Community Health Needs Assessment:

Health and Behavioral Health Needs
San Saba County, Texas

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                  December 31, 2015

This report is part of a comprehensive project to assess the Health and Behavioral Health Needs of the Extremely Poor in a 20-county region of West Texas. The regional assessment includes 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, plus a regional-level assessment.

San Saba County Courthouse – San Saba, 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 San Saba County.

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PREFACE

Community Development Initiatives at Angelo State University prepared this Community Health Needs Assessment for the people of San Saba 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 San Saba 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 San Saba 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 San Saba County are an important segment of the vulnerable populations in health care. The assessment includes the following:
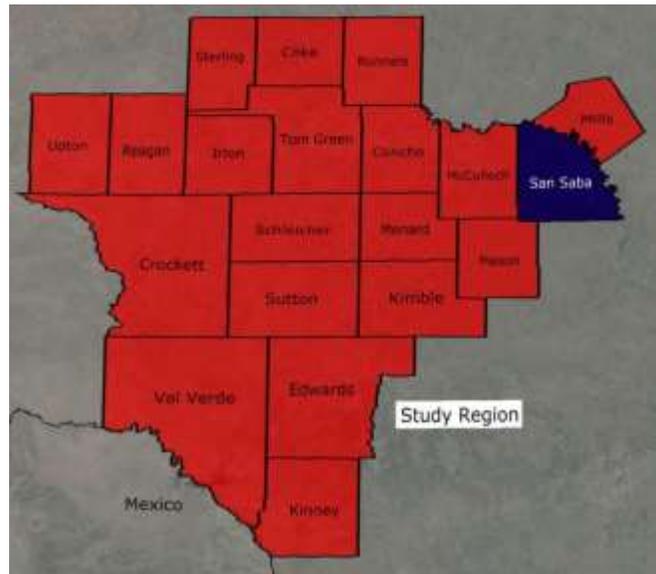
1. A demographic profile featuring the vulnerable groups in the population. The profile integrates publicly available secondary demographic data.

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 southern part of the study region.

4. Identification and prioritization of health and behavioral health issues in San Saba 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 SAN SABA COUNTY COMMUNITY

San Saba County is a 1,136 square mile land area partly in the Hill Country region of Central Texas. Establishment of the county occurred in 1856. The largest communities in San Saba County include Richland Springs and the county seat, San Saba. The county and the county seat were named after the San Saba River that flows through the county.

San Saba County

The county's economic base is farming, ranching, hunting, stone quarrying, and tourism. When the county was established, agriculture was the main source of economic activity in San Saba County. The county proclaims itself the pecan capital of the world. The Great Depression, drought, and floods led to a steep decline in population and the number of farms in the county from 1940-1960. The economy diversified in the mid-1980s.

Table 1 reports private industry and employment for San Saba County in 2013. About 90 private industry establishments employed nearly 760 county residents at an average pay rate of $24,784. Private industry employees comprised only 30 percent of the county's 2,532 person labor force in 2013.[1]

Table 1 San Saba County Private Industry & Employment, 2013				
North American Industry Classification System (NAICS) Sectors	Annual Average Establishment Count	Annual Average Employment	Percent Total Employment	Average Annual Pay
All private industries	131	760	100	$24,785
NAICS 23 Construction	12	25	3	$34,048
NAICS 31-33 Manufacturing	9	41	5	$18,235
NAICS 42 Wholesale trade	10	114	15	$26,446
NAICS 44-45 Retail trade	31	197	26	$19,368
NAICS 52 Finance and insurance	9	34	4	$44,997
NAICS 54 Professional and technical services	13	42	6	$49,855
NAICS 56 Administrative and waste services	3	9	1	$19,247
NAICS 62 Health care and social assistance	9	126	17	$25,198
NAICS 72 Accommodation and food services	16	94	12	$11,448
NAICS 81 Other services, except public administration	19	78	10	$30,248
Source: US Department of Labor, Bureau of Labor Statistics, Quarterly Census of Employment and Wages, April 1, 2015: http://www.bls.gov/cew/				

Table 1 illustrates the diversity of employment in San Saba County. While no single sector dominated the employment picture, retail trade (NAICS code 44-45) was the largest source of

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[1] The estimate of 2,532 labor force participants is from the US Census Bureau's 2009-2013 5-Year American Community Survey, retrieved October 26, 2015: http://factfinder.census.gov.

private employment at 26 percent. The average annual pay for this sector is nearly 30 percent less than the average annual pay for all private industries in San Saba County.

