

Community Health Needs Assessment:

Health and Behavioral Health Needs Schleicher County, Texas

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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.



Schleicher County Courthouse - Eldorado, 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 Schleicher County.

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PREFACE

Community Development Initiatives at Angelo State University prepared this Community Health Needs Assessment for the people of Schleicher 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 Schleicher 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 Schleicher 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 Schleicher 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 Schleicher 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 SCHLEICHER COUNTY COMMUNITY

Schleicher County is a 1,309 square mile land area on the Edwards Plateau in West Central Texas. The county was established in 1887, but was not large enough to be organized until 1901. Eldorado, Texas was elected the county seat. Eldorado is still the largest community in Schleicher County.



Schleicher County has remained relatively rural. Eleven to twenty percent of the land is classified as prime farmland. Historically, stock-raising and crop production have been important to the county's economy. Schleicher County was significant in the Texas wool and mohair industry. The West Texas Woolen Mills opened in Eldorado in the early 1940s. Significant oil discoveries were made in Schleicher County in the late 1920s, enabling the county to improve county and school facilities.

Table 1 reports private industry and employment for Schleicher County in 2013. About 42 private industry establishments employed 427 county residents at an average pay rate of \$46,416. Private industry employees comprised approximately 80 percent of the county's 1,560 person labor force in 2013.¹

North American Industry Classification System (NAICS) Sectors	Annual Average Establishment Count	Annual Average Employment	Percent Total Employment	Average Annual Pay
All private industries	42	427	100	\$46,416
NAICS 11 Agriculture, forestry, fishing and hunting	15	28	7	\$27,400
NAICS 21 Mining, quarrying, and oil and gas extraction	7	265	62	\$55,418
NAICS 42 Wholesale trade	4	13	3	\$74,355
NAICS 44-45 Retail trade	6	43	10	\$19,219
NAICS 62 Health care and social assistance	4	64	15	\$36,828
NAICS 81 Other services, except public administration	6	14	3	\$15,485

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

The impact of activities in the oil and gas industries is readily evident from the industry and employment picture in Table 1. In 2013, just one North American Industry Classification System (NAICS) sector concentrated in mining, quarrying, and oil and gas extraction services (NAICS

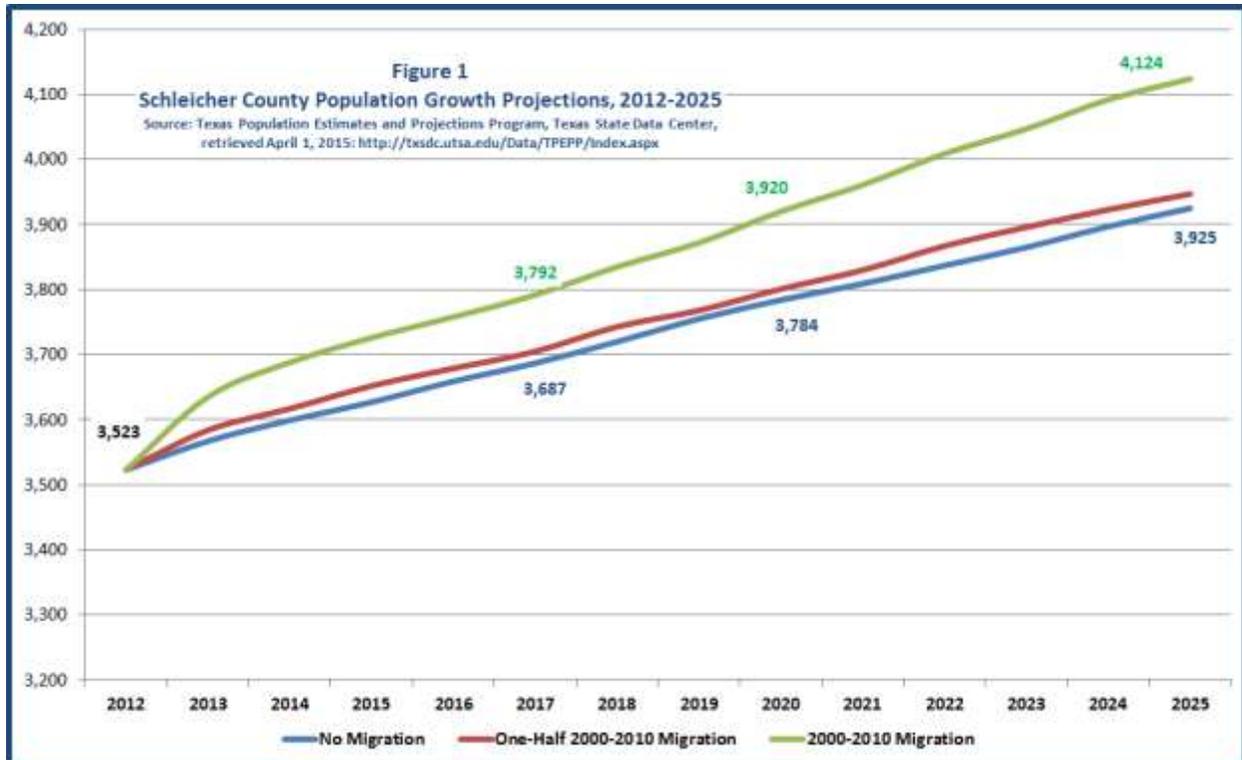
¹ The estimate of 1,560 labor force participants is from the US Census Bureau's 2009-2013 5-Year American Community Survey, retrieved November 5, 2015: <http://factfinder.census.gov>.

