

# **Community Health Needs Assessment:**

## **Health and Behavioral Health Needs**

### **Upton County, Texas**

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



**Upton County Courthouse - Rankin, 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 Upton County.**

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## PREFACE

Community Development Initiatives at Angelo State University prepared this Community Health Needs Assessment for the people of Upton 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 Upton County Community Health Needs Assessment is a vital part of the regional project.

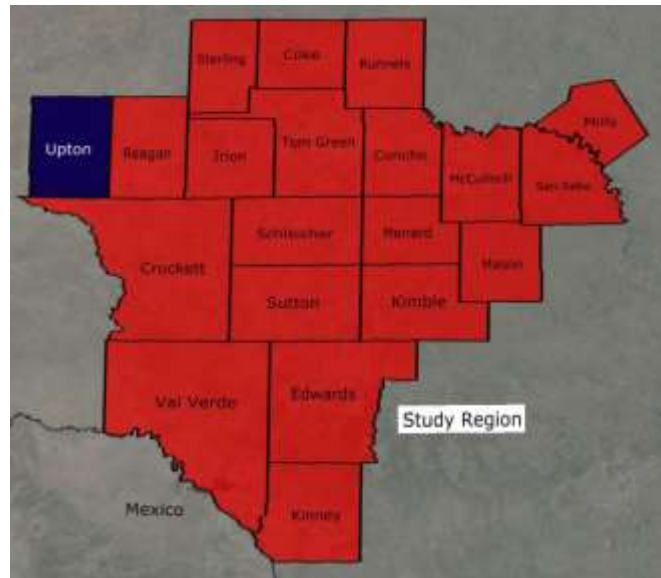
The research to assess the Health and Behavioral Health Needs of the Extremely Poor in West Texas was guided by a six-member advisory group including:

- 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 Upton 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 Upton 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 western part of the study region.
4. Identification and prioritization of health and behavioral health issues in Upton 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 UPTON COUNTY COMMUNITY

Upton County is a 1,241 square mile land area in the Permian Basin region of West Texas. The northern section of the county is flat while the southern section is hilly and has a number of small lakes. Rankin was made the county seat in 1921. The town is located on U.S. Highway 67. There are two other communities in Upton County: McCamey and Midkiff.



Upton County was originally a ranching community until the mid-1920s when oil was discovered in the county. Now the majority of the economic base in Upton County is from oil and gas service and production. However, crop production and livestock are still important to the local economy.

Table 1 reports private industry and employment for Upton County in 2013. About 90 private industry establishments employed nearly 1,005 county residents at an average pay rate of \$62,091. Private industry employees comprised approximately 68 percent of the county's 1,481 person labor force in 2013.<sup>1</sup>

Table 1 Upton County Private Industry & Employment, 2013				
North American Industry Classification System (NAICS) Sectors	Annual Average Establishment Count	Annual Average Employment	Percent Total Employment	Average Annual Pay
All private industries	66	1,005	100	\$71,487
NAICS 11 Agriculture, forestry, fishing and hunting	9	37	4	\$33,578
NAICS 21 Mining, quarrying, and oil and gas extraction	18	537	53	\$85,226
NAICS 23 Construction	8	126	13	\$59,013
NAICS 42 Wholesale trade	10	169	17	\$64,952
NAICS 48-49 Transportation and warehousing	12	85	8	\$67,218
NAICS 52 Finance and insurance	4	14	1	\$24,561
NAICS 62 Health care and social assistance	5	37	4	\$9,897

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 two North American Industry Classification System (NAICS) sectors concentrated in oil and gas extraction and transportation services (NAICS codes

