

# Community Health Needs Assessment:

## Health and Behavioral Health Needs Sutton 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.



Sutton County Courthouse - Sonora, 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 Sutton County.

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## PREFACE

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

Sutton County is a 1,455 square mile land area on the western edge of the Edwards Plateau in West Texas. The county was established in 1887. Originally, Sutton County residents elected the town of Wentworth as the county seat; however, in 1890 the town of Sonora won the title. Wentworth is now a ghost town. Currently, Sonora is the largest community in Sutton County.



The economy in Sutton County was based on agriculture, mainly sheep and goat ranching. The stock raised in the county became important to the production of wool and mohair. Because of the success of agricultural production and the presence of a railroad line, Sutton County grew rapidly. By the late 1920s, the rapid growth resulted in soil erosion and overgrazing. This destruction and the onset of the Great Depression halted population growth and development. The oil and gas industry began small-scale production in Sutton County in the 1920s. Oil and gas production peaked in the 1970s, causing economic growth and development.

In 1946 the state established the Edwards Plateau Soil Conservation District. The district covered Sutton County and part of Edwards County. The district devised soil and water conservation plans in order to preserve and reinvigorate the natural landscape of Sutton County.

Table 1 reports private industry and employment for Sutton County in 2013. About 156 private industry establishments employed nearly 1,928 county residents at an average pay rate of \$72,860. Private industry employees comprised approximately 80 percent of the county's 1,848 person labor force in 2013.<sup>1</sup>

In 2013, only two NAICS sectors (NAICS codes 21 and 42) employed the majority of the county's private industry employees. NAICS sectors concentrating in mining, quarrying, and oil and gas extraction as well as wholesale trade each employed 31 percent of the county's private industry employees.

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<sup>1</sup> The estimate of 1,848 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>.

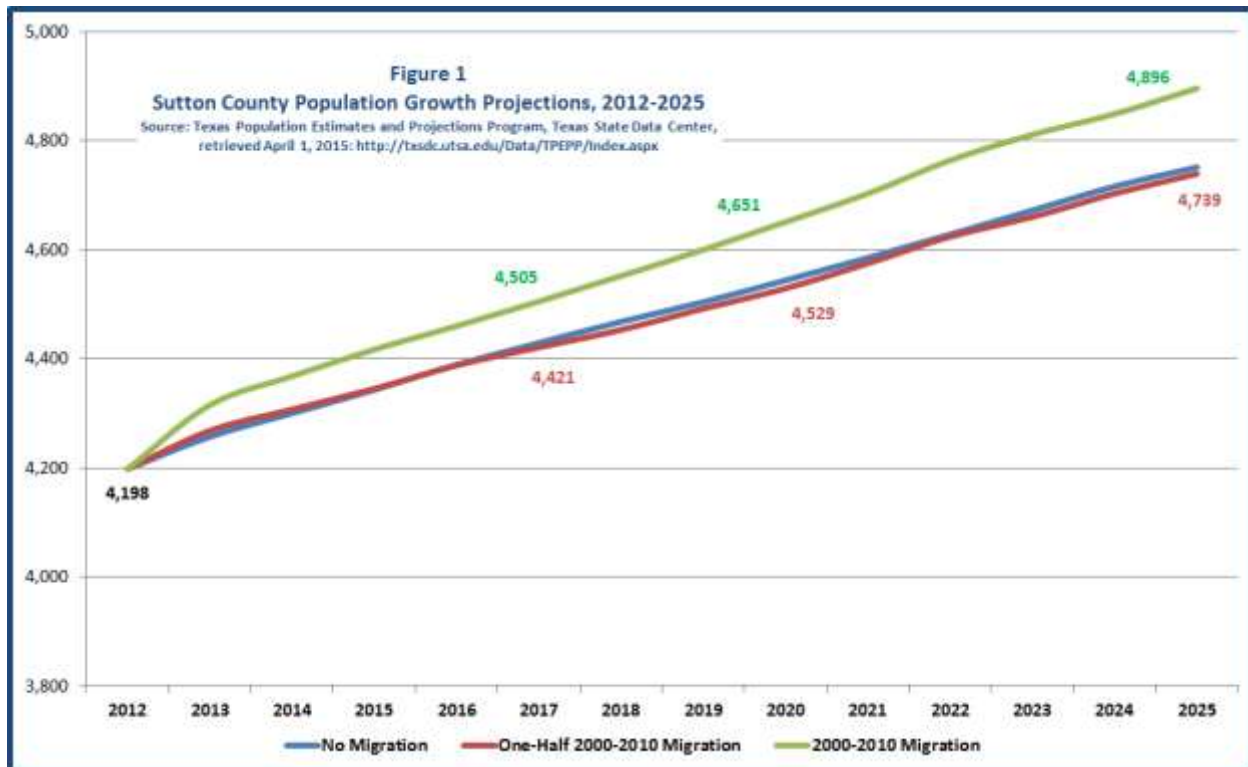
<b>Table 1</b>				
<b>Sutton County Private Industry &amp; Employment, 2013</b>				
<b>North American Industry Classification System (NAICS) Sectors</b>	<b>Annual Average Establishment Count</b>	<b>Annual Average Employment</b>	<b>Percent Total Employment</b>	<b>Average Annual Pay</b>
All private industries	156	1,928	100	\$72,861
NAICS 11 Agriculture, forestry, fishing and hunting	30	67	3	\$23,471
NAICS 21 Mining, quarrying, and oil and gas extraction	19	601	31	\$101,404
NAICS 23 Construction	16	153	8	\$64,376
NAICS 31-33 Manufacturing	5	75	4	\$90,307
NAICS 42 Wholesale trade	13	590	31	\$89,607
NAICS 44-45 Retail trade	21	162	8	\$20,535
NAICS 54 Professional and technical services	11	26	1	\$39,391
NAICS 56 Administrative and waste services	6	21	1	\$26,838
NAICS 71 Arts, entertainment, and recreation	5	16	1	\$22,425
NAICS 72 Accommodation and food services	13	182	9	\$13,730
NAICS 81 Other services, except public administration	17	35	2	\$19,908

