

Bastrop County Community Health Needs Assessment

November 2012

Prepared on behalf of the Seton Healthcare Family and the Community Health Coalition of Caldwell County. 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 the Community Health Coalition of Caldwell County 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 Bastrop, Lee, and Fayette County.

The importance of community health needs assessments was reinforced by the 2010 Patient Protection and Affordable Care Act provisions, which require 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 Smithville 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 Bastrop, Lee, and Fayette County, and
- 2) A community summit with representation from community stakeholders, residents 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 the East Region (Bastrop, Lee, and Fayette 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 Bastrop 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.

One hospital system, Seton Healthcare Family, provides the only inpatient facility in Bastrop County while St. David's provides emergency services through a free-standing emergency room facility. In addition, the county also has one safety net clinic available to respond to the health needs of the community. A Federally Qualified Health Center operated by Lone Star Circle of Care is planned to open in Bastrop in the coming years.

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. Collaborating with other organizations creating CHNAs within our service area provided more nuanced data in certain areas because some groups approach the CHNA with a methodology based more on community input.

Community engagement and prioritization methods:

The Seton Healthcare Family, in collaboration with the Community Health Coalition of Caldwell County, hosted a Community Health Needs Summit for the Bastrop 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 Bastrop County and then prioritize those needs in order of importance. The invitation to the Summit was sent out through local collaborations, partnerships, 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, community residents and other service providers that serve the community. A complete list of Summit participants can be found in *Appendix 1*.

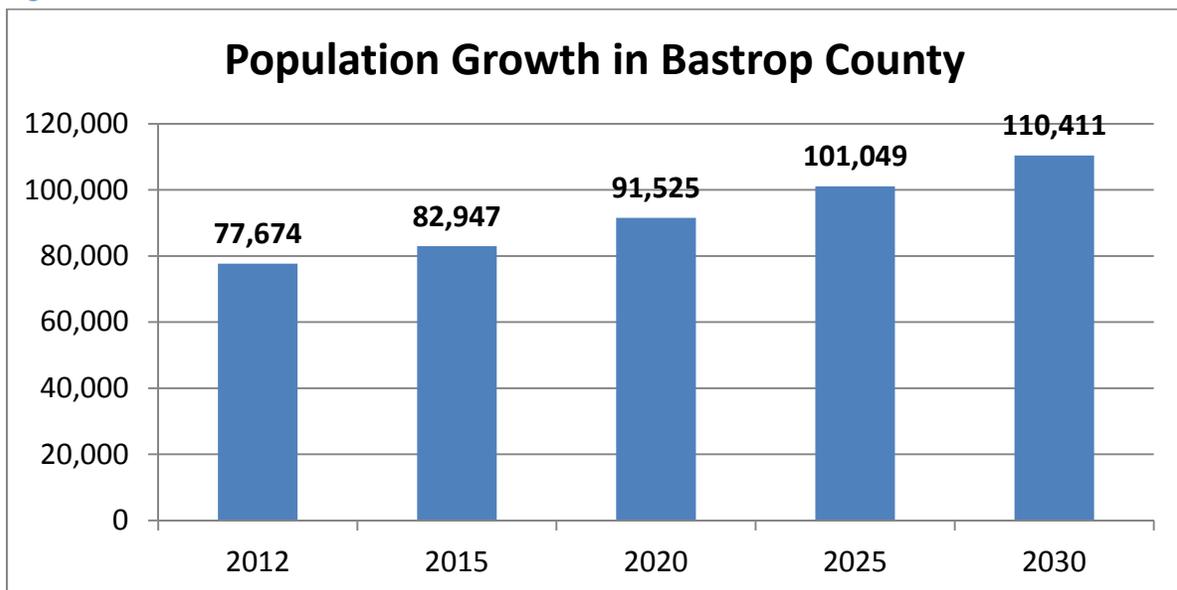
In order to identify the community’s needs, Seton Healthcare Family presented current health and demographic data to the Summit participants. Participants then engaged in table discussions regarding what the data revealed to them as well as what other they needs see in the community that did not show 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 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. BASTROP COUNTY DEMOGRAPHICS

The population in Bastrop 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 65+ age group and the Hispanic population.

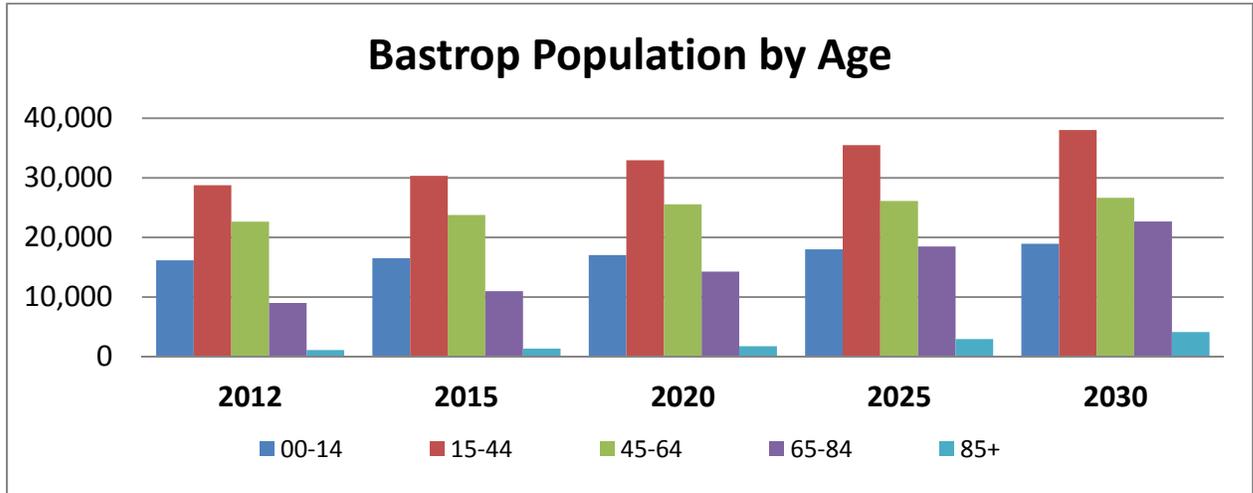
- Bastrop County is expected to maintain steady population growth over the next 18 years, from a population of 77,674 in 2012 to 110,411 in 2030. (Figure II.1)