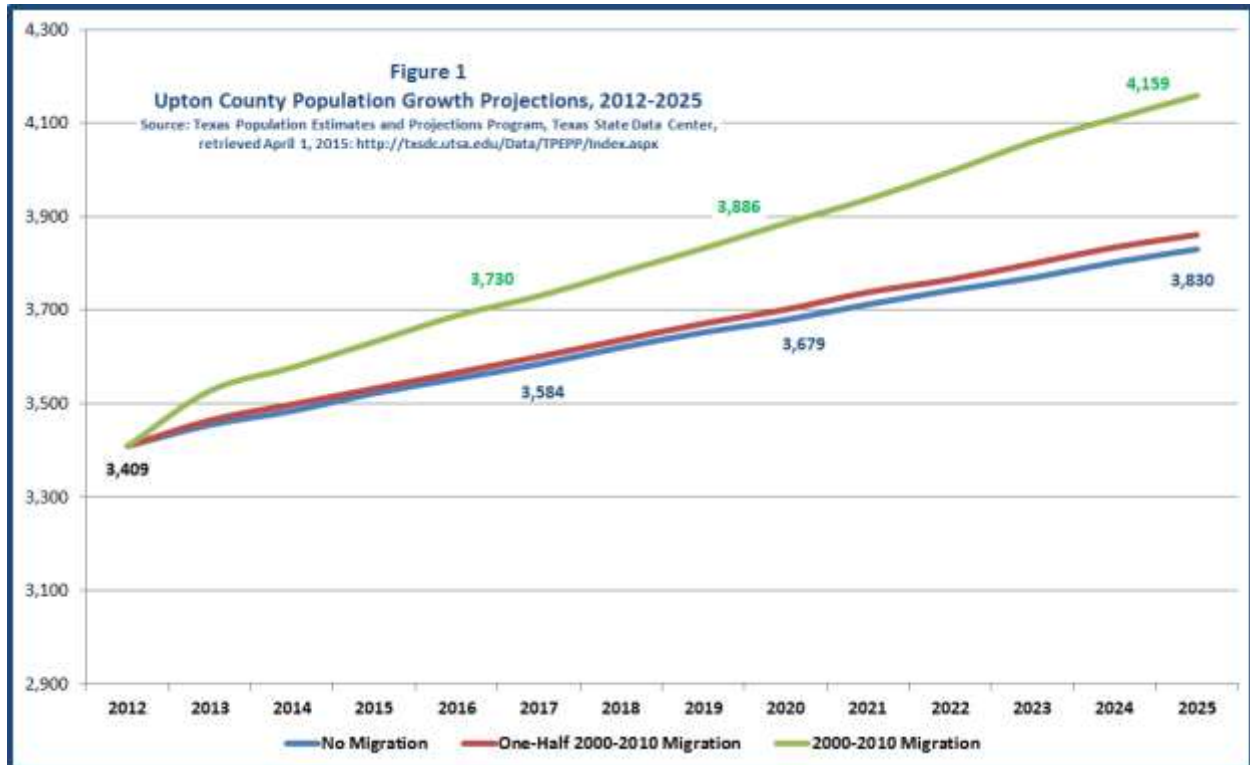
<sup>1</sup> The estimate of 1,481 labor force participants is from the US Census Bureau's 2009-2013 5-Year American Community Survey, retrieved April 1, 2015: <http://factfinder.census.gov>.

21 and 48-49) employed about 70 percent of the county's private industry employees. The average annual wage rate of employees in these sectors was \$76,222.

In contrast, privately employed healthcare and social assistance workers (NAICS code 62) were few in number, and the average annual rate of pay in that sector was more than seven times less than the average wage of workers in the oil and gas and transportation industries.

## DEMOGRAPHICS

The Census Bureau's 2013 estimate of the Upton County resident population is 3,372.<sup>2</sup> The most recent official Texas estimate from the State Demographer is 3,409 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 Upton 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 3,886 by 2020, and 4,159 by 2025.

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

## Vulnerable Populations

Upton County has a “majority-minority” population as described in Table 2 below. The county’s 1,704 Hispanic residents comprised the half of the population in 2012 according to estimates of the State Demographer. Black citizens and other minorities added another 95 residents, bringing the total minority population to 53 percent.

Groups	2012		2017		2020		2025	
White, Non-Hispanic	1,610	47%	1,679	45%	1,692	44%	1,704	41%
Total Minority	1,799	53%	2,051	55%	2,194	56%	2,455	59%
Hispanic	1,704	50%	1,953	52%	2,096	54%	2,356	57%
Black	46	1%	47	1%	48	1%	50	1%
Other	49	1%	51	1%	50	1%	49	1%
Total Population	3,409	100%	3,730	100%	3,886	100%	4,159	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 50 to 57 percent between 2012 and 2025. All other race and ethnic groups are projected to decrease proportionately.

