average on quality of care measures, but the other fell below average.

The Winters facility received average or above average ratings for staffing and quality of care. However, the Winters facility received a below average rating on the overall facility and a much below average rating on health inspections.<sup>11</sup>

Table 7 depicts the supply EMS and other of key health professionals in Runnels County according to the Department of State Health Services data for 2014. The data counts 27 EMS professionals. This yields a population ratio of 392 residents per EMS specialist, indicating an undersupply of EMS professionals when compared to 295 residents per specialist in the 20-county study area and 438 for Texas overall.

The Texas EMS & Trauma Registries report that Texas hospitals received 536 trauma patients from Runnels County over five years from 2010-2014. This computes to an average of 107.2 EMS trauma incidents per year. The most common were unintentional fall incidents at 53 percent.<sup>12</sup>

Based on population ratios reported for the selected health professions in Table 7, it appears that the Runnels County is well supplied with low-level personnel such as certified nurse aides or medication aides. However, the county is undersupplied with advanced practitioners such as physicians and registered nurses. Runnels County joins many rural West Texas areas with no advanced professionals for behavioral health (psychiatrists, psychologists) and a severe shortage of professionals for oral care (dentists).

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<sup>10</sup>Nursing Home Compare Data, Centers for Medicare and Medicaid Services, retrieved October 19, 2015: <https://data.medicare.gov/>. For the Ballinger facilities, the CMS data indicates a combined 242 bed capacity with a 43 percent occupancy rate. The data shows 48 beds with a 69 percent occupancy rate for the Winters facility.

<sup>11</sup> See Nursing Home Compare, <https://www.medicare.gov/nursinghomecompare/search.html>.

<sup>12</sup> Data provided by the Injury Epidemiology & Surveillance Branch from the Texas EMS & Trauma Registries, Texas Department of State Health Services, June, 2015. Since the data is based on incoming trauma patients to hospitals, the reported incidents may or may not have been handled by EMS services operated by the two hospital districts in Runnels County.

**Table 7  
Selected Health Professionals by Geography, 2014**

Licensed or Certified Professionals	Number in Runnels County (10,597 Population)	Ratio of Population per Professional	Number in 20 County Study Region (239,529 Population)	Ratio of Population per Professional	Number in Texas (26,581,256 Population)	Ratio of Population per Professional
Certified Nurse Aides	153	69	1,879	127	124,616	213
Dentists	1	10,597	70	3,422	12,767	2,082
Dieticians	0	No Supply	33	7,258	4,668	5,694
Emergency Medical Services	27	392	812	295	60,690	438
Licensed Chemical Dependency Counselors	0	No Supply	87	2,753	9,285	2,863
Licensed Professional Counselors	2	5,299	158	1,516	20,655	1,287
Licensed Vocational Nurses	61	174	1,197	200	77,624	342
Marriage and Family Therapists	0	No Supply	12	19,961	3,149	8,441
Medication Aides	12	883	139	1,723	10,012	2,655
Occupational Therapists	0	No Supply	45	5,323	7,914	3,359
Optometrists	1	10,597	18	13,307	3,272	8,124
Pharmacists	9	1,177	146	1,641	23,561	1,128
Physical Therapists	5	2,119	109	2,198	13,136	2,024
Physician Assistants	2	5,299	51	4,697	6,543	4,063
Physicians (Direct Patient Care)	8	1,325	357	671	47,289	562
Primary Care Physicians	6	1,766	168	1,426	19,277	1,379
Psychiatrists	0	No Supply	12	19,961	1,971	13,486
Promotores (Community Health Workers)	0	No Supply	15	15,969	2,032	13,081
Psychologists (All)	0	No Supply	43	5,570	7,382	3,601
Registered Nurses	52	204	1,696	141	206,027	129
Advanced Practice (APRN)	0	No Supply	119	2,013	15,194	1,749
Social Workers	8	1,325	117	2,047	19,536	1,361
<b>Total Selected Health Professionals</b>	<b>347</b>	<b>31</b>	<b>7,283</b>	<b>33</b>	<b>696,600</b>	<b>38</b>

Source: Texas Department of State Health Services, Supply and Distribution Tables for State-Licensed Health Professions in Texas, retrieved May 26, 2015:  
<http://www.dshs.state.tx.us/chs/hprc/health.shtm>.

## HEALTH STATUS

### Family and Maternal Health

The Census Bureau's 2009-2013 5-Year American Community Survey estimated 2,895 families residing in Runnels County over that time. Our calculations indicated that about 518 (17.9%) of these were single-parent (mostly female-parent) families with one or more children at home. This is a higher number than the 20-county study region or the state overall.