The health care and social assistance sector (NAICS 62) was the next largest private industry in San Saba County, comprising 17 percent of private employment. The annual average pay for this sector was $25,198, which is slightly higher than the average for all private employment in the county.

DEMOGRAPHICS

The Census Bureau's 2013 estimate of the San Saba County resident population is 6,012.[2] The most recent official Texas estimate from the State Demographer is 6,285 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 San Saba County through 2025.

Figure 1
San Saba County Population Growth Projections, 2012-2025
Source: Texas Population Estimates and Projections Program, Texas State Data Center, retrieved April 1, 2015: http://txsdc.utsa.edu/Data/TPEPP/Index.aspx
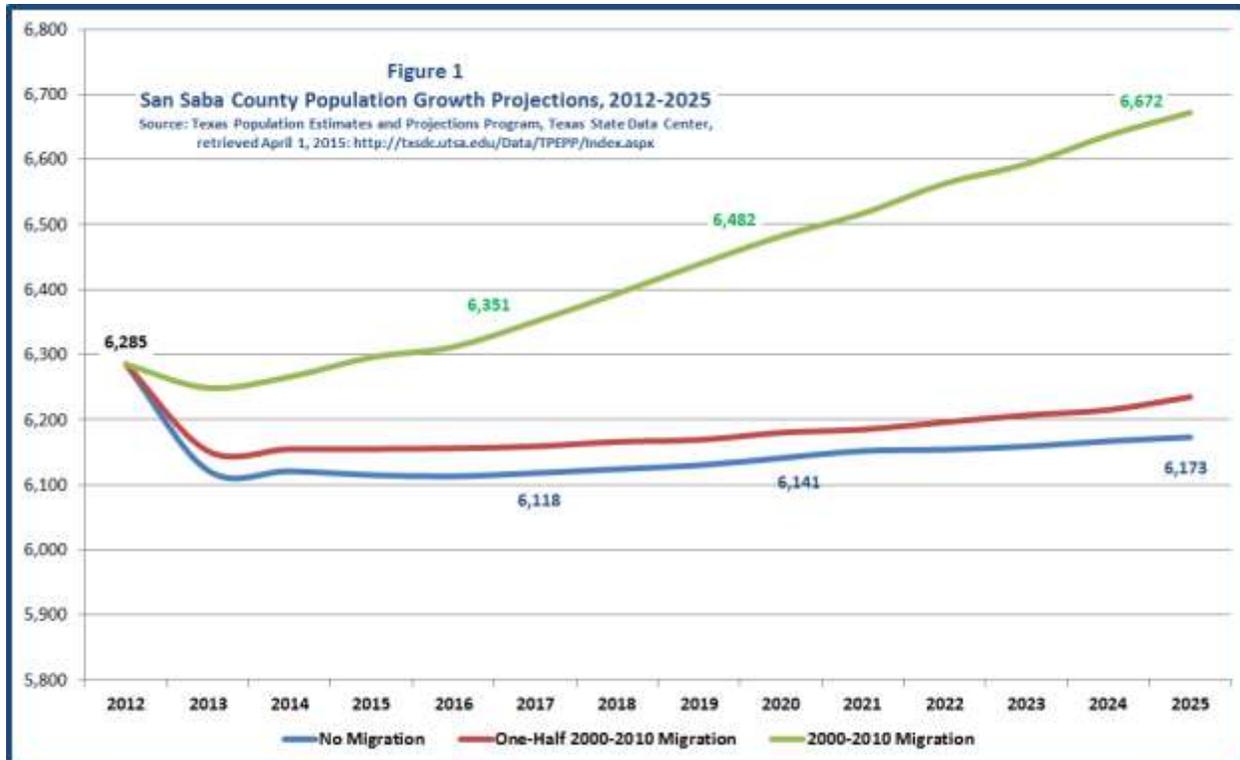
The highest growth projection (green line) is based on the assumption that migration in and out of the county is following the trend set between the decennial census counts in 2000 and 2010. This projection approximates the county will reach 6,351 residents in 2017, 6,482 by 2020, and 6,672 for 2025 (an overall 6% gain from 2012-2015).

