

**Falls Community Hospital and Clinic, Inc.**

**Community Health Needs Assessment**

**August, 2013**

Falls Community Hospital and Clinic

Community Health Needs Assessment

August, 2013

Table of Contents

Community Needs Assessment (Region 16, which includes Falls County)	1-38
Description of the Community Served by the Hospital Facility	39-43
Facts about This Community Needs Assessment	44
Narrative of the Falls County Community Health Assessment Including Process and Methods Used	45-48
Overview of Survey Forms from Community	49-52
Priority of Identified Health Needs	53
Tentative Narrative How Falls Community Might Meet the Community Needs	54-55

# **Community Needs Assessment**

## **Regional Healthcare Partnership**

### **Region 16**

**August 2012**

Dick Sweeden

TMSI, Inc.

Austin, Texas

## Table of Contents

Introduction	Page 3
Demographics	Page 3
Insurance	Page 5
Current Healthcare Structure	Page 8
Anticipated Changes	Page 12
Key Health Challenges	Page 13
Opportunities	Page 16
Description of Needs Addressed Through RHP Plan	Page 17
Appendix	Page 18
US Census Quickfacts by County	Page 19
County Health Rankings Model	Page 27
Potentially Preventable Hospitalizations	Page 29
Coryell County Sample	
Health Facts Profiles by County	Page 32

## Introduction

With the approval of the 1115 Waiver for Medicaid, the Texas Health and Human Services Commission (HHSC) has established the following goals to insure the innovation of the healthcare delivery system in Texas:

- Improve access to care for Medicaid patients
- Improve quality of care delivered
- Improve cost effectiveness of care
- Improve coordination of care across providers and across communities

The Waiver also creates the Delivery System Reform Incentive Payment (DSRIP) process. Regional Health Partnership 16 (RHP 16), an Urban RHP, but consisting of both urban and rural communities, is using this Community Needs Assessment to gather data that focuses on barriers to accessing care, and will use that data to support the DSRIP projects that will be presented to HHSC.

According to the Agency for Health Care Research and Quality, (AHCQRQ) Texas ranked weak or very weak in nine out of 12 categories as measured in the most recent score card issued by AHCQRQ. Particular areas of weakness included home health care, preventive, acute and chronic healthcare delivery. Texas has the highest rate of uninsured in the nation, at 25% of the population.\*

## Demographics

RHP 16 consists of seven Central Texas Counties, with an overall population of 406,490 citizens, according to the 2010 census, which represents a growth of 6% since the 2000 census. The range is from -3.8% in Falls County to +10.0% in McLennan County. The measure of Female to Male residents in the Region is approximately 51%-49%, respectively. The Region encompasses a land area of 6,559 square miles, with a population density that ranges from 10 people per square mile in Hamilton County to 224 per square mile in McLennan County.

The median age of RHP 16 is 36.7 years, and the median Household Income is \$37,836. The average per capita income is \$19,606. The unemployment rate for the Region is 7.9%, with the number of uninsured children and adults at 27.5%. Those currently living below the poverty rate are over 18% of the Region, with children below the poverty rate in excess of 31%.

\*Source: Associated Press, Temple Daily Telegram, Friday, July 6, 2012, Chris Tomlinson

---

Unemployment rate	7.9%	Range: 5.7--9.6%
Residents below Poverty Rate	18.3%	Range: 13.1--23.2%
Children below Poverty Rate	31.4%	Range: 17.0--46.5%
Uninsured 0 – 64 years	27.5%	Range: 23.0--31.0%
Uninsured 0 – 17 years	17.4%	Range: 11.5--23.3%

Source: Health Facts Profile [www.dshs.state.tx](http://www.dshs.state.tx)

---



---

	Median Household Income	Unemployment Rate
Coryell	\$41,228	8.9%
Hamilton	\$37,650	5.7%
Bosque	\$41,313	8.7%
Hill	\$38,194	8.5%
Limestone	\$35,494	6.8%
Falls	\$32,137	9.6%
McLennan	\$38,837	7.4%

Source: [www.city-data.com](http://www.city-data.com)

---

The percentage of residents by County with a High School diploma or higher ranges from 72% in Limestone County to 87% in Coryell County. Residents with a Bachelor's degree or higher range from 10% in Falls County to 20% in McLennan County.