code 21) employed about 62 percent of the county's private industry employees. The average annual wage rate of employees in these sectors was \$55,418, about \$9,000 more than the average annual pay for all private industry employees.

In contrast, privately employed healthcare and social assistance workers (NAICS code 62) were few in number, and workers in this sector received an average annual rate of pay nearly \$9,000 less than the average annual pay for all private industry employees.

DEMOGRAPHICS

The Census Bureau's 2013 estimate of the Schleicher County resident population is 3,206.² The most recent official Texas estimate from the State Demographer is 3,523 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 Schleicher 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 3,523 residents in 2017, 3,792 by 2020, and 4,124 for 2025 (an overall 17% gain from 2012-2015).

Vulnerable Populations

Table 2 below shows the majority (54%) of the residents in Schleicher County identify as White, Non-Hispanic. The county's 1,588 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 50 residents, bringing the total minority population to 46 percent.

² From US Census Bureau, Population Division, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2013, retrieved November 6, 2015: <http://factfinder.census.gov>.

Groups	2012		2017		2020		2025	
White, Non-Hispanic	1,885	54%	1,977	52%	2,006	51%	2,028	49%
Total Minority	1,638	46%	1,815	48%	1,914	49%	2,096	51%
Hispanic	1,588	45%	1,763	46%	1,862	48%	2,045	50%
Black	32	1%	31	1%	31	1%	30	1%
Other	18	1%	21	1%	21	1%	21	1%
Total Population	3,523	100%	3,792	100%	3,920	100%	4,124	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, resulting in a "majority-minority" population in Schleicher County. The expectation is for the Hispanic segment of the community to steadily grow from 45 to 50 percent between 2012 and 2025 while the Non-Hispanic White population is expected to shrink proportionally.

Children under age 18 (numbering 1,090) made up 31 percent of the county's population in 2012 according to State estimates. Youngsters of school attendance age (5-17 years) comprised 74 percent of the children, while preschoolers accounted for 26 percent.

Groups	2012		2017		2020		2025	
All Children (under age 18)	1,090	100%	1,086	100%	1,058	100%	1,021	100%
School-age children (ages 5-17)	811	74%	846	78%	801	76%	735	72%
Pre-school-age children (under 5)	279	26%	240	22%	257	24%	286	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.

Projections estimate a decline in the child population by 2025. Despite the decline in the overall child population, pre-school toddlers are projected to steadily grow from 26 percent of children in 2012 to 28 percent in 2025.

According to 2012 State estimates, 497 senior citizens resided in the county. They comprised 14 percent of the total population. Hispanics (numbering 136) made up only 27 percent of the senior residents in the county.

Official State projections suggest brisk growth of the senior population to 22 percent by 2025. Elder residents are expected to nearly double (from 497 to 894) between 2012 and 2025.