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

The average annual wage rates of employees in these sectors, as well as those in manufacturing (NAICS Codes 31-33) were much higher than the average annual pay for the county's private industry workers. Health and social service workers, in contrast, were not a significant part of the county's private industry workforce.

## DEMOGRAPHICS

The Census Bureau’s 2013 estimate of the Sutton County resident population is 4,006.<sup>2</sup> The most recent official Texas estimate from the State Demographer is 4,198 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 Sutton 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 4,505 residents in 2017, 4,651 by 2020, and 4,896 for 2025 (an overall 17% gain from 2012-2015).

### Vulnerable Populations

Sutton County has a “majority-minority” population as described in Table 2 below. The county’s 2,546 Hispanic residents comprised the majority (60%) of the population in 2012 according to estimates of the State Demographer. Black citizens and other minorities added another 34 residents, bringing the total minority population to 61 percent.

<sup>2</sup> From US Census Bureau, Population Division, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2013, retrieved November 5, 2015: <http://factfinder.census.gov>.

<b>Table 2</b>								
<b>Race &amp; Ethnicity: 2012 Estimate with Projections to 2025</b>								
Groups	2012		2017		2020		2025	
White, Non-Hispanic	1,652	39%	1,665	37%	1,646	35%	1,624	33%
Total Minority	2,546	61%	2,840	63%	3,005	65%	3,272	67%
Hispanic	2,512	60%	2,811	62%	2,976	64%	3,243	66%
Black	6	0%	6	0%	6	0%	6	0%
Other	28	1%	23	1%	23	0%	23	0%
Total Population	4,198	100%	4,505	100%	4,651	100%	4,896	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 60 to 66 percent between 2012 and 2025. All other race and ethnic groups are projected to decrease proportionately.

Children under age 18 (numbering 1,098) made up 26 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.

<b>Table 3</b>								
<b>Children: 2012 Estimate with Projections to 2025</b>								
Groups	2012		2017		2020		2025	
All Children (under age 18)	1,098	100%	1,113	100%	1,114	100%	1,174	100%
School-age children (ages 5-17)	786	72%	810	73%	792	71%	818	70%
Pre-school-age children (under 5)	312	28%	303	27%	322	29%	356	30%

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 increase in the number of children in Sutton County, but the child population will decrease in representation to 24 percent by 2025. Despite the decline in the overall child population, pre-school toddlers are projected to slightly grow from 28 percent of children in 2012 to 30 percent in 2025.