Vulnerable Populations

Table 2 below shows the majority (67%) of the residents in San Saba County identify as White, Non-Hispanic. The county's 2,102 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 293 residents, bringing the total minority population to 33 percent.

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[2] 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.

Table 2 Race & Ethnicity: 2012 Estimate with Projections to 2025								
Groups	**2012**		**2017**		**2020**		**2025**	
White, Non-Hispanic	4,183	67%	4,042	64%	4,011	62%	3,966	59%
Total Minority	2,102	33%	2,309	36%	2,471	38%	2,706	41%
Hispanic	1,809	29%	2,019	32%	2,176	34%	2,411	36%
Black	196	3%	196	3%	196	3%	190	3%
Other	97	2%	94	1%	99	2%	105	2%
Total Population	6,285	100%	6,351	100%	6,482	100%	6,672	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 29 to 41 percent between 2012 and 2025 while the Non-Hispanic White population is expected to shrink proportionally.

Children under age 18 (numbering 1,272) made up nearly 20 percent of the county's population in 2012 according to State estimates. Youngsters of school attendance age (5-17 years) comprised 72 percent of the children, while preschoolers accounted for 28 percent.

Table 3 Children: 2012 Estimate with Projections to 2025								
Groups	**2012**		**2017**		**2020**		**2025**	
All Children (under age 18)	1,272	100%	1,201	100%	1,238	100%	1,302	100%
School-age children (ages 5-17)	916	72%	868	72%	885	71%	926	71%
Pre-school-age children (under 5)	356	28%	333	28%	353	29%	376	29%

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.

Projections estimate a slight decline in the child population by 2025. However, pre-school toddlers are projected to slightly increase from 28 percent of children in 2012 to 29 percent in 2025.

According to 2012 State estimates 1,299 senior citizens resided in the county. They comprised 21 percent of the total population. Hispanics (numbering 134) made up only 10 percent of the senior residents in the county. Official State projections suggest brisk growth of the senior population to 27 percent by 2025.

Table 4								
Seniors: 2012 Estimate with Projections to 2025								
Groups	**2012**		**2017**		**2020**		**2025**	
Total Population	6,285	100%	6,351	100%	6,482	100%	6,672	100%
Seniors (65 & over)	1,299	21%	1,450	23%	1,574	24%	1,786	27%
Hispanic Seniors (65 & over)	134	10%	178	12%	221	14%	306	17%
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.								

Hispanics, once again, will account for much of the increase. Projections indicate that Hispanic seniors will more than double between 2012 and 2025, increasing their representation within the elder population from 10 to 17 percent.

There are 1.2 males in San Saba County for every female. Women and girls comprised 45 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 decrease as a segment (from 45% to 44%) because the overall population will grow at a faster rate.

Table 5								
Females: 2012 Estimate with Projections to 2025								
Groups	**2012**		**2017**		**2020**		**2025**	
Total Population	6,285	100%	6,351	100%	6,482	100%	6,672	100%
Female (all ages)	2,849	45%	2,828	45%	2,859	44%	2,942	44%
Female (ages 13-17)	172	6%	147	5%	160	6%	185	6%
Hispanic Female (ages 13-17)	61	35%	61	41%	72	45%	89	48%
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.								

Teen pregnancy and a range of associated factors particularly affect girls age 13-17. Estimates suggest the representation of Hispanic females in this age group to steadily grow from 35 percent to 48 percent by 2025.

COMMUNITY HEALTH RESOURCES

There is no hospital district located in San Saba County. Nonetheless, county residents can receive primary care from the rural health clinic located in San Saba. The Scott & White Healthcare System is a non-profit healthcare system that owns, operates, or manages numerous hospitals and clinics in Texas, including the rural health clinic in San Saba County.[3]

Utilization of Health Resources

The Scott & White Clinic - San Saba is an outpatient facility staffed by four providers. The clinic offers ambulatory care, family medicine, women's health care, preventative care, obstetrics, and pediatric care. The closest Scott & White Healthcare System hospital is located in Llano, Texas. There is no direct quality of care data for the Scott & White Clinic - San Saba. However, the Centers for Medicare & Medicaid Services (CMS) evaluation of the Scott & White Medical Center-Llano is available in CMS Hospital Compare data.

