

Burnet County Community Health Needs Assessment

January 2013

Prepared on behalf of the Seton Healthcare Family and the Highland Lakes Health Partnership. 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 worked in partnership with the Highland Lakes Partnership, a local collaboration of service providers and community members, 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 Burnet County.

The importance of community health needs assessments was 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 Highland Lakes 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 Burnet County and
- 2) A community survey with representation from community stakeholders, residents and public officials in an attempt to validate the data analysis and/or identify other community needs that were not revealed in the data. In addition, the survey provided participants the opportunity to prioritize the needs identified with the goal of ranking those needs that 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 – January 2013 and will serve as the basis for Seton Healthcare Family's Community Benefit Plan for Burnet 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 Burnet 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.

A review of existing health care resources reveal one hospital system, Seton Healthcare Family, provides the only inpatient facility in Burnet County. In addition, the county also has six rural health clinics operated by Scott and White and Seton Healthcare that are available to respond to the health needs of the community

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 Highland Lakes Health Partnership, conducted a virtual Community Health Needs Survey for Burnet County. The survey was designed as a way to gain insight into the progress that has been made since the last CHNA and to provide participants an avenue to identify current needs. The two goals for the survey were for the community to express current needs effecting Burnet County and then prioritize those needs in order of importance. The survey invitation was sent out through local collaborations, partnerships, and council list serves with targeted outreach to schools and other key

community stakeholders. In response, there was representation from the public health department, hospitals, clinics, school district, community members, and other service providers that serve the community. A complete list of survey participant’s occupations can be found in *Appendix 1*.

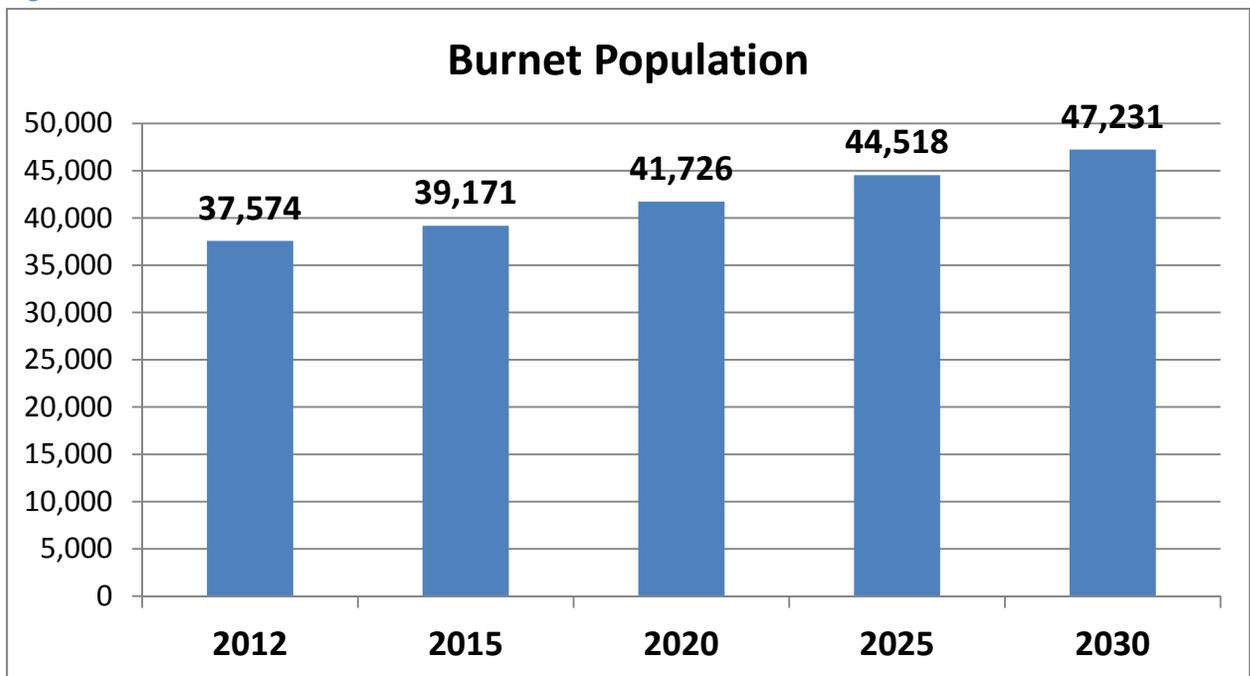
This collaborative process created a list of needs that were prioritized by survey respondents and categorized by theme. These themes served as the overarching needs that were identified with subgroups within each category. Participants used a Likert scale to express their opinions as to which category was the highest priority need and which subgroup was most important within that need. The following information is a summation of the data analysis coupled with the feedback from the community.

II. BURNET COUNTY DEMOGRAPHICS

The population in Burnet County is growing older and more diverse with time. Burnet County shows steady growth for the next 18 years, with the majority of that growth in the 65+ age group and the Hispanic and Anglo population.

- Burnet County is expected to maintain steady population growth over the next 18 years, from a population of 37,574 in 2012 to 47,231 in 2030.