Figure II.1



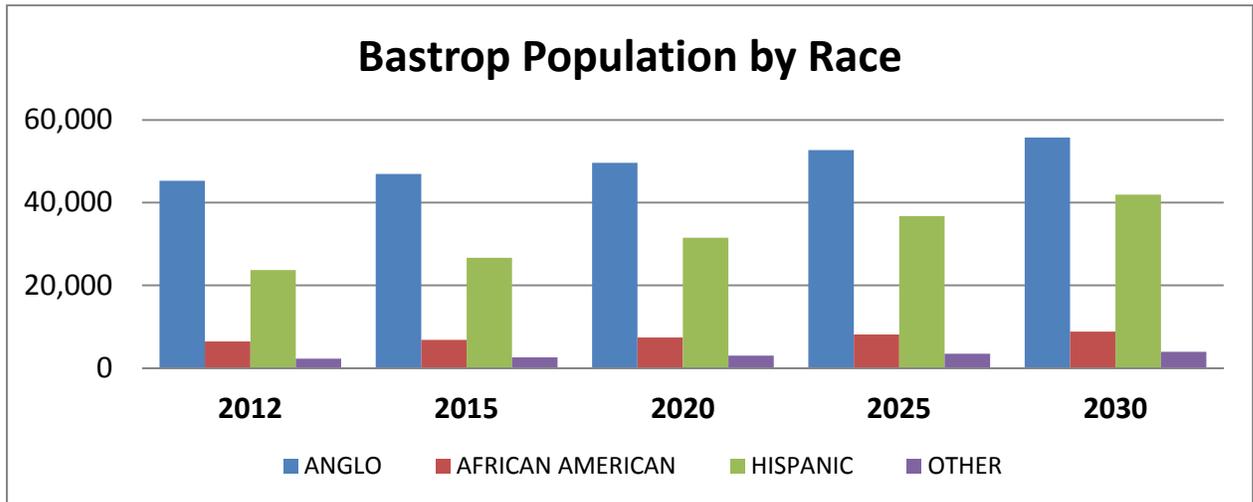
- This region is growing older and more diverse and is projected to continue on that trend through 2030. It is projected that the 15-44 and the 65+ populations are going to experience the most growth. (Figure II.2)

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)

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 national median (*Appendix A*).

III. ACCESS TO CARE

Access to care was identified by summit participants as the highest priority need for Bastrop County. This included specific concern for identifying ways to connect residents to available resources as well as services for the un- and underinsured.

Bastrop County participants listed access to care as the highest ranking health priority. Though a multitude of factors influence access to care, care for the un- and underinsured as well as connecting residents to available resources were the two areas of focus for summit participants. With three times the amount of population per primary care provider than the national average, it was no surprise that these two subgroups emerged. The fewer the primary care providers, the longer individuals have to wait to receive care and the fewer options available for un- and underinsured patients. As the population continues to grow in Bastrop County, opportunities exist to streamline avoidable hospital use and cost, especially among more vulnerable populations.

- In Bastrop County, the uninsured rate (27%) is nearly three times the national benchmark.
- Bastrop County has a significantly higher population-to-primary-care-provider ratio than the national benchmark. This means that Bastrop County has three times the number of residents per primary care provider as the national benchmark (631 to 1).

	National 90 th Percentile	Bastrop County
Uninsured rate	11%	 27%
Primary Care Physicians	631 to 1	1,933 to 1
Air-pollution ozone days	0	 0

- One of the key themes that was repeatedly cited by summit participants were the challenges to 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 III.1). Over this same

period, the number of physicians accepting new Medicare patients has declined 20%, from 78% to 58% (Figure III.2)