Children under age 18 (numbering 928) made up 27 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.

Groups	2012		2017		2020		2025	
All Children (under age 18)	928	100%	974	100%	1,025	100%	1,062	100%
School-age children (ages 5-17)	671	72%	725	74%	762	74%	767	72%
Pre-school-age children (under 5)	257	28%	249	26%	263	26%	295	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.

The child population is expected to grow at the same rate as the rest of the population. The segment of school-age children is estimated to grow slightly to 74 percent during 2017 and 2020, but by 2025 the segment will decline to 72 percent.

The county was home to 516 senior citizens in 2012 according to State estimates. Seniors comprised 15 percent of the total population. Hispanics (numbering 167) made up 32 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	3,409	100%	3,730	100%	3,886	100%	4,159	100%
Seniors (65 & over)	516	15%	649	17%	748	19%	945	23%
Hispanic Seniors (65 & over)	167	32%	240	37%	302	40%	411	43%

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 516 to 945) 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 32 to 43 percent.

There is a one-to-one ratio of men to women in Upton 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 decrease as a segment (from 50% to 48%) 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	3,409	100%	3,730	100%	3,886	100%	4,159	100%
Female (all ages)	1,698	50%	1,843	49%	1,895	49%	2,011	48%
Female (ages 13-17)	124	7%	153	8%	163	9%	162	8%
Hispanic Female (ages 13-17)	65	52%	84	55%	83	51%	110	68%

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

Girls age 13-17 are particularly vulnerable to risks of teen pregnancy and a range of associated factors. According to the State estimates, Hispanic females comprise the majority (52%) of this segment of the population. By 2025, Hispanic females are estimated to grow to 68 percent of the population of girls ages 13-17.

## COMMUNITY HEALTH RESOURCES

The health resources in Upton County are divided between the two largest cities in the county: the Rankin County Hospital District based in the county seat of Rankin, and the McCamey County Hospital District based in McCamey.

Construction on a new hospital and wellness center in Rankin finished in June of 2015. Rankin County Hospital District is a short-term acute care hospital that provides two family practice clinics, a pharmacy, swing bed services, physical therapy, diagnostic testing, a wellness center, and Level IV emergency medical services.

The Hospital District is part of the Veterans Affairs Network. Veterans can receive care at one of the two family practice clinics provided by the Hospital District. The family clinics are located in Rankin and the neighboring county of Reagan.

McCamey County Hospital District finished construction on a new facility in the middle of 2015. The McCamey County Hospital District is a short-term acute care hospital that provides a rural health clinic, a separate nursing home, diagnostic testing, a pharmacy, and Level IV emergency medical services.

Both hospital districts had bond issues of approximately \$25 million each during 2013 and 2014 to pay for construction of the new facilities.<sup>3</sup> The Texas Bond Review Board's Local Government Annual Report for 2014 lists each of two Upton County districts among the top 10 issuers of tax-supported debt among Texas hospital districts. The Board estimated an \$11,119 per capita bond debt for the McCamey District and a \$16,919 per capita debt for the Rankin District.<sup>4</sup>

Records from the Texas Comptroller's Office for 2013 indicate a contrast in revenue to support the facilities and activities of the two districts. Even though the taxable value of properties in the McCamey County Hospital District is less than half of the taxable value of properties in the Rankin County Hospital District, the revenue (or levy) generated by the McCamey Hospital District (\$5,912,832) was 74 percent higher than the Rankin Hospital District (\$3,395,738). This was caused by the different tax rates in the two districts. Rankin County Hospital District rate (nearly 10 cents per \$100 of property value) was about 25 percent less than the McCamey County Hospital District's tax rate (nearly 46 cents per \$100 of property value).<sup>5</sup>

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<sup>3</sup> Texas Bond Review Board Database, data retrieved October 29, 2015: [http://www.brb.state.tx.us/lgs\\_search.aspx?action=hhd](http://www.brb.state.tx.us/lgs_search.aspx?action=hhd).

<sup>4</sup> The Texas Bond Review Board, Local Government Annual Report, 2014, Table 8.3, p. 80, retrieved October 30, 2015: <http://www.brb.state.tx.us/pub/lgs/fy2014/2014LocalARFinal.pdf>.