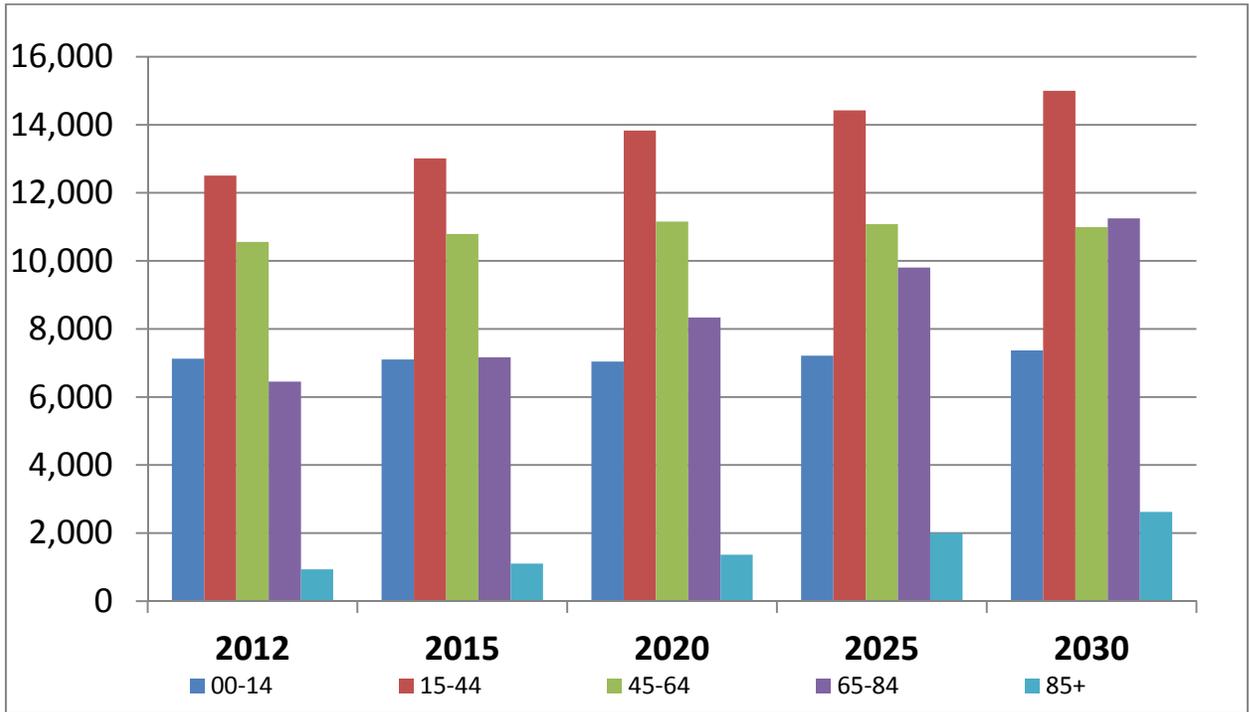
Figure II.1



- This region is growing older and that trend is projected to continue through 2030. It is projected that the 65-84 demographic will nearly double by 2030 and the 85+ demographic will nearly triple over the same time period.

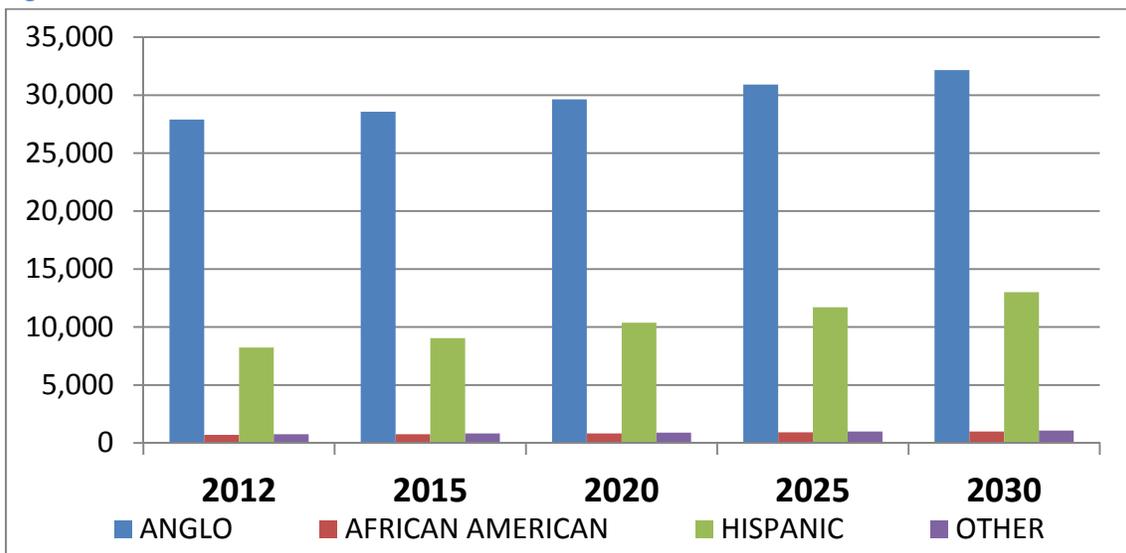
Burnet County Age Distribution

Figure II.2



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

Figure II.3



- 47% of the Burnet County adult population has had some college education which is below the national benchmark of 68%. (*Appendix A*)
- The 6.50% unemployment rate is slightly greater than the national 90th percentile but remains lower than the state average. In addition, 24% of children in Burnet County live in poverty which places Burnet above the national median (*Appendix A*).

