

Community Health Needs Assessment:

Health and Behavioral Health Needs Irion 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.



Irion County Courthouse - Mertzon, 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 Irion County.

Table of Contents

PREFACE	1
INTRODUCTION.....	2
GENERAL DESCRIPTION OF THE IRION COUNTY COMMUNITY	3
DEMOGRAPHICS	5
Vulnerable Populations.....	6
COMMUNITY HEALTH RESOURCES.....	8
Utilization of Health Resources.....	8
Other Health Care Resources.....	8
HEALTH STATUS	10
Family and Maternal Health	10
Potentially Preventable Hospitalizations	10
Leading Causes of Death.....	11
SURVEY OF THE POOR AND EXTREMELY POOR IN WEST TEXAS	13
IDENTIFICATION AND PRIORITIZATION OF HEALTH NEEDS.....	18
Identification of Community Health Needs	18
Prioritization of Community Health Needs.....	19

PREFACE

Community Development Initiatives at Angelo State University prepared this Community Health Needs Assessment for the people of Irion 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 Irion 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 Irion 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 Irion County are an important segment of the vulnerable populations in health care. The assessment includes the following:



1. A demographic profile featuring the vulnerable groups in the population. The profile integrates publicly available secondary demographic data.
2. A health status profile of community health and mental health care resources, utilization patterns, and morbidity and mortality rates.
3. Results of a survey of poor and extremely poor residents of selected counties in the northern part of the study region.
4. Identification and prioritization of health and behavioral health issues in Irion 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 IRION COUNTY COMMUNITY

Irion County is a 1,051 square mile land area in southwest central Texas. The county was established and organized in 1889. Mertzon, located on U.S. Highway 67, became the county seat in 1936. Irion County has remained a mainly rural county. It is one of the most lightly populated counties in the state. Other communities in Irion County are Sherwood and Barnhart.



The county's economic base is farming, ranching, and oil and gas service and production. Irion County was founded as a ranching and agricultural community. As agriculture became more industrialized, farms began growing in size, but decreasing in number. As a result the county experienced a loss of population. Oil was discovered in Irion County in 1928. Substantial oil production began in the late 1950s. Now oil and gas production is the main source of income for the county.

Table 1 reports private industry and employment for Irion County in 2013. About 28 private industry establishments employed 411 county residents at an average pay rate of \$78,113. Private industry employees comprised approximately 50 percent of the county's 834 person labor force in 2013.¹

North American Industry Classification System (NAICS) Sectors	Annual Average Establishment Count	Annual Average Employment	Percent Total Employment	Average Annual Pay
All private industries	28	411	100	\$78,113
NAICS 81: Other services, except public administration	6	21	5	\$25,654
NAICS 21: Mining, quarrying, and oil and gas extraction	12	350	85	\$84,625
NAICS 48-49: Transportation and warehousing	4	33	8	\$56,204
NAICS 11: Agriculture, forestry, fishing and hunting	6	7	2	\$13,166