---

	High School	Bachelor's
Coryell	86.7%	15.0%
Hamilton	82.2%	22.5%
Bosque	79.8%	14.8%
Hill	76.7%	14.8%
Limestone	72.2%	11.1%

<b>Falls</b>	<b>74.3%</b>	<b>10.0%</b>
<b>McLennan</b>	<b>79.5%</b>	<b>20.4%</b>

Source: [www.findthefacts.org](http://www.findthefacts.org)

Ethnicity and/or Race are important demographic measures for the Region to consider, as African Americans and Hispanics tend to have a higher presence of Diabetes and Hypertension. These two chronic diseases can lead to other illnesses, including Cardiovascular diseases. Access to Primary Care and Specialty Care is an issue, especially in Rural Communities, and therefore increases the impact that chronic diseases can have on at-risk populations.

	<b>White</b>	<b>Black</b>	<b>Hispanic</b>
<b>Coryell</b>	<b>61.2%</b>	<b>16.8%</b>	<b>16.6%</b>
<b>Hamilton</b>	<b>86.7%</b>	<b>1.1%</b>	<b>10.9%</b>
<b>Bosque</b>	<b>79.8%</b>	<b>2.1%</b>	<b>16.5%</b>
<b>Hill</b>	<b>72.6%</b>	<b>7.0%</b>	<b>18.9%</b>
<b>Limestone</b>	<b>60.8%</b>	<b>17.9%</b>	<b>19.9%</b>
<b>Falls</b>	<b>52.2%</b>	<b>25.8%</b>	<b>21.5%</b>
<b>McLennan</b>	<b>58.3%</b>	<b>15.1%</b>	<b>24.2%</b>

Source: [www.quickfacts.census.gov](http://www.quickfacts.census.gov)

## Insurance

RHP 16's population includes a broad variety of ages, socio-economic groups, and insured/non-insured individuals. As the number of residents who are 65 and older continues to grow, the utilization of Medicare resources grows. This growth is not only with the number of individuals, but also in the increase of chronic diseases, such as diabetes, cardiac health, circulatory diseases, and mental health issues. Likewise, the number of uninsured/underinsured is growing as unemployment remains high, and as small businesses choose to not offer health benefits.

With the implementation of the Affordable Care Act over the next several years, it is anticipated that more individuals will have access to some form of insurance, either through the expansion of Medicaid, should the State of Texas participate in the program, and/or through the development of Insurance Exchanges.

Using the Medicaid rolls from November, 2011, the number of Medicaid enrollees by County is reflected below, followed by the number of Medicare enrollees and the number of CHIP enrollees by County.

---

<b>Medicaid November 2011</b>		
	<b>Total Enrollment</b>	<b>Total Enrollment Children</b>
<b>Coryell</b>	<b>6,030</b>	<b>4,057</b>
<b>Hamilton</b>	<b>1,060</b>	<b>602</b>
<b>Bosque</b>	<b>2,261</b>	<b>1,516</b>
<b>Hill</b>	<b>5,458</b>	<b>3,709</b>
<b>Limestone</b>	<b>3,638</b>	<b>2,370</b>
<b>Falls</b>	<b>2,862</b>	<b>1,699</b>
<b>McLennan</b>	<b>37,000</b>	<b>24,838</b>