Figure III.1

Percent of Texas Physicians Who Will Accept All New Medicaid Patients

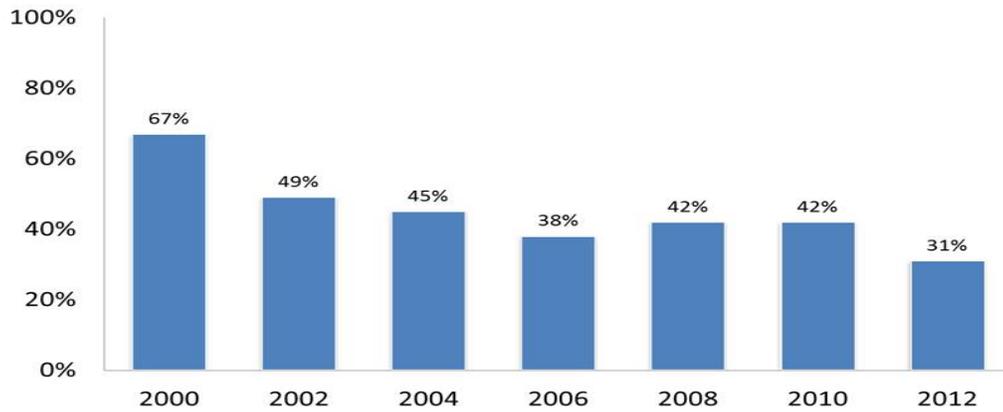
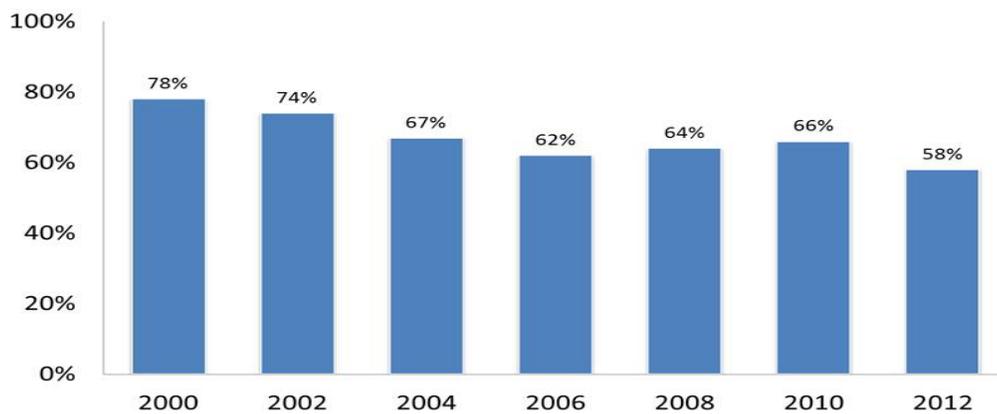


Figure III.2

Percent of Texas Physicians Who Will Accept All New Medicare Patients



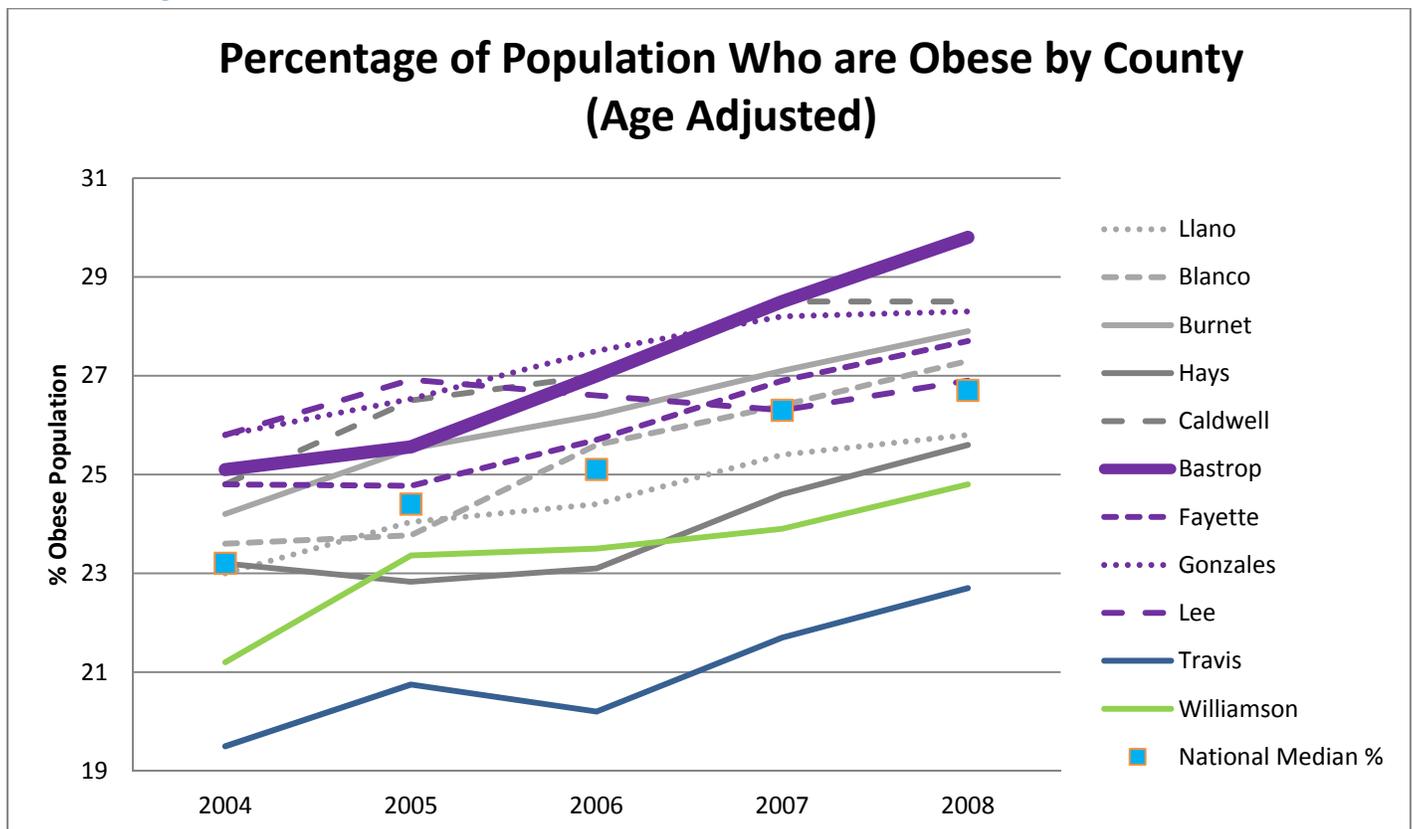
IV. OBESITY

A significant portion of summit participants felt that the obesity epidemic in Bastrop County was the most pressing need in the community. The lack of accessible recreation outlets and the need for nutrition education were the top two obesity-related priorities identified by summit participants.