In addition, the county's rate of child abuse over five years from 2010-2014 is 15.3 confirmed cases per 1,000 children in the population. This also is higher than the corresponding rates for Texas or the study region.

Other indicators of family and maternal health in the county are quite positive.

Indicator	Runnels County	Study Region	Region 9	Texas
Divorce Rate (Annual Divorces as a Percent of Annual Marriages)	53.2	43.2	No Data	45.0
Percent Women Age 15 & Over who are Currently Divorced	12.6	12.4	No Data	12.2
Single-Parent Families (Percent of All Families)	17.9	13.1	No Data	15.6
Teen Pregnancy Rate (Pregnancies per 1,000 Females Age 13-17)	18.0	25.3	30.5	21.4
Teen Birth Rate (Births to Mothers Age 13-17 per 1,000 Same Age Females)	16.4	23.1	28.1	18.4
Abortion Rate (Abortions as a Percent of Pregnancies among Females Age 15-44)	7.0	9.8	9.0	15.6
Percent Births to Unmarried Mothers (Female Population Age 15-44)	41.0	44.6	45.9	42.3
Child Abuse Rate* (Confirmed Incidents of Abuse per 1,000 Children)	15.3	12.9	13.8	9.5
Intimate Violence Rate (Incidents of Family Violence & Sexual Assault per 1,000 Population)	5.3	9.4	No Data	8.0

\* All ratios and percents, except the Child Abuse Rate, cover 2008-2012. The Child Abuse Rate is for 2010-2014.  
Sources: All calculations of rates and percents were performed by Community Development Initiatives at Angelo State University using data on Divorce, Teen Pregnancy, Teen Birth, and Abortion from Vital Statistics, Texas Department of State Health Services, retrieved, June 9, 2015: <http://www.dshs.state.tx.us/>. The Child Abuse Rate was calculated using data from the Annual Data Books, Texas Department of Family and Protective Services, retrieved June 9, 2015: <http://www.dfps.state.tx.us/>. Estimates of Single-Parent Families and Percent Divorced Women were computed using data from the US Census Bureau, American Community Survey 2009-2013 5 Year Data, retrieved June 9, 2015: <http://factfinder.census.gov/>. Intimate Violence Rates were derived from data at Crime in Texas, Texas Department of Public Safety, retrieved June 9, 2010: <http://www.txdps.state.tx.us>.

## Potentially Preventable Hospitalizations

Hospitalizations that would likely not occur if the individual had accessed and cooperated with appropriate outpatient healthcare are termed potentially preventable.<sup>13</sup> The initiative to reduce potentially preventable hospitalizations works to improve health while diminishing the cost of health care.

The Texas Department of State Health Services estimates that potentially preventable hospitalizations for just ten identifiable health conditions generated \$49 billion in hospital charges between 2008 and 2013. Some \$386 million of these charges were incurred by residents of the 20-county study region.

**Table 9**  
**Potentially Preventable Hospitalizations for Adult Residents of Texas, 2008-2013**

Potentially Preventable Hospitalizations	Runnels County			Study Region			Texas		
	Number	Average Charge	Per Capita Charge	Number	Average Charge	Per Capita Charge	Number	Average Charge	Per Capita Charge
Bacterial Pneumonia	297	\$17,555	\$648	3,572	\$20,816	\$437	280,079	\$36,925	\$530
Dehydration	67	\$9,957	\$83	936	\$3,222	\$30	91,238	\$21,706	\$101
Urinary Tract Infection	167	\$12,665	\$263	1,916	\$8,880	\$114	204,853	\$25,282	\$265
Angina (without procedures)	0	\$0	\$0	66	\$1,452	\$1	13,743	\$24,987	\$17
Congestive Heart Failure	212	\$28,356	\$748	3,580	\$22,942	\$421	326,337	\$41,191	\$689
Hypertension (High Blood Pressure)	0	\$0	\$0	463	\$1,927	\$8	65,973	\$25,365	\$85
Chronic Obstructive Pulmonary Disease or Older Adult Asthma	136	\$19,510	\$330	2,857	\$15,320	\$264	253,148	\$31,674	\$411
Diabetes Short-term Complications	35	\$21,808	\$95	466	\$2,952	\$11	63,954	\$26,913	\$88
Diabetes Long-term Complications	87	\$41,673	\$451	1,285	\$9,768	\$86	134,630	\$46,872	\$323
All Hospitalizations	1,001	\$21,029	\$2,618	15,141	\$21,483	\$1,371	HHHHHHH	\$34,178	\$2,512
<b>Total Charges, 2008-2013</b>		<b>\$21,049,749</b>			<b>\$386,127,532</b>			<b>\$49,010,136,451</b>	

Source: Potentially Preventable Hospitalizations, Center for Health Statistics, Texas Department of State Health Services, retrieved June 12, 2015: <http://www.dshs.state.tx.us/ph/>.