Hospital Compare is part of the Centers for Medicare & Medicaid Services (CMS) Hospital Quality Initiative. The Initiative uses a variety of tools to encourage and support improvements in the quality of care delivered by hospitals by distributing objective, easy to understand data from consumer perspectives. The data are risk-adjusted to reflect characteristics of hospitals and patients. Thus, hospitals are compared to like-hospitals of similar size and patient mix. The Hospital Compare website includes data on more than 4,000 Medicare-certified hospitals across the country.[4]

Scott & White Medical Center - Llano received an average rating from discharged patients in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. Conducted in partnership with CMS between October 2013 and September 2014, the survey collected responses on patient experiences of the hospital environment as well as communication and responsiveness of doctors, nurses, and staff members. The Healthcare System's 3-star rating indicates that the level of positive patient responses to the hospital is average compared to similar hospitals.[5]

The Hospital Quality Initiative measures of effective care report the percentage of patients receiving the treatments recommended for best results with certain medical conditions or

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[3] For information on the Scott & White Healthcare System see http://www.sw.org/.
[4] Hospital Compare is available online at https://www.medicare.gov/hospitalcompare.
[5] 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 28, 2015: https://data.medicare.gov/.

surgical procedures. These include conditions like heart attack, heart failure, pneumonia, children's asthma, stroke, influenza, and blood clots, as well as best practices to prevent surgical complications. Additional measures focus on timely treatment of patients who come to a hospital with medical emergencies.

Generally, Scott & White Medical Center - Llano achieved levels of adherence to the effective care recommendations similar to the state of Texas and the nation according to data collected from October 2013 to September 2014. Also, the average wait times for the emergency department and for administration of recommended care were shorter than the state or the national averages.

Pecan Valley Healthcare Residence is the only senior care center in San Saba County. The facility provides skilled nursing care, respite care, transportation, physical therapy, speech therapy, and occupational therapy to their patients.[6]

The Pecan Valley Healthcare Residence is underutilized compared to other nursing home facilities across Texas. Publicly available 2015 data provided by CMS indicate that the San Saba County facility has a certified bed capacity of 80 with approximately 33 inpatients in residence.[7] This computes to a countywide occupancy rate of 41 percent, which compares to a statewide rate of 71 percent for 1,220 Texas nursing homes represented in the CMS 2015 data.

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 San Saba County nursing home achieved above average ratings based on the 2015 CMS data for health inspections, staffing, and the overall facility ratings. On quality of care ratings, however, the facility fell below average (2 stars).[8]

In addition, Texas hospital usage data documents a total of 3,421 visits by San Saba County residents to outpatient facilities during 2013.[9] This computes to 1 visit for every 1.8 residents of the county. Residents visited outpatient facilities located in a number of different Texas cities. According to the Texas Department of State Health Services, Scott & White Healthcare System

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[6] For information on the San Saba facility, see http://pecanvalleyresidence.com/.
[7] Nursing Home Compare Data, Centers for Medicare and Medicaid Services, retrieved August 16, 2015: https://data.medicare.gov/.
[8] See Nursing Home Compare, https://www.medicare.gov/nursinghomecompare/search.html.
[9] Texas Department of State Health Services, Outpatient Public Use Data Files, 2013.

facilities located in Temple and Llano received over half of the outpatient visits from San Saba County residents in 2013.

San Saba County residents also checked into hospitals for 601 inpatient visits during 2013. This equals 1 hospitalization for every 10 county residents. Residents checked into inpatient facilities located in Temple, Brownwood, and the Austin metropolitan area most often.[10]

Other Health Care Resources

Acadian Ambulance Services of Texas provides emergency medical services to San Saba County. Acadian is one of the nation's largest privately owned EMS operators employing 4,000 workers including Nationally Registered Emergency Medical Technicians (NREMTs). The company deploys over 400 ground ambulances, helicopters, fixed-wing airplanes, and van or bus transports stationed in Louisiana, Mississippi, and 35 Texas counties. Services are nationally accredited by the Commission on Accreditation of Ambulance Services.[11]

The Texas EMS & Trauma Registries report that Texas hospitals received 254 trauma patients from San Saba County over five years from 2010-2014. This computes to an average of 50.8 EMS trauma incidents per year. The most common trauma incidents were unintentional fall incidents at 49 percent.[12]

Department of State Health Services data for 2014 counts 29 EMS professionals in San Saba County. This yields a population ratio of 212 residents per EMS specialist, a favorable number compared to 295 residents per specialist in the 20-county study area and 438 for Texas overall.

