Hays County Community Health Needs Assessment

January 2013

Prepared on behalf of the Seton Healthcare Family and the CommuniCare Health Centers of Central Texas. For questions and comments please email kabney@seton.org

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INTRODUCTION

Health is a complicated term developed and impacted by components of genetics, lifestyle, environment, and access to medical services. It is a product of where and how we work, play, and live. By understanding the factors that influence these components of health, the community can create targeted implementations to address those areas that have the greatest need. In order to accomplish this, Seton Healthcare Family and CommuniCare Health Centers of Central Texas joined together to conduct a community health needs assessment in order to understand the overall health status of the community. By conducting a community health needs assessment, community health needs can be identified and prioritized by those that are considered most pressing for the residents of Hays County.

The importance of community health needs assessments was further reinforced by the 2010 Patient Protection and Affordable Care Act provisions, which requires hospitals designated as tax exempt 501(c)3 non-profit organizations to complete a community health needs assessment every three years. In addition, non-profit hospitals are required to adopt an implementation plan to address the needs identified in the report. These two documents, the CHNA and the Implementation Plan, will serve as the Seton Medical Center – Hays community benefit plan.

This effort was broken into two phases:

1) The collection and analysis of secondary data from publicly available data sources on information for Hays County, and
2) A community summit with representation from community stakeholders, community members, and public officials in order to validate the data analysis and/or identify other community needs that were not revealed in the data. In addition, the summit provided participants the opportunity to prioritize the needs identified in order to rank which needs are most pressing.

Contained within this report are the findings combined in both phases of the community health assessment process. This participatory and collaborative approach was conducted July 2012 – November 2012 and will serve as the basis for Seton Healthcare Family's Community Benefit Plan for Hays County

When framing a community health needs assessment, it is necessary to place parameters on the community that will be defined. For the purposes of this report, the community was confined to the geographic boundaries of Hays County. While we recognize that within this

region there are sub-communities, each with its own unique needs and assets, the overall population, demographics, and other characteristics, provide the same challenges and health concerns for all residents.

Two hospitals provide the only inpatient care in Hays County. In addition, Hays County also has four safety net clinics available to respond to the health needs of the community. Two are Federally Qualified Health Centers operated by CommuniCare Health Centers and two are clinics operated by Hays County.

I. METHODS

Data Collection:

The Seton Healthcare Family's Community Health Needs Assessment began with a look at the demographics in our service area over the next 30 years. Demographics formed the framework for the other health data we collected and helped us think about patterns and questions we found in the data. Next, we used data collected by Texas Department of State Health Services'. We began with broad measures of health such as causes of death, births and other vital statistics and winnowed our focus down to specific diseases such as HIV/AIDS and diabetes. Once the secondary data set was collected, we reviewed data points with our Senior Epidemiologist to identify areas where the data had notable patterns or discrepancies, and we identified gaps in the data. In areas where samples were small, we aggregated data for several counties to more easily understand the metric for a portion of our service area. We also incorporated data from other local Community Health Needs Assessments and other studies of health in our service area. Other studies used include Robert Wood Johnson Foundation's County Health Rankings and the Commonwealth Report Health Scorecard. These studies filled in gaps around metrics that impact health, but are not disease based such as crime rates, access to healthy foods, and unemployment levels. Collaborating with other organizations creating CHNAs within our service area provided more nuanced data in certain areas since some groups approach the CHNA with a more community input based methodology.

Community engagement and prioritization methods:

The Seton Healthcare Family, in collaboration with the CommuniCare Health Centers of Central Texas, hosted a Community Health Needs Summit for the Hays County. The Summit was designed as a way to update the community on progress that has been made since the last CHNA and to provide them with current data to engage in needs identification. The two goals for the summit were for the community to discuss current needs effecting Hays and then prioritize those needs in order of importance. The invitation to the Summit was sent out through local collaborations, partnership, and council list serves with targeted outreach to

schools and other key community stakeholders. In attendance was representation from the public health department, hospitals, clinics, school district, and other service providers that serve the community. A complete list of Summit participants can be found in *Appendix 1*.

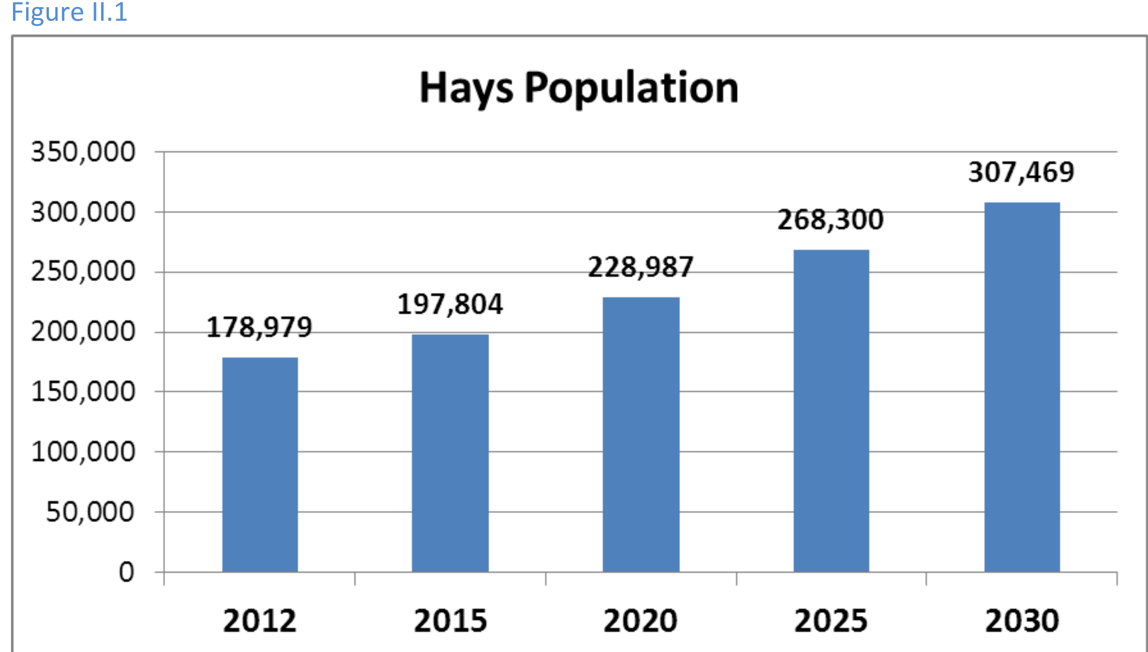
In order to identify the community's needs, Seton Healthcare Family presented current health and demographic data to the Summit participants. Participants then engaged in table discussions regarding what the data revealed to them as well as what other they needs see in the community that did not show up in the data. This collaborative process created a list of needs that were shared with the larger group and categorized by theme. These themes served as the overarching needs that were identified with sub groups identified within each category. Participants then used a dot voting method to express their opinion as to which category was the highest priority need and which sub group was most important within that need. After tallying the results, the participants reviewed the results and further added any remaining thoughts. The following information is a summation of the data analysis coupled with the feedback from the community.