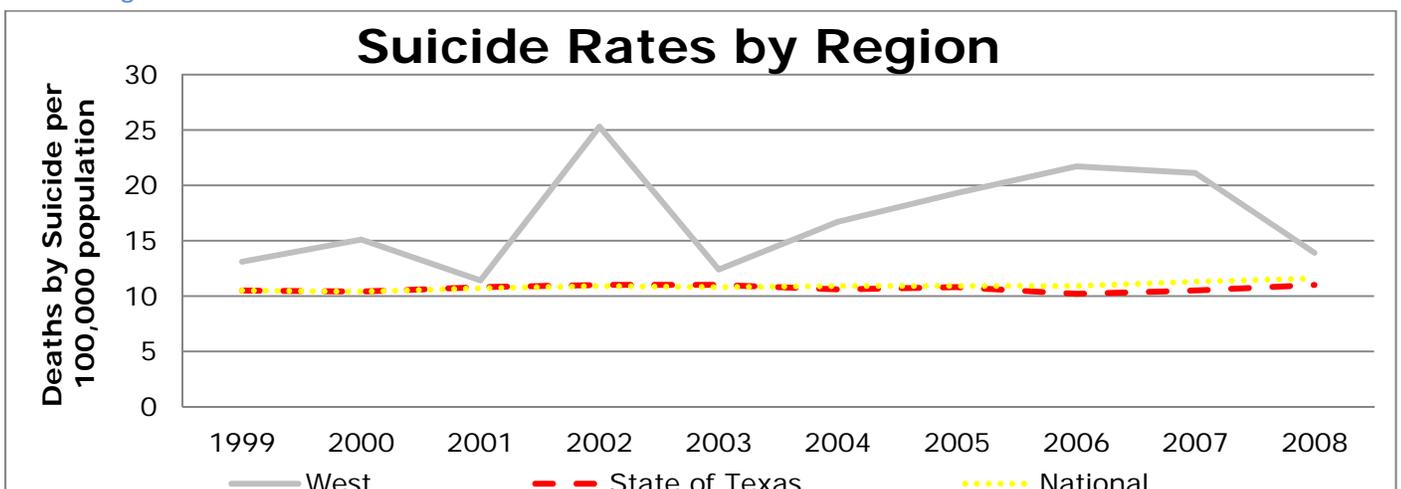
III. BEHAVIORAL HEALTH

Behavioral health services were identified by survey participants as the highest priority need facing Burnet County. Within this large, overarching need, residents felt a gap existed for mental health services for adults and substance abuse prevention and treatment.

With very few behavioral health providers in Burnet County, the need for behavioral health services was noted as a priority by community residents. According to a 2011 report created by the Department of State Health Services, 3 psychiatrists had their primary county of practice in Burnet County. This means that there is one psychiatrist per 16,367 residents. While this does not take into account the number of psychologists and/or counselors in Burnet 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. Survey respondents also prioritized substance abuse treatment as a need for their community with multiple participants listing drug and alcohol abuse as areas of concern.

- Suicide rates in the West Region, which is comprised of Burnet, Blanco, and Llano County, are slightly higher than state and national averages and slightly higher than the rest of the Central Texas region.

Figure III.1



- In Burnet County, the percent of adults reporting that they are in fair or poor health is in line with national benchmark, and is further supported by the large percentage of survey participants that felt like they and their families were in good or excellent health.
- Residents reported only having 2.1 poor physical health days per month which falls well below the national 90th percentile benchmark but reported 3.1 days of poor mental (in the last 30 days) which is above the national median.

Figure III.2

	National 90 th Percentile	Burnet County
Poor or fair health	10%	 10%
Poor Mental Health Days	2.30	 3.1
Poor Physical Health Days	2.60	 2.1

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

- As of September 2011, there were 3 psychiatrists who made Burnet County their primary county of practice.
- 21% of Burnet County adults report to excessive drinking compared to the national benchmark of 8%. Excessive drinking is defined as consuming an average of more than 2 drinks per day.

IV. ACCESS TO CARE

Access to care was identified as the second highest priority need by survey participants. This included specific services for the treatment of older county residents and care options for the un- and underinsured.

By examining the demographic projections for Burnet County, it comes as no surprise that survey participants prioritized the need for treatment options for older adults. Over the next 18 years, the 65 - 84 population projected double and the 85+ age group expecting to nearly triple over that same time period. In addition, access for un – and underinsured residents was also a highly prioritized portion of access to care. It was suggested that if there was a better system for connecting people to resources, such as subsidized health and pharmacy programs, it could help relieve the financial strain residents see as a barrier to care.

- In Burnet County, the uninsured rate (29%) is nearly three times the national benchmark.
- Burnet County has a significantly higher population-to-primary-care-provider ratio than the national benchmark. This means that Burnet County has twice the number of residents per primary care provider as the national benchmark (631 to 1).

	National 90th Percentile	Burnet County
Uninsured rate	11%	 29%
Primary Care Physicians	631 to 1	1,274 to 1
Air-pollution ozone days	0	 0