The county was home to 637 senior citizens in 2012 according to State estimates. They comprised 15 percent of the total population. Hispanics (numbering 277) made up 43 percent of the senior residents in the county.



<b>Table 4</b>								
<b>Seniors: 2012 Estimate with Projections to 2025</b>								
Groups	2012		2017		2020		2025	
Total Population	4,198	100%	4,505	100%	4,651	100%	4,896	100%
Seniors (65 & over)	637	15%	816	18%	947	20%	1,146	23%
Hispanic Seniors (65 & over)	277	43%	380	47%	462	49%	596	52%

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

Official State projections suggest brisk growth of the senior population to 23 percent by 2025. Elder residents are expected to nearly double (from 637 to 1,146) between 2012 and 2025.

Hispanics, once again, will account for much of the increase. The number of Hispanic seniors is expected to more than double between 2012 and 2025, increasing their representation within the elder population from 43 to 52 percent.

There are 1.02 females in Sutton County for every male. Women and girls comprised 51 percent of the population according to the State Demographer's 2012 population estimates. Projections indicate the female population will slowly increase in number through 2025, but slightly decrease as a segment (from 51% to 50%) because the overall population is set for faster growth.

<b>Table 5</b>								
<b>Females: 2012 Estimate with Projections to 2025</b>								
Groups	2012		2017		2020		2025	
Total Population	4,198	100%	4,505	100%	4,651	100%	4,896	100%
Female (all ages)	2,121	51%	2,245	50%	2,305	50%	2,432	50%
Female (ages 13-17)	137	6%	179	8%	146	6%	161	7%
Hispanic Female (ages 13-17)	89	65%	121	68%	112	77%	125	78%

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 steadily increase from 65 percent to 78 percent by 2025.

## COMMUNITY HEALTH RESOURCES

The Sutton County Hospital District anchors the county's health resources. The Hospital District's 2014 tax rate of 16.49 cents per \$100 of the county's taxable property base produced a total tax levy of nearly \$1.1 million in 2014.<sup>3</sup> Endowment income originating the bequest of local philanthropist and rancher also helps support the facilities of the District.<sup>4</sup>

Today, the facilities of the Hospital District include a modernized (in 2005) Lillian M. Hudspeth Memorial Hospital offering critical access short-term acute care and adult Level IV emergency room services, physical therapy, and a wellness center. More recently in 2010, the District added a \$6.2 million Diagnostic Center housing MRI, GI lab and procedure space, and mammography technology for specialty clinics in cardiology, neurosurgery, nephrology, and orthopedics, and cancer screening and prevention. A specialist on call provides teleneurology to support local Sonora attending physicians in treating patients with stroke.

The District also operates the Sonora Medical Clinic, a designated Rural Health Clinic, and provides clinical services to residents of Edwards County via telemedicine. Sutton County leadership has shown laudable vision by early adoption of electronic health records in 2006, and by developing a strategy of acquiring residential properties and other means used to facilitate professional recruitment.

According to Centers for Medicare and Medicaid Services (CMS) data from 2011-2013, Lillian M. Hudspeth Memorial Hospital performed "As Expected" compared to similar hospitals on six patient safety indicators. Similarly, the hospital performed "As Expected" on one clinical quality measure focused on in-hospital mortality stemming from pneumonia. There were no reported in-hospital deaths from pneumonia during the 2012-2014 time periods.<sup>5</sup>

Beyond the six patient safety indicators and the clinical quality measure, no comprehensive quality of care rating for Lillian M. Hudspeth is publicly available.

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<sup>3</sup> "Special Districts in Sutton County," Texas Association of Counties, data retrieved November 6, 2015: <http://www.txcip.org/tac/census/sd.php?FIPS=48435>.

<sup>4</sup> Read the history of Sutton County's Lillian M. Hudspeth Memorial Hospital at <http://sonora-hospital.org/getpage.php?name=history&sub>About+Us>.

<sup>5</sup> Healthgrades uses Medicare inpatient data from the Medicare Provider Analysis and Review (MedPAR) database and Patient Safety Indicator software from the Agency for Healthcare Research and Quality (AHRQ) to calculate event rates for 13 patient safety indicators plus one patient safety event count. Patient safety indicators are serious, potentially preventable complications that occur during a patient's hospital stay. Healthgrades uses Centers for Medicare and Medicaid Services data for years 2012-2014. Only ratings for three clinical procedures and conditions are available for the Heart of Texas Memorial Hospital: heart failure, chronic obstructive pulmonary disease, and pneumonia. Data retrieved November 6, 2015: <http://www.healthgrades.com/hospital-directory/texas-tx-southern/lillian-m-hudspeth-memorial-hospital-hgst271a89c2451324>.