Source: [www.hhsc.tx.us](http://www.hhsc.tx.us) Medicaid Enrollment files

---

---

<b>Medicare Enrollment</b>		
	<b>Elderly Medicare</b>	<b>Disabled Medicare</b>
<b>Coryell</b>	<b>4,671</b>	<b>779</b>
<b>Hamilton</b>	<b>1,451</b>	<b>143</b>
<b>Bosque</b>	<b>3,242</b>	<b>409</b>
<b>Hill</b>	<b>5,457</b>	<b>869</b>
<b>Limestone</b>	<b>3,257</b>	<b>918</b>
<b>Falls</b>	<b>2,435</b>	<b>443</b>
<b>McLennan</b>	<b>26,506</b>	<b>4,562</b>

Source: [www.county-health.findthedata.org](http://www.county-health.findthedata.org)

---



---

### Texas Chip Enrollment July, 2012

	Total	New
Coryell	809	49
Hamilton	147	7
Bosque	370	19
Hill	742	35
Limestone	554	33
Falls	358	21
McLennan	4,624	291

Source: [www.hhsc.state.tx.us/research/CHIP/MonthlyEnrollment/12\\_07.html](http://www.hhsc.state.tx.us/research/CHIP/MonthlyEnrollment/12_07.html)

---

The United States Census Bureau provides further information on insurance through its' Small Area Health Insurance Estimates, having released the 2009 Health Insurance Coverage Status report in October, 2011. The report combines survey data with population estimates and administrative records from a variety of sources, including Medicaid, Children's Health Insurance Program (CHIP), the Census reports, and several others. The data can be reviewed by the number of insured and uninsured, by age group, by sex, and by income levels. For the purposes of this report, the total numbers and percentages by County are included.

---

### Health Insurance Coverage Status

	Uninsured		Insured	
	#	%	#	%
Coryell	16,043	24.7%	48,930	75.3%
Hamilton	1,878	31.2%	4,138	68.8%
Bosque	3,736	27.0%	10,117	73.0%
Hill	8,474	29.1%	20,622	70.9%
Limestone	5,121	28.0%	13,148	72.0%

<b>Falls</b>	<b>4,007</b>	<b>29.2%</b>	<b>9,723</b>	<b>70.8%</b>
<b>McLennan</b>	<b>45,794</b>	<b>23.1%</b>	<b>152,878</b>	<b>76.9%</b>

Source: US Census Bureau, Small Area Health Insurance Estimates, <65 years, all income levels, male/female

---

## Current Healthcare Infrastructure

The Hospitals and Medical Centers operating within RHP 16 include two major urban Medical Centers and seven community hospitals operating in rural Communities:

- Coryell Memorial Healthcare System
  - 25 beds
  - Hospital Authority
- Hamilton General Hospital
  - 42 beds
  - Hospital District
- Goodall-Witcher Hospital
  - 33 beds
  - Not-for-profit
- Hill Regional Hospital
  - 116 beds
  - Investor-owned Corporation
- Lake Whitney Medical Center
  - 49 beds
  - Investor-owned Individual
- Limestone Medical Center
  - 20 beds
  - Hospital District
- Parkview Regional Hospital
  - 58 beds
  - Investor-owned Corporation
- Falls Community Hospital and Clinic
  - 44 beds
  - Not-for-profit
- Hillcrest Baptist Medical Center
  - 576 beds
  - Not-for-profit, Church-related
- Providence Healthcare Network
  - 278 beds
  - Not-for-profit, Church-related

With the presence of Hillcrest and Providence, both formal and informal transfer arrangements exist which allow the rural facilities to move patients to higher levels of care when the need exists. In addition to Acute care, the operations of these facilities include Rural Health Clinics, Home Health Agencies, and other service lines to address the needs for Primary Care Access as well as for Specialty Care.

- Residential Care---respite, skilled nursing care, apartments
- Primary Care clinics
- Specialty Care clinics
- Mental Health clinics---Seniors, other Adults, Adolescents
- Outpatient Rehabilitation clinics
- Inpatient Rehabilitation units
- Cardiac Rehabilitation
- Sleep Labs
- Hospice
- Wound Care
- Other specialty care---Heart Centers, Stroke Centers

Further, Mental Health Authorities, Health Districts, Emergency Management Districts, and Cities and Counties are represented in the RHP 16 Regional Health Partnership.