II. HAYS COUNTY DEMOGRAPHICS

The population in Hays County is growing older and more diverse with time. Bastrop shows steady growth for the next 18 years with the majority of that growth in the 15 – 44 and the Hispanic population.

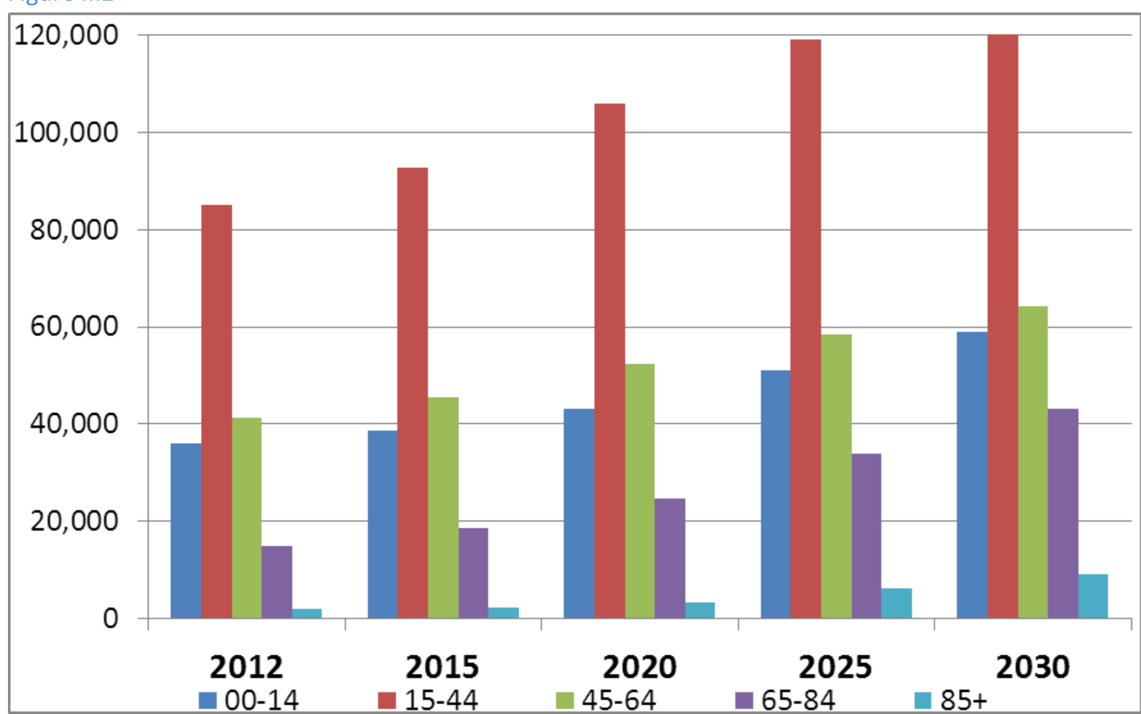
- Hays County is expected to maintain steady population growth over the next 18 years, from a population of 178,979 in 2012 to 307,469 in 2030.

Figure II.1



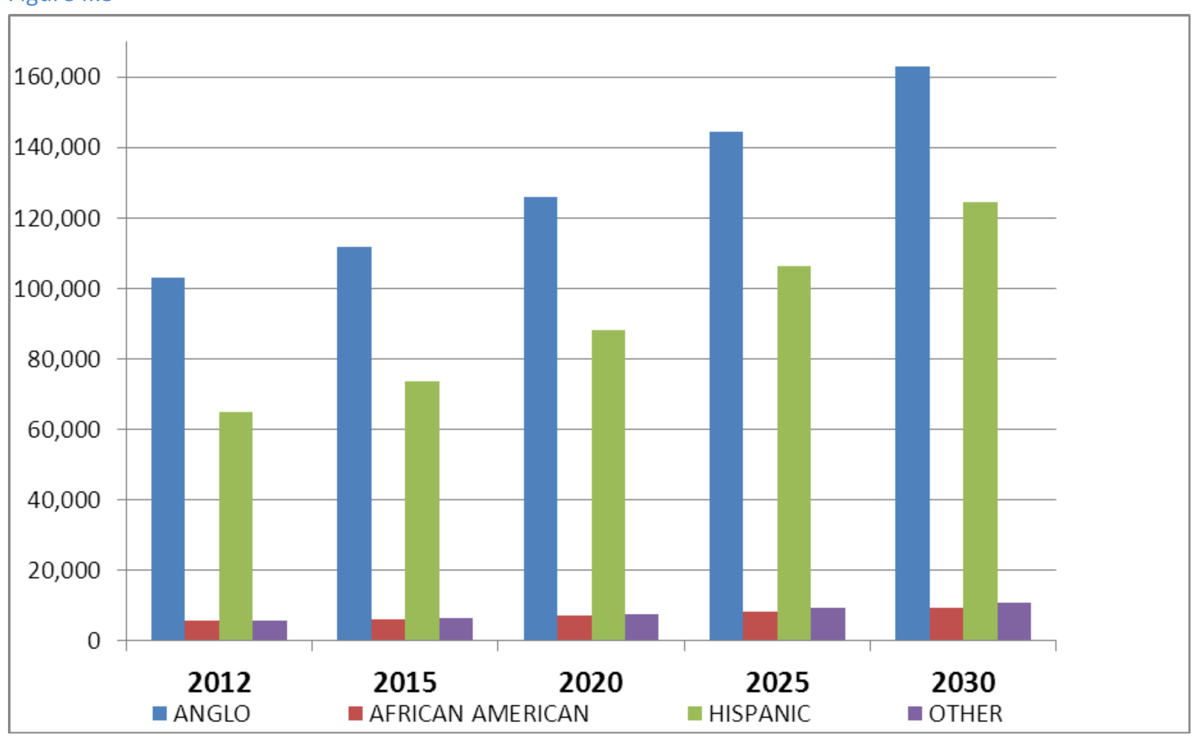
- This region is growing older and more diverse and is projected to continue on that trend through 2030. It is projected that the 15-44 population is going to experience the most growth.

Figure II.2



- In addition, the Hispanic and Caucasian racial groups will see the most growth with the Hispanic population expected to double by 2030.

Figure II.3



- 48% of the Bastrop County adult population has had some college education which is below the national benchmark of 68%. *(Appendix A)*

- The 8.4% unemployment rate is greater than the National 90th percentile and 24% of children in Bastrop County are in poverty. Both of these rates continue to be well above the Nation benchmark *(Appendix A).*

III. ACCESS TO CARE

Access to care was identified as the highest priority need by summit participants. Education as it relates to health literacy and access to service information was a large subset of the access to care discussion at the Summit. In addition, women's health/family planning services and access to current programs were also significant needs identified.