Runnels County residents experienced about 1,000 incidents of hospitalization with potentially preventable conditions between 2008 and 2013. Resulting hospital charges amounted to more than \$21 million, equal to about \$2,618 per adult resident of the county. This compares to hospital charges for preventable conditions amounting to \$1,371 per capita in the study region and \$2,512 per capita statewide.

Preventable hospitalizations for pneumonia, congestive heart failure, diabetic complications, COPD, and urinary tract infections are especially frequent and expensive for residents of Runnels County.

<sup>13</sup>The Department of State Health Services recommends a combination of outpatient clinical and public health interventions to help reduce potentially preventable hospitalizations. See the recommended interventions at <http://www.dshs.state.tx.us/ph/interventions.shtm>.

## **Leading Causes of Death**

The Department of State Health Services recorded 715 deaths from all causes among Runnels County residents between 2008 and 2012. This computes to a five-year crude death rate of 67.0 deaths per 1,000 residents based on the 2012 population estimate. This is much higher than the Texas rate of 32 and the study region rate of 45.6 per 1,000 over the same time frame.

Medical conditions classified as Diseases of the Heart top the list of 15 leading causes of death in Runnels County depicted in Table 10. The county generally has higher death rates than the study region or the state on all the leading causes. The exception in Table 10 is the county's death rate on septicemia which is slightly lower than the study region and equal to the overall state.

It is noteworthy that two of the county's leading causes of death, accidents and suicide, are major behavioral events. Many other leading causes in the county are chronic medical conditions that also involve significant behavioral components in the disease etiology.

**Table 10**  
**Leading Causes of Death in Runnels County, 2008-2012**

Causes of Death	Deaths	Crude Death Rate*	Study Region Rate*	Texas Rate*
Diseases of the Heart (ICD-10 Codes I00-I09, I11, I13, I20-I51)	160	15.0	9.5	7.4
Malignant Neoplasms (ICD-10 Codes C00-C97)	153	14.3	9.6	7.0
Chronic Lower Respiratory Diseases (ICD-10 Codes J40-J47)	51	4.8	2.7	1.7
Cerebrovascular Diseases (ICD-10 Codes I60-I69)	41	3.8	2.3	1.8
Alzheimer's Disease (ICD-10 Code G30)	37	3.5	1.6	1.0
Diabetes Mellitus (ICD-10 Codes E10-E14)	28	2.6	1.5	1.0
Accidents (ICD-10 Codes V01-X59, Y85-Y86)	26	2.4	2.0	1.8
Nephritis, Nephrotic Syndrome and Nephrosis (ICD-10 Codes N00-N07, N17-N19, N25-N27)	15	1.4	1.0	0.7
Essential (Primary) Hypertension and Hypertensive Renal Disease (ICD-10 Codes I10, I12)	12	1.1	0.5	0.3
Influenza and Pneumonia (ICD-10 Codes J09-J18)	11	1.0	1.0	0.6
Chronic Liver Disease and Cirrhosis (ICD-10 Codes K70, K73-K74)	10	0.9	0.8	0.6
Intentional Self-Harm (Suicide) (ICD-10 Codes X60-X84, Y87.0)	10	0.9	0.7	0.5
Parkinson's Disease (ICD-10 Codes G20-G21)	7	0.7	0.4	0.3
Septicemia (ICD-10 Codes A40-A41)	6	0.6	0.8	0.6
In Situ Neoplasms, Benign Neoplasms and Neoplasms of Uncertain or Unknown Behavior (ICD-10 Codes D00-D48)	6	0.6	0.2	0.2

\*All rates in the table express the number of deaths per 1,000 residents based on the estimated population for 2012. They are crude rates, not adjusted for age or other demographic characteristics.

Source: Texas Department of State Health Services, retrieved June 23, 2015: <http://www.dshs.state.tx.us/chs/datalist.shtm>.