## Hospital Utilization, Revenue, and Charges

Lillian M. Hudspeth Memorial Hospital reported 12 available staff beds in the 2012 Annual Survey of Hospitals.<sup>6</sup> The number translates to a 2.9 staff beds per 1,000 residents of the county. This compares to 2.7 staff beds available per 1,000 residents in 13 acute care hospitals located in 10 counties across the 20-county study area.<sup>7</sup> Three local physicians and a family medicine physician assistant are affiliated with the hospital.

The 237 annual admissions for 645 inpatient days reported for 2012 indicates some degree of underutilization at Lillian M. Hudspeth Memorial Hospital. This computes to 56.5 admissions per 1,000 county residents and compares to 91.8 per 1,000 in the combined 13 hospitals within the study region. The Staffed Occupancy Rate for Lillian M. Hudspeth indicates that only 14.7 percent of its staff bed capacity was used in 2012. This is nearly one-third of the 40.6 percent Staffed Occupancy Rate for the 13 hospitals across the region.

Also, discharge records from the Texas Department of State Health Services indicate that Sutton County residents made 1,303 visits to Texas outpatient facilities in 2013, and facilities in Tom Green County handled 82 percent of these events. Similarly, records show Sutton residents experienced 565 inpatient hospital stays during 2013; 63 percent of them in Tom Green County hospitals. However, residents from Sutton County comprised 66 percent of 229 inpatients who checked into Lillian M. Hudspeth Memorial Hospital.<sup>8</sup>

The 2012 published data on revenues and charges at Lillian M. Hudspeth reveals a strong commitment to community through charity care. Forty-eight percent of the hospital's 2012 uncompensated care charges were charity, and total uncompensated care amounted to 16 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.

At the same time, Lillian M. Hudspeth's gross patient revenue, on a per capita basis, amounted to \$3,493 per resident of the county in 2012. This was about one-half of \$6,197 per capita revenue in the combined 13 hospitals of the region.

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<sup>6</sup> The Annual Survey of Hospitals is a cooperative project of the American Hospital Association, the Texas Hospital Association and the Texas Department of State Health Services. The Annual Survey of Hospitals reports for Texas are available at: <http://www.dshs.state.tx.us/chs/hosp/>.

<sup>7</sup> The 13 hospitals within the study region include Concho County Hospital, Kimble Hospital, Heart of Texas Healthcare System, Reagan County Memorial, Ballinger Memorial Hospital District, North Runnels Hospital, Schleicher County Medical Center, Lillian M. Hudspeth Memorial Hospital, San Angelo Community Medical Center, Shannon West Texas Memorial Hospital, McCamey Hospital, Rankin County Hospital District, and Val Verde Regional Medical Center.

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

<b>Table 6</b>		
<b>2012 Hospital Utilization, Revenue and Charges</b>		
<b>Service Geography</b>	<b>Lillian M. Hudspeth</b>	<b>Region</b>
<b>Utilization Measures</b>		
Staff Beds	12	643
Admissions	237	21,832
Inpatient Days	645	95,593
Medicare Inpatient Days	49%	59.6%
Medicaid Inpatient Days	8%	12.9%
Average Daily Census	1.8	20.1
Average Length Stay	2.7	4.5
Staffed Occupancy Rate	14.7%	40.6%
<b>Revenue &amp; Charges</b>		
Total Uncompensated Care	\$2,346,560	\$130,254,618
Bad Debt Charges	\$1,227,081	\$67,864,830
Charity Charges	\$1,119,479	\$62,389,788
Net Patient Revenue	\$7,565,128	\$401,687,575
Total Gross Patient Revenue	\$14,662,970	\$1,474,374,831
Gross Inpatient Revenue	\$2,233,457	\$664,983,937
Gross Outpatient Revenue	\$12,429,513	\$809,390,894
Percent of Gross Patient Revenue in Uncompensated Care	16.0%	8.8%
<b>Population Measures</b>		
Population Estimate	4,198	237,912
Staff Beds per 1,000 Population	2.9	2.7
Admissions per 1,000 Population	56.5	91.8
Inpatient Days per 1,000 Population	153.6	401.8
Per Capita Gross Patient Revenue	\$3,493	\$6,197
Per Capita Uncompensated Care	\$559	\$547
Source: Texas Department of State Health Services, Annual Survey of Hospitals, retrieved May 12, 2015: <a href="http://www.dshs.state.tx.us/chs/hosp/">http://www.dshs.state.tx.us/chs/hosp/</a> .		