Table 6 depicts the supply of key health professionals in San Saba County according to 2014 Department of State Health Services data. The data indicates an undersupply of health workers. The total of 146 professionals residing in San Saba County translates to one health worker per 42 residents. This ratio compares to one worker per 33 residents in the study region and one per 38 Texans statewide.

Based on population ratios, it appears the county is well supplied with low-level personnel such as certified nurse aides or licensed vocational nurses, while it is undersupplied with advanced practitioners such as physicians, physician assistants, and registered nurses. San Saba County

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[10] Texas Department of State Health Services, Inpatient Public Use Data Files, 2013.

[11] Information on Acadian Ambulance Service is available online at http://acadianambulance.com/ambulance.

[12] 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 provided in San Saba County.

joins many rural West Texas areas with no advanced professionals for behavioral health (psychiatrists, psychologists).

Table 6						
Selected Health Professionals by Geography, 2014						
Licensed or Certified Professionals	**Number in San Saba County (6,155 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	47	131	1,879	127	124,616	213
Dentists	2	3,078	70	3,422	12,767	2,082
Dieticians	0	No Supply	33	7,258	4,668	5,694
Emergency Medical Services	29	212	812	295	60,690	438
Licensed Chemical Dependency Counselors	1	6,155	87	2,753	9,285	2,863
Licensed Professional Counselors	2	3,078	158	1,516	20,655	1,287
Licensed Vocational Nurses	31	199	1,197	200	77,624	342
Marriage and Family Therapists	0	No Supply	12	19,961	3,149	8,441
Medication Aides	4	1,539	139	1,723	10,012	2,655
Occupational Therapists	0	No Supply	45	5,323	7,914	3,359
Optometrists	0	No Supply	18	13,307	3,272	8,124
Pharmacists	4	1,539	146	1,641	23,561	1,128
Physical Therapists	2	3,078	109	2,198	13,136	2,024
Physician Assistants	1	6,155	51	4,697	6,543	4,063
Physicians (Direct Patient Care)	1	6,155	357	671	47,289	562
Primary Care Physicians	1	6,155	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	15	410	1,696	141	206,027	129
Advanced Practice (APRN)	2	3,078	119	2,013	15,194	1,749
Social Workers	4	1,539	117	2,047	19,536	1,361
Total Selected Health Professionals	146	42	7,283	33	696,600	38

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 1,364 families residing in San Saba County over that time. Overall, the basic indicators of family and maternal health in the county are positive. The county has lower numbers of single-parent families, teen pregnancies, abortions, and births to unmarried women than the study region or the state.

Table 7 San Saba County Family and Maternal Health Indicators*				
Indicator	San Saba County	Study Region	Region 9	Texas
Divorce Rate (Annual Divorces as a Percent of Annual Marriages)	28.0	43.2	No Data	45.0
Percent Women Age 15 & Over who are Currently Divorced	10.1	12.4	No Data	12.2
Single-Parent Families (Percent of All Families)	11.3	13.1	No Data	15.6
Teen Pregnancy Rate (Pregnancies per 1,000 Females Age 13-17)	17.1	25.3	30.5	21.4
Teen Birth Rate (Births to Mothers Age 13-17 per 1,000 Same Age Females)	17.1	23.1	28.1	18.4
Abortion Rate (Abortions as a Percent of Pregnancies among Females Age 15-44)	4.7	9.8	9.0	15.6
Percent Births to Unmarried Mothers (Female Population Age 15-44)	43.0	44.6	45.9	42.3
Child Abuse Rate* (Confirmed Incidents of Abuse per 1,000 Children)	16.9	12.9	13.8	9.5
Intimate Violence Rate (Incidents of Family Violence & Sexual Assault per 1,000 Population)	5.5	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.

However, the rate of child abuse may be a concern to the community. The rate over the five year period from 2010-2014 was 16.9 victims per 1,000 children. This compares to a rate of 12.9 for the 20-county study region and 9.5 for the state overall.

Potentially Preventable Hospitalizations

Hospitalizations that would likely not occur if the individual had accessed and cooperated with appropriate outpatient healthcare are termed potentially preventable. 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.