Within the region as a whole, obesity continues to increase and is consistently above the national average. The highest levels of obesity are found in the eastern region with Bastrop having the highest rates of all counties. This fact may explain why the community felt that obesity was the second highest priority area to focus on. While the data points out that there is limited access to healthy foods and healthy environments, participants felt that the lack of nutrition education and recreation outlets were the areas of greatest need. It was noted by some stakeholders that while recreation outlets may be available in the community, the rural nature of the county may not allow residents to access them because they have to travel long distances to get to them.

- Obesity is increasing across the area and is consistently above the national average for the entire east region, most severe in Bastrop County. (Figure IV.1)

Figure IV.1



- On many social and physical environment metrics examined, Bastrop County falls below national benchmarks. These include obesity-related areas such as the percentage of restaurants that are considered fast food restaurants, access to recreational facilities and crime. (Figure IV.2)

Figure IV.2

	National 90 th Percentile	Bastrop
Violent Crime Rate	73	 375
Air-pollution particulate matter days	0	 0
Air-pollution ozone days	0	 0
Access to recreational facilities	16	 5
Limited access to healthy foods	0%	 27%
Fast food restaurants	25%	 41%

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

- The percentage of Bastrop County residents who report physical inactivity (27%) is higher than the national benchmark (21%). A sedentary lifestyle can contribute to increased levels of obesity.

V. PARTNERSHIP AND COLLABORATION

The third highest need prioritized by Summit participants was the need for increased community partnership and collaboration. This included the desire to have more community collaboration between organizations and the ability to access existing programs in neighboring areas.

- Participants recognized that there are resources currently in Bastrop but are not used in a collaborative manner. The ability to collaborate on joint use agreements for facility usage with school was an example that was brought up numerous times.
- Residents expressed the desire to connect more easily to programs and services in neighboring communities, especially Austin. By connecting with these existing programs, residents felt like they could access the services without having to re-invent the wheel.

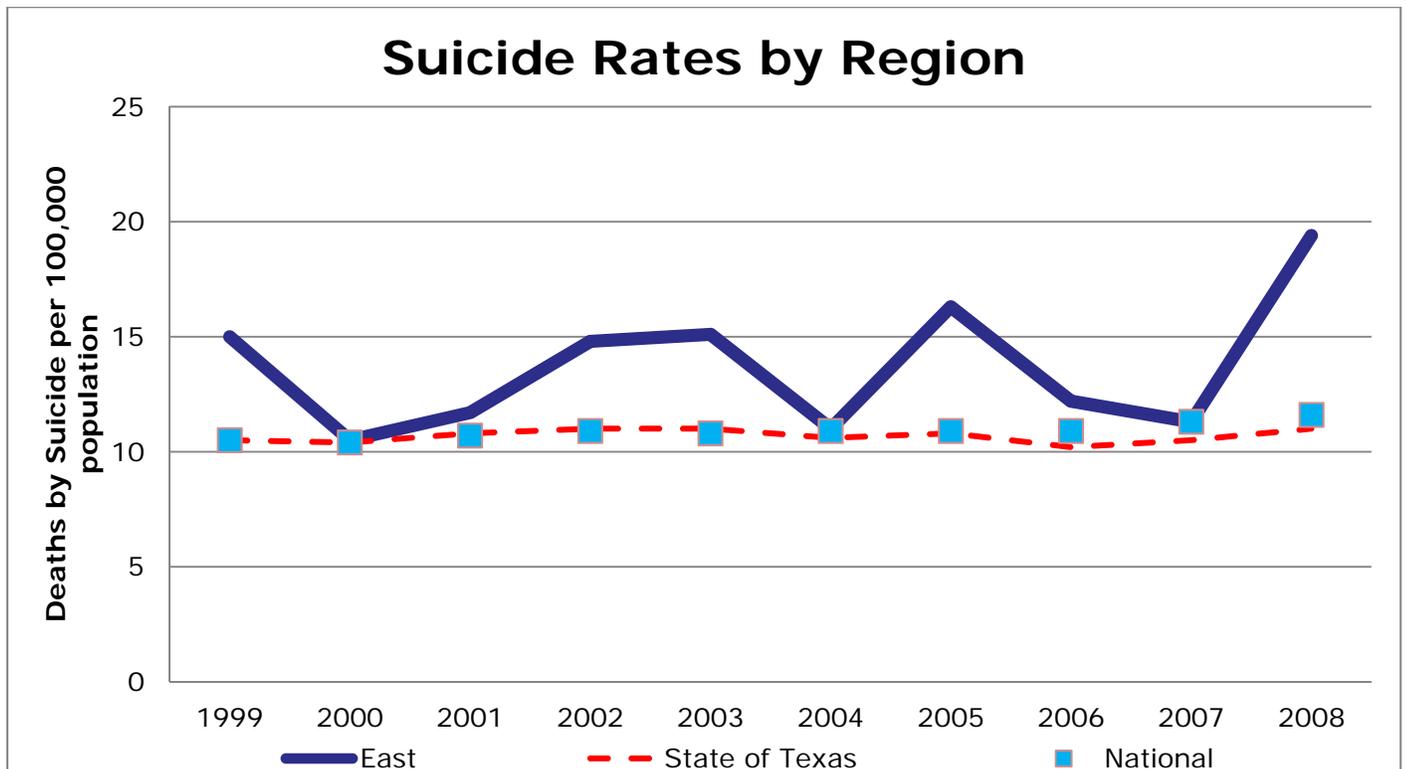
VI. BEHAVIORAL HEALTH

Behavioral health services were identified by Summit participants as the fourth highest priority need facing Bastrop County. Within this overarching need, participants felt that a gap existed for suicide interventions. In addition, the need to address behavioral health needs in conjunction with chronic disease management was another gap identified by summit participants