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

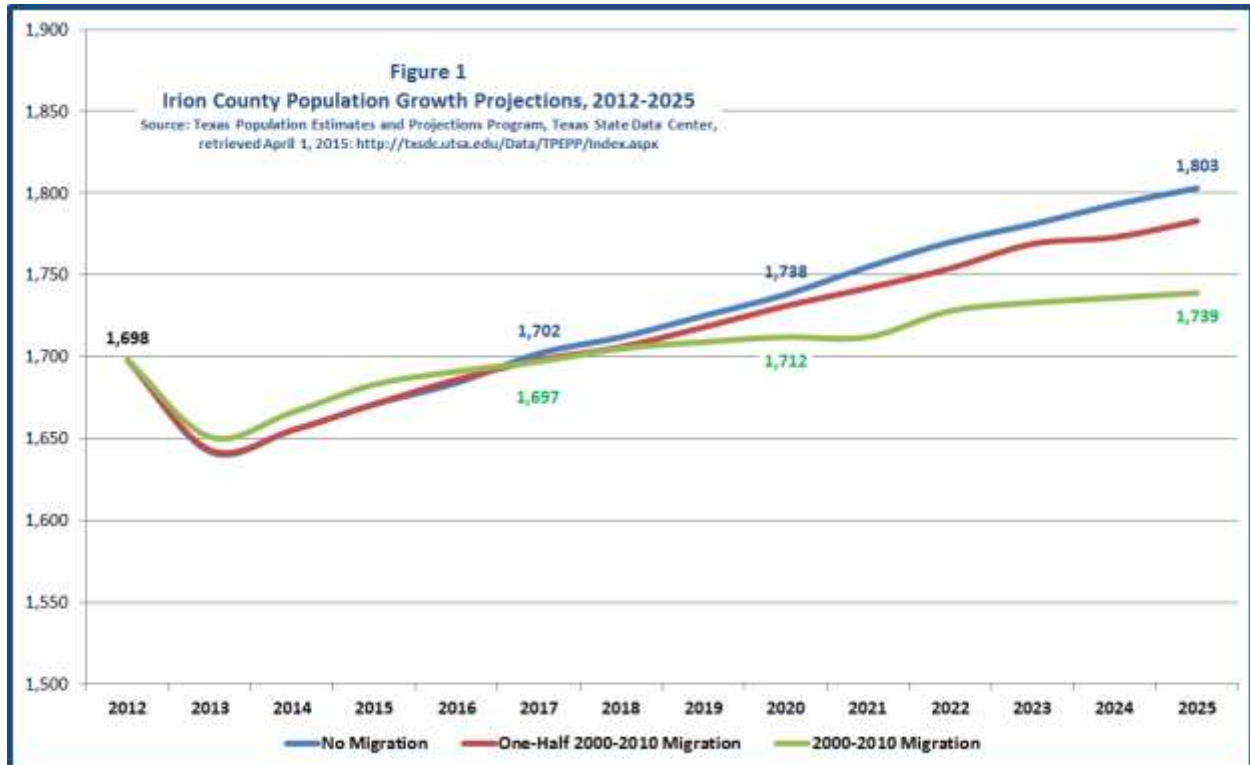
¹ The estimate of 834 labor force participants is from the US Census Bureau's 2009-2013 5-Year American Community Survey, retrieved April 1, 2015: <http://factfinder.census.gov>.

(NAICS codes 21 and 48-49) employed about 93 percent of the county's private industry employees.² The average annual wage rate of employees in these sectors was \$81,851, compared to an average \$22,086 in all other private sectors.

² Irion County's 2013 location quotient for NAICS 21 employment was 80.9. This means employment in the mining, quarrying, and oil and gas extraction sector was nearly 81 times more concentrated in Irion County compared to the average concentration of workers in the sector across the nation.

DEMOGRAPHICS

The Census Bureau's 2013 estimate of the Irion County resident population is 1,612.³ The most recent official Texas estimate from the State Demographer is 1,698 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 Irion County through 2025.



The highest growth projection (blue line) is based on the assumption that migration in and out of the county will lead to no net gain or loss of population. This projection approximates the county will reach 1,702 residents in 2017, 1,738 by 2020, and 1,803 for 2025 (an overall 6% gain from 2012-2015).

³ 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

Non-Hispanic White residents comprise the majority (71%) of the population in Irion County as described in Table 2 below. Hispanic residents were the largest minority population in 2012 according to estimates of the State Demographer. Hispanics comprised 26 percent of the total population in Irion County. Black citizens and other minorities added another 42 residents, bringing the total minority population to 29 percent.

Groups	2012		2017		2020		2025	
White, Non-Hispanic	1,211	71%	1,193	70%	1,205	69%	1,225	68%
Total Minority	487	29%	509	30%	533	31%	578	32%
Hispanic	445	26%	470	28%	494	28%	540	30%
Black	10	1%	11	1%	11	1%	11	1%
Other	32	2%	28	2%	28	2%	27	1%
Total Population	1,698	100%	1,702	100%	1,738	100%	1,803	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.

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 grow from 26 to 30 percent between 2012 and 2025. All other race and ethnic groups are projected to decrease proportionately.