The U.S. Department of Health and Human Services, through its' Health Resources and Services Administration (HRSA), defines Health Professional Shortage Areas (HPSA) as having a shortage of Primary Care Providers, and/or Dental and Mental Health Providers. Designation may be by geography (designation of a County as a HPSA), by demographics (low income population in a given area), or by institution (Comprehensive Health Centers, FQHCs, or other public facilities). Medically Underserved Areas/Populations (MUA/P) are defined as having too few Primary Care Providers, high infant mortality, high poverty, and/or high elderly population. RHP 16 has both HPSA designations and MUA/P designations in every county, whether for the entire county, or for special populations, as is the case for McLennan County. In particular, a shortage of Primary Care Providers and Mental Health Providers exists throughout RHP

---

Population per Primary Care Physician			
	County	Texas	U.S.
Coryell	3,177:1	1050:1	631:1
Hamilton	539:1		
Bosque	1,956:1		

<b>Hill</b>	<b>1,622:1</b>	<b>1050:1</b>	<b>631:1</b>
<b>Limestone</b>	<b>1,391:1</b>		
<b>Falls</b>	<b>8,397:1</b>		
<b>McLennan</b>	<b>813:1</b>		

Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

As the numbers indicate, five of the seven counties in RHP 16 suffer from a major shortage of Primary Care Physicians. Additionally, there are shortages of Specialty Clinics as well. Patients and families are required to travel long distances to access the care they need, especially if it involves Tertiary Care. Such travel can be difficult for the elderly and the poor, whose numbers are significant in rural Texas.

Healthy People 2020\* has established numerous goals to address the health issues faced by Americans today. One goal is to “improve access to comprehensive, quality health care services”. Healthy People 2020 also addresses the barriers to services: lack of available resources, cost, and lack of insurance coverage. Those who lack coverage are less likely to get care, and more likely to experience poor health status and pre-mature death. RHP 16’s efforts to address access, in conjunction with the State of Texas, are vitally important to those citizens who struggle today with lack of insurance, lack of primary and specialty care in their communities, and lack of providers.

According to the Henry J. Kaiser Foundation\*\*, nearly one in five Americans lacks adequate access due to a shortage of primary care physicians in their communities. Further, the Foundation points out the important characteristics of Primary Care:

- A first contact for any new health issue or need
- Long-term, person-focused care
- Comprehensive care for most health needs
- Coordination of care when it must be received elsewhere

Medical School training programs report a decline in the number of students entering into primary care, for a variety of reasons. The Foundation reports that only about 8% of medical school graduates go into Family Medicine, which impacts communities everywhere, but especially in rural areas.

\*[www.healthypeople.gov](http://www.healthypeople.gov)

\*\*[www.kaiseredu.org/Issue-Modules/Primary-Care-Shortage/Background-Brief.aspx](http://www.kaiseredu.org/Issue-Modules/Primary-Care-Shortage/Background-Brief.aspx)

For RHP 16, already facing a shortage of Primary Care providers, the increasing shortage creates an even greater challenge. There are provisions in the Patient Protection and Affordable Care Act to increase training slots, and to offer financial incentives for Primary Care providers. However, it is not known at this time how those incentives will balance with the addition of individuals seeking care through the new insurance exchanges and/or Medicaid expansion.

As noted above, RHP 16 is a Mental Health Professional Shortage Area. Lack of access to Mental Health Professionals in the rural communities creates significant problems in terms of Emergency Room visits, untreated mental health conditions, and complications in treating medical conditions which are worsened by the presence of mental health issues. Another goal of Healthy People 2020 is to “improve mental health through prevention and by assuring access to appropriate, quality mental health services”. Healthy People 2020 addresses the close connection between mental and physical health, and how suffering from one makes it difficult for the patient to overcome the other.