With very few behavioral health providers in Bastrop County, 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, 3 psychiatrists had their primary county of practice in Bastrop County. This means that there is one psychiatrist per 28,153 residents. While this does not take into account the number of psychologists and/or counselors in Bastrop County 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 suicide interventions, Summit participants expressed the need for co-located services that could take an expanded approach to behavioral health care.

- Suicide rates in Bastrop County (East) are slightly higher than state and national averages and slightly higher than the region as a whole.

Figure VI.1



- In Bastrop County the percent of adults reporting that they are in fair or poor health is nearly double the national benchmark, but the reported days of poor mental and physical health (in the last 30 days) are near the 90th percentile benchmark.

Figure VI.2

	National 90 th Percentile	Bastrop County
Poor or fair health	10%	 16%
Poor Mental Health Days	2.30	 2.9
Poor Physical Health Days	2.60	 2.8

- As of September 2011, there were 3 psychiatrists who made Bastrop County their primary county of practice.

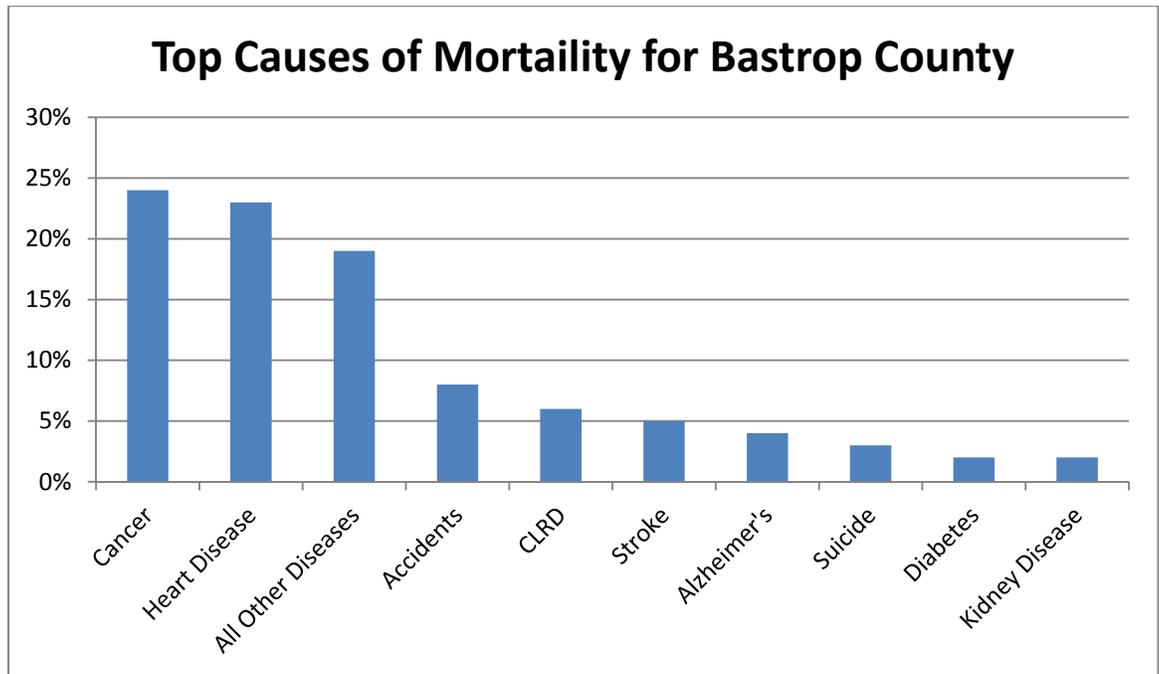
VII. HEALTH OUTCOMES - DISEASE

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

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 was 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, lifestyle, and cultural barriers as well.