Children under age 18 (numbering 355) made up 21 percent of the county's population in 2012 according to State estimates. Youngsters of school attendance age (5-17 years) comprised 77 percent of the children, while preschoolers accounted for 23 percent.

Groups	2012		2017		2020		2025	
All Children (under age 18)	355	100%	334	100%	342	100%	388	100%
School-age children (ages 5-17)	274	77%	222	66%	225	66%	268	69%
Pre-school-age children (under 5)	81	23%	112	34%	117	34%	120	31%

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 decline slightly in the short-term, but to grow slightly by 2025. Pre-school toddlers are projected to increase from 23 percent of children in 2012 to 31 percent in 2025, accounting for all (or nearly all) growth of the child population by 2025.

The county was home to 337 senior citizens in 2012 according to State estimates. They comprised 20 percent of the total population. Hispanics (numbering 63) made up 19 percent of the senior residents in the county.

Table 4								
Seniors: 2012 Estimate with Projections to 2025								
Groups	2012		2017		2020		2025	
Total Population	1,698	100%	1,702	100%	1,738	100%	1,803	100%
Seniors (65 & over)	337	20%	399	23%	434	25%	522	29%
Hispanic Seniors (65 & over)	63	19%	76	19%	82	19%	113	22%

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 29 percent by 2025. The number of Hispanic seniors is expected to nearly double between 2012 and 2025, increasing their representation within the elder population from 19 to 22 percent.

There are 1.05 males in Irion County for every female. Women and girls comprised 49 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 not change as a segment because the overall population is set to grow at the same rate.

Table 5								
Females: 2012 Estimate with Projections to 2025								
Groups	2012		2017		2020		2025	
Total Population	1,698	100%	1,702	100%	1,738	100%	1,803	100%
Female (all ages)	827	49%	833	49%	850	49%	883	49%
Female (ages 13-17)	63	8%	45	5%	35	4%	39	4%
Hispanic Female (ages 13-17)	22	35%	13	29%	10	29%	14	36%

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

Girls age 13-17 are particularly vulnerable to risks of teen pregnancy and a range of associated factors. This population is estimated to decrease by half (8% to 4%) from 2012 to 2025.

COMMUNITY HEALTH RESOURCES

Health resources located in Irion County are few. The majority of Irion County residents go to Tom Green County or the other surrounding counties for services. The county seat, Mertzon, is 30 miles away from San Angelo in Tom Green County. A volunteer fire department provides emergency medical services to Irion County.

Utilization of Health Resources

The Texas EMS & Trauma Registries report that Texas hospitals received 60 trauma patients from Irion County over five years from 2010-2014. This computes to an average of 12 EMS trauma incidents per year. The most common trauma incidents were unintentional fall incidents at 42 percent.⁴

In addition, Texas hospital usage data documents a total of 1,040 visits by Irion County residents to outpatient facilities during 2013.⁵ This computes to 1 visit for every 1.6 residents of the county. Outpatient facilities located in Tom Green County received the vast majority of outpatient visits (93%) from Irion County residents.

Irion County residents also checked into hospitals for 179 inpatient visits during 2013. This equals 1 hospitalization for every 9.5 county residents. Similar to outpatient visits, the majority (87%) of the hospitalizations were at hospitals located in San Angelo.⁶

Other Health Care Resources

Table 7 depicts the supply EMS and other of key health professionals in Irion County according to the Department of State Health Services data for 2014. According to the data, there is a shortage of health care professionals in the county. The total of 35 professionals residing in Irion County translates to one health worker per 47 residents. This ratio compares to one worker per 33 residents in the study region and one per 38 Texans statewide.

The majority of the health professionals in Irion County are EMS professionals (54%). There are no primary care physicians, psychiatrists or psychologists, physician assistants or advanced practice nurses, pharmacists, and dentists practicing in Irion County.

⁴ Data provided by the Injury Epidemiology & Surveillance Branch from the Texas EMS & Trauma Registries, Texas Department of State Health Services, June, 2015.

⁵ Texas Department of State Health Services, Outpatient Public Use Data Files, 2013.