Potentially Preventable Hospitalizations	San Saba County			Study Region			Texas		
	Number	Average Charge	Per Capita Charge	Number	Average Charge	Per Capita Charge	Number	Average Charge	Per Capita Charge
Bacterial Pneumonia	106	$25,672	$543	3,572	$20,816	$437	280,079	$36,925	$530
Dehydration	36	$14,686	$106	936	$3,222	$30	91,238	$21,706	$101
Urinary Tract Infection	46	$17,009	$156	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	64	$40,893	$522	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	62	$24,444	$303	2,857	$15,320	$264	253,148	$31,674	$411
Diabetes Short-term Complications	0	$0	$0	466	$2,952	$11	63,954	$26,913	$88
Diabetes Long-term Complications	0	$0	$0	1,285	$9,768	$86	134,630	$46,872	$323
All Hospitalizations	314	$26,003	$1,630	15,141	$21,483	$1,371	#######	$34,178	$2,512
Total Charges, 2008-2013		$8,165,061			$386,127,532			$49,010,136,451	

Table 8
Potentially Preventable Hospitalizations for Adult Residents of Texas, 2008-2013

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/.

San Saba County residents experienced 314 hospitalizations for potentially preventable conditions between 2008 and 2013. The preventable hospital stays stemmed from bacterial pneumonia, congestive heart failure, COPD, dehydration, and urinary tract infections. Associated hospital charges amounted to $8.2 million, approximately $1,630 per adult resident of the county.

Leading Causes of Death

The Department of State Health Services recorded 343 deaths from all causes among San Saba County residents between 2008 and 2012. This computes to a five-year crude death rate of 54.6 deaths per 1,000 residents based on the 2012 population estimate. This is higher than the Texas rate of 32 and the study region rate of 45.6 per 1,000 over the same time frame.

Table 9				
Leading Causes of Death in San Saba 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)	81	12.9	9.5	7.4
Malignant Neoplasms (ICD-10 Codes C00-C97)	70	11.1	9.6	7.0
Accidents (ICD-10 Codes V01-X59, Y85-Y86)	24	3.8	2.0	1.8
Chronic Lower Respiratory Diseases (ICD-10 Codes J40-J47)	20	3.2	2.7	1.7
Alzheimer's Disease (ICD-10 Code G30)	14	2.2	1.6	1.0
Essential (Primary) Hypertension and Hypertensive Renal Disease (ICD-10 Codes I10, I12)	14	2.2	0.5	0.3
Cerebrovascular Diseases (ICD-10 Codes I60-I69)	14	2.2	2.3	1.8
Septicemia (ICD-10 Codes A40-A41)	7	1.1	0.8	0.6
Influenza and Pneumonia (ICD-10 Codes J09-J18)	6	1.0	1.0	0.6
*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.				

Medical conditions classified as Diseases of the Heart top the list of the leading causes of death in San Saba County. The county has higher death rates than the study region on seven of the nine the leading causes depicted in Table 9. San Saba County has higher death rates than the overall state on all the leading causes.

SURVEY OF THE POOR AND EXTREMELY POOR IN WEST TEXAS

The Census Bureau's 2009-2013 5-Year American Community Survey data approximates that 4,734 residents of Kimble, McCulloch, Mason, Menard, Mills, and San Saba counties in the eastern part of the 20-county study region are living below the federal poverty level. This computes to a poverty rate of 16.3 percent for these five eastern counties combined. Moreover, the Census Bureau data indicates that some 1,664 or 35.1 percent of these residents are extremely poor, living with incomes less than half the poverty level.[13]

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.[14] A total of 597 interviews were completed, including 49 with residents of the six eastern counties in the study region: Kimble, McCulloch, Mason, Menard, Mills, and San Saba counties.[15] Respondents from the eastern counties had self-reported household incomes below the applicable federal poverty level. Approximately 33.3 percent were extremely poor with incomes equal to or below half of the applicable poverty level. They ranged in age from 22 to 80 with an average age of 52.5 years. About 75 percent were female. See Table 10 for a summary of the 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, served as the model for questions.[16] Indeed, the three-page questionnaire yielded 31 indicators which closely parallel similar items in the 2013 BRFSS results for Texas.

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[13] 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/.

[14] 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.

[15] 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 11.3% of extremely poor individuals in the study region resided in the eastern counties of Kimble, McCulloch, Mason, Menard, Mills, and San Saba. Reflecting this, we conducted 69 or 11.6% of the interviews in these counties.