Table 4								
Seniors: 2012 Estimate with Projections to 2025								
Groups	2012		2017		2020		2025	
Total Population	3,523	100%	3,792	100%	3,920	100%	4,124	100%
Seniors (65 & over)	497	14%	674	18%	776	20%	894	22%
Hispanic Seniors (65 & over)	136	27%	212	31%	250	32%	320	36%

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. The number of Hispanic seniors is expected to more than double between 2012 and 2025, increasing their representation within the elder population from 27 to 36 percent.

There is a one-to-one ratio of females to males in Schleicher County. 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 stay constant as a segment because the male population will grow at the same rate.

Table 5								
Females: 2012 Estimate with Projections to 2025								
Groups	2012		2017		2020		2025	
Total Population	3,523	100%	3,792	100%	3,920	100%	4,124	100%
Female (all ages)	1,764	50%	1,902	50%	1,959	50%	2,073	50%
Female (ages 13-17)	147	8%	163	9%	142	7%	158	8%
Hispanic Female (ages 13-17)	75	51%	80	49%	74	52%	78	49%

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 remain around 50 percent by 2025.

COMMUNITY HEALTH RESOURCES

The Schleicher County Hospital District anchors the county's health resources. Organized in 1967, the District Board entered into agreement with Preferred Management Corporation of Shawnee, Oklahoma to manage its facilities in 2000. In 2005, the Board opted to lease the facilities through Preferred Hospital Leasing Eldorado, Inc.³ The District Board retains oversight and responsibility for the financial viability of the District. The District's proposed tax rate for 2015 was 37.3 cents per \$100 valuation; 14.3 cents or 38 percent of the rate is designated for debt service.⁴

The Schleicher County Hospital District replaced its facilities in 2013 after county residents voted in favor of a \$17.37 million bond election in 2011. Records from the Texas Bond Review Board indicate that a principal amount of \$17.15 million remained outstanding on the District's general obligation bond at the end of the 2014 fiscal year.⁵

Facilities of the Hospital District today include Schleicher County Medical Center, a separate nursing home of the same name, and a Rural Health Clinic. The newly completed Critical Access Hospital provides short-term acute care, swing bed services, Level IV emergency room services, diagnostic imaging, and a laboratory.

Hospital Utilization, Revenue, and Charges

Schleicher County Medical Center reported 14 available staff beds in the 2012 Annual Survey of Hospitals.⁶ The number translates to availability of 4.0 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.⁷ One physician and once physician assistant are affiliated with the hospital. No comprehensive quality ratings or indicators for Schleicher County Medical Center are publicly available.

³ Preferred Management Corporation leases and operates six rural Texas hospitals. For information, see <http://www.preferredmanagementcorp.com/history>.

⁴ See "Special Districts in Schleicher County," Texas association of Counties, data retrieved November 9, 2015: <http://www.txcip.org/tac/census/sd.php?FIPS=48413>.

⁵ Texas Bond Review Board, data retrieved November 6, 2015: http://www.brb.state.tx.us/lgs_search.aspx?action=hhd.

⁶ 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/>.

⁷ 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.

The 86 annual admissions for 530 inpatient days reported for 2012 indicate underutilization at Schleicher County Medical Center. This computes to just 24.4 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 Schleicher County Medical Center indicates that only 10.3 percent of its staff bed capacity was used in 2012. This is about one-fourth of the 40.6 percent Staffed Occupancy Rate for the 13 hospitals across the region.

Table 6		
2012 Hospital Utilization, Revenue and Charges		
Service Geography	Schleicher County	Region
Utilization Measures		
Staff Beds	14	643
Admissions	86	21,832
Inpatient Days	530	95,593
Medicare Inpatient Days	93%	59.6%
Medicaid Inpatient Days	0%	12.9%
Average Daily Census	1.4	20.1
Average Length Stay	6.2	4.5
Staffed Occupancy Rate	10.3%	40.6%
Revenue & Charges		
Total Uncompensated Care	\$312,906	\$130,254,618
Bad Debt Charges	\$275,254	\$67,864,830
Charity Charges	\$37,652	\$62,389,788
Net Patient Revenue	\$4,356,236	\$401,687,575
Total Gross Patient Revenue	\$3,092,936	\$1,474,374,831
Gross Inpatient Revenue	\$551,791	\$664,983,937
Gross Outpatient Revenue	\$2,541,145	\$809,390,894
Percent of Gross Patient Revenue in Uncompensated Care	10.1%	8.8%
Population Measures		
Population Estimate	3,523	237,912
Staff Beds per 1,000 Population	4.0	2.7
Admissions per 1,000 Population	24.4	91.8
Inpatient Days per 1,000 Population	150.4	401.8
Per Capita Gross Patient Revenue	\$878	\$6,197
Per Capita Uncompensated Care	\$89	\$547
Source: Texas Department of State Health Services, Annual Survey of Hospitals, retrieved May 12, 2015: http://www.dshs.state.tx.us/chs/hosp/ .		