⁶ Texas Department of State Health Services, Inpatient Public Use Data Files, 2013.

**Table 6
Selected Health Professionals by Geography, 2014**

Licensed or Certified Professionals	Number in Irion County (1,655 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	7	236	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	19	87	812	295	60,690	438
Licensed Chemical Dependency Counselors	1	1,655	87	2,753	9,285	2,863
Licensed Professional Counselors	0	No Supply	158	1,516	20,655	1,287
Licensed Vocational Nurses	3	552	1,197	200	77,624	342
Marriage and Family Therapists	0	No Supply	12	19,961	3,149	8,441
Medication Aides	0	No Supply	139	1,723	10,012	2,655
Occupational Therapists	0	No Supply	45	5,323	7,914	3,359
Optometrists	0	No Supply	18	13,307	3,272	8,124
Pharmacists	0	No Supply	146	1,641	23,561	1,128
Physical Therapists	0	No Supply	109	2,198	13,136	2,024
Physician Assistants	0	No Supply	51	4,697	6,543	4,063
Physicians (Direct Patient Care)	0	No Supply	357	671	47,289	562
Primary Care Physicians	0	No Supply	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	5	331	1,696	141	206,027	129
Advanced Practice (APRN)	0	No Supply	119	2,013	15,194	1,749
Social Workers	0	No Supply	117	2,047	19,536	1,361
Total Selected Health Professionals	35	47	7,283	33	696,600	38

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

HEALTH STATUS

Family and Maternal Health

The Census Bureau's 2009-2013 5-Year American Community Survey estimates that there were 494 families residing in Irion County during that time. Our calculations indicate that about 12.1 percent (about 60) of these were single-parent (mostly female-parent) families with one or more children at home. This is a lower number than the 20-county study region or the state overall, as is the estimated percent of women (9.8%) in the county who are currently divorced. Overall the indicators of family and maternal health in Table 7 are very positive.

Indicator	Irion County	Study Region	Region 9	Texas
Divorce Rate (Annual Divorces as a Percent of Annual Marriages)	31.0	43.2	No Data	45.0
Percent Women Age 15 & Over who are Currently Divorced	9.8	12.4	No Data	12.2
Single-Parent Families (Percent of All Families)	12.1	13.1	No Data	15.6
Teen Pregnancy Rate (Pregnancies per 1,000 Females Age 13-17)	16.4	25.3	30.5	21.4
Teen Birth Rate (Births to Mothers Age 13-17 per 1,000 Same Age Females)	16.4	23.1	28.1	18.4
Abortion Rate (Abortions as a Percent of Pregnancies among Females Age 15-44)	11.0	9.8	9.0	15.6
Percent Births to Unmarried Mothers (Female Population Age 15-44)	43.8	44.6	45.9	42.3
Child Abuse Rate* (Confirmed Incidents of Abuse per 1,000 Children)	7.7	12.9	13.8	9.5
Intimate Violence Rate (Incidents of Family Violence & Sexual Assault per 1,000 Population)	2.1	9.4	No Data	8.0

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

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.

Between 2008 and 2013, Irion County residents experienced 31 potentially preventable hospitalizations for bacterial pneumonia according to State health Services records. The average charge for these events was \$37,916, equivalent to \$896 per adult resident of the county. The statewide per capita charge for ten conditions studied by the Department of State Health Services adds up to \$2,512 per Texan based on the state's 2012 population estimate. In the study region, the charge amounts to \$1,371 per resident.⁷

Leading Causes of Death

The Department of State Health Services recorded 69 deaths from all causes among Irion County residents between 2008 and 2012. This computes to a five-year crude death rate of 40.6 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.

Medical conditions classified as Diseases of the Heart top the list of the leading causes of death in Irion County. The county generally has slightly higher death rates than the study region on the leading causes. The county also has higher death rates than the overall state for each of the four leading causes depicted in Table 8.

⁷ The Department of State Health Services recommends a combination of outpatient clinical and public health interventions to help reduce potentially preventable hospitalizations. See the recommended interventions at <http://www.dshs.state.tx.us/ph/interventions.shtm>.