<sup>5</sup> See "Special District Rates and Levies," 2013, Texas Comptroller of Public Accounts, retrieved May 2, 2015: <http://www.window.state.tx.us/taxinfo/proptax/taxrates/>.

More recent information for 2014 indicates that each district increased tax rates and levies. Texas Association of Counties data show a 49.7 cent rate for McCamey Hospital District generating \$6.3 million in revenue. The data indicate a 15 cent rate for the Rankin District generating a levy of \$5.5 million<sup>6</sup>

## **Hospital Utilization, Revenue, and Charges**

Upton County hospital facilities reported availability of 24 staff beds in the 2012 Annual Survey of Hospitals.<sup>7</sup> The number translates to availability of 7 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>8</sup>

According to data from the Centers for Medicare and Medicaid Services (CMS) covering 2011-2013 patient safety indicators, both McCamey County Hospital and Rankin County Hospital performed “As Expected” compared to similar hospitals nationwide.<sup>9</sup> Beyond the 2011-2013 patient safety indicators, no comprehensive quality of care ratings or indicators for either of the Upton County hospitals are publicly available.

An initial indication of hospital underutilization is indicated by the combined 96 annual admissions for 678 inpatient days reported for 2012. This computes to just 28.2 admissions per 1,000 county residents and compares to 91.8 per 1,000 in the combined 13 hospitals within the study region. The combined Staffed Occupancy Rate for the Upton County hospital districts indicates that only 7.7 percent of its staff bed capacity was used in 2012. This is less than a quarter of the 40.6 percent Staffed Occupancy Rate for the 13 hospitals across the region.

Underutilization is also reflected in the 2012 published data on revenues and charges at Rankin Hospital and McCamey Hospital. The combined gross patient revenue, on a per capita basis for

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<sup>6</sup> Texas Association of Counties, County Information Program, retrieved October 29, 2013: <http://www.txcip.org/tac/census/sd.php?FIPS=48461>.

<sup>7</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>8</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>9</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. Data retrieved October 23, 2015.

2012, amounted to \$1,448 per resident of the county.<sup>10</sup> This was about one-fourth of \$6,197 per capita revenue in the combined 13 hospitals of the region. In addition, McCamey Hospital reported uncompensated care charges (most of which were accounted as “bad debt”) totaling 10.2 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. Rankin Hospital reported no uncompensated care charges.

In addition, Texas hospital usage data for 2013 shows that the vast majority of inpatient visits (75%) and outpatient visits (99%) by Upton County residents were to facilities located in the Midland/Odessa area.<sup>11</sup>

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<sup>10</sup> The gross patient revenue on a per capita basis for 2012 for Rankin Hospital (\$522.03) was 77 percent less than the gross patient revenue for McCamey (\$926.46).

<sup>11</sup> Texas Department of State Health Services, Inpatient & Outpatient Public Use Data Files, 2013.

<b>Table 6</b>				
<b>2012 Hospital Utilization, Revenue and Charges</b>				
<b>Hospital(s)</b>	<b>McCamey Hospital</b>	<b>Rankin County Hospital District</b>	<b>Upton County</b>	<b>Region</b>
<b>Utilization Measures</b>				
Staff Beds	14	10	24	643
Admissions	52	44	96	21,832
Inpatient Days	536	142	678	95,593
Medicare Inpatient Days	49%	0%	38.5%	59.6%
Medicaid Inpatient Days	1%	0%	1.2%	12.9%
Average Daily Census	1.5	0.4	1.9	20.1
Average Length Stay	10.3	3.2	7.1	4.5
Staffed Occupancy Rate	10.5%	3.9%	7.7%	40.6%
<b>Revenue &amp; Charges</b>				
Total Uncompensated Care	\$322,671	\$0	\$322,671	\$130,254,618
Bad Debt Charges	\$305,194	\$0	\$305,194	\$67,864,830
Charity Charges	\$17,477	\$0	\$17,477	\$62,389,788
Net Patient Revenue	\$4,652,196	\$1,920,486	\$6,572,682	\$401,687,575
Total Gross Patient Revenue	\$3,158,294	\$1,779,608	\$4,937,902	\$1,474,374,831
Gross Inpatient Revenue	\$407,578	\$1,013,507	\$1,421,085	\$664,983,937
Gross Outpatient Revenue	\$2,750,716	\$766,101	\$3,516,817	\$809,390,894
Percent of Gross Patient Revenue in Uncompensated Care	10.2%	0.0%	6.5%	8.8%
<b>Population Measures</b>				
Population Estimate	3,409	3,409	3,409	237,912
Staff Beds per 1,000 Population	4.1	2.9	7.0	2.7
Admissions per 1,000 Population	15.3	12.9	28.2	91.8
Inpatient Days per 1,000 Population	157.2	41.7	198.9	401.8
Per Capita Gross Patient Revenue	\$926.46	\$522.03	\$1,448.49	\$6,197
Per Capita Uncompensated Care	\$94.65	\$0	\$94.65	\$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