Underutilization is also reflected in the 2012 published data on revenues and charges at Schleicher County Medical Center. Gross patient revenue, on a per capita basis for 2012, amounted to \$878 per resident of the county. This was about one-seventh of \$6,197 per capita revenue in the combined 13 hospitals of the region.

In addition, Schleicher County Medical Center reported uncompensated care charges (mostly 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.

Discharge records from the Texas Department of State Health Services indicate that Schleicher County residents made 379 inpatient hospital stays during 2013, 68 percent of them in Tom Green County hospitals. Similarly, county residents made 1,868 visits to Texas outpatient facilities in 2013. Again, facilities in Tom Green County handled 62 percent of these outpatient events. At the same time, however, Schleicher residents comprised 584 (79%) of 731 outpatients served by Schleicher County Medical Center in 2013.⁸

Other Health Care Resources

A nursing home facility, also named Schleicher County Medical Center, provides services for long-term stays in the county. The nursing home is owned and operated by the Schleicher County Hospital District. The nursing home is certified for 34 beds. Centers for Medicare and Medicaid Services (CMS) data for 2015 indicate 31 residents, yielding an occupancy rate of 91 percent. This is a strong utilization number compared to the 71 percent occupancy rate for the 1,220 Texas nursing homes represented in the CMS Data.⁹

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.¹⁰

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

⁹ Nursing Home Compare Data, Centers for Medicare and Medicaid Services, retrieved August 16, 2015: <https://data.medicare.gov/>.

¹⁰ See the Nursing Home Compare database at <http://www.medicare.gov/nursinghomecompare/search.html>. Results reported here were retrieved on May 20, 2015. The Center’s “Above Average” rating was based on 2014 data reports on health inspections, staffing, and quality measures. Specifications for the rating system are in Centers for Medicare and Medicaid, “Design for Nursing Home Compare Five-Star Quality Rating System: Technical Users’ Guide,” February 2015, retrieved May 20, 2015: <http://www.cms.gov/Medicare/Provider-Enrollment-and-certification/CertificationandComplianc/Downloads/usersguide.pdf>.

Schleicher County Medical Center received an average or above average rating based on the 2015 CMS data for staffing levels, performance on health inspections, and the overall facility rating. However, the nursing home received below average rating for performance on quality of care.

Schleicher County Volunteer Emergency Medical Services is a non-profit organization providing EMS for Schleicher County. The Texas EMS & Trauma Registries report that Texas hospitals received 134 trauma patients from Schleicher County over five years from 2010-2014. This computes to an average of 27 EMS trauma incidents per year. The most common trauma incidents were unintentional fall incidents and unintentional motor vehicle incidents, each at 33.5 percent.

Data from the Department of State Health Services for 2014 counts 21 EMS professionals in Schleicher County. This yields a population ratio of 172 residents per EMS specialist, a favorable population ratio compared to 295 residents per specialist in the 20-county study area and 438 for Texas overall.

Schleicher is one of 19 counties served by Hill Country Mental Health and Developmental Disabilities (MHDD) Centers based in Kerrville. Hill Country MHDD maintains two satellite offices that serve Schleicher County, one in Junction (Kimble County) providing access to mental health services and another in Del Rio (Val Verde County) for intellectual and developmental disability (IDD) service access.¹¹

Table 7 depicts the supply of key health professionals in Schleicher County according to 2014 Department of State Health Services data. Based on population ratios in the table, it appears the county is well supplied with low-level personnel such as certified nurse aides or medication aides. It is undersupplied with advanced practitioners such as physicians, pharmacists, and registered nurses. Schleicher County joins many rural West Texas areas with no advanced professionals for oral (dentists) or behavioral health (psychiatrists, psychologists).