The financial cut in women's health and family planning services have put a strain on the current system of care provided in Hays County. This was reinforced during the prioritization process that listed access to women's health services as the top priority when looking at access related issues. With few providers in the area able to deliver family planning services at a

subsidized cost, many summit participants we worried about the future teen pregnancy rates for the county. In addition, access to various healthy lifestyle programs was also a concern for the community. Residents recognized that many youth afterschool and summer programs exist but they felt like the ability to access those programs was a challenge. Transportation challenges, the high cost of care especially for those that are uninsured and access to specialty care were also identified by the community as needs but not prioritized as high as women's services and program access.

- The uninsured rate in Hays County (22%) is double that of the National 90th Percentile Benchmark.
- Hays County has a significantly higher population to primary care provider ratio than the national benchmark being over double the amount of population per primary care provider as the national benchmark (631 to 1).

	National 90th Percentile	**Hays**
Uninsured rate	11%	22%
Primary Care Physicians	631 to 1	1396 to 1
Air-pollution ozone days	0	3

- Participants repeatedly cited the challenges for low income patients accessing primary care. Per the Texas Medical Association, the number of Texas physicians accepting new Medicaid patients has declined by 36% from 67% in 2000 to 31% in 2012 (Figure IV.1). Over this same time period, the number of physicians accepting new Medicare patients has declined 20%, from 78% to 58% (Figure IV.2).

Figure III.1

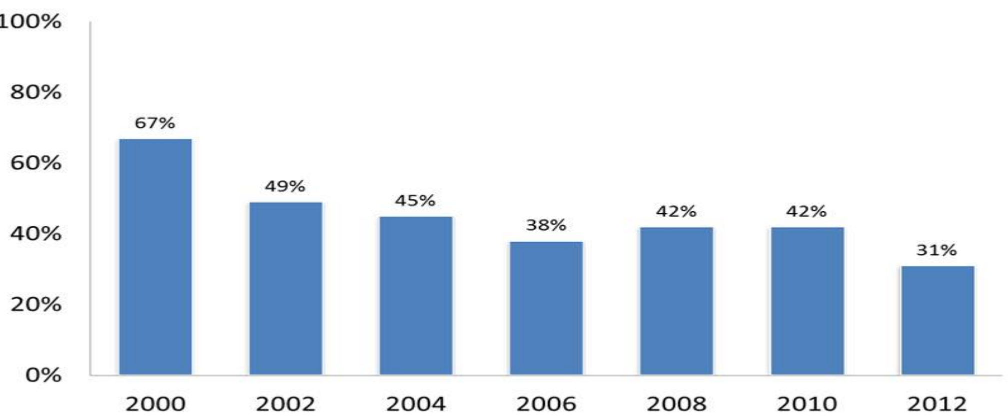
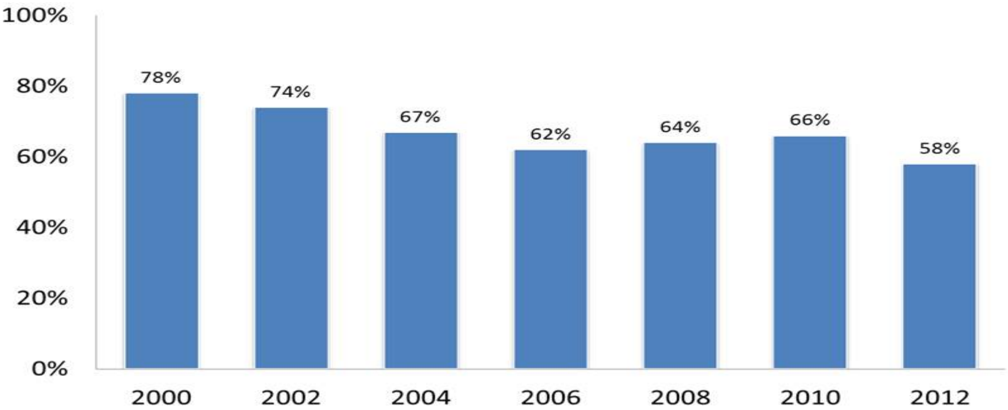


Figure III.2



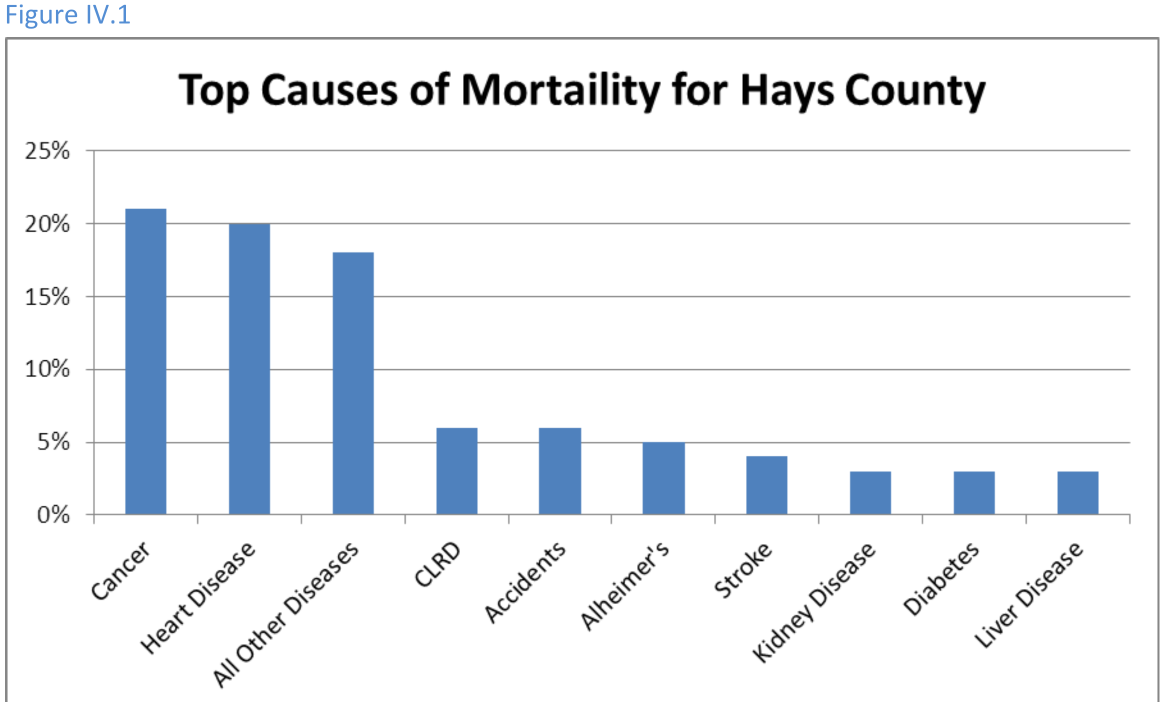
IV. HEALTH OUTCOMES - DISEASE

Chronic diseases emerged as key concern among participants and represent the leading causes of death not only in Hays County but also in the state of Texas. The identified needs involving health outcomes centered around the need for more chronic disease self-management and education as well as the need to focus on caregiver support and education.