- Survey respondents 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 IV.1

Percent of Texas Physicians Who Will Accept All New Medicaid Patients

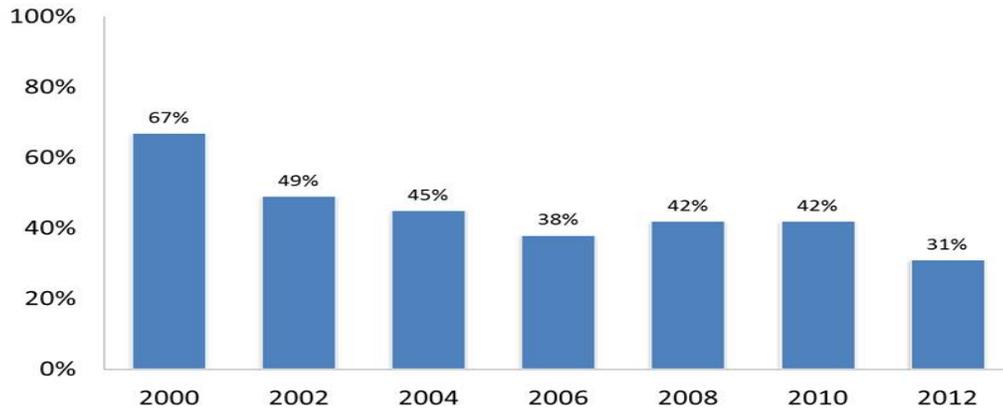
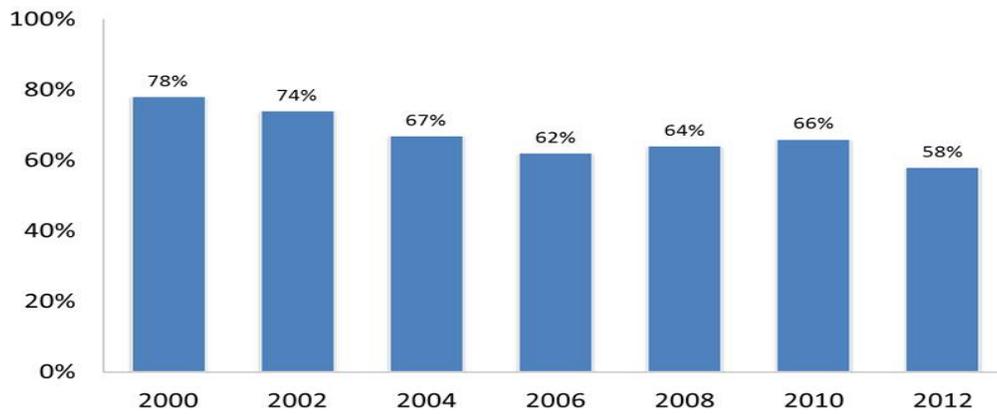


Figure IV.2

Percent of Texas Physicians Who Will Accept All New Medicare Patients



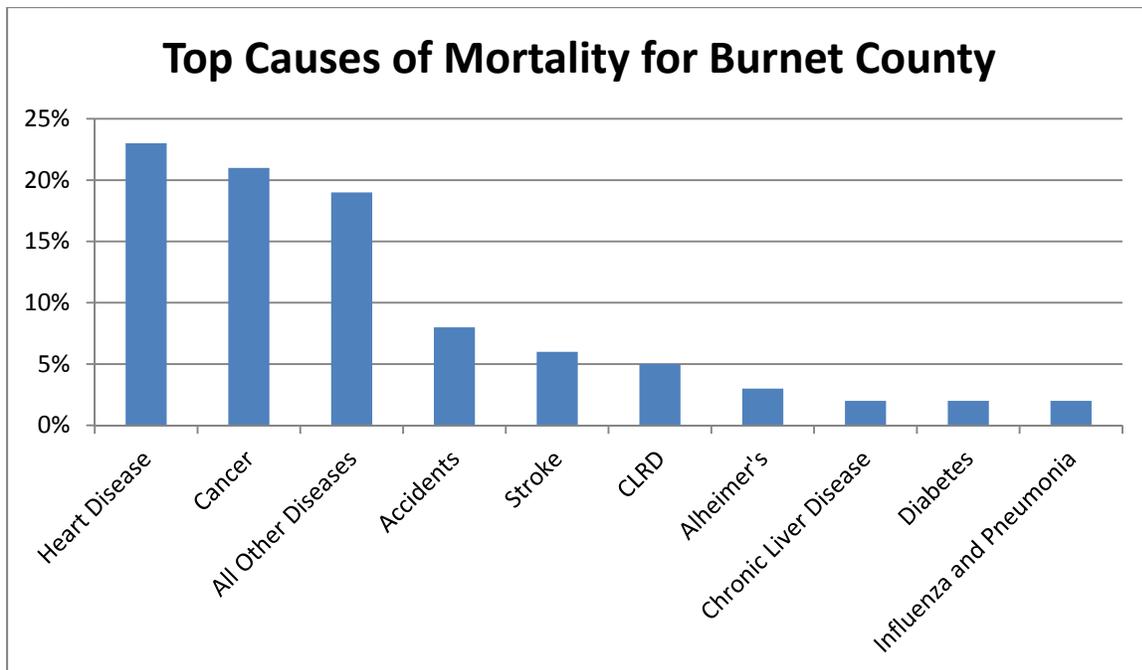
V. HEALTH OUTCOMES - DISEASE

Chronic diseases emerged as key concern among survey respondents and represent the leading causes of death not only in Burnet County but also for the state of Texas. The identified needs involving health outcomes centered on the desire for more chronic disease self-management and education as well as programs designed at treating long term health problems.

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 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.