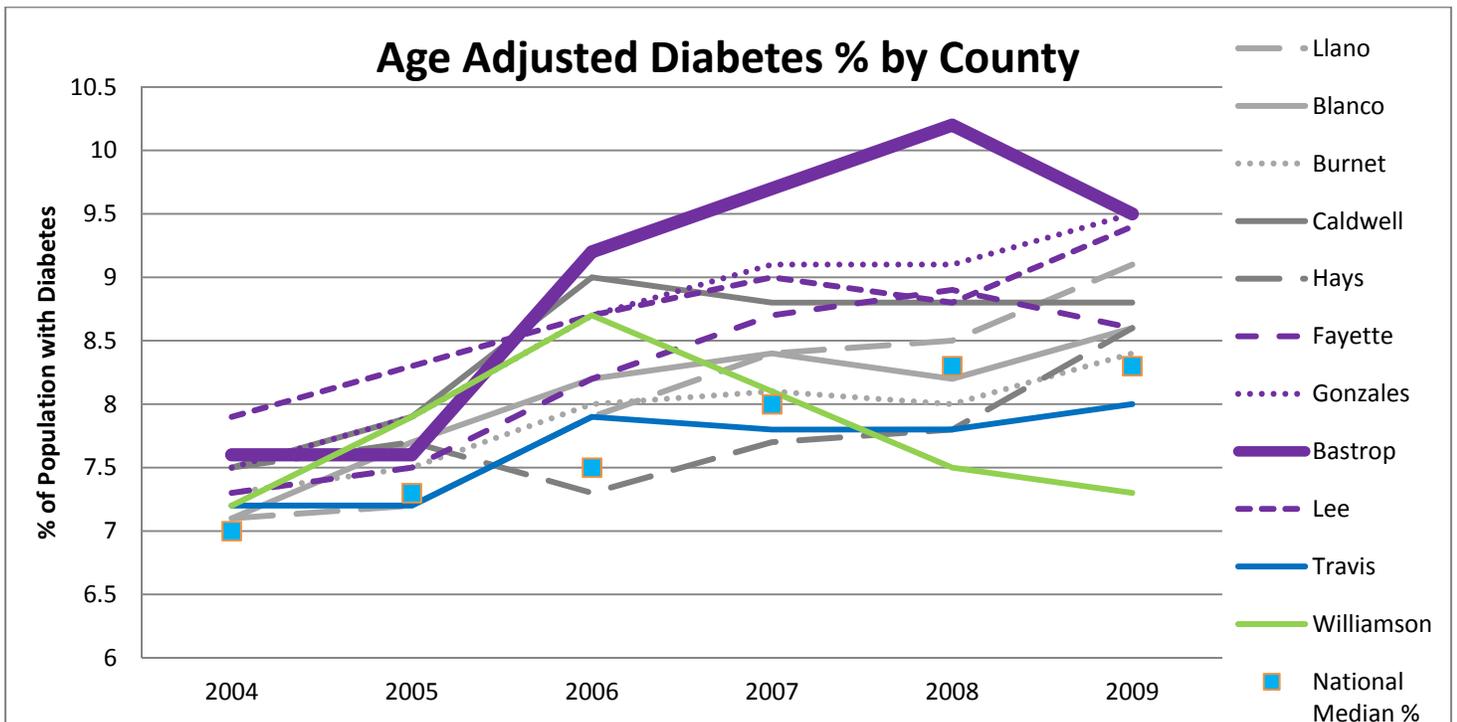
- Consistent with the state and the nation, cancer (24%) and heart disease (23%) are the leading causes of mortality in Bastrop County.

Figure VII.1



- The age adjusted diabetes rate in Bastrop County has increased over time and is consistently above the national and regional averages.

Figure VII.2



- In Bastrop County, all of the identified lifestyle factors rank below the national benchmark.

Figure VII.3

	National 90 th Percentile	Bastrop County
Adult obesity	25%	 31%
Motor Vehicle Crash Death Rate	12	 35
Sexually Transmitted Infections	84	 276
Teen Birth Rate	22	 54

VIII. ACCIDENTS

With motor vehicle accidents representing a significant amount of the years of potential life lost in Bastrop County, residents expressed a need for increased collaboration regarding highway safety.

Summit participants were surprised by the high rate motor vehicle deaths identified in the data but attributed this to the lengthy commutes residents have living in Bastrop County. While the discussion did not produce any specific identified areas of need, it did promote the general consensus that collaboration regarding highways safety is required.

- Accidents comprise the leading cause of years of potential life lost (YPLL) in the east region.
- The east region has 10% more Motor Vehicle Accidents (MVA) in its cause of death by accident category (53% of deaths due to accident) than the other regions which have an average of 43% MVA comprising accident deaths

Figure VIII.1

Age Adjusted Motor Vehicle Accident Death Rates (per 100,000)				
County	2002-2008	2004-2008	2006-2008	2008
Caldwell	25.8	26.3	25.1	NA
Hays	18.9	17	16.4	17.7
Gonzales	40.2	37.1	38.7	NA
Fayette	31.7	33.3	37.8	NA
Bastrop	34.8	31.4	31.9	35
Travis	12.3	11.5	11.6	11.9

IX. 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 Bastrop County 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) Obesity
- 3) Increased partnership and collaboration
- 4) Behavioral health
- 5) Health outcomes – Disease
- 6) Accidents