Further, Healthy People 2020 points out the emergence of new mental health issues, to include the needs of Veterans who have experienced physical and mental trauma, and the needs of the Elderly, who are dealing with dementia and related disorders. RHP 16, with the presence of Ft. Hood, and with the number of Elderly living in Rural Communities, is a prime area for addressing these two growing issues.

According to an article in the San Antonio Business Journal, October 17, 2010, by W. Scott Bailey\*, a study by the National Alliance on Mental Illness (NAMI) found that 833,000 Texans suffer from serious mental illness, but only 21% of that population is being served by a state mental health agency. The same article reports that the Mental Health Association in Texas indicates that Mental Illness costs the State as much as \$17 million annually due to lost productivity and family income.

According to NAMI, one in four adults and one in ten children are impacted by Mental Illness, and in a report published in November, 2011\*\*, stated that Texas now ranks last in per capita funding for people with Mental Illness. This is despite an increase of 4.3% in funding over the last three years. In comments to the HHSC 2012 Summit on August 8, 2012, Octavio Martinez, MD, MPH, MHA, Executive Director of the Hogg Foundation for Mental Health, reported that only one third of adults and one fourth of children in Texas with serious mental illness receive services through the Community Mental Health System .

\* Source: San Antonio Business Journal, October 17, 2010, W. Scott Bailey

\*\* Source: The Texas Tribune, November 10, 2011, Claire Cordona,

Dr. Martinez also reported on the need for closer coordination between Mental Health Professionals and Primary Care Professionals. Most mild to moderate mental health conditions are seen in the Primary Care setting, and patients with chronic medical conditions tend to have a high rate of behavioral health problems.

According to Dr. Martinez, less than fifty per cent of referrals for Specialty Mental Health care are pursued by patients due to:

1. Lack of insurance, or inadequate insurance coverage for mental health.
2. Poverty level.
3. Transportation.
4. Cultural beliefs.

Conversely, Dr. Martinez pointed out that in Behavioral Health settings, more than 50% of medical conditions go unrecognized. With Physical Health and Mental Health organizations functioning separately, these issues will continue. The opportunities for dramatic improvement in the delivery of Mental Health care in Texas lie in the ability of the Hospitals, Primary Care providers, and Mental Health providers to develop a network of continuous care across all three domains.

Of the patients in RHP needing Mental Health services, the majority are indigent, and issues include housing, food, and transportation. Additionally, most of these patients get their medical care through the local Emergency Room, as they are unable to access Primary Care Clinics. The lack of access may be due to transportation issues, lack of insurance, or Clinic hours that conflict with the patients' work schedules, among others.

### Anticipated changes in the Region

During the next four years of the Waiver, changes are anticipated both in the population of the Region as well as in the number of insured. As the Baby Boomers become Medicare beneficiaries, the needs will increase for access to care, especially relating to chronic health needs. Transportation will become more of an issue, impacting the need for improved access at the Community level for both primary and specialty care. As pointed out above, Veterans are going to need better access to care as well, as many of them choose to retire in the Ft. Hood area, and therefore in RHP 16.

Projections by the Texas State Comptroller's Office show an increase in population of 21.2% for the Region by 2030. By county, the projected growth is as follows:

---

Texas County Population Projections			
	2010	2020	2030
Coryell	72,529	107,938	124,057
Hamilton*	8,043	9,005	9,294
Bosque	17,631	20,435	21,720
Hill	35,840	40,633	44,250
Limestone	22,287	25,643	26,648
Falls	16,782	21,495	22,886
McLennan	233,378	252,988	267,315

**\*While this shows an increase in population in 2020 and 2030, other sources show a flat or decreasing population in Hamilton County.**

Source: Texas State Comptroller's Office [www.window.state.tx.us/ecodata/popdata/popfiles.html](http://www.window.state.tx.us/ecodata/popdata/popfiles.html)

---

Further, as the roll out of the Medicaid Managed Care program extends through the Region, it is anticipated that more of the current 27% uninsured will move into some form of coverage, either through Medicare, Medicaid, or the Insurance Exchanges that are anticipated.