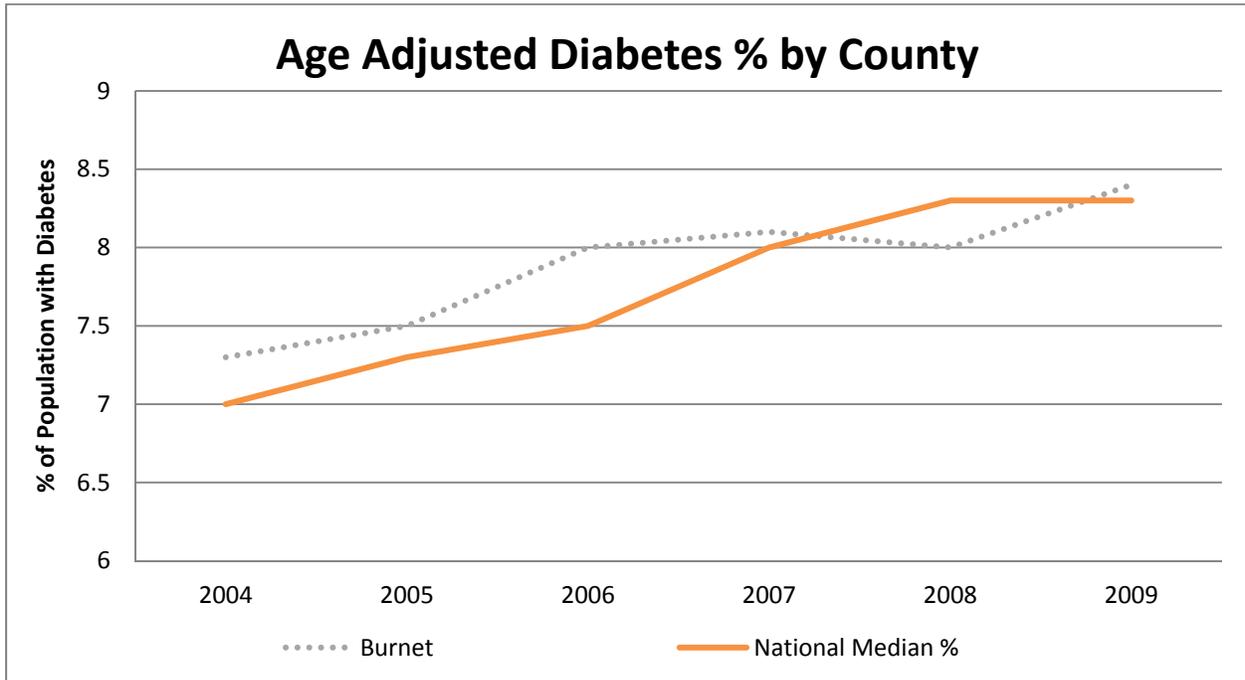
- Consistent with the state and the nation, cancer (21%) and heart disease (24%) are the leading causes of mortality in Burnet County.

Figure V.1



- The age adjusted diabetes rate in Burnet County has increased over time and has recently surpassed the national and regional averages.

Figure V.2



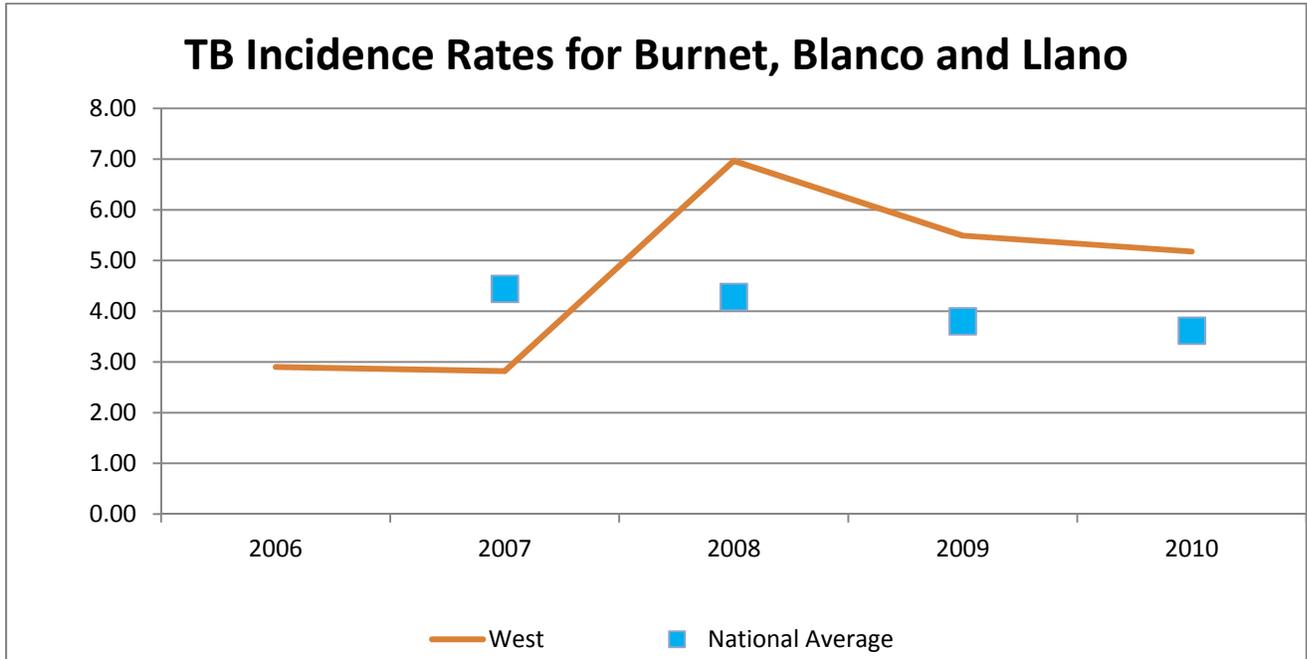
- In Burnet County, with the exception of obesity and exercise, healthy lifestyle measures are well below the national average.

Figure V.3

	National 90 th Percentile	Burnet
Adult obesity	25%	28%
Physical Inactivity	21%	28%
Motor Vehicle Crash Death Rate	12	33
Sexually Transmitted Infections	84	202
Teen Birth Rate	22	58

- Sexually transmitted infection rates in the West region (which includes Burnet, Blanco, and Llano County) are below national averages while the tuberculosis rates are above the national median.