## Other Health Care Resources

The Texas EMS & Trauma Registries report that Texas hospitals received 204 trauma patients from Sutton County over the five year period from 2010-2014. This computes to an average of 49 EMS trauma incidents per year. The most common trauma incidents were unintentional fall incidents at 49.5 percent.<sup>9</sup>

Sutton County EMS provides emergency medical services to for the county. In 2011, the EMS transitioned from a mostly volunteer service to a full time advanced life support service as a result of a partnership agreement between Sutton County and the Hospital District. The operations are managed by the Hospital District and both 911 and non-emergency transportation is available. The EMS is a Mobile Intensive Care capable service staffed by paramedics and EMTs. The service operates three emergency vehicles and a command vehicle, all equipped with state-of-the-art science technology.

Sutton County EMS also maintains both a continuing education program and a community outreach program. Beginning in 2012, the EMS, Hospital, and Sonora Medical Clinic began a collaborative Community Paramedic Program. This program offers in-home services to patients including safety and preventive health monitoring and medication reconciliation. The goal is to improve compliance with best practices for prevention to reduce complications from diabetes, heart disease, unintentional falls, unnecessary emergency visits, and readmissions.<sup>10</sup>

Data from the Department of State Health Services counts 16 EMS professionals in Sutton County. This yields a population ratio of 269 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.

Sutton 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 Sutton 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.<sup>11</sup>

Table 7 depicts the general supply of key health professionals in Sutton County according to

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<sup>9</sup> Data provided by the Injury Epidemiology & Surveillance Branch from the Texas EMS & Trauma Registries, Texas Department of State Health Services, June 2015. Since the data is based on incoming trauma patients to hospitals, the reported incidents may or may not have been handled by EMS services operated by Sutton County.

<sup>10</sup> For information on the Community Paramedic Program,, see [http://www.sonora-hospital.org/getpage.php?name=Emergency\\_Medical\\_Service&sub=Services](http://www.sonora-hospital.org/getpage.php?name=Emergency_Medical_Service&sub=Services).

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

2014 Department of State Health Services data. Population ratios suggest an overall undersupply of health professionals. The data lists a total of 81 practitioners in the county, yielding a population ratio of 53 residents per professional. This compares to 33 residents per professional in the study region and 38 in the state.

The county is relatively well supplied with some advanced practitioners such as physicians and physical therapists. However, Sutton County joins many rural West Texas areas with no advanced professionals for behavioral health (psychiatrists, psychologists) and an undersupply of advance practitioners for oral health (dentists).

Licensed or Certified Professionals	Number in Sutton County (4,307 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	17	253	1,879	127	124,616	213
Dentists	1	4,307	70	3,422	12,767	2,082
Dieticians	0	No Supply	33	7,258	4,668	5,694
Emergency Medical Services	16	269	812	295	60,690	438
Licensed Chemical Dependency Counselors	1	4,307	87	2,753	9,285	2,863
Licensed Professional Counselors	0	No Supply	158	1,516	20,655	1,287
Licensed Vocational Nurses	11	392	1,197	200	77,624	342
Marriage and Family Therapists	0	No Supply	12	19,961	3,149	8,441
Medication Aides	1	4,307	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	3	1,436	146	1,641	23,561	1,128
Physical Therapists	2	2,154	109	2,198	13,136	2,024
Physician Assistants	1	4,307	51	4,697	6,543	4,063
Physicians (Direct Patient Care)	5	861	357	671	47,289	562
Primary Care Physicians	4	1,077	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	18	239	1,696	141	206,027	129
Advanced Practice (APRN)	1	4,307	119	2,013	15,194	1,749
Social Workers	0	No Supply	117	2,047	19,536	1,361
<b>Total Selected Health Professionals</b>	<b>81</b>	<b>53</b>	<b>7,283</b>	<b>33</b>	<b>696,600</b>	<b>38</b>

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

## HEALTH STATUS

### Family and Maternal Health

The Census Bureau's 2009-2013 5-Year American Community Survey estimated 1,090 families residing in Sutton County over that time. Our calculations indicated that about 142 (13%) of these were single-parent (mostly female-parent) families with one or more children at home. This is aligned with the percent of single-parent families in the 20-county study region. It is slightly lower than the state overall.