As has been the case for many years, cancer and heart disease are the leading causes of death across the Central Texas region. Given this, it comes as no surprise that the one of the priority areas of need identified chronic disease. While this was not prioritized as the highest need category, the need for more chronic disease education and awareness promotion was mentioned by community stakeholders as opportunities of improvement related to chronic disease and disease management. The lack of education may also tie to the need to address community member co-morbidities that often plague the most vulnerable in the community. This brought awareness to the fact that many of the needs reported here are often intertwined and it can difficult to address chronic disease without addressing the behavioral health barriers as well.

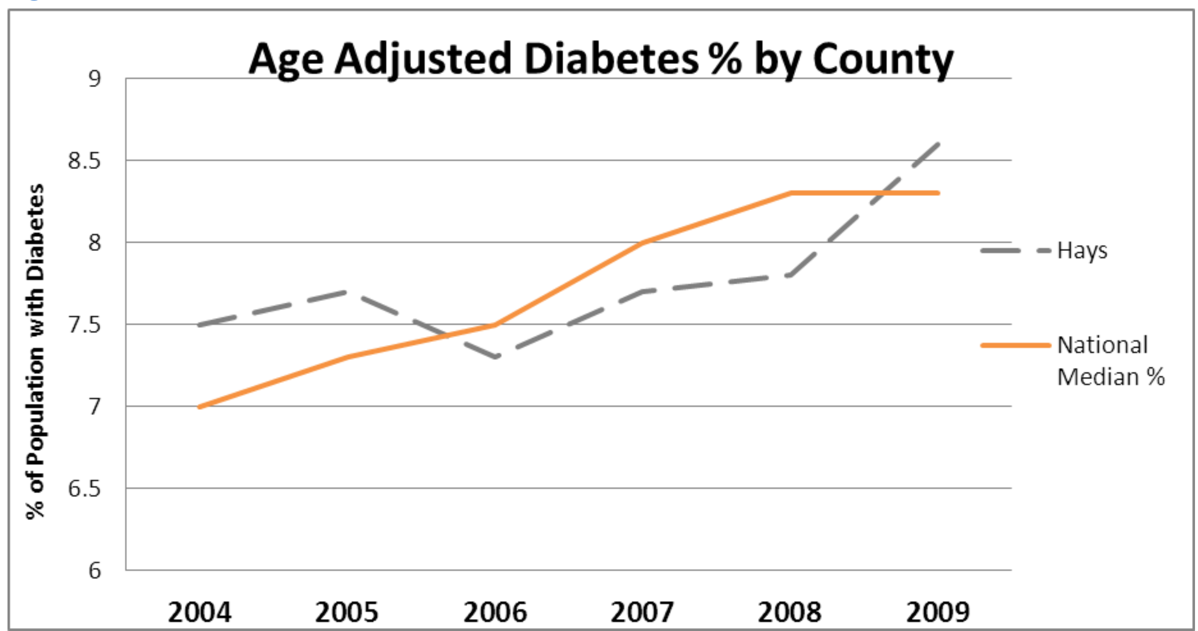
- Consistent with the state and the nation, cancer (21%) and heart disease (20%) are the leading causes of death in Hays County.

Figure IV.1



- The age adjusted diabetes rate in Hays County has increased over time and in 2008 it surpassed the national average.

Figure IV.2



- The rate of new Chlamydia rates in the south region, which includes Hays and Caldwell County, is consistently above the national average while the primary and secondary syphilis incidence rate for the same area is increasing, but still below the national average.

Figure IV.3

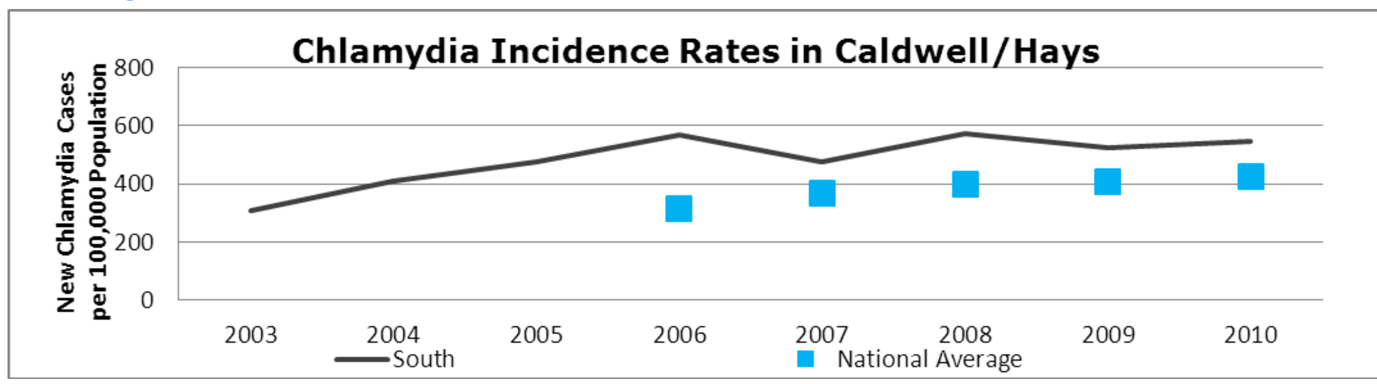
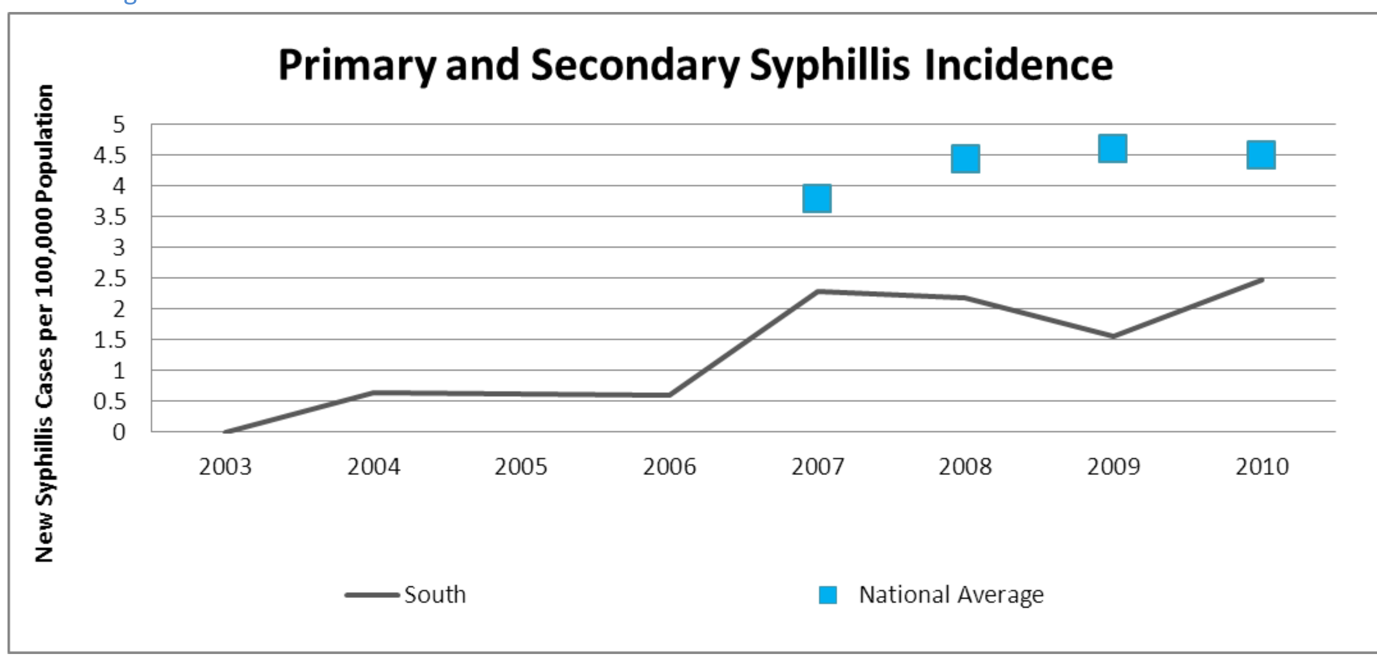