Figure V.4



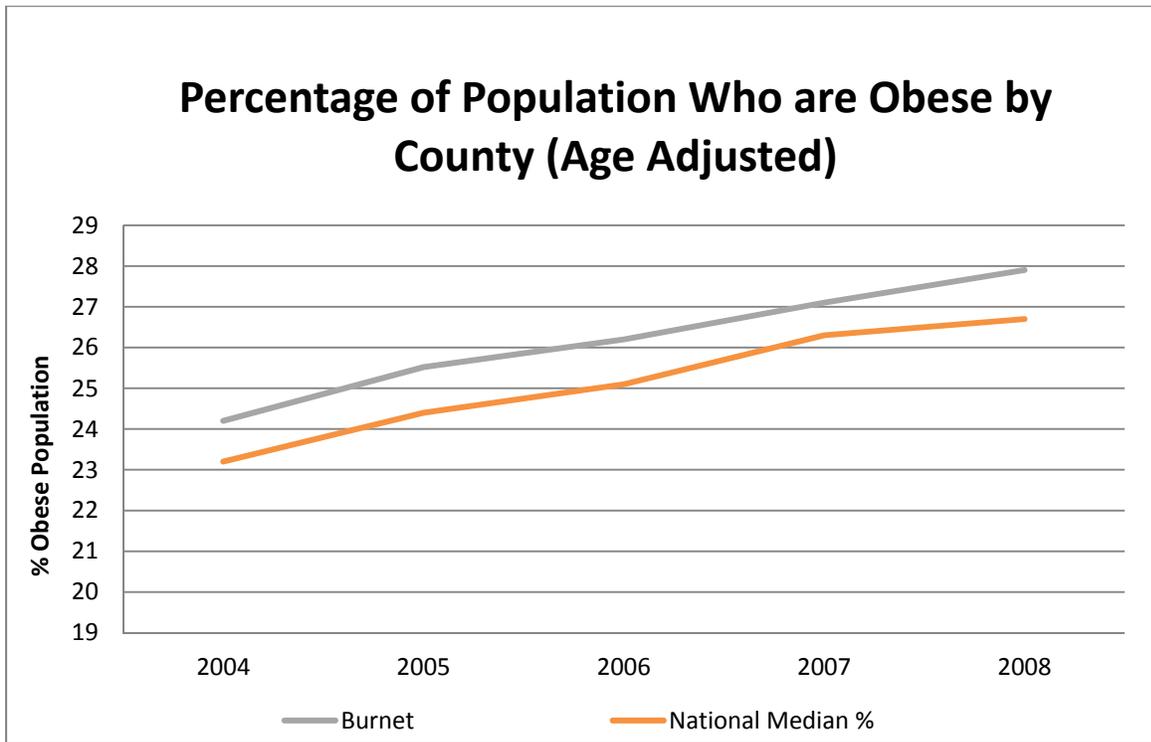
VI. OBESITY

A significant portion of survey respondents felt that the obesity epidemic in Burnet County was a pressing need for the community. The need for improved and accessible recreation outlets and the need to promote healthy eating were the top two priorities identified by survey participants.

Within the region as a whole, obesity continues to increase and is consistently above the national average. 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 improved 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 there.

- Obesity is increasing across the area and is consistently above the national average for the entire West Region, including Burnet County. (Figure VI.1)

Figure VI.1



- On many social and physical environment metrics examined, Burnet County is in line with national benchmarks with the exception of fast food restaurants, access to recreational facilities, and crime.

Figure VI.2

	National 90 th Percentile	Burnet County
Violent Crime Rate	73	240
Air-pollution particulate matter days	0	0
Air-pollution ozone days	0	0
Access to recreational facilities	16	7
Limited access to healthy foods	0%	4%
Fast food restaurants	25%	50%

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

- The percent of Burnet County residents who report physical inactivity (28%) is higher than the national benchmark (21%). A sedentary lifestyle can contribute to increased levels of obesity.

VII. ACCIDENTS

With motor vehicle accidents representing a significant amount of the years of potential life lost in Burnet County, residents expressed a need for increased discussion around road safety.

Survey participants commented on the need to increase road safety but identified the more rural nature of their county as the reason many residents spend increased time on the roads. While the survey responses did not produce any specific identified areas of need, it did promote the general consensus that collaboration regarding road safety is required.

- Accidents, (not limited to motor vehicle accidents) represent the third highest cause of death (8% total) for Burnet County residents behind, heart disease and cancer.
- The age adjusted motor vehicle accident death rates for the West Region and East Regions are higher than those rates in other Central Texas areas.

Figure VII.1

Age Adjusted Motor Vehicle Accident Death Rates (per 100,000)					
Region	County	2002-2008	2004-2008	2006-2008	2008
West	Burnet	33	32.8	32.9	NA
	Blanco	46.8	53.3	74.7	NA
South	Caldwell	25.8	26.3	25.1	NA
	Hays	18.9	17	16.4	17.7
East	Gonzales	40.2	37.1	38.7	NA
	Fayette	31.7	33.3	37.8	NA
	Bastrop	34.8	31.4	31.9	35

North	Williamson	13	12.6	12.6	11.7
Central	Travis	12.3	11.5	11.6	11.9

VIII. SUMMARIES: ASSESSMENT AND PRIORITIES

Through a review of secondary social, economic, and public health data coupled with the needs identification and prioritization through the Community Health Needs Survey, this assessment provides an overview of the social and economic environment of the Burnet 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) Behavioral health
- 2) Access to care
- 3) Health outcomes – Disease
- 4) Obesity
- 5) Accidents

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 Bastrop 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