<b>Table 8</b>				
<b>Sutton County Family and Maternal Health Indicators*</b>				
<b>Indicator</b>	<b>Sutton County</b>	<b>Study Region</b>	<b>Region 9</b>	<b>Texas</b>
<b>Divorce Rate</b> (Annual Divorces as a Percent of Annual Marriages)	62.8	43.2	No Data	45.0
<b>Percent Women Age 15 &amp; Over who are Currently Divorced</b>	11.1	12.4	No Data	12.2
<b>Single-Parent Families</b> (Percent of All Families)	13.0	13.1	No Data	15.6
<b>Teen Pregnancy Rate</b> (Pregnancies per 1,000 Females Age 13-17)	30.2	25.3	30.5	21.4
<b>Teen Birth Rate</b> (Births to Mothers Age 13-17 per 1,000 Same Age Females)	28.8	23.1	28.1	18.4
<b>Abortion Rate</b> (Abortions as a Percent of Pregnancies among Females Age 15-44)	10.9	9.8	9.0	15.6
<b>Percent Births to Unmarried Mothers</b> (Female Population Age 15-44)	45.1	44.6	45.9	42.3
<b>Child Abuse Rate*</b> (Confirmed Incidents of Abuse per 1,000 Children)	3.9	12.9	13.8	9.5
<b>Intimate Violence Rate</b> (Incidents of Family Violence & Sexual Assault per 1,000 Population)	3.7	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>.

Historically, the 30 counties in the Public Health Region 9 of West Texas have been high compared to the state in the number of teen pregnancies and births. Sutton County follows the trend. Its teen pregnancy and birth rates for 2008-2012 were aligned with Region 9, making them somewhat higher than the rates for the 20-county study region and the state. At the same time, the county's rates of child abuse and intimate violence were distinctly lower.



## 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	Sutton County			Study Region			Texas		
	Number	Average Charge	Per Capita	Number	Average Charge	Per Capita	Number	Average Charge	Per Capita
Bacterial Pneumonia	74	\$26,140	\$605	3,572	\$20,816	\$437	280,079	\$36,925	\$530
Dehydration	72	\$9,993	\$225	936	\$3,222	\$30	91,238	\$21,706	\$101
Urinary Tract Infection	35	\$32,637	\$358	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	63	\$24,270	\$479	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	75	\$25,831	\$606	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	30	\$40,824	\$383	1,285	\$9,768	\$86	134,630	\$46,872	\$323
All Hospitalizations	349	\$24,319	\$2,656	15,141	\$21,483	\$1,371	#####	\$34,178	\$2,512
<b>Total Charges, 2008-2013</b>		<b>\$8,487,213</b>			<b>\$386,127,532</b>			<b>\$49,010,136,451</b>	

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

Sutton County residents experienced 349 hospitalizations for potentially preventable conditions between 2008 and 2013. Preventable stays were associated with COPD, bacterial pneumonia, dehydration, congestive heart failure, urinary tract infections, and complications from diabetes. Related hospital charges amounted to \$8.5 million or approximately \$2,656 per adult resident of the county. This compares to \$1,371 in preventable hospital charges per adult resident of the 20-county study region and \$2,512 per adult Texan.

## Leading Causes of Death

The Department of State Health Services recorded 163 deaths from all causes among Sutton County residents between 2008 and 2012. This computes to a five-year crude death rate of 38.8 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.