X. 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:

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

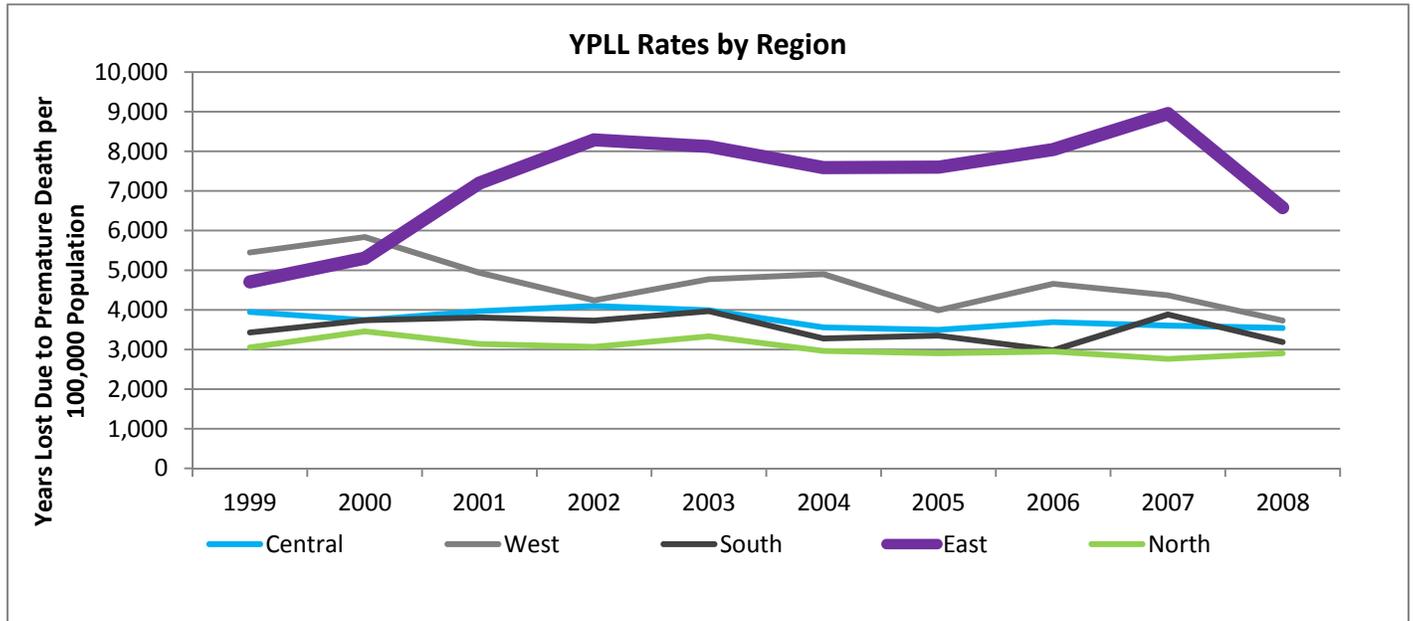
	National 90 th Percentile	Bastrop
Some college	68%	 48%
Unemployment	5%	 8.40%
Children in poverty	13%	 24%
Children in single parent households	20%	 27%

	National 90 th Percentile	Bastrop
Uninsured	11%	 27%
Primary Care Physicians	631 to 1	1,933 to 1
Preventable Hospital Stays	49	 89
Diabetic Screening	89%	 80%
Mammography Screening	74%	 63%

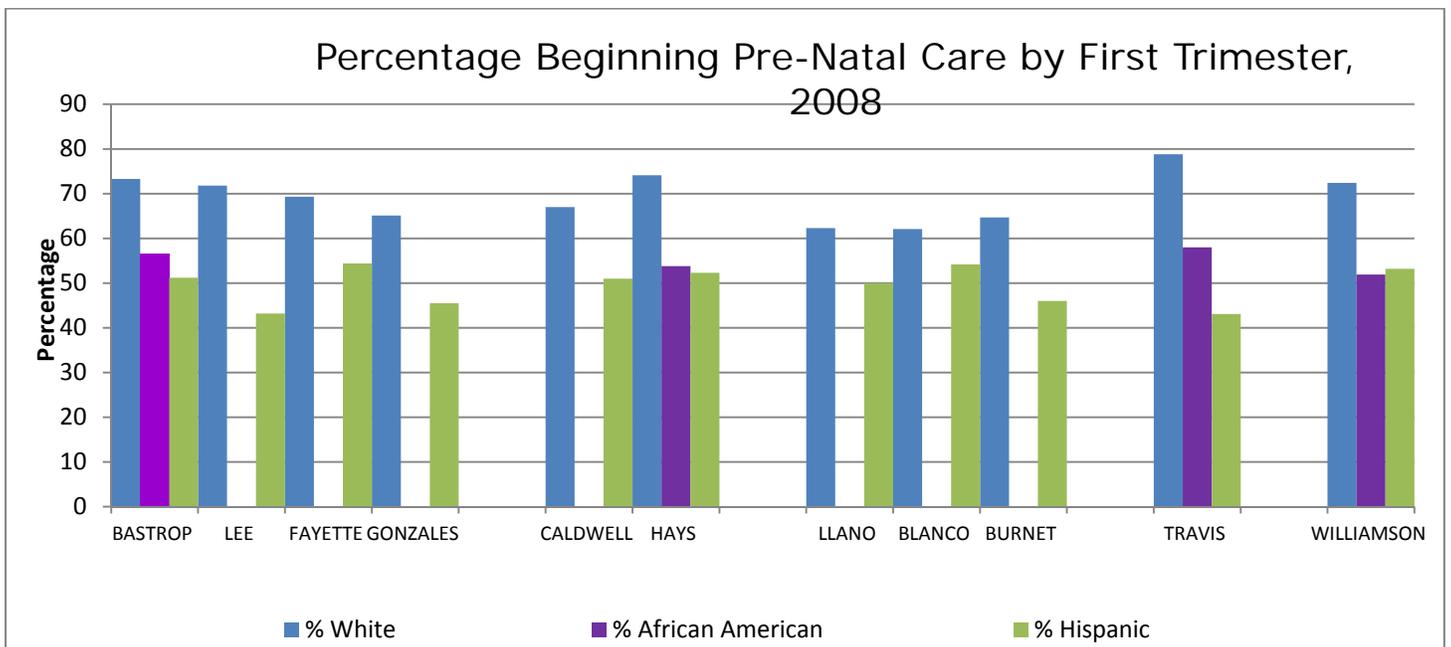
	National 90 th Percentile	Bastrop
Premature Death (per 10,000)	5,466	 8,198
Poor or fair health	10%	 16%
Poor physical health days	2.6	 2.8
Poor mental health days	2.3	 2.9
Low birth weight	6.00%	 7.30%