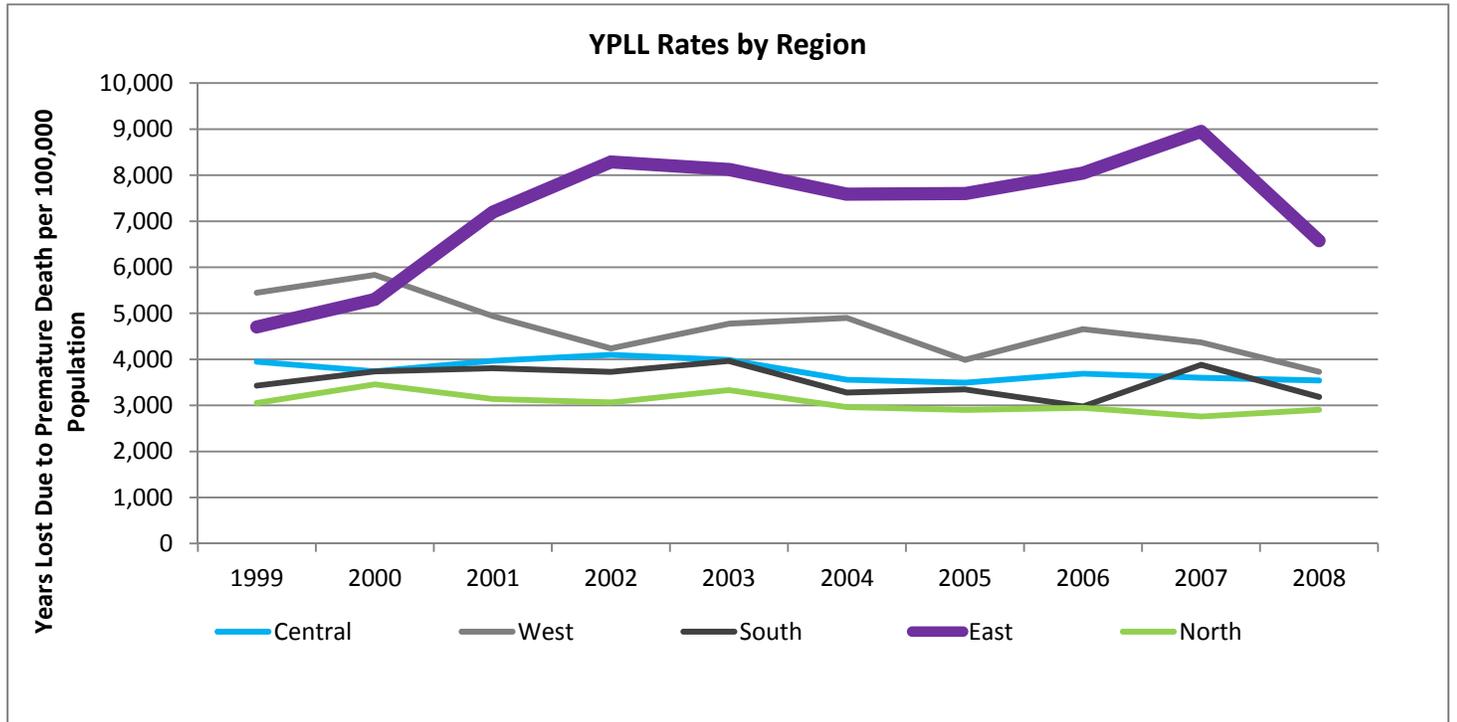
	National 90 th Percentile	Burnet County
Some college	68%	 47%
Unemployment	5%	 6.50%
Children in poverty	13%	 24%
Children in single parent households	20%	 36%

	National 90 th Percentile	Burnet County
Uninsured	11%	 29%
Primary Care Physicians	631 to 1	1,274 to 1
Preventable Hospital Stays	49	 81
Diabetic Screening	89%	 83%
Mammography Screening	74%	 69%

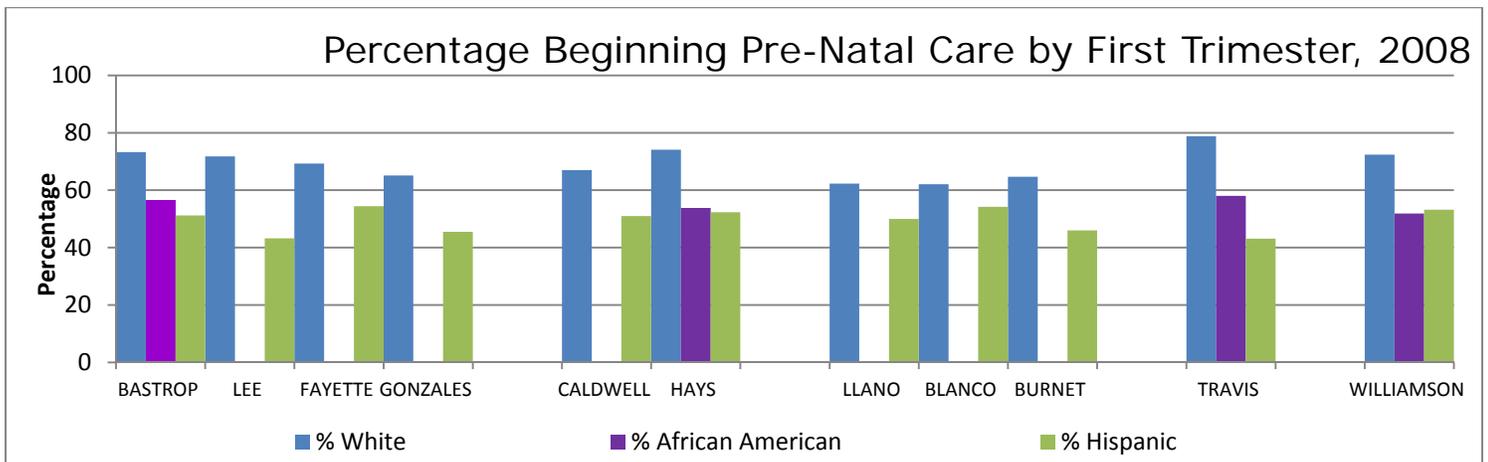
	National 90 th Percentile	Burnet County
Premature Death (per 10,000)	5,466	 7,131
Poor of fair health	10%	 10%
Poor physical health days	2.6	 2.1
Poor mental health days	2.3	 3.1
Low birth weight	6.00%	 7.0%