Table 8
Leading Causes of Death in Irion County, 2008-2012

Causes of Death	Deaths	Crude Death Rate*	Study Region Rate*	Texas Rate*
Diseases of the Heart (ICD-10 Codes I00-I09, I11, I13, I20-I51)	18	10.6	9.5	7.4
Malignant Neoplasms (ICD-10 Codes C00-C97)	16	9.4	9.6	7.0
Chronic Lower Respiratory Diseases (ICD-10 Codes J40-J47)	7	4.1	2.7	1.7
Accidents (ICD-10 Codes V01-X59, Y85-Y86)	7	4.1	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: <http://www.dshs.state.tx.us/chs/datalist.shtm>.

SURVEY OF THE POOR AND EXTREMELY POOR IN WEST TEXAS

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

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.⁹ A total of 597 interviews were completed, including 331 with residents of the six northern counties in the study region: Coke, Concho, Irion, Runnels, Sterling, Tom Green counties.¹⁰ Respondents from these counties had self-reported household incomes below the applicable federal poverty level. Approximately 54.1 percent were extremely poor with incomes equal to or below half of the applicable poverty level. They ranged in age from 20 to 92 with an average age of 46.9 years. About 71 percent were females. See Table 9 for a summary of sample characteristics.

A schedule of questions covering health, behavioral health, and dental health topics was developed for the interviews. The Behavioral Risk Factor Surveillance System (BRFSS) surveys, conducted with adults age 18 and over by state health departments in partnership with the Centers for Disease Control and Prevention (CDC), served as the model for questions. Indeed, the three-page questionnaire yielded 31 indicators which closely parallel similar items in the 2013 BRFSS results for Texas.¹¹

⁸ The combined rates of poverty and extreme poverty for the six counties were computed by Angelo State University's Community Development Initiatives based on data from the US Census Bureau, American Community Survey, 2009-2013 5-Year Estimates, retrieved October 2, 2015: <http://factfinder.census.gov/>.

⁹ 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-report 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>.

¹⁰ The number of interviews conducted in the respective counties was proportional to the estimated total of extremely poor population from the American Community Survey. Based on the American Community Survey, for instance, we estimated that 55.7% of extremely poor individuals in the study region resided in the northern counties of Coke, Concho, Irion, Runnels, Sterling, and Tom Green. Reflecting this, we conducted 331 or 55.4% of the interviews in these counties

¹¹ BRFSS interviews are conducted by telephone. Interviews for this project were conducted by trained community interviewers in a face-to-face informal format. Information on the Texas BRFSS is available at <http://www.dshs.state.tx.us/chs/brfss/default.shtm>.

Table 9		
Sample Characteristics*		
County of Residence		
Coke	5	1.5%
Concho	8	2.4%
Irion	3	0.9%
Runnels	37	11.2%
Sterling	3	0.9%
Tom Green	275	83.1%
Poverty Status		
Severly poor	179	54.1%
Poor	122	36.9%
Gender		
Male	95	28.7%
Female	236	71.3%
Ethnicity		
Not Hispanic	182	55.0%
Hispanic	149	45.0%
Age		
18-29	46	13.9%
30-39	65	19.6%
40-49	66	19.9%
50-64	124	37.5%
65 & Over	29	8.8%
Average Years of Age		46.9
Years of Schooling		
Less than 12	145	43.8%
12 or More	180	54.4%
Average Years of Schooling		10.9
Household Composition		
Single Person	42	12.7%
Single Parent	75	22.7%
Couples with Children**	72	21.8%
Couples without Children**	55	16.6%
Other***	87	26.3%
Average Household Size		2.7
<p>*The sample size in the north counties was 331. Some frequencies and percentages reported do not sum to 331 or 100% because of missing data for selected variables.</p> <p>**Couples may be married couples or unmarried partners.</p> <p>***Other households includes small numbers of respondents living with their parents, grandparents living with grandchildren, persons living with extended relatives, and persons living with roommates.</p>		