APPENDIX B: YEARS OF POTENTIAL LIFE LOST

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

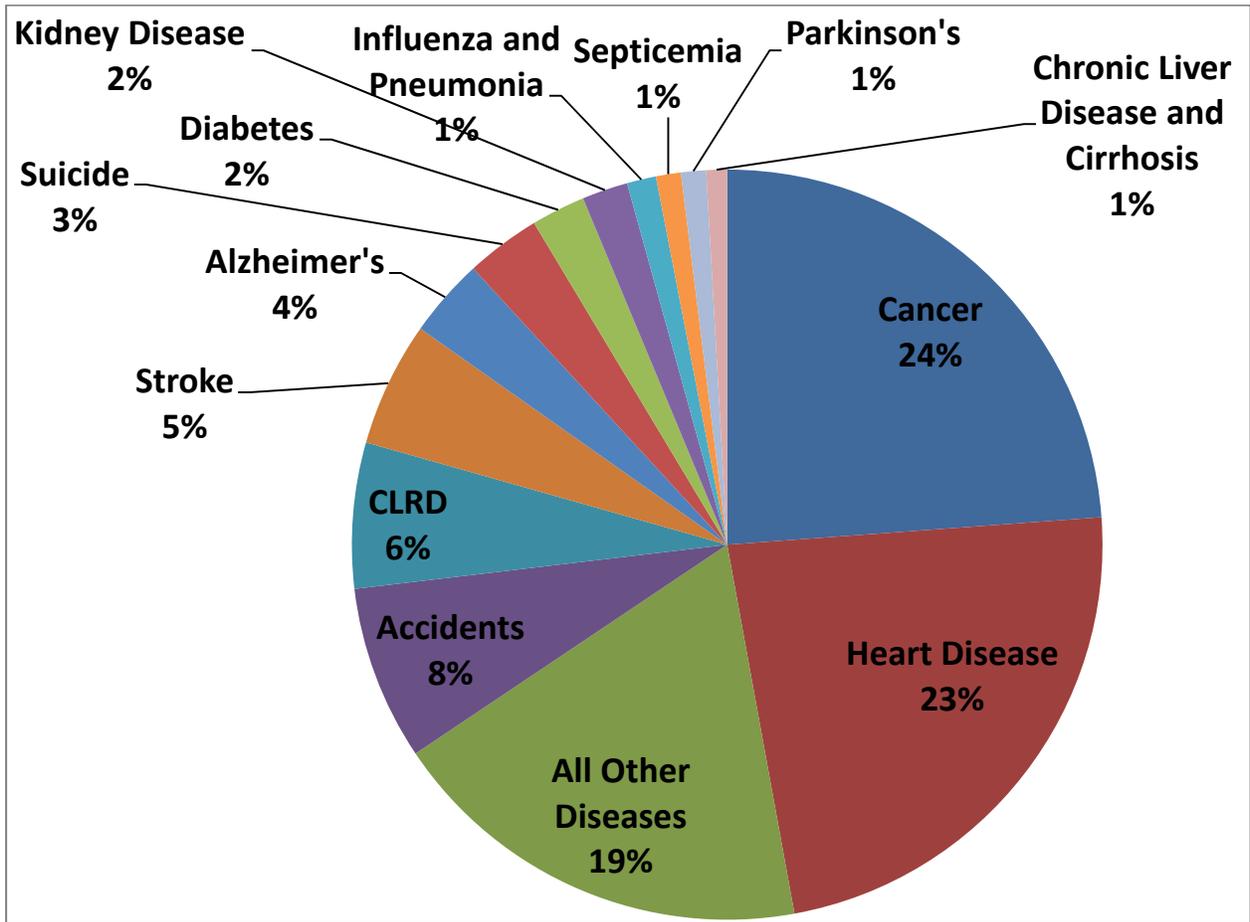


APPENDIX C: BIRTHS



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 – <i>State data sources for Illinois</i>	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 <i>Data not available for Alaska and Hawaii</i>	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 miles from a grocery store)	2% (all but AK & HI)	United States Department of Agriculture, Food Environment Atlas <i>Data not available for Alaska and Hawaii</i>	2006

	Access to healthy foods (percent of zip codes with healthy food outlets) <i>(AK & HI for Alaska and Hawaii)</i>	2%	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
Janet Alexander	Seton Healthcare Family
Matt Balthazar	Seton Healthcare Family
Kim Barker	St. David's Healthcare
LaDonna Boyd-Neuann	Bluebonnet Trails
Traci Boyle	Methodist Healthcare Ministries
Gail Courtemanche	Bluebonnet Trails
Michelle Covarrubias	LoneStar Circle of Care
Dana Craven	Integrated Care Collaboration
Ashton Cumberbatch	Seton Healthcare Family
Dorothy Dockery	Department of State Health Services
Tessy Dorantes	Bastrop Prescription Assistance
Teresa Griffin	Seton Healthcare Family
Maria Gutierrez	Clinica Betesda
Debby Hall	Family Crisis Center
Rebekah Haynes	LoneStar Circle of Care
Cathy Henzen	Family Crisis Center
Grady Hooper	Seton Smithville Hospital
Liz Johnson	Health Coalition of Caldwell County
Sue Long	Opportunity Bastrop
Sandy Martinez Nava	Superior Health Plan
Yolanda Morales	Bastrop County
Megan Mullins	Seton Healthcare Family
Paul Pape	Bastrop County
Karah Ray	Health Coalition of Caldwell County
Carrie Reed	Seton Healthcare Family
Sharlene Scheler	Methodist Healthcare Ministries
Staci Schley	Bluebonnet Trails
Kelsey Schwarz	Health Coalition of Caldwell County