### Key Health Challenges

The value of a Community Needs Assessment is that it allows Healthcare and other Leaders in a Community to review the factors that impact the overall health of its citizens, both from a behavioral risk standpoint as well as a delivery system standpoint.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute have developed an excellent interactive program (County Health Rankings and Roadmaps) which ranks Counties and States according to numerous factors impacting the health of Communities. Utilizing data on Health Outcomes, the program looks at Mortality and Morbidity, including premature death, low birth weight, and poor physical and mental health days. In conjunction with those measures, the model also addresses Health Factors, including health behaviors, clinical care (access), socio-economic factors, and physical environment.

The rankings are then determined by County, using the model as presented on page 27 in the Appendix. The purpose of using this model is to not only identify the major

factors affecting the health of a Community; it also provides enough data to develop a roadmap to improve the overall health of that Community. RHP 16 has a variety of health issues to address, but as with all of Texas, the following stand out in particular:

---

<b>Adult Diabetes</b>	<b>9.9%</b>	<b>Range: 7.8--10.9%</b>
<b>Adult Obesity</b>	<b>28.1%</b>	<b>Range: 26.0--31.3%</b>
<b>Low income Pre-school Obesity</b>	<b>13.8%</b>	<b>Range: 7.3--19.5%</b>

Source: [www.citydata.com](http://www.citydata.com)

---

Obesity is an area of concern, both in Adults and in Children, as it can lead to Diabetes, Coronary Artery Disease, Circulatory Disease, and many other chronic conditions as well as premature death. According to the Texas Diabetes Council\*, 9.7% of adults in Texas who are age 18 and above have been diagnosed with Diabetes (approximately 1.8 million adults). The comparative rate in the United States is 9.3% (approximately 22 million adults). The Council reports that while there is not a significant difference between males and females in the prevalence of Diabetes, the rate increases with age, impacting the elderly.

The prevalence of Diabetes among Blacks in Texas is significantly higher, at 16.5%, compared to other race/ethnic groups. Among Hispanics, the rate is 11%, and among Whites, it is 8.2%. In a 2009 survey by the Texas Diabetes Council, using the Behavioral Risk Factor Surveillance System (BRFSS), the information on Adults with Diabetes was collected, along with data for those less than 18 years of age. Among that population, it was estimated that 26,000 Texas youth had been diagnosed with either Type I or Type II Diabetes.

Providers across Texas, including those in RHP 16, are dealing with the issue of Diabetes, and with Obesity, through Clinics, Educational programs, and in the case of Childhood Diabetes and Obesity, by working with the School Districts on education and/or through School-based Clinics. Opportunities exist for Providers to work with Educators on the issues of nutrition, exercise, and in general, living a healthy life. If the Children can be educated, it is hoped that they can in turn influence their families toward a healthier lifestyle.

Additional diseases being addressed in the Region include Cardiovascular illnesses, Respiratory, Hypertension, and Congestive Heart Failure, among others.

\*[www.texasdiabetescouncil.org](http://www.texasdiabetescouncil.org)



The Texas Department of State Health Services provides data that indicates Potentially Preventable Hospitalizations, by County, listing these and other conditions (See Appendix p. 29 for a sample report). The premise of these reports is that the referenced hospitalizations could have potentially been prevented if the patient had access to and complied with the appropriate outpatient care. While the “cost” of these hospitalizations is defined as hospital charges, and the data reflect “potentially preventable hospitalizations”, it is a source for Providers to consider as they look at the need to address access, quality, cost effectiveness, and coordination of care.

Additionally, adding to the shortage of Primary Care and Specialty Providers in rural communities, many rural areas of Texas suffer from a lack of adequate Emergency Medical Services (EMS). According to the Texas Elected Officials’ Guide to Emergency Medical Services\*, many rural areas of Texas are dependent on the availability of Community Volunteers, who contribute much time and energy to serve the needs of their fellow citizens. Often the lack of funds impacts the availability of trained volunteers and needed equipment. EMS is a major factor in addressing access to quality healthcare for the citizens of Texas in general, and the citizens of RHP 16 specifically.