¹¹ See Hill Country MHDD Centers at <http://hillcountry.org/default.asp>.

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

Licensed or Certified Professionals	Number in Schleicher County (3,617 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	54	67	1,879	127	124,616	213
Dentists	0	No Supply	70	3,422	12,767	2,082
Dieticians	0	No Supply	33	7,258	4,668	5,694
Emergency Medical Services	21	172	812	295	60,690	438
Licensed Chemical Dependency Counselors	0	No Supply	87	2,753	9,285	2,863
Licensed Professional Counselors	1	3,617	158	1,516	20,655	1,287
Licensed Vocational Nurses	12	301	1,197	200	77,624	342
Marriage and Family Therapists	1	3,617	12	19,961	3,149	8,441
Medication Aides	6	603	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	0	No Supply	146	1,641	23,561	1,128
Physical Therapists	1	3,617	109	2,198	13,136	2,024
Physician Assistants	1	3,617	51	4,697	6,543	4,063
Physicians (Direct Patient Care)	2	1,809	357	671	47,289	562
Primary Care Physicians	2	1,809	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	11	329	1,696	141	206,027	129
Advanced Practice (APRN)	0	No Supply	119	2,013	15,194	1,749
Social Workers	1	3,617	117	2,047	19,536	1,361
Total Selected Health Professionals	113	32	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 814 families residing in Schleicher County during that time. Our calculations indicate that about 113 (13.9%) of these were single-parent (mostly female-parent) families with one or more children at home. This aligns with the percentage of single parent families in the 20-county study region. It is slightly lower than the number for the state overall.

Table 8				
Schleicher County Family and Maternal Health Indicators*				
Indicator	Schleicher County	Study Region	Region 9	Texas
Divorce Rate (Annual Divorces as a Percent of Annual Marriages)	83.3	43.2	No Data	45.0
Percent Women Age 15 & Over who are Currently Divorced	9.5	12.4	No Data	12.2
Single-Parent Families (Percent of All Families)	13.9	13.1	No Data	15.6
Teen Pregnancy Rate (Pregnancies per 1,000 Females Age 13-17)	17.5	25.3	30.5	21.4
Teen Birth Rate (Births to Mothers Age 13-17 per 1,000 Same Age Females)	14.0	23.1	28.1	18.4
Abortion Rate (Abortions as a Percent of Pregnancies among Females Age 15-44)	4.5	9.8	9.0	15.6
Percent Births to Unmarried Mothers (Female Population Age 15-44)	39.0	44.6	45.9	42.3
Child Abuse Rate* (Confirmed Incidents of Abuse per 1,000 Children)	9.6	12.9	13.8	9.5
Intimate Violence Rate (Incidents of Family Violence & Sexual Assault per 1,000 Population)	2.1	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>.

The ratio of divorces granted in the county compared to marriage licenses issued is high. Over the 2008-2012 time frame, the number of divorces totaled 83.3 percent of the number of marriage licenses. Generally, however, family and maternal health indicators are positive for the county.

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	Schleicher County			Study Region			Texas		
	Number	Average Charge	Per Capita	Number	Average Charge	Per Capita	Number	Average Charge	Per Capita
Bacterial Pneumonia	51	\$23,917	\$484	3,572	\$20,816	\$437	280,079	\$36,925	\$530
Dehydration	0	\$0	\$0	936	\$3,222	\$30	91,238	\$21,706	\$101
Urinary Tract Infection	37	\$11,951	\$175	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	30	\$31,736	\$378	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	81	\$21,532	\$692	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	199	\$21,900	\$1,729	15,141	\$21,483	\$1,371	#####	\$34,178	\$2,512
Total Charges, 2008-2013		\$4,358,149			\$386,127,532			\$49,010,136,451	

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/>.

Schleicher County residents experienced 199 hospitalizations for potentially preventable conditions between 2008 and 2013. These events stemmed from COPD, bacterial pneumonia, urinary tract infections, and congestive heart failure. Associated hospital charges amounted to \$4.4 million or approximately \$1,729 per adult resident of the county.

Leading Causes of Death

The Department of State Health Services recorded 132 deaths from all causes among Schleicher County residents between 2008 and 2012. This computes to a five-year crude death rate of 37.5 deaths per 1,000 residents based on the 2012 population estimate. This is slightly higher than the Texas rate of 32 per 1,000 over the same time frame. It is lower than the rate of 45.6 per 1,000 for the 20-county study region.