## SURVEY OF THE POOR AND EXTREMELY POOR IN WEST TEXAS

The Census Bureau's 2009-2013 5-Year American Community Survey data approximates that 20,548 residents of Coke, Concho, Irion, Runnels, Sterling, Tom Green counties, the northern-most counties in the 20-county study region, are living below the federal poverty level. This computes to a poverty rate of 16.4 percent for these six northern counties combined. Moreover, the Census Bureau data indicates that some 8,216 or 40 percent of these residents are extremely poor, living with incomes less than half the poverty level.<sup>14</sup>

Between April and September 2015, Angelo State University's Community Development Initiatives and 72 organizations collaborated to complete detailed interviews with poor and extremely poor residents of the 20 counties in the study region.<sup>15</sup> A total of 597 interviews were completed, including 331 with residents of the six northern counties in the study region: Coke, Concho, Irion, Runnels, Sterling, Tom Green counties.<sup>16</sup> Respondents from these counties had self-reported household incomes below the applicable federal poverty level. Approximately 54.1 percent were extremely poor with incomes equal to or below half of the applicable poverty level. They ranged in age from 20 to 92 with an average age of 46.9 years. About 71 percent were females. See Table 11 below for a summary of sample characteristics.

A schedule of questions covering health, behavioral health, and dental health topics was developed for the interviews. The Behavioral Risk Factor Surveillance System (BRFSS) surveys, conducted with adults age 18 and over by state health departments in partnership with the Centers for Disease Control and Prevention (CDC), served as the model for questions. Indeed, the three-page questionnaire yielded 31 indicators which closely parallel similar items in the 2013 BRFSS results for Texas.<sup>17</sup>

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<sup>14</sup> The combined rates of poverty and extreme poverty for the six counties were computed by Angelo State University's Community Development Initiatives based on data from the US Census Bureau, American Community Survey, 2009-2013 5-Year Estimates, retrieved October 2, 2015: <http://factfinder.census.gov/>.

<sup>15</sup> Residents were defined as extremely poor for the purposes of the interviews if their self-reported household income was near 50 percent or less of the applicable federal poverty level for 2015. They were deemed to be poor if self-reported household income was near or below the applicable 2015 poverty level. Based on the results of the 2009-2013 five-year combined samples of the Census Bureau's American Community Survey, we estimated that approximately 14,743 extremely poor individuals reside in the 20-county study region. See the US Census Bureau's 2009-2013 5-Year American Community Survey at <http://factfinder.census.gov>.

<sup>16</sup> The number of interviews conducted in the respective counties was proportional to the estimated total of extremely poor population from the American Community Survey. Based on the American Community Survey, for instance, we estimated that 55.7% of extremely poor individuals in the study region resided in the northern counties of Coke, Concho, Irion, Runnels, Sterling, and Tom Green. Reflecting this, we conducted 331 or 55.4% of the interviews in these counties.

<sup>17</sup> BRFSS interviews are conducted by telephone. Interviews for this project were conducted by trained community interviewers in a face-to-face informal format. Information on the Texas BRFSS is available at <http://www.dshs.state.tx.us/chs/brfss/default.shtm>.

<b>Table 11</b>		
<b>Sample Characteristics*</b>		
<b>County of Residence</b>		
Coke	5	1.5%
Concho	8	2.4%
Irion	3	0.9%
Runnels	37	11.2%
Sterling	3	0.9%
Tom Green	275	83.1%
<b>Poverty Status</b>		
Severly poor	179	54.1%
Poor	122	36.9%
<b>Gender</b>		
Male	95	28.7%
Female	236	71.3%
<b>Ethnicity</b>		
Not Hispanic	182	55.0%
Hispanic	149	45.0%
<b>Age</b>		
18-29	46	13.9%
30-39	65	19.6%
40-49	66	19.9%
50-64	124	37.5%
65 & Over	29	8.8%
Average Years of Age		46.9
<b>Years of Schooling</b>		
Less than 12	145	43.8%
12 or More	180	54.4%
Average Years of Schooling		10.9
<b>Household Composition</b>		
Single Person	42	12.7%
Single Parent	75	22.7%
Couples with Children**	72	21.8%
Couples without Children**	55	16.6%
Other***	87	26.3%
Average Household Size		2.7
<p>*The sample size in the north counties was 331. Some frequencies and percentages reported do not sum to 331 or 100% because of missing data for selected variables.</p> <p>**Couples may be married couples or unmarried partners.</p> <p>***Other households includes small numbers of respondents living with their parents, grandparents living with grandchildren, persons living with extended relatives, and persons living with roommates.</p>		

The results in Table 12 apply only to the northern counties (Coke, Concho, Irion, Runnels, Sterling, and Tom Green) of the study region. The table compares results from the Survey of the Poor and Extremely Poor to BRFSS estimates of health risk among the total adult populations of the north counties and the state overall. The first row of the table, for instance, reports that 179 individuals or 54.1 percent of the 331 survey participants from Coke, Concho, Irion, Runnels, Sterling, and Tom Green counties said they were limited by poor mental, physical, or emotional health conditions. Texas BRFSS results from a similar question asked in 2013 estimate that only 13.5 percent of all adult residents in the six counties share this risk of impairment.<sup>18</sup>

The risk indicators in Table 12 were selected because the Survey of the Poor and Extremely Poor suggests that this vulnerable group has a level of risk on these factors that is at least 10 percent higher than the risk in the total adult population in the northern counties. Indeed, based on the comparisons to the BRFSS estimates, the vulnerable poor and extremely poor population experiences elevated risks that range from 11 percent higher (for being diagnosed with stroke) to 299 percent higher (for being limited by poor mental, physical, or emotional health conditions).