Figure IV.4



- In Hays County, with the exception of smoking, all lifestyle factors rank below the national benchmark.

Figure IV.5

	National 90th Percentile	Hays
Adult Smoking	14%	14%
Excessive Drinking	8%	17%
Sexually Transmitted Infections	84	609
Teen Birth Rate	22	32

V. BEHAVIORAL HEALTH

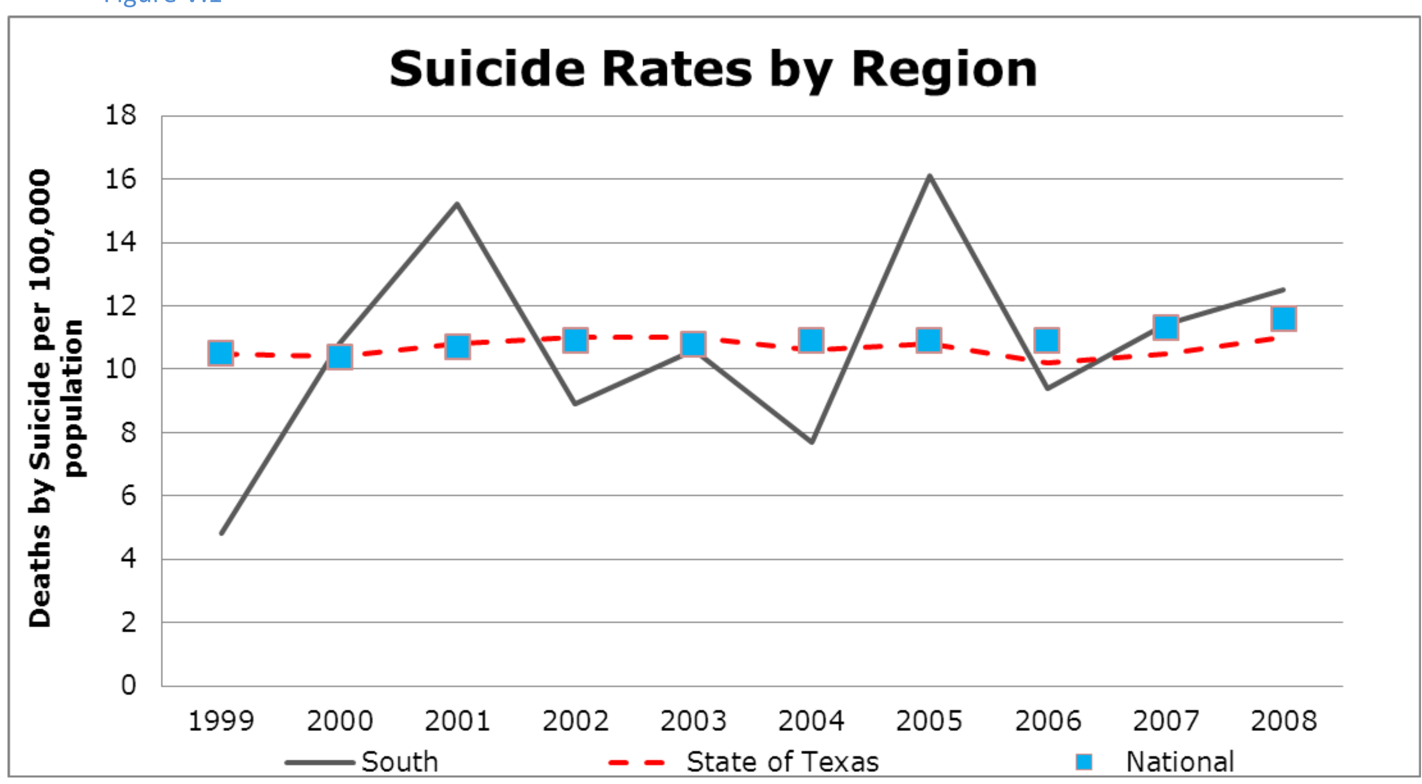
Behavioral health services were identified by Summit participants as the fourth highest priority need facing Hays County. Within this overarching need, participants felt that the greatest area of impact was the ability to collaborate between service providers to provide co-located wrap around services. In addition, the need for providers at the prescribe level were also identified as a need.

With very few behavioral health providers in the Hays, the need for behavioral health services was noted as a priority by Summit participants. According to a 2011 report created by the

Department of State Health Services, 8 psychiatrists had their primary county of practice in Hays County which means there is one psychiatrist per 21,460 residents. While this does not take into account the number of psychologists and/or counselors in Hays or the number of psychiatrists who visit the county on a part time basis, it further supports the community perspective on the lack of mental health providers in these counties. In addition to the lack of providers, Summit participants expressed the need for co-located services that could take an expanded approach to behavioral health care.

- Suicide rates in Hays (South) have fluctuated around the state and national averages and have increased slowly over time. The rates for the region as a whole are similar to national averages.

Figure V.1



- Hays County adults reported that within the past month, they experienced 3.5 poor mental health days and 4 poor physical health days. The national 90th percentile benchmark is 2.3 poor mental health days and 2.6 poor physical health days.

Figure V.2

	National 90th Percentile	Hays County
Poor Mental Health Days	2.30	3.5
Poor Physical Health Days	2.60	4

- As of September 2011, there were 8 psychiatrists who listed Hays County as their primary county of practice.