McCamey Convalescent Center is a senior care center for long-term stay. The Convalescent center is owned and operated by the McCamey County Hospital District.

The Convalescent Center has 30 certified beds and maintains a census of approximately 21 resident patients. This computes to an occupancy rate of 70 percent, which compares to a

statewide rate of 71 percent for 1,220 Texas nursing homes represented in the CMS 2015 data.<sup>12</sup>

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

The center received an average or above average rating based on the 2015 CMS data for performance on health inspections, staffing levels, and the overall facility rating. However, the McCamey Center received a below average (2 star) rating for quality of care.

Two special taxing districts for Emergency Medical Services (EMS) also provide separate support to the two Upton County cities. Texas Association of Counties data indicate that the Rankin EMS (Upton EMS District 1) had a 2014 tax of 1.1 cents per \$100 valuation and generated \$401,682 in revenue. Upton EMS District 2 in McCamey taxed at a 5.3 cent rate and generated a levy of \$676,260 in 2014.<sup>13</sup>

Data for 2014 from the Department of State Health Services counts 17 EMS professionals residing in the county. This yields a population ratio of 206 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.

The Texas EMS & Trauma Registries report that Texas hospitals received 242 trauma patients from Upton County over the five year period from 2010-2014. This computes to an average of 48.4 EMS trauma incidents per year. The most common were unintentional fall incidents at 33 percent.<sup>14</sup>

Table 7 depicts the supply of key health professionals in Upton County according to 2014 Department of State Health Services data. Initially, it appears that Upton County is adequately supplied with health professionals. The total of 107 professionals residing in the county translates to one health worker per 33 residents. This ratio compares to one worker per 33 residents in the study region and one per 38 Texans statewide.

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<sup>12</sup>Nursing Home Compare Data, Centers for Medicare and Medicaid Services, retrieved October 19, 2015: <https://data.medicare.gov/>.

<sup>13</sup> Texas Association of Counties, County Information Program, retrieved October 29, 2013: <http://www.txcip.org/tac/census/sd.php?FIPS=48461>.

<sup>14</sup> Data provided by the Injury Epidemiology & Surveillance Branch from the Texas EMS & Trauma Registries, Texas Department of State Health Services, June 2015. Since the data is based on incoming trauma patients to hospitals, the reported incidents may or may not have been handled by EMS services operated by the two hospital districts in Upton County.

However, the oversupply indication stems from generous numbers of licensed vocational nurses, certified nurse aides, and emergency medical services professionals. The county actually has a severe shortage core leading health care professionals. Upton County joins many rural West Texas areas with no advanced professionals for oral (dentists) or behavioral health (psychiatrists, psychologists).

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

Licensed or Certified Professionals	Number in Upton County (3,498 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	41	85	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	17	206	812	295	60,690	438
Licensed Chemical Dependency Counselors	1	3,498	87	2,753	9,285	2,863
Licensed Professional Counselors	0	No Supply	158	1,516	20,655	1,287
Licensed Vocational Nurses	19	184	1,197	200	77,624	342
Marriage and Family Therapists	0	No Supply	12	19,961	3,149	8,441
Medication Aides	3	1,166	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	1	3,498	146	1,641	23,561	1,128
Physical Therapists	2	1,749	109	2,198	13,136	2,024
Physician Assistants	2	1,749	51	4,697	6,543	4,063
Physicians (Direct Patient Care)	1	3,498	357	671	47,289	562
Primary Care Physicians	1	3,498	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	16	219	1,696	141	206,027	129
Advanced Practice (APRN)	2	1,749	119	2,013	15,194	1,749
Social Workers	1	3,498	117	2,047	19,536	1,361
<b>Total Selected Health Professionals</b>	<b>107</b>	<b>33</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 904 families residing in Upton County. Overall, the basic indicators of family and maternal health in the county are positive.