Other significant findings from the Survey of the Poor and Extremely Poor add context to some of the elevated risks indicated in Table 12. For instance, the 61 percent of northern county poor and extremely poor residents who reported not seeing a doctor because of cost indicates an elevated cost barrier to health care. Results from the survey expand on this by indicating that 53.5 percent of survey respondents lack health insurance. This compares to the Census Bureau's 2013 estimate that 27.3 percent of adults age 18-64 in Coke, Concho, Irion, Runnels, Sterling, and Tom Green counties are uninsured.<sup>19</sup>

The survey findings also indicate that 91 percent of the poor and extremely poor do not have dental insurance; 81 percent do not have a regular dentist; 46.5 percent have not had a routine dental checkup within the past five years; and 48 percent never had dental cleaning or x-rays.

In addition to the apparent lack of access to preventative dental care, the survey shows other serious obstacles to preventative medicine among poor and extremely poor residents of the

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<sup>18</sup> The similar item in the BRFSS showing a 13.5% risk of impairment was based on a more formal question asking whether respondents were kept from normal activities for five or more days in the past 30 days by poor mental or physical health. Another comparative data point is available from the Census Bureau's American Community Survey. That data point indicates a 16% disability rate among adults residing in the six northern counties of the study region. The data is based on a set of direct questions to census survey respondents about having a range of physical and cognitive disabilities. See the American Community Survey, 2009-2013 5-Year, retrieved October 2, 2015: <http://factfinder.census.gov/>.

<sup>19</sup> US Census Bureau, Small Area Health Insurance Estimates, retrieved September 29, 2015: <http://www.census.gov/did/www/sahie/>.

north counties. For instance, 19.4 percent of poor and extremely poor females reported never having a mammogram or Pap smear. Among men and women, 74.6 percent said they never had a colon/rectal exam; 13.6 percent never had a blood pressure check; 16.3 never had “blood work” done by a lab; 47.4 percent never had an HIV test; 31 percent never had vision screening; and 53 percent had never been screened for hearing.

<b>Table 12</b>					
<b>Health Risks of the Poor and Extremely Poor in North Counties with BRFSS Comparisons</b>					
Risk Indicators	Survey Results: North Counties*			BRFSS Risk Comparisons**	
	Sample	Population at Risk	Percent at Risk	North Counties	Texas
Limited by poor physical, mental, or emotional health conditions	331	179	54.1	13.5	11.6
Does not think of anyone as a personal doctor	331	162	48.9	29.8	33.1
Could not see a doctor because of cost during past 12 months	331	202	61.0	19.9	19.3
Five or more years since routine checkup by a doctor	331	42	12.7	9.8	10.5
Diagnosed high blood pressure: not taking meds	128	32	25.0	21.2	23.2
Diagnosed heart attack (myocardial infarction)	331	26	7.9	5.7	3.9
Diagnosed heart disease	331	30	9.1	7.4	5.7
Diagnosed stroke	331	15	4.5	4.1	2.5
Diagnosed asthma	331	79	23.9	15.8	12.6
Diagnosed COPD (incl. emphysema, chronic bronchitis)	331	50	15.1	5.2	5.4
Diagnosed arthritis, rheumatoid arthritis, gout, lupus, fibromyalgia	331	114	34.4	24.7	20.7
Diagnosed depression (major, chronic, minor)	331	158	47.7	15.1	16.0
Diagnosed kidney disease	331	21	6.3	2.2	3.1
Diagnosed diabetes	331	80	24.2	14.1	10.9
Morbidly Obese BMI => 35	331	69	20.8	11.3	12.7
Current smoker	331	142	42.9	18.8	15.9
Current smokeless tobacco user				8.2	4.3
Binge drinking	331	78	23.6	15.1	16.7
Difficult to access fresh fruits & vegetables	331	92	27.8	10.2	7.7
Second-hand smoke exposure in home	331	77	23.3	10.9	13.7

\*These columns report the Survey of the Poor & Extremely Poor in West Texas combined results for Coke, Concho, Irion, Runnels, Sterling, and Tom Green counties.