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. Burnet County is considered part of the West Region

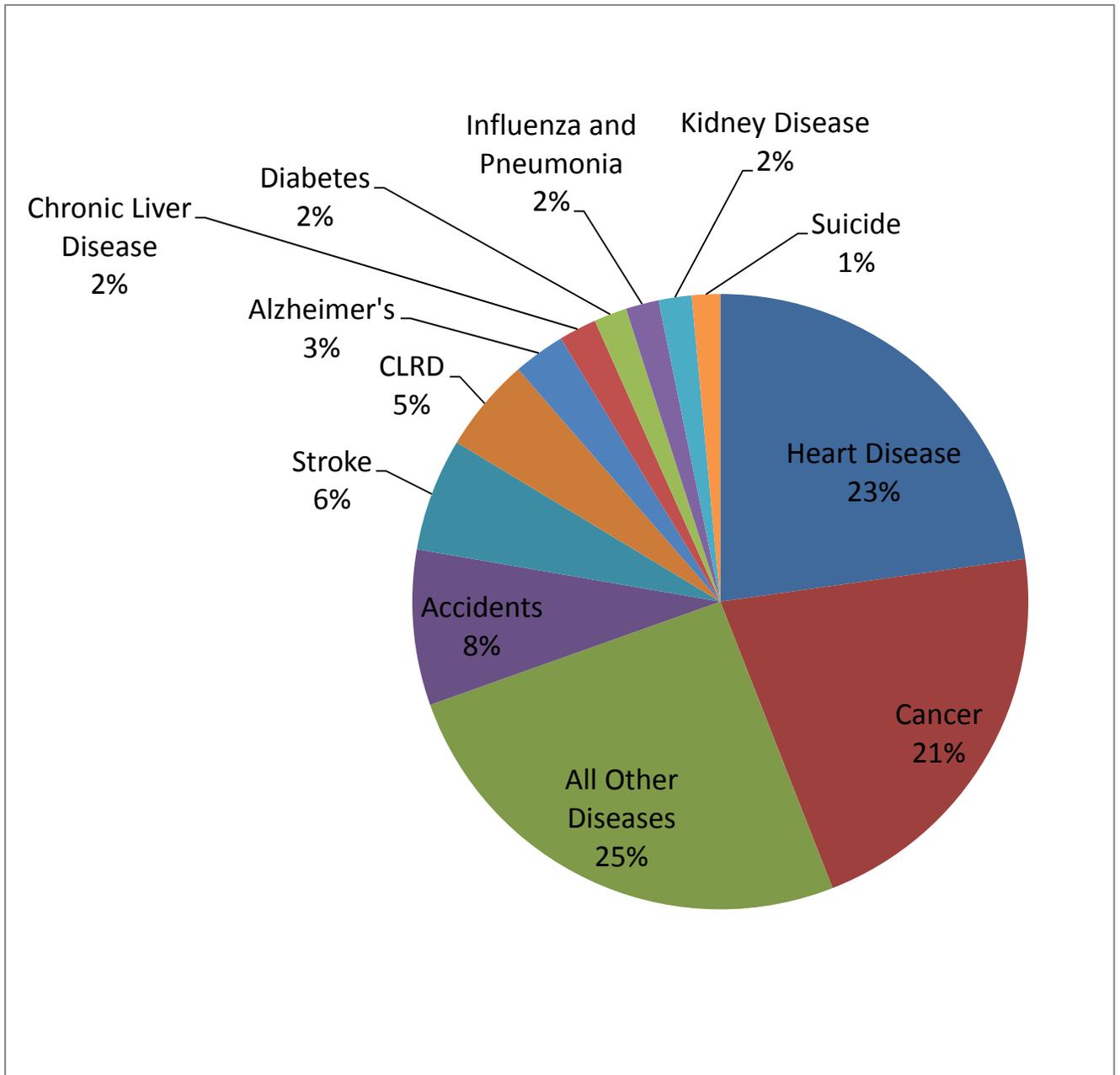


APPENDIX C: BIRTHS



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)
	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: SURVEY PARTICIPATION LIST

Community Segments Represented	Percentage of Survey Representation
Non-profit	12%
Business	9%
Healthcare	32%
Education	3%
Public Service	6%
Public Health	9%
Retired/Unemployed	29%

Survey Participants Place of Work (if provided)

Seton Hospice	TX Department of Family and Protective Services
A Place of HOPE	Marble Falls High School
Lighthouse Hospice	
Seton Highland Lakes Hospital	
NorthStar Health Care	
Scott & White	
Highland Lakes Association of Seton	
Encompass Home Health	
DSHS	
Marble Falls Helping Center	
Capital Area Parkinson's Society	
Head Start	
Victory Publishing	
Highland Lakes Family Crisis Center	
Retired	
Self-employed	
Community Resource Center	
Burnet County Indigent Healthcare	
Public Library	