Our calculations indicated that about 111 (12.3%) of these were single-parent (mostly female-parent) families with one or more children at home. This is a similar number to the 20-county study region, and it is lower than the state overall.

Indicator	Upton County	Study Region	Region 9	Texas
Divorce Rate (Annual Divorces as a Percent of Annual Marriages)	50.4	43.2	No Data	45.0
Percent Women Age 15 & Over who are Currently Divorced	7.2	12.4	No Data	12.2
Single-Parent Families (Percent of All Families)	12.3	13.1	No Data	15.6
Teen Pregnancy Rate (Pregnancies per 1,000 Females Age 13-17)	32.1	25.3	30.5	21.4
Teen Birth Rate (Births to Mothers Age 13-17 per 1,000 Same Age Females)	32.1	23.1	28.1	18.4
Abortion Rate (Abortions as a Percent of Pregnancies among Females Age 15-44)	4.8	9.8	9.0	15.6
Percent Births to Unmarried Mothers (Female Population Age 15-44)	44.5	44.6	45.9	42.3
Child Abuse Rate* (Confirmed Incidents of Abuse per 1,000 Children)	13.9	12.9	13.8	9.5
Intimate Violence Rate (Incidents of Family Violence & Sexual Assault per 1,000 Population)	4.8	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 county does have relatively high teen pregnancy and birth rates compared to the study region and the state as a whole. In addition, the rate of child abuse within the county follows the relative high rates that characterize the study region and the West Texas Public Health Region 9 in comparison to the state as a whole.



## Leading Causes of Death

The Department of State Health Services recorded 164 deaths from all causes among Upton County residents between 2008 and 2012. This computes to a five-year crude death rate of 48.1 deaths per 1,000 residents based on the 2012 population estimate. This is higher than the Texas rate of 32 per 1,000 over the same time frame. It is more closely aligned with the rate of 45.6 per 1,000 for the 20-county study region.

<b>Table 9</b>				
<b>Leading Causes of Death in Upton 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>
Diseases of the Heart (ICD-10 Codes I00-I09, I11, I13, I20-I51)	41	12.0	9.5	7.4
Malignant Neoplasms (ICD-10 Codes C00-C97)	33	9.7	9.6	7.0
Chronic Lower Respiratory Diseases (ICD-10 Codes J40-J47)	15	4.4	2.7	1.7
Diabetes Mellitus (ICD-10 Codes E10-E14)	11	3.2	1.5	1.0
Cerebrovascular Diseases (ICD-10 Codes I60-I69)	10	2.9	2.3	1.8
Septicemia (ICD-10 Codes A40-A41)	8	2.3	0.8	0.6
Accidents (ICD-10 Codes V01-X59, Y85-Y86)	7	2.1	2.0	1.8
*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> .				

Medical conditions classified as Diseases of the Heart top the list of the leading causes of death in Upton County. The county generally has higher death rates than the study region and the overall state on the leading causes.

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

The Census Bureau's 2009-2013 5-Year American Community Survey data approximates that 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>15</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>16</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>17</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 10 for a summary of the sample characteristics.

A schedule of questions covering health, behavioral health, and dental health topics was developed for the interviews. The Behavioral Risk Factor Surveillance System (BRFSS) surveys, conducted with adults age 18 and over by state health departments in partnership with the Centers for Disease Control and Prevention, served as the model for questions.<sup>18</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>15</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>16</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>17</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>18</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 10**  
**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>	
*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 11 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>19</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 11</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 11 were selected because the Survey of the Poor and Extremely Poor suggests that this vulnerable group has a level of risk on these factors that is at least 10 percent higher than the risk in the total adult population in the western counties. Indeed, based

<sup>19</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 11. 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>20</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 11 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 11 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 11.