\*\*These columns include results from the Texas BRFSS conducted by the Texas Department of State Health Services in 2013. The BRFSS estimates reported for the North Counties are risk-adjusted by Community Development Initiatives at Angelo State University to account for the specific demographic characteristics of Coke, Concho, Irion, Runnels, Sterling, and Tom Green counties.

Still other survey findings shine additional light on the indication in Table 12 of a 216 percent higher risk of poor and extremely poor adults being diagnosed with depression. Sizeable proportions of survey respondents also reported always, often, or sometimes feeling a fulfilling life is impossible (58.3%); avoiding situations out of nervousness, fear, or anxiety (67.7%); and feeling alone and not having much in common with people (59.2%). Nearly 20 percent indicated they do not feel tied to a support group (family, church, etc.) that would help them if needed.

Table 12 indicates that 27.8 percent of the poor and extremely poor in the north counties have difficulty accessing grocery stores with fresh fruits and vegetables. This suggests a 173 percent higher level of food insecurity compared to the BRFSS estimate of 10.2 percent lacking such access in the overall adult population. Additional indications of food insecurity from the survey include respondents who reported receiving assistance from SNAP or WIC (58.3%) as well as using food charities (69.8%). The potentials of food insecurity leading to obesity<sup>20</sup> are also buttressed by the prevalence of feeling unsafe in the neighborhood (13.9%) and not knowing of a safe place to walk, run, or exercise (27.8%) in the neighborhood. One additional sign of insecure living conditions among the poor and extremely poor is that 37.2 percent reported having been homeless for at least one week during the past five years.

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<sup>20</sup> Table 12 depicts only the elevated risk of “morbid obesity” (defined as having a BMI equal to or than 35) at 20.8% compared to the 11.3% level indicated for the adult population in the 2013 BRFSS. Using the standard definition of obesity as having a BMI equal to or greater than 30 raises the obesity rate to 43.5% among the poor and extremely poor of the north counties.

## IDENTIFICATION AND PRIORITIZATION OF HEALTH NEEDS

### Identification of Community Health Needs

The previous sections of this report summarize the findings relating to Runnels County from primary and secondary data collected by community-based participants in a comprehensive project to assess the Health and Behavioral Health Needs of vulnerable populations in a 20-county region of West Texas. The following data provide a foundation for identifying pertinent community health needs in Runnels County:

- **Demographic Trend Data:** Demographic projections of population growth in Runnels County were reviewed. Growth trends for vulnerable population groups were included in the review.
- **Hospital Data:** Available data on utilization, revenue, charges, and quality of care at Runnels County hospitals were analyzed.
- **Other Health Care Resources:** Data and information on the supply of health care professionals, community clinics, nursing homes, home health agencies, and mental health services were reviewed.
- **Family and Maternal Health:** Indicators of family composition, domestic abuse data, and maternal health were reviewed.
- **Potentially Preventable Hospitalizations:** Data on hospitalization of Runnels County residents that might have been avoidable if individuals accessed and complied with relevant preventative and outpatient healthcare services were reviewed.
- **Leading Causes of Death:** Data on leading causes of death were used to identify specific diseases associated with higher death rates in Runnels County compared to the state.
- **Survey of the Poor and Extremely Poor in West Texas:** Original survey data was reviewed in conjunction with Texas BRFSS data to identify elevated health and behavioral health risks among the poor and extremely poor population of Coke, Concho, Irion, Runnels, Sterling, and Tom Green counties.

It is important to assert the community-wide and regional focus of this study of the health needs of vulnerable populations in the 20-county study region of West Texas. With this perspective at the forefront, the needs assessment has made every effort to use data to identify needs of community-level importance which, in many instances, can only be addressed through cooperative, collective community action. Analysis of the data from the community level focus leads to the following summary list of identified needs for Runnels County:

1. Needs of seniors.  
Increase capacity to address health needs of growing numbers of seniors.

2. Quality of services.

Increase cooperation, collaboration, coordination, efficiency, and quality of hospital district services.

- Develop and strengthen collaborative efforts between the Ballinger and North Runnels Hospital Districts to reduce duplication of services, increase efficiency, improve quality, and increase hospital utilization and improve emergency medical services.
- Consider new strategies for the two districts working together to develop capacity for high quality ambulatory and urgent care clinical services to county residents.

3. Recruit and Retain Core Health Professionals.

Work cooperatively with the hospital districts and all community sectors to create an engaged process for recruiting and retaining core health professionals including one or more:

- Dentist
- Physician
- Physician Assistant
- Nurse Practitioner
- Psychologist.