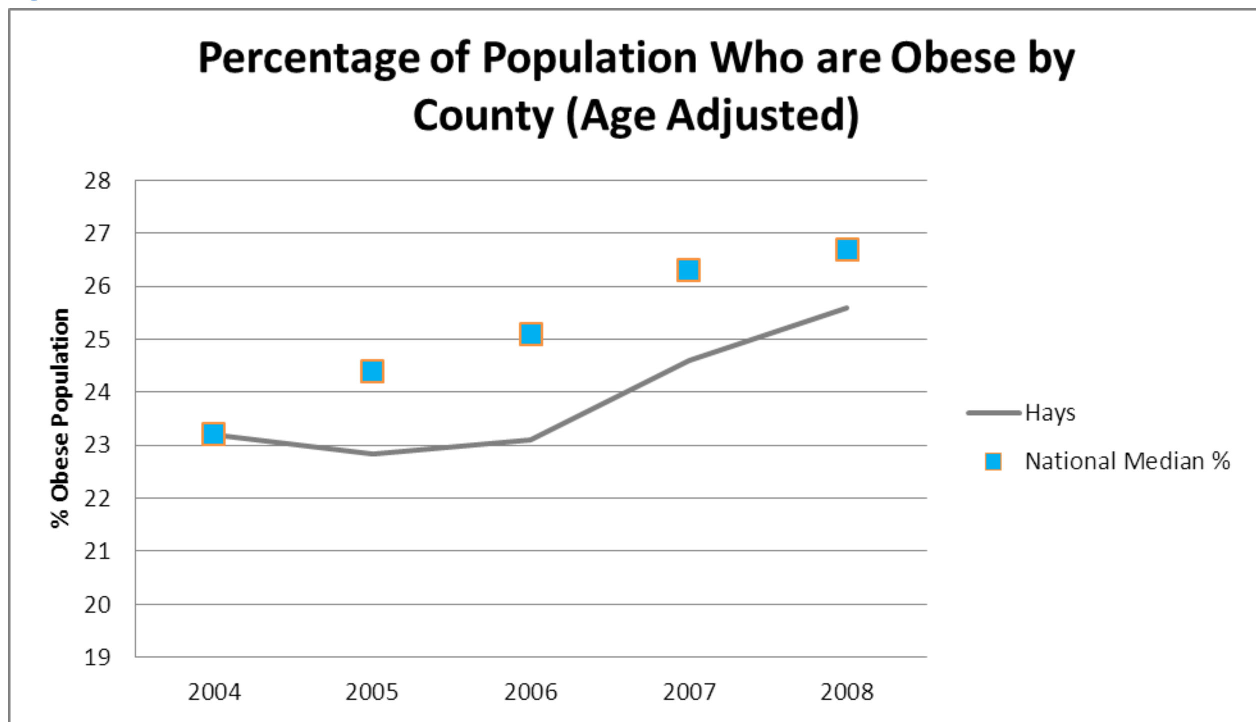
VI. OBESITY

A portion of summit participants felt that the obesity epidemic in Hays County is the most pressing need in the community. Wellness programs at the neighborhood level, access to healthy foods, and the overall need for a cultural shift to healthy lifestyles were the priorities identified in regards to obesity.

Within the region as a whole, obesity continues to increase and consistently above the national average, however in Hays County the percentage of the population who are obese was below the national median. This fact may explain why the community rated it as its lowest priority area but yet still included it as a need for their community. While residents felt that access to healthy foods and healthy environments was important area, others felt that the lack wellness programs targeted at the neighborhood level were missing from the community. It was noted by some stakeholders that while healthy lifestyle education may be available in the community, it may not be delivered in an age appropriate manner that is easily understood by children. The need for more physical activity options was not discussed by participants at the Summit but it was identified as an area of need in the data.

- Obesity is increasing across the Central Texas region, however the obesity rate in Hays County has been consistently below the national average.

Figure VI.1



- On many metrics examined, Hays has worse rates on social and physical environment indicators than the national 90% benchmark. This includes many food related metrics which, for Hays County, have the weakest scores

Figure VI.2

	National 90th Percentile	Hays
Violent Crime Rate	73	225
Air-pollution particulate matter days	0	0
Air-pollution ozone days	0	3
Access to recreational facilities	16	10
Limited access to healthy foods	0%	19%
Fast food restaurants	25%	53%

No more than 9% worse than national benchmark
10% - 49% worse than national benchmark
50% or more worse than national benchmark

- The percent of Hays County residents with physical inactivity (26%), which can have an impact on obesity, is worse than the national benchmark (21%).

VII. PARTNERSHIP AND COLLABORATION

The final need prioritized by Summit participants was the need for increased community partnership and collaboration. The desire to have more community engagement and mobilization as well as an outreach and education mechanism to educate the community on available services was discussed.

- Participants envisioned an integrated community with programs co-located and linked with transportation services to increase community access.

VIII. SUMMARIES: ASSESSMENT AND PRIORITIES

Through a review of secondary social, economic, and public health data coupled with the needs identification and prioritization at the Community Health Needs Summit, this assessment provides an overview of the social and economic environment of the Hays community, the health conditions and behaviors that most impact the population, and the community's perception of which needs are most pressing. Recognizing that the community is constrained by time and resources, and all of the needs identified are important for the community, the following list represents a synthesis of the overarching themes in the order they were prioritized by the community:

1) Access to care
2) Chronic disease
3) Behavioral health
3) Obesity
5) Increased partnership and collaboration

IX. APPENDIX A: COUNTY HEALTH RANKINGS

Robert Wood Johnson Foundation's study of counties ranking counties within a state against each other based on data sources including National Center for Health Statistics, BRFSS, National Center for Disease Prevention and Health Promotion, Medicare/Dartmouth Institute, Bureau of Labor Statistics, and the US Environmental Protection Agency. 2012 rankings based on data from 2002-2010.

Each section of the tables below shows how Hays County compared to National Benchmark Scores in this study and uses the scoring system below:

- (green) No more than 9% worse than national benchmark
- (orange) 10% - 49% worse than national benchmark
- (red) 50% or more worse than national benchmark