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<sup>20</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 Upton 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 Upton County:

- **Demographic Trend Data:** Demographic projections of population growth in Upton 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 Upton County hospitals 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 Upton 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 Upton County:

1. **Needs of seniors.**  
Increase capacity to address health needs of growing numbers of seniors in the population.
2. **Hospital utilization and financial sustainability.**  
Create a community-engaged strategy to ensure long-term financial sustainability of Upton County hospital facilities by increasing utilization and revenues to increase capacity to meet significant long-term debt obligations.

3. 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
  - 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. 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
  - Complications from diabetes
  - Septicemia
  - Accidents
7. 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
8. 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 Upton 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 Upton County. Respondents ranked the needs based the specified criteria. A total of four responses ranking the identified needs for Upton 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 12 reports the results of the prioritization of needs in Upton 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 12 shows the average prevalence score was 4.75 on the five-point scale. The averages for significance, impact, and feasibility were 4.75, 4.75, and 4.50 respectively. Applying the formula yields an adjusted average of 5.81, making increased capacity to reach vulnerable groups with preventative actions to reduce obesity the highest ranking community need for Upton County.

Respondents recognized the special needs of vulnerable populations in four additional priorities. In addition to the top need to reduce obesity, these include: improving capacity to reach vulnerable populations with preventative actions to reduce diabetes (2<sup>nd</sup>), to promote

healthy living and wellness (8<sup>th</sup>), and to reduce smoking and tobacco use (10<sup>th</sup>); as well as increasing capacity to address health needs of seniors (5<sup>th</sup>).

<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 community capacity to reach vulnerable groups with preventative actions to reduce Obesity	4	4.75	4.75	4.75	4.50	5.81
Increase community capacity to reach vulnerable groups with preventative actions to reduce Diabetes	4	4.50	4.50	4.50	4.50	5.63
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Diabetes	4	4.50	4.50	4.50	4.25	5.50
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce mortality from Accidents	4	4.25	4.50	4.50	4.25	5.44
Increase capacity to address health needs of Seniors	4	4.00	4.25	4.25	4.50	5.38
Create a community-engaged strategy to ensure long-term financial sustainability of Upton County hospital facilities by increasing utilization and revenues	4	4.25	4.00	4.25	4.50	5.38
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Heart &	4	4.25	4.25	4.25	4.25	5.31
Increase community capacity to reach vulnerable groups with preventative actions to promote Healthy Living & Wellness	4	4.50	4.00	4.00	4.25	5.25
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Cancer	4	4.00	4.00	4.25	4.00	5.06
Increase community capacity to reach vulnerable groups with preventative actions to reduce Smoking & Tobacco Use	4	4.00	4.00	4.00	3.75	4.88
Increase community capacity to reach vulnerable groups with preventative actions to reduce Cost & Other Barriers to treatment	4	4.00	3.75	4.00	3.75	4.81
Increase community capacity to reach vulnerable groups with preventative actions to reduce Depression	4	3.75	3.75	4.00	3.75	4.75
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce COPD	4	3.75	3.25	4.00	4.00	4.75
Create an engaged process for recruiting & retaining core health professionals including Psychiatrists & Psychologists	4	3.50	3.75	3.75	3.75	4.63
Increase the Food Security of vulnerable populations by increasing access to nutritious foods	4	4.00	3.75	3.50	3.50	4.56
Increase capacity and access to quality Behavioral Health resources	4	3.75	3.25	3.75	3.75	4.56
Increase community capacity to reach vulnerable groups with preventative actions to improve Case Management & Outreach	4	3.75	3.50	3.00	4.00	4.56
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Septicemia	4	2.75	3.25	2.75	3.75	4.06
Increase capacity and access to quality Dental Care, especially by poor and extremely poor residents and households	4	2.50	1.75	1.75	3.50	3.25
Create an engaged process for recruiting & retaining core health professionals including Dentists	4	2.25	1.75	1.75	3.50	3.19

Respondents prioritized four additional needs for preventative actions in the community, including efforts to reduce diabetes (3<sup>rd</sup>), to reduce accidents (4<sup>th</sup>), to reduce heart and vascular diseases (7<sup>th</sup>), and to reduce cancer (9<sup>th</sup>). The remaining top priority addresses the long-term financial sustainability of county hospital facilities (5<sup>th</sup>).