4. Preventative actions.

Increase emphasis on preventative actions in screening, treatment, case management, and community outreach and education to reduce prevalence, preventable hospitalizations, and mortality from:

- Heart disease and cerebrovascular diseases
- Cancer
- COPD
- Complications arising from diabetes
- Accidents
- Influenza and pneumonia
- Urinary tract infections

5. Develop capacity and access to quality behavioral health services.

Increase access and capacity for the poor and other vulnerable groups by:

- Reducing cost and other barriers to quality health and behavioral health services
- Providing prevention and treatment for depression
- Providing smoking and tobacco cessation
- Providing prevention and treatment of alcohol and drug abuse

6. Preventative outreach to the poor and extremely poor.  
Increase community capacity to reach the poor, extremely poor, and other vulnerable groups with preventative actions to:
  - Reduce obesity
  - Reduce cost and other barriers to medical care and treatment
  - Improve case management and routine preventative screenings
  - Provide education to promote healthy living and wellness
7. Food, housing, and neighborhood security.  
Increase the security of poor and extremely poor individuals and households by:
  - Increasing access to nutritious foods
  - Increasing affordable housing in safe neighborhood environments
8. Investment in community health needs.  
Develop collaborative community efforts to increase investment in community health needs. Consider solutions for expanding quality coverage of the uninsured, coordinated funding and development of proposals or campaigns, coordinated organizational and agency strategic planning, and other collaborative community capacity building approaches.

### **Prioritization of Community Health Needs**

A prioritization instrument was used to facilitate a priority ranking of the identified health needs. Key informants and stakeholders reviewed the instrument at a series of community forums during October 2015. Invitations were sent to county judges and county officials, mayors and city officials, law enforcement officials, hospital/clinic administrators and key personnel, mental health leaders, dentists, health departments, church leaders, service organization leaders, school administrators and key personnel, chambers of commerce, and significant employers. Two events were held in San Angelo, one in Brady, and one in Del Rio.

Access to preview copies of the previous sections of this report, including the above list of identified needs, were subsequently distributed via e-mail to key informants and stakeholders interested in Runnels County. The informants and stakeholders also received an e-mail invitation and link to respond to the online instrument. Key informants and stakeholders responded from November 13 to December 14, 2015.

The prioritization instrument provided an opportunity for key informants and stakeholders to rank the health needs identified by the study for Runnels County. Respondents ranked the needs based the specified criteria. A total of three responses ranking the identified needs for Runnels County were returned.

Respondents ranked the identified community health needs on four criteria. A score between 1 and 5 was assigned for each criterion. The four criteria were presented to respondents as follows:

- Prevalence: How many people are potentially affected by the issue, considering how it might change in the next 5 to 10 years?
  - 5 - More than 25% of the community (more than 1 in 4 people)
  - 4 - Between 15% and 25% of the community
  - 3 - Between 10% and 15% of the community
  - 2 - Between 5% and 10% of the community
  - 1 - Less than 5% of the community (less than 1 in 20 people)
  
- Significance: What are the consequences of not addressing this need?
  - 5 - Extremely High
  - 4 - High
  - 3 - Moderate
  - 2 - Low
  - 1 – Minimal Consequences
  
- Impact: What is the impact of the need on vulnerable populations?
  - 5 - Extremely High
  - 4 - High
  - 3 - Moderate
  - 2 - Low
  - 1 - Minimal Impact
  
- Feasibility: How likely is it that individuals and organizations in the community would take action to address this need?
  - 5 - Extremely High
  - 4 - High
  - 3 - Moderate
  - 2 - Low
  - 1 - Minimal

Table 13 reports the results of the prioritization of needs in Runnels County. The needs are listed in the rank order reflected in the adjusted averages on the right side of the table. The adjusted averages emphasize the importance of needs that respondents viewed as the most feasible ones for the community take action upon.

The adjusted average for each need is based on the separate average scores assigned by respondents for prevalence, significance, impact, and feasibility. To emphasize the practicality of community action, however, the average for feasibility is given double-weight according to the following formula:

$$\text{Adjusted Average} = [\text{prevalence score} + \text{significance score} + \text{impact score} + (\text{feasibility score} \times 2)] \div 4$$

Thus, the first row of Table 13 shows the average prevalence score was 4.00 on the five-point scale. The averages for significance, impact, and feasibility were 4.33, 4.33, and 3.33 respectively. Applying the formula yields an adjusted average of 4.83, making increasing capacity to address the health needs of growing numbers of seniors in the population the highest ranking community need for Runnels County.