<b>Table 10</b>				
<b>Leading Causes of Death in Sutton County, 2008-2012</b>				
<b>Causes of Death</b>	<b>Deaths</b>	<b>Crude Death Rate*</b>	<b>Study Region Rate*</b>	<b>Texas Rate*</b>
Malignant Neoplasms (ICD-10 Codes C00-C97)	36	8.6	9.6	7.0
Diseases of the Heart (ICD-10 Codes I00-I09, I11, I13, I20-I51)	26	6.2	9.5	7.4
Diabetes Mellitus (ICD-10 Codes E10-E14)	16	3.8	1.5	1.0
Cerebrovascular Diseases (ICD-10 Codes I60-I69)	9	2.1	2.3	1.8
Alzheimer's Disease (ICD-10 Code G30)	8	1.9	1.6	1.0
Influenza and Pneumonia (ICD-10 Codes J09-J18)	8	1.9	1.0	0.6
Chronic Lower Respiratory Diseases (ICD-10 Codes J40-J47)	8	1.9	2.7	1.7
*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: <a href="http://www.dshs.state.tx.us/chs/datalist.shtm">http://www.dshs.state.tx.us/chs/datalist.shtm</a> .				

Cancer (malignant neoplasms) tops the list of the leading causes of death in Sutton County. The county has lower death rates than the study region on four of the seven leading causes depicted in Table 10. However, Sutton County has higher death rates than the overall state on each of the seven 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 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.<sup>12</sup>

Between April and September 2015, Angelo State University's Community Development Initiatives and 72 organizations collaborated to complete detailed interviews with poor and extremely poor residents of the 20 counties in the study region.<sup>13</sup> 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.<sup>14</sup> 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.<sup>15</sup> Indeed, the three-page questionnaire yielded 31 indicators which closely parallel similar items in the 2013 BRFSS results for Texas.

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<sup>12</sup> 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/>.

<sup>13</sup> Residents were defined as extremely poor for the purposes of the interviews if their self-reported household income was near 50 percent or less of the applicable federal poverty level for 2015. They were deemed to be poor if self-reported household income was near or below the applicable 2015 poverty level. Based on the results of the 2009-2013 five-year combined samples of the Census Bureau's American Community Survey, we estimated that approximately 14,743 extremely poor individuals reside in the 20-county study region. See the US Census Bureau's 2009-2013 5-Year American Community Survey at <http://factfinder.census.gov/>.

<sup>14</sup> The number of interviews conducted in the respective counties was proportional to the estimated total of extremely poor population from the American Community Survey. Based on the American Community Survey, for instance, we estimated that 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.

<sup>15</sup> 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\***

<b>County of Residence</b>		
Crockett	16	32.7%
Reagan	0	0.0%
Schleicher	19	38.8%
Sutton	2	4.1%
Upton	12	24.5%
<b>Poverty Status</b>		
Severly poor	19	38.8%
Poor	29	59.2%
<b>Gender</b>		
Male	5	10.2%
Female	44	89.8%
<b>Ethnicity</b>		
Not Hispanic	15	30.6%
Hispanic	34	69.4%
<b>Age</b>		
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%
<b>Average Years of Age</b>		<b>48.1</b>
<b>Years of Schooling</b>		
Less than 12	18	36.7%
12 or More	31	63.3%
<b>Average Years of Schooling</b>		<b>11.2</b>
<b>Household Composition</b>		
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%
<b>Average Household Size</b>		<b>3.2</b>
<p>*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.</p>		

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 question<sup>16</sup> asked in 2013 estimate that only 13.2 percent of all adult residents in the five counties share this risk of impairment.

<b>Table 12</b>					
<b>Health Risks of the Poor and Extremely Poor in West Counties with BRFSS Comparisons</b>					
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

<sup>16</sup> 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.<sup>17</sup>

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.

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<sup>17</sup> 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 Sutton 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 Sutton County:

- **Demographic Trend Data:** Demographic projections of population growth in Sutton 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 Lillian M. Hudspeth Memorial Hospital 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 Sutton 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, Sutton, 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 Sutton County:

1. Needs of seniors.  
Increase capacity to address health needs of growing numbers of seniors in the population.
2. Hospital utilization.  
Create a community-engaged strategy to increase hospital utilization.

3. Shortage of core health professionals.  
Improve the collaborative community effort to recruit and retain health professionals in core shortage areas such as:
  - Dentists
  - Physicians or Physician Assistants
  - Advanced Nurse Practitioners or RNs
  - Psychiatrists or Psychologists
4. Access to dental care.  
Increase capacity and access to quality dental care, especially by poor and extremely poor residents and households.
5. Behavioral health capacity and access.  
Increase capacity and access to quality behavioral health resources.
6. Teen pregnancy reduction.  
Mobilize a collaborative community effort to reduce teen pregnancies.
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
  - Diabetes
  - Alzheimer's disease
  - Influenza and pneumonia
  - Urinary tract infections
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 Sutton 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 Sutton County. Respondents ranked the needs based the specified criteria. A total of four responses ranking the identified needs for Sutton 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 Sutton 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 4.50, 4.50, and 4.75 respectively. Applying the formula yields an adjusted average of 5.75, making health needs of increasing numbers of seniors in the population the highest ranking community need for Sutton County.