The results in Table 10 apply only to the northern counties (Coke, Concho, Irion, Runnels, Sterling, and Tom Green) of the study region. The table compares results from the Survey of the Poor and Extremely Poor to BRFSS estimates of health risk among the total adult populations of the north counties and the state overall. The first row of the table, for instance, reports that 179 individuals or 54.1 percent of the 331 survey participants from Coke, Concho, Irion, Runnels, Sterling, and Tom Green counties said they were limited by poor mental, physical, or emotional health conditions. Texas BRFSS results from a similar question asked in 2013 estimate that only 13.5 percent of all adult residents in the six counties share this risk of impairment.¹²

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

Other significant findings from the Survey of the Poor and Extremely Poor add context to some of the elevated risks indicated in Table 10. For instance, the 61 percent of northern county poor and extremely poor residents who reported not seeing a doctor because of cost indicates an elevated cost barrier to health care. Results from the survey expand on this by indicating that 53.5 percent of survey respondents lack health insurance. This compares to the Census Bureau's 2013 estimate that 27.3 percent of adults age 18-64 in Coke, Concho, Irion, Runnels, Sterling, and Tom Green counties are uninsured.¹³

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

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

¹² The similar item in the BRFSS showing a 13.5% risk of impairment was based on a more formal question asking whether respondents were kept from normal activities for five or more days in the past 30 days by poor mental or physical health. Another comparative data point is available from the Census Bureau's American Community Survey. That data point indicates a 16% disability rate among adults residing in the six northern counties of the study region. The data is based on a set of direct questions to census survey respondents about having a range of physical and cognitive disabilities. See the American Community Survey, 2009-2013 5-Year, retrieved October 2, 2015: <http://factfinder.census.gov/>.

¹³ US Census Bureau, Small Area Health Insurance Estimates, retrieved September 29, 2015: <http://www.census.gov/did/www/sahie/>.

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

Table 10					
Health Risks of the Poor and Extremely Poor in North Counties with BRFSS Comparisons					
Risk Indicators	Survey Results: North Counties*			BRFSS Risk Comparisons**	
	Sample	Population at Risk	Percent at Risk	North Counties	Texas
Limited by poor physical, mental, or emotional health conditions	331	179	54.1	13.5	11.6
Does not think of anyone as a personal doctor	331	162	48.9	29.8	33.1
Could not see a doctor because of cost during past 12 months	331	202	61.0	19.9	19.3
Five or more years since routine checkup by a doctor	331	42	12.7	9.8	10.5
Diagnosed high blood pressure: not taking meds	128	32	25.0	21.2	23.2
Diagnosed heart attack (myocardial infarction)	331	26	7.9	5.7	3.9
Diagnosed heart disease	331	30	9.1	7.4	5.7
Diagnosed stroke	331	15	4.5	4.1	2.5
Diagnosed asthma	331	79	23.9	15.8	12.6
Diagnosed COPD (incl. emphysema, chronic bronchitis)	331	50	15.1	5.2	5.4
Diagnosed arthritis, rheumatoid arthritis, gout, lupus, fibromyalgia	331	114	34.4	24.7	20.7
Diagnosed depression (major, chronic, minor)	331	158	47.7	15.1	16.0
Diagnosed kidney disease	331	21	6.3	2.2	3.1
Diagnosed diabetes	331	80	24.2	14.1	10.9
Morbidly Obese BMI => 35	331	69	20.8	11.3	12.7
Current smoker	331	142	42.9	18.8	15.9
Current smokeless tobacco user				8.2	4.3
Binge drinking	331	78	23.6	15.1	16.7
Difficult to access fresh fruits & vegetables	331	92	27.8	10.2	7.7
Second-hand smoke exposure in home	331	77	23.3	10.9	13.7

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

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

Still other survey findings shine additional light on the indication in Table 10 of a 216 percent higher risk of poor and extremely poor adults being diagnosed with depression. Sizeable proportions of survey respondents also reported always, often, or sometimes feeling a fulfilling life is impossible (58.3%); avoiding situations out of nervousness, fear, or anxiety (67.7%); and feeling alone and not having much in common with people (59.2%). Nearly 20 percent indicated they do not feel tied to a support group (family, church, etc.) that would help them if needed.