Five of the top priorities recognized the importance of improvements to the delivery of health care services. These include: recruiting and retaining core health professionals for primary care (2<sup>nd</sup>) and dentists (tied for 9<sup>th</sup>); improving the capacity for high quality ambulatory and urgent care (3<sup>rd</sup>); reduction of potentially preventable hospitalizations arising from diabetes (4<sup>th</sup>); and investment in community health needs, including collaborative efforts between the two hospital districts to reduce duplication of services, increase efficiency, improve quality, increase hospital utilization, and improve EMS (6<sup>th</sup>).

In addition, five top priorities emphasize preventative actions in the community to reduce heart and vascular diseases (5<sup>th</sup>), diabetes (7<sup>th</sup>), and cancer (tied for 9<sup>th</sup>), as well as outreach to vulnerable groups with preventative actions to reduce cost and other barriers to treatment and to reduce obesity (both tied for 9<sup>th</sup>).

**Table 13**  
**Prioritization of Runnels County Community Health Needs**

Community Health Need	Respondents	Prevalence	Significance	Impact	Feasibility	Adjusted Average
Increase capacity to address health needs of Seniors	3	4.00	4.33	4.33	3.33	4.83
Create an engaged process for recruiting & retaining core health professionals for Primary Care, including Physicians, Physician Assistants & Nurse Practitioners	9*	3.67	4.00	4.33	3.00	4.50
Improve the capacity for high quality Ambulatory & Urgent Care clinical services	3	3.67	3.67	3.67	3.33	4.42
Develop & strengthen collaborative community efforts to reduce potentially preventable hospitalizations (PPH), including admissions arising from Diabetes	2	3.33	3.33	3.67	3.50	4.33
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Heart & Vascular Diseases	3	3.33	3.33	3.67	3.33	4.25
Develop collaborative efforts between the Ballinger & North Runnels Hospital Districts to reduce duplication of services, increase efficiency, improve quality, increase hospital utilization & increase capacity & access for vulnerable groups to quality behavioral health resources for prevention and treatment of Alcohol & Drug Abuse	6*	3.83	3.50	3.83	2.83	4.21
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Diabetes	3	3.33	3.33	4.00	3.00	4.17
Increase community capacity to reach vulnerable groups with preventative actions to reduce Cost & Other Barriers to treatment	3	3.67	4.00	4.00	2.33	4.08
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Cancer	3	3.00	3.00	3.67	3.33	4.08
Create an engaged process for recruiting & retaining core health professionals including Dentists	3	3.33	3.00	2.67	3.67	4.08
Increase community capacity to reach vulnerable groups with preventative actions to reduce Obesity	3	3.67	3.67	3.67	2.67	4.08
Increase capacity & access for vulnerable groups to quality behavioral health resources for prevention and treatment of	3	3.67	3.33	3.67	2.67	4.00
Increase capacity & access for vulnerable groups to quality behavioral health services by reducing Cost & Other Barriers	3	3.33	3.67	4.00	2.33	3.92
Increase capacity & access for vulnerable groups to quality behavioral health resources for Smoking & Tobacco Cessation	3	3.33	3.00	3.33	3.00	3.92
Increase community capacity to reach vulnerable groups with preventative actions to improve Case Management & Outreach	3	3.67	4.00	3.33	2.33	3.92
Develop & strengthen collaborative community efforts to reduce potentially preventable hospitalizations (PPH), including admissions arising from Congestive Heart Failure.	3	2.67	3.33	3.67	3.00	3.92
Increase the Food Security of vulnerable populations by increasing access to nutritious foods	3	3.33	3.33	3.33	2.67	3.83
Create an engaged process for recruiting & retaining core health professionals including Psychologists	3	3.33	3.33	3.67	2.33	3.75
Increase the Residential Security of vulnerable populations by increasing affordable housing in safe neighborhood environments	3	2.67	3.00	3.33	3.00	3.75
Increase community capacity to reach vulnerable groups with preventative actions to promote Healthy Living & Wellness	3	3.33	3.33	3.33	2.33	3.67
Develop & strengthen collaborative community efforts to reduce potentially preventable hospitalizations (PPH), including admissions arising from Influenza and Pneumonia.	3	3.00	3.00	3.33	2.67	3.67
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce COPD	3	2.67	2.67	3.33	3.00	3.67
Develop & strengthen collaborative community efforts to reduce potentially preventable hospitalizations (PPH), including	3	2.67	3.00	3.33	2.67	3.58
Develop & strengthen collaborative community efforts to reduce potentially preventable hospitalizations (PPH), including admissions arising from COPD	3	2.67	2.67	3.00	2.67	3.42
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce mortality from Accidents	3	2.67	2.67	2.67	2.67	3.33

\*These rows combine three responses to three separate items and two separate items in the prioritization instrument. Thus, the averages represent nine responses and six responses, respectively, given by only three individual key informants and stakeholders.