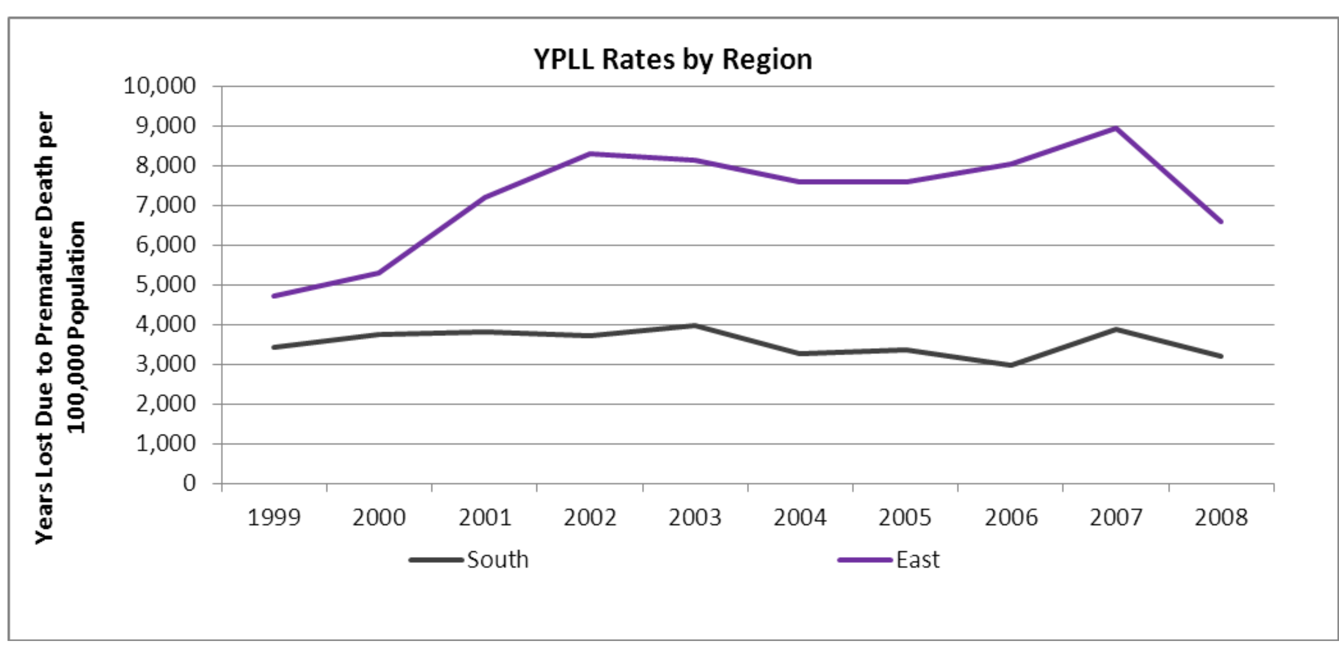
	National 90th Percentile	Hays
Some college	68%	(green) 65%
Unemployment	5%	(orange) 7.10%
Children in poverty	13%	(green) 14%
Children in single parent households	20%	(orange) 25%

	National 90th Percentile	Hays
Uninsured	11%	(red) 22%
Primary Care Physicians	631 to 1	1,396 to 1
Preventable Hospital Stays	49	(orange) 59
Diabetic Screening	89%	(green) 86%
Mammography Screening	74%	(orange) 63%

	National 90th Percentile	Hays
Premature Death (per 10,000)	5,466	(green) 5,622
Poor of fair health	10%	(red) 16%
Poor physical health days	2.6	(red) 4
Poor mental health days	2.3	(red) 3.5
Low birthweight	6.00%	(orange) 7.10%

APPENDIX B: YEARS OF POTENTIAL LIFE LOST

Years of potential life lost is the estimate of how long an average person would had lived had they not died prematurely. The data presented below considers the average person as living to 75. Hays County is considered part of the South region



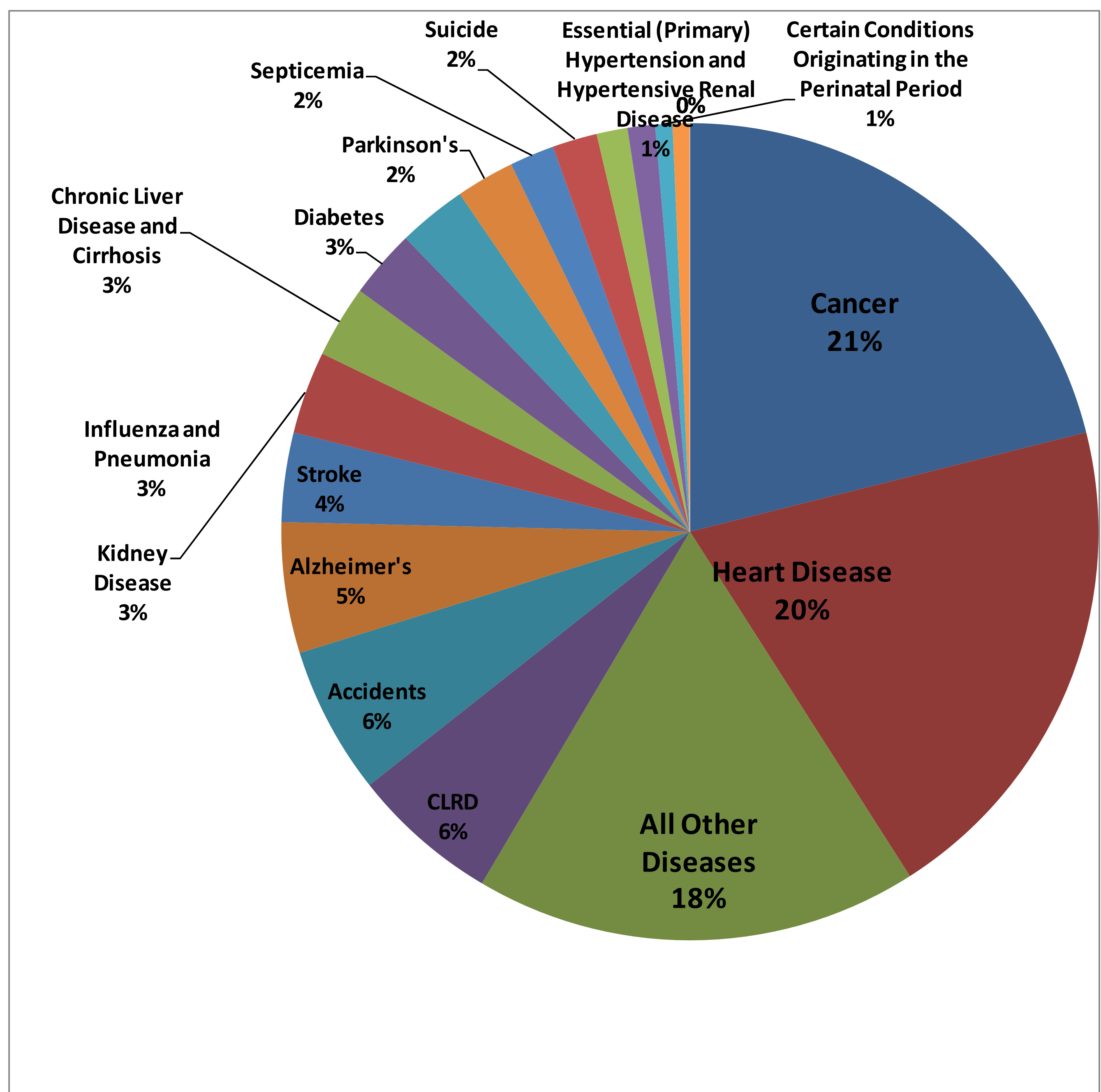
APPENDIX C: PERCENTAGE OF ADULT POPULATION WHO DO NOT EXERCISE

	Year		
County	**2004-2010**	**2006-2010**	**2008-2010**
Hays	25.50%	23.50%	26.40%
Travis	20.90%	20.10%	19.50%
Williamson	20.50%	20.30%	20.90%

*** Per BRFSS phone survey

APPENDIX D: CAUSES OF DEATH

Causes of Death:
2009



APPENDIX E: GLOSSARY AND REFERENCE MATERIAL

Data was pulled from state sources, national studies and needs assessments conducted by other parties as available (i.e. Travis County).