Table 10				
Leading Causes of Death in Schleicher County, 2008-2012				
Causes of Death	Deaths	Crude Death Rate*	Study Region Rate*	Texas Rate*
Malignant Neoplasms (ICD-10 Codes C00-C97)	45	12.8	9.6	7.0
Diseases of the Heart (ICD-10 Codes I00-I09, I11, I13, I20-I51)	21	6.0	9.5	7.4
Chronic Lower Respiratory Diseases (ICD-10 Codes J40-J47)	9	2.6	2.7	1.7
Alzheimer's Disease (ICD-10 Code G30)	6	1.7	1.6	1.0
*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 .				

Cancer tops list of the leading causes of death in Schleicher County. The county's crude death rate from malignant neoplasms is substantially higher than either the study region or the state. Deaths from the other three leading causes depicted in Table 10 are more closely aligned with rates for the study region and the state.

SURVEY OF THE POOR AND EXTREMELY POOR IN WEST TEXAS

The Census Bureau's 2009-2013 5-Year American Community Survey data approximates that 2,540 residents of Crockett, Reagan, Schleicher, Sutton, and Upton counties in the western part of the 20-county study region are living below the federal poverty level. This computes to a poverty rate of 14.4 percent for these five western counties combined. Moreover, the Census Bureau data indicates that some 1,208 or 47.6 percent of these residents are extremely poor, living with incomes less than half the poverty level.¹²

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.¹³ A total of 597 interviews were completed, including 49 with residents of the five western counties in the study region: Crockett, Reagan, Schleicher, Sutton, and Upton counties.¹⁴ Respondents from the five western counties had self-reported household incomes below the applicable federal poverty level. Approximately 38.8 percent were extremely poor with incomes equal to or below half of the applicable poverty level. They ranged in age from 20 to 77 with an average age of 48.1 years. Females made up 89.8 percent. See Table 11 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.¹⁵ Indeed, the three-page questionnaire yielded 31 indicators which closely parallel similar items in the 2013 BRFSS results for Texas.

¹² The combined rates of poverty and extreme poverty for the five 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/>.

¹³ 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/>.

¹⁴ 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 8.2% of extremely poor individuals in the study region resided in the western counties of Crockett, Reagan, Schleicher, Sutton, and Upton. Reflecting this, we conducted 49 or 8.2% of the interviews in these counties.

¹⁵ 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 11
Sample Characteristics*

County of Residence		
Crockett	16	32.7%
Reagan	0	0.0%
Schleicher	19	38.8%
Sutton	2	4.1%
Upton	12	24.5%
Poverty Status		
Severly poor	19	38.8%
Poor	29	59.2%
Gender		
Male	5	10.2%
Female	44	89.8%
Ethnicity		
Not Hispanic	15	30.6%
Hispanic	34	69.4%
Age		
18-29	7	14.3%
30-39	11	22.4%
40-49	4	8.2%
50-64	17	34.7%
65 & Over	10	20.4%
Average Years of Age	48.1	
Years of Schooling		
Less than 12	18	36.7%
12 or More	31	63.3%
Average Years of Schooling	11.2	
Household Composition		
Single Person	6	12.2%
Single Parent	9	18.4%
Couples with Children**	9	18.4%
Couples without Children**	17	34.7%
Other***	8	16.3%
Average Household Size	3.2	
*The sample size in the western counties was 49. Some frequencies and percentages reported do not sum to 49 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 12 below apply only to the western counties (Crockett, Reagan, Schleicher, Sutton, and Upton) 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 west counties and the state overall. The first row of the table, for instance, reports that 15 individuals or 30.6 percent of the 49 extremely poor survey participants from Crockett, Reagan, Schleicher, Sutton, and Upton counties said they were limited by poor mental, physical, or emotional health conditions. Texas BRFSS results from a similar question¹⁶ asked in 2013 estimate that only 13.2 percent of all adult residents in the five counties share this risk of impairment.