Table 10 indicates that 27.8 percent of the poor and extremely poor in the north counties have difficulty accessing grocery stores with fresh fruits and vegetables. This suggests a 173 percent higher level of food insecurity compared to the BRFSS estimate of 10.2 percent lacking such access in the overall adult population. Additional indications of food insecurity from the survey include respondents who reported receiving assistance from SNAP or WIC (58.3%) as well as using food charities (69.8%). The potentials of food insecurity leading to obesity¹⁴ are also buttressed by the prevalence of feeling unsafe in the neighborhood (13.9%) and not knowing of a safe place to walk, run or exercise (27.8%) in the neighborhood. One additional sign of insecure living conditions among the poor and extremely poor is that 37.2 percent reported having been homeless for at least one week during the past five years.

¹⁴ Table 10 depicts only the elevated risk of “morbid obesity” (defined as having a BMI equal to or than 35) at 20.8% compared to the 11.3% level indicated for the adult population in the 2013 BRFSS. Using the standard definition of obesity as having a BMI equal to or greater than 30 raises the obesity rate to 43.5% among the poor and extremely poor of the north counties.

IDENTIFICATION AND PRIORITIZATION OF HEALTH NEEDS

Identification of Community Health Needs

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

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

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

1. Needs of seniors.
Increase capacity to address health needs of growing numbers of seniors, especially those with Alzheimer's or dementia.
2. Recruit and Retain Core Health Professionals.

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

- Dentist
- Pharmacist
- Primary Care Physician

3. Preventative actions.

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

- Heart disease
- Accidents

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

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

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

5. Preventative outreach to the poor and extremely poor.

Increase community capacity to reach the poor, extremely poor, and other vulnerable groups with preventative actions to:

- Reduce obesity
- Reduce cost and other barriers to medical care and treatment
- Improve case management and routine preventative screenings
- Provide education to promote healthy living and wellness

6. Food, housing, and neighborhood security.

Increase the security of poor and extremely poor individuals and households by:

- Increasing access to nutritious foods
- Increasing affordable housing in safe neighborhood environments

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 Irion 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 Irion County. Respondents ranked the needs based the specified criteria. A total of one response ranking the identified needs for Irion County was 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

The list below reports the results of the prioritization of needs in Irion County. The needs are listed in the rank order determined by adjusted averages that emphasize the importance of needs that were viewed as the most feasible ones for the community take action upon.¹⁵

- Increase community capacity to reach vulnerable groups with preventative actions to reduce Cost & Other Barriers to treatment
- Increase capacity & access for vulnerable groups to quality behavioral health resources for prevention and treatment of Depression
- Increase community capacity to reach vulnerable groups with preventative actions to improve Case Management & Outreach
- Increase community capacity to reach vulnerable groups with preventative actions to reduce Obesity
- Increase capacity & access for vulnerable groups to quality behavioral health services by reducing Cost & Other Barriers
- Increase capacity to address health needs of Seniors
- Increase community capacity to reach vulnerable groups with preventative actions to promote Healthy Living & Wellness
- Increase the Food Security of vulnerable populations by increasing access to nutritious foods
- Create an engaged process for recruiting & retaining core health professionals for Primary Care, including Physicians
- Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Heart & Vascular Diseases
- Increase capacity & access for vulnerable groups to quality behavioral health resources for Smoking & Tobacco Cessation

¹⁵ Irion County did not meet the minimum threshold of three responses to report priority scores; instead, the list of needs has been presented in rank order according to the adjusted average. The adjusted average for each need was calculated using the following formula: $Adjusted\ Average = [prevalence\ score + significance\ score + impact\ score + (feasibility\ score \times 2)] \div 4$

- Create an engaged process for recruiting & retaining core health professionals including Dentists
- Increase capacity & access for vulnerable groups to quality behavioral health resources for prevention and treatment of Alcohol & Drug Abuse
- Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce mortality from Accidents
- Create an engaged process for recruiting & retaining core health professionals including Pharmacists
- Increase the Residential Security of vulnerable populations by increasing affordable housing in safe neighborhood environments