County Health Rankings: Robert Wood Johnson Foundation's study of counties ranking counties within a state against each other based on data sources including National Center for Health Statistics, BRFSS, National Center for Disease Prevention and Health Promotion, Medicare/Dartmouth Institute, Bureau of Labor Statistics, and the US Environmental Protection Agency. 2012 rankings based on data from 2002-2010.

Behavioral Risk Factor Surveillance System (BRFSS): A phone survey given monthly on a random basis that asks about lifestyle risk factors that contribute to leading causes of death. Data through 2010

Travis County Health Indicators: Austin/Travis County Health and Human Services' inaugural report to show the overall burden of disease in the community and highlight areas for improvement, especially around health disparities in the community. Data through 2010

Commonwealth Report: A scorecard for the Austin region relating Austin to the top 1 percent of hospital referral regions for the selected indicators. Data through 2010

Years of potential life lost (YPLL): Estimated number of years lost by premature death, assuming 65 is the standard age of death. Data through 2008

Data in this assessment are generally incidence rates per 100,000 population, but prevalence rates are included when relevant.

- **Incidence** - Number of new cases per population in a given time period.
- **Prevalence** - Proportion of population found to have a condition

APPENDIX F: METRICS FOR COUNTY HEALTH RANKINGS

Health Outcomes				
Focus Area	**Measure**	**Weight**	**Source**	**Year(s)**
Mortality (50%)	Premature death (years of potential life lost before age 75 per 100,000 pop)	50%	Vital Statistics, National Center for Health Statistics (NCHS)	2006-2008
Morbidity (50%)	Poor or fair health (percent of adults reporting fair or poor health)	10%	Behavioral Risk Factor Surveillance System (BRFSS)	2004-2010
	Poor physical health days (average number in past 30 days)	10%	BRFSS	2004-2010
	Poor mental health days (average number in past 30 days)	10%	BRFSS	2004-2010
	Low birthweight (percent of live births with weight < 2500 grams)	20%	Vital Statistics, NCHS	2002-2008

	Clinical Care (20%)			
Focus Area	**Measure**	**Weight**	**Source**	**Year(s)**
Access to care (10%)	Uninsured (percent of population < age 65 without health insurance)	5%	Census/American Community Survey (ACS)—Small Area Health Insurance Estimates (SAHIE)	2009
	Ratio of population to primary care physicians	5%	Health Resources and Services Administration, Area Resource File (ARF)	2009
Quality of care (10%)	Preventable hospital stays (rate per 1,000 Medicare enrollees)	5%	Medicare claims/Dartmouth Atlas	2009
	Diabetic screening (percent of diabetics that receive HbA1c screening)	5%	Medicare claims/Dartmouth Atlas	2009
	Mammography screening	5%	Medicare claims/Dartmouth Atlas	2009

	Social and Economic Environment (40%)			
Focus Area	**Measure**	**Weight**	**Source**	**Year(s)**
Education (10%)	High school graduation	5%	State sources and the National Center for Education Statistics	Varies by state, 2008-2009 or 2009-2010
	Some college (Percent of adults aged 25-44 years with some post-secondary education)	5%	ACS	2006-2010
Employment (10%)	Unemployment rate (percent of population age 16+ unemployed)	10%	Local Area Unemployment Statistics, Bureau of Labor Statistics	2010
Income (10%)	Children in poverty (percent of children under age 18 in poverty)	10%	Census/CPS—Small Area Income and Poverty Estimates (SAIPE)	2010
Family and social support (5%)	Inadequate social support (percent of adults without social/emotional support)	2.5%	BRFSS	2004-2010
	Percent of children that live in single-parent household	2.5%	ACS	2006-2010
Community safety (5%)	Violent crime rate per 100,000 population	5%	Uniform Crime Reporting, Federal Bureau of Investigation –*State data sources for Illinois*	2007-2009

	Physical Environment (10%)			
Focus Area	**Measure**	**Weight**	**Source**	**Year(s)**
Environmental quality (4%)	Air pollution-particulate matter days (average number of unhealthy air quality days)	2%	CDC-Environmental Protection Agency (EPA) Collaboration *Data not available for Alaska and Hawaii*	2007
	Air pollution-ozone days (average number of unhealthy air quality due to ozone)	2%		
Built environment (6%)	Limited access to health foods (percent of population who lives in poverty and more than 1 or 10	2% (all but AK & HI)	United States Department of Agriculture, Food Environment Atlas *Data not*	2006

	miles from a grocery store)		*available for Alaska and Hawaii*	
	Access to healthy foods (percent of zip codes with healthy food outlets) *for Alaska and Hawaii*	*2% (AK & HI)*	Census Zip Code Business Patterns	2009
	Access to recreational facilities	2%	Census County Business Patterns	2009
	Fast food restaurants (percent of all restaurants that are fast food)	2%	Census County Business Patterns	2009

Health Outcomes				
Focus Area	**Measure**	**Weight**	**Source**	**Year(s)**
Mortality (50%)	Premature death (years of potential life lost before age 75 per 100,000 pop)	50%	Vital Statistics, National Center for Health Statistics (NCHS)	2006-2008

APPENDIX G: SUMMIT PARTICIPANT LIST

Name	Affiliation
Kit Abney Spelce	Insure-a-kid
Matt Balthazar	Seton Healthcare Family
Carole Belver	Community Action Inc.
Ann Berghamer	Central Texas Medical Center
Christina Brito	National Center for Farmworker Health
Mari Cortez	CommuniCare Health Centers
Dana Craven	Integrated Care Collaboration
Herb Dyer	Seton Medical Center – Hays
Joni Erhardt	Capital Area Rural Transportation System
Ray Anne Evans	Breast Cancer Resource Center
Teresa Griffin	Seton Healthcare Family
Derry Ann Martinez	City of San Marcos
Sandy Martinez Nave	Superior Health Plan
Eliza May	Austin Affiliate of Susan G. Komen for the Cure
Julie Mazur	CAMPO Community Solutions
Robert Milks	CommuniCare Health Centers
Megan Mullins	Seton Healthcare Family
Dianna Petrick	Breast Cancer Resource Center
Dana Platt	CARTS
Carrie Reed	Seton Healthcare Family
Ruth Roberts	Hays Consolidated ISD
Jerri Roberts	Angels for Elders
Barbara Rosen	Wimberley Home Health
Lisa Rukovena	RiverKids
Bobbi Ryder	National Center for Farmworker Health
Sonia Saenz	Blue Cross/Blue Shield
Jay Seifert	WellStartNow
Whitney Self	Hays Consolidated ISD
Shannon Smith	Merck
Lupe Yanez	Blue Cross/Blue Shield