[16] BRFSS interviews are conducted by telephone. In contrast, the interviews for this project were conducted by trained community-based interviewers in a face-to-face informal format. Information on Texas participation and results for the BRFSS is at http://www.dshs.state.tx.us/chs/brfss/default.shtm.

Table 10 Sample Characteristics*		
County of Residence		
Kimble	9	13.0%
McCulloch	5	7.2%
Mason	22	31.9%
Menard	10	14.5%
Mills	10	14.5%
San Saba	13	18.8%
Poverty Status		
Severly poor	23	33.3%
Poor	45	65.2%
Gender		
Male	17	24.6%
Female	52	75.4%
Ethnicity		
Not Hispanic	41	59.4%
Hispanic	28	40.6%
Age		
18-29	3	4.3%
30-39	8	11.6%
40-49	18	26.1%
50-64	27	39.1%
65 & Over	13	18.8%
Average Years of Age		52.5
Years of Schooling		
Less than 12	29	42.0%
12 or More	39	56.5%
Average Years of Schooling		11.0
Household Composition		
Single Person	8	11.6%
Single Parent	17	24.6%
Couples with Children**	13	18.8%
Couples without Children**	13	18.8%
Other***	18	26.1%
Average Household Size		2.4

*The sample size in the east counties was 69. Some frequencies and percentages reported do not sum to 69 or 100% because of missing data for selected variables.
**Couples may be married couples or unmarried partners.
***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.

The results in Table 11 below apply only to the eastern counties (Kimble, McCulloch, Mason, Menard, Mills, and San Saba) 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 east counties and the state overall. The first row of the table, for instance, reports that 35 individuals or 50.7 percent of the 69 survey participants from Kimble, McCulloch, Mason, Menard, Mills, and San Saba counties said they were limited by poor mental, physical, or emotional health conditions. Texas BRFSS results from a similar question[17] asked in 2013 estimate that only 13.2 percent of all adult residents in the five counties share this risk of impairment.

The 20 risk indicators in Table 11 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 eastern counties. Indeed, based on the comparisons to the BRFSS estimates, the vulnerable poor and extremely poor population experiences elevated risks that range from 18 percent higher (for being diagnosed with asthma) to 345 percent higher (for being diagnosed with kidney disease).

Other significant findings from the Survey of the Poor and Extremely Poor add context to some of the elevated risks indicated in Table 11. For instance, the 39.1 percent of poor and extremely poor residents who reported being a current smoker helps explain the elevated risk of COPD diagnosis (as well as other diagnosed diseases) in this vulnerable group.

Also, the 49.3 percent who reported not seeing a doctor because of cost indicates an elevated cost barrier to health care. Additional results from the survey suggest that a cost barrier to care may be more broadly shared among adults in the east counties. For instance, another item from the Survey indicates that 34.8 percent of respondents lack health insurance. This compares to the Census Bureau's 2013 estimate that 36.8 percent of all adults age 18-64 in Kimble, McCulloch, Mason, Menard, Mills, and San Saba counties are uninsured.[18]

The survey findings also indicate that 53.6 percent of the poor and extremely poor reported not seeing a dentist because of cost, 88.4 percent do not have dental insurance; 72.5 percent do not have a regular dentist; 31.9 percent have not had a routine dental checkup within the past five years; and 36.2 percent never had dental cleaning or x-rays.

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[17] The similar item in the BRFSS was 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.

[18] US Census Bureau, Small Area Health Insurance Estimates, retrieved September 29, 2015: http://www.census.gov/did/www/sahie/.