Table 12					
Health Risks of the Poor and Extremely Poor in West Counties with BRFSS Comparisons					
Risk Indicators	Survey Results: West Counties*			BRFSS Risk Comparisons**	
	Sample	Population at Risk	Percent at Risk	West Counties	Texas
Limited by poor physical, mental, or emotional health conditions	49	15	30.6	13.2	11.6
Could not see a doctor because of cost during past 12 months	49	21	42.9	19.8	19.3
Diagnosed heart disease	49	7	14.3	7.3	5.7
Diagnosed cardiovascular disease	49	7	14.3	10.2	7.2
Diagnosed asthma	49	9	18.4	15.4	12.6
Diagnosed COPD (incl. emphysema, chronic bronchitis)	49	9	18.4	5.0	5.4
Diagnosed arthritis, rheumatoid arthritis, gout, lupus, fibromyalgia	49	17	34.7	23.7	20.7
Diagnosed depression (major, chronic, minor)	49	14	28.6	14.8	16.0
Diagnosed kidney disease	49	3	6.1	2.1	3.1
Diagnosed diabetes	49	9	18.4	13.8	10.9
Morbidly Obese BMI => 35	49	7	14.3	11.6	12.7
Current smoker	49	12	24.5	18.6	15.9
Current smokeless tobacco user				8.3	4.3
Binge drinking	49	10	20.4	15.1	16.7
Difficult to access fresh fruits & vegetables	49	11	22.4	9.9	7.7

*These columns report the Survey of the Poor & Extremely Poor in West Texas combined results for Crockett, Reagan, Schleicher, Sutton, and Upton 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 West Counties are risk-adjusted by Community Development Initiatives at Angelo State University to account for the specific demographic characteristics of Crockett, Reagan, Schleicher, Sutton, and Upton counties.

The 14 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 western counties. Indeed, based

¹⁶ 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.

on the comparisons to the BRFSS estimates, the vulnerable poor and extremely poor population experiences elevated risks that range from 19 percent higher (for being diagnosed with asthma) to 265 percent higher (for being diagnosed with COPD).

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 24.5 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 42.9 percent who reported not seeing a doctor because of cost indicates an elevated cost barrier to health care. Additional results from the survey expand on this by indicating that 40.8 percent of survey respondents lack health insurance. This compares to the Census Bureau's 2013 estimate that 27.1 percent of all adults age 18-64 in Crockett, Reagan, Schleicher, Sutton, and Upton counties are uninsured.¹⁷

The survey findings also indicate that 83.7 percent of the poor and extremely poor do not have dental insurance; 69.4 percent do not have a regular dentist; 47 percent have not had a routine dental checkup within the past five years; and 28.6 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 west counties. For instance, 67.3 percent said they never had a colon/rectal exam.

Still other survey findings shine additional light on the indication in Table 12 of a 94 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 (44.9%); avoiding situations out of nervousness, fear, or anxiety (71.4%); and feeling alone and not having much in common with people (58.3%).

Finally, Table 12 indicates that 22.4 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 9.9 percent lacking such access in the overall adult population of the western counties. It may also be associated with the higher obesity rate depicted in Table 12.

¹⁷ US Census Bureau, Small Area Health Insurance Estimates, retrieved September 29, 2015: <http://www.census.gov/did/www/sahie/>.

IDENTIFICATION AND PRIORITIZATION OF HEALTH NEEDS

Identification of Community Health Needs

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

- **Demographic Trend Data:** Demographic projections of population growth in Schleicher 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 Schleicher County Medical Center were analyzed.
- **Other Health Care Resources:** Data and information on the supply of health care professionals, nursing homes, and emergency medical services 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 Schleicher 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 Crockett, Reagan, Schleicher, Sutton, and Upton 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 Schleicher County:

1. Needs of seniors.
Increase capacity to address health needs of growing numbers of seniors in the population.
2. Hospital District utilization and financial sustainability.
Create a community-engaged strategy to ensure long-term financial sustainability of Schleicher County Hospital District facilities by increasing hospital utilization and

continuing improvement of nursing home quality of care to increase capacity to meet significant long-term debt obligations.

3. Emergency Medical Services.

Continue developing capacity to provide EMS to all county residents.

4. 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:

- Dentists
- Physicians
- Pharmacists
- Advanced Nurse Practitioners or RNs
- Psychiatrists or Psychologists

5. Access to dental care.

Increase capacity and access to quality dental care, especially by poor and extremely poor residents and households.