Respondents recognized the special needs of vulnerable populations in five additional priorities. In addition to the top need for seniors, these include: improving capacity to reach vulnerable populations with preventative actions to improve case management and outreach (3<sup>rd</sup>), to promote healthy living and wellness (5<sup>th</sup>), and to reduce cost and other barriers to treatment

(tied for 6<sup>th</sup>); as well as increasing access to nutritious foods (tied for 6<sup>th</sup>), and efforts to reduce teen pregnancies (9<sup>th</sup>).

<b>Table 13</b>						
<b>Prioritization of Sutton County Community Health Needs</b>						
<b>Community Health Need</b>	<b>Respondents</b>	<b>Prevalence</b>	<b>Significance</b>	<b>Impact</b>	<b>Feasibility</b>	<b>Adjusted Average</b>
Increase capacity to address health needs of Seniors	4	4.50	4.50	4.50	4.75	5.75
Create a community-engaged strategy to increase hospital utilization	4	5.00	4.50	4.50	4.25	5.63
Increase community capacity to reach vulnerable groups with preventative actions to improve Case Management & Outreach	4	4.50	4.25	4.00	4.25	5.31
Create an engaged process for recruiting & retaining core health professionals for Primary Care, including Physicians, Physician Assistants, Advanced Nurse Practitioners & Registered Nurses	8*	4.38	4.50	4.50	3.75	5.22
Increase community capacity to reach vulnerable groups with preventative actions to promote Healthy Living & Wellness	4	4.75	4.25	4.25	3.75	5.19
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Heart & Vascular Diseases	4	4.50	4.25	4.50	3.50	5.06
Increase community capacity to reach vulnerable groups with preventative actions to reduce Cost & Other Barriers to treatment	4	4.75	4.25	4.25	3.50	5.06
Increase the Food Security of vulnerable populations by increasing access to nutritious foods	4	4.25	4.00	3.50	4.25	5.06
Mobilize a collaborative community effort to reduce Teen Pregnancies	4	4.00	4.50	4.50	3.50	5.00
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Cancer	4	3.75	3.75	4.00	4.25	5.00
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Diabetes	4	4.50	4.25	4.25	3.00	4.75
Increase community capacity to reach vulnerable groups with preventative actions to reduce Obesity	4	4.00	4.25	4.00	3.25	4.69
Increase community capacity to reach vulnerable groups with preventative actions to reduce Diabetes	4	4.00	4.00	4.25	3.25	4.69
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce COPD	4	4.25	4.00	4.25	3.00	4.63
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Influenza & Pneumonia	4	3.25	4.00	3.75	3.75	4.63
Increase capacity and access to quality Behavioral Health resources	4	4.25	3.75	4.25	3.00	4.56
Increase community capacity to reach vulnerable groups with preventative actions to reduce Smoking & Tobacco Use	4	3.75	4.25	4.00	3.00	4.50
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Alzheimer's Disease	4	3.75	3.50	3.75	3.50	4.50
Increase community capacity to reach vulnerable groups with preventative actions to reduce Depression	4	4.00	4.00	3.75	3.00	4.44
Create an engaged process for recruiting & retaining core health professionals including Psychiatrists & Psychologists	4	4.75	3.75	3.75	2.25	4.19
Create an engaged process for recruiting & retaining core health professionals including Dentists	4	4.00	3.25	4.50	2.50	4.19
Increase capacity and access to quality Dental Care, especially by poor and extremely poor residents and households	4	4.00	3.50	3.75	2.75	4.19
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Urinary Tract Infections	4	2.75	3.50	3.00	3.00	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.

Respondents prioritized two additional needs for preventative actions in the community, including efforts to reduce heart and vascular diseases (tied for 6<sup>th</sup>) and to reduce cancer (tied for 9<sup>th</sup>).

The remaining top needs were increasing hospital utilization (2<sup>nd</sup>) and the recruitment and retention of primary care professionals (4<sup>th</sup>).