Table 11					
Health Risks of the Poor and Extremely Poor in North Counties with BRFSS Comparisons					
Risk Indicators	**Survey Results: East Counties***			**BRFSS Risk Comparisons****	
	Sample	**Population at Risk**	**Percent at Risk**	**East Counties**	**Texas**
Limited by poor physical, mental, or emotional health conditions	69	35	50.7	13.7	11.6
Could not see a doctor because of cost during past 12 months	69	34	49.3	20.1	19.3
Diagnosed high blood pressure	69	31	44.9	37.7	31.2
Diagnosed heart attack (myocardial infarction)	69	10	14.5	6.0	3.9
Diagnosed heart disease	69	11	15.9	7.7	5.7
Diagnosed stroke	69	7	10.1	4.3	2.5
Diagnosed cardiovascular disease	69	9	13.0	10.9	7.2
Diagnosed asthma	69	13	18.8	15.9	12.6
Diagnosed any cancer	69	8	11.6	9.1	9.0
Diagnosed COPD (incl. emphysema, chronic bronchitis)	69	12	17.4	5.4	5.4
Diagnosed arthritis, rheumatoid arthritis, gout, lupus, fibromyalgia	69	37	53.6	25.4	20.7
Diagnosed depression (major, chronic, minor)	69	31	44.9	15.3	16.0
Diagnosed kidney disease	69	7	10.1	2.3	3.1
Diagnosed diabetes	69	18	26.1	14.5	10.9
Morbidly Obese BMI => 35	69	17	24.6	11.3	12.7
Current smoker	69	27	39.1	18.8	15.9
Current smokeless tobacco user				8.1	4.3
Second-hand smoke exposure in home	69	19	28.8	11.0	13.7
Second-hand smoke exposure at work	69	9	19.6	13.4	18.9
Difficult to access fresh fruits & vegetables	69	18	26.1	10.3	7.7

*These columns report the Survey of the Poor & Extremely Poor in West Texas combined results for Kimble, McCulloch, Mason, Menard, Mills, and San Saba 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 Kimble, McCulloch, Mason, Menard, Mills, and San Saba counties.

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 east counties. For instance, 63.8 percent said they never had a colon/rectal exam.

Still other survey findings shine additional light on the indication in Table 11 of a 194 percent higher risk of poor and extremely poor adults being diagnosed with depression. Sizeable proportions of respondents also reported always, often, or sometimes feeling a fulfilling life is impossible (52.2%); avoiding situations out of nervousness, fear, or anxiety (66.2%); and feeling alone and not having much in common with people (52.9%).

Finally, Table 11 indicates that 26.1 percent of the poor and extremely poor have difficulty accessing grocery stores with fresh fruits and vegetables. This suggests a level of food insecurity that is more than double the BRFSS estimate of 10.3 percent lacking such access in the overall adult population of the eastern counties. It may also be associated with the higher obesity rate depicted in Table 11.

IDENTIFICATION AND PRIORITIZATION OF HEALTH NEEDS

Identification of Community Health Needs

The previous sections of this report summarize the findings relating to San Saba 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 San Saba County:

- Demographic Trend Data: Demographic projections of population growth in San Saba County were reviewed. Growth trends for vulnerable population groups were included in the review.
- Health Care Resources: Data and information on the supply of health care professionals, and other health care resources were reviewed.
- Family and Maternal Health: Indicators of family composition, domestic abuse data, and maternal health were reviewed.
- Leading Causes of Death: Data on leading causes of death were used to identify specific diseases associated with higher death rates in San Saba 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 Kimble, McCulloch, Mason, Menard, Mills, and San Saba counties.

It is important to affirm 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 San Saba County:

1. Needs of seniors.
   Increase capacity to address health needs of growing numbers of seniors in the population.
2. Shortage of core health professionals.
   Create a collaborative community effort to recruit and retain one or more health professionals in core shortage areas such as:
   - Physicians or Physician Assistants
   - Registered Nurse or Advanced Nurse Practitioner
   - Psychiatrist or Psychologist

3. Access to dental care.
   Increase capacity and access to quality dental care, especially by poor and extremely poor residents and households.
4. Behavioral health capacity and access.
   Increase capacity and access to quality behavioral health resources.
5. Preventative actions.
   Increase emphasis on preventative actions in treatment, case management, and community outreach and education to reduce prevalence of and mortality from:
   - Heart disease and cerebrovascular diseases
   - Cancer
   - COPD
   - Influenza and pneumonia
   - Septicemia
   - Kidney disease
   - Accidental deaths
   - Alzheimer's disease
   - Dehydration and urinary tract infections
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 tobacco use
   - Reduce depression
   - Reduce diabetes
   - Reduce kidney disease
   - Reduce heart disease and cerebrovascular diseases
   - Reduce cancer
   - Reduce cost barriers to treatment
   - Improve case management and outreach
   - Provide education to promote healthy living and wellness
7. Food security.
   Increase access to nutritious foods by poor and extremely poor individuals and households.

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 San Saba 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 San Saba County. Respondents ranked the needs based the specified criteria.

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

No responses ranking the identified needs for San Saba County were returned.