6. Behavioral health capacity and access.

Increase capacity and access to quality behavioral health resources.

7. 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
- Alzheimer's disease

8. 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 cost barriers to treatment
- Improve case management and outreach
- Provide education to promote healthy living and wellness

9. 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 Schleicher 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 Schleicher County. Respondents ranked the needs based the specified criteria. A total of four responses ranking the identified needs for Schleicher 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 Schleicher 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 4.50 on the five-point scale. The averages for significance, impact, and feasibility were 4.25, 4.25, and 4.00 respectively. Applying the formula yields an adjusted average of 5.25, making the long-term financial sustainability of the hospital district facilities the highest ranking community need for Schleicher County.

Three additional top priorities recognize the importance of improvements to the delivery of health care services. These include: improving the quality of nursing home care and capacity to provide EMS (2nd), and recruiting and retaining core health professionals for primary care (5th) and dentists (tied for 7th).

In addition, five top priorities emphasize preventative actions in the community to reduce heart and vascular diseases (3rd), cancer (4th), and COPD (tied for 9th), as well as outreach to vulnerable groups with preventative actions to reduce obesity and diabetes (both tied for 9th). Vulnerable populations are the topic of the two remaining top priorities, including the health needs of growing numbers of seniors (6th), as well as access to nutritious foods (tied for 7th).

Community Health Need	Respondents	Prevalence	Significance	Impact	Feasibility	Adjusted Average
Create a community-engaged strategy to ensure long-term financial sustainability of Schleicher County Hospital District facilities by increasing hospital utilization and improving nursing home quality of care	4	4.50	4.25	4.25	4.00	5.25
Improve the quality of Nursing Home care and capacity to provide EMS to all county residents	4	4.50	4.25	4.00	3.75	5.06
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Heart & Vascular Diseases	4	5.00	4.25	4.50	3.00	4.94
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Cancer	4	4.75	4.25	4.25	3.00	4.81
Create an engaged process for recruiting & retaining core health professionals for Primary Care, including Physicians, Advanced Nurse Practitioners & Registered Nurses	8*	4.63	3.75	4.00	3.38	4.78
Increase capacity to address health needs of Seniors	4	4.25	3.75	4.25	3.00	4.56
Increase the Food Security of vulnerable populations by increasing access to nutritious foods	4	4.50	4.00	4.50	2.50	4.50
Create an engaged process for recruiting & retaining core health professionals including Dentists	4	4.50	3.75	3.75	3.00	4.50
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce COPD	4	4.50	4.00	4.25	2.50	4.44
Increase community capacity to reach vulnerable groups with preventative actions to reduce Obesity	4	4.25	4.00	4.50	2.50	4.44
Increase community capacity to reach vulnerable groups with preventative actions to reduce Diabetes	4	4.25	4.00	4.50	2.50	4.44
Increase community capacity to reach vulnerable groups with preventative actions to promote Healthy Living & Wellness	4	4.00	4.00	4.50	2.50	4.38
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Alzheimer's Disease	4	4.25	3.75	4.25	2.50	4.31
Increase capacity and access to quality Behavioral Health resources	4	4.50	3.25	4.00	2.50	4.19
Increase community capacity to reach vulnerable groups with preventative actions to reduce Cost & Other Barriers to treatment	4	4.25	3.25	4.25	2.50	4.19
Increase community capacity to reach vulnerable groups with preventative actions to improve Case Management & Outreach	4	4.25	3.50	4.00	2.50	4.19
Create an engaged process for recruiting & retaining core health professionals including Psychiatrists & Psychologists	4	4.25	3.25	4.00	2.50	4.13
Increase community capacity to reach vulnerable groups with preventative actions to reduce Smoking & Tobacco Use	4	3.75	3.50	4.25	2.50	4.13
Increase community capacity to reach vulnerable groups with preventative actions to reduce Depression	4	3.75	3.25	4.25	2.50	4.06
Create an engaged process for recruiting & retaining core health professionals including Pharmacists	4	4.25	3.00	3.00	2.75	3.94
Increase capacity and access to quality Dental Care, especially by poor and extremely poor residents and households	4	4.50	3.00	3.25	2.25	3.81

* This row combines four responses to two separate items in the prioritization instrument. Thus, the averages represent eight responses given by only four individual key informants and stakeholders.