In a related issue, according to the National Association of Community Health Centers\*\* (NACHC), the lack of access to Primary Care providers is increasingly driving patients to rely on Emergency Departments (EDs) for non-urgent care. Because there are fewer Primary Care options available, many patients, especially Medicaid beneficiaries and the uninsured, turn to the ED for care that could be handled through Primary Care resources. The NACHC reports that one third<sup>1</sup> of all ED visits are non-urgent, and that more than \$18 billion are spent annually for these visits.

The Galen Institute\*\*\*, a not-for-profit health and tax policy research organization, likewise reports data that shows that Medicaid patients are twice as likely to use the ED for routine care, referencing a study in the *Annals of Emergency Medicine* (“National Study of Barriers to Timely Primary Care and Emergency Department Utilization Among Medicaid Beneficiaries”). Primary author Adit Gingle, M.D., University of Colorado School of Medicine, Aurora, Colorado, states that even Medicaid patients who have a Primary Care Provider report significant barriers to seeing their Physician. Dr. Gingle further reports that “Medicaid patients tend to visit the ER more, partly because they tend to be in poorer health overall. But they also visit the ER more because they can’t see their primary care provider in timely fashion or at all”.

\*TX EMS Elected Official Guide, pp. 13-18

\*\* [www.nachc.com](http://www.nachc.com)

\*\*\* [www.galen.org](http://www.galen.org)

## Opportunities

Opportunities that exist for RHP 16 are numerous:

- Expansion of Primary Care in Communities
- Expansion of Specialty Services across the Region
- Coordination with Mental Health Providers to enhance access for all Counties
- Joint efforts within and across Communities to address major health issues such as Diabetes, Congestive Heart Failure, Respiratory Diseases, and Obesity
  - Development of registries
  - School-based clinics
  - Education for all age levels
  - Coordination with Physicians and other Providers, including use of protocols across the Region
- Development of models for use of Telehealth
- Local and Regional approaches to Emergency Medical Services, focusing on access and time to transfer

As the participants in RHP 16 approach these challenges together, the transformation of the healthcare delivery system in Central Texas will begin, and new opportunities will emerge. With the focus on access, quality, cost, and coordination of services across the Region, the Residents of these seven Counties will be the beneficiaries of the work that is accomplished.

Identification Number	Brief Description of Community Needs Addressed through RHP Plan	Data Source for Identified Need
CNA-001	Adult Diabetes rate is 9.9%; range is 7.8% to 10.9%	<a href="http://www.citydata.com">www.citydata.com</a>
CNA-002	Obesity rate is 9.9% for adults; range is 26% to 31.3%	<a href="http://www.citydata.com">www.citydata.com</a>
CNA-003	Low income Preschool Obesity rate is 13.8%; range is 7.3% to 19.5%	<a href="http://www.citydata.com">www.citydata.com</a> ; <a href="http://www.texasdiabetesCouncil.org">www.texasdiabetesCouncil.org</a>
CNA-004	Potentially Preventable Hospitalizations , including Diabetes with short-term and long-term complications	<a href="http://www.dshs.state.tx.us/ph">www.dshs.state.tx.us/ph</a>
CNA-005	Shortage of Primary Care Providers in Region	<a href="http://www.countyhealthrankings.org">www.countyhealthrankings.org</a> ; Health Resources and Services Administration
CNA-006	Mental health issues related to access, shortage of mental health professionals, lack of insurance and transportation, need for coordination between providers	Health Resources and Services Administration; National Alliance on Mental Illness; Octavio Martinez, MD, HHSC 2012 Summit
CNA-007	Inappropriate utilization of Emergency Room	<a href="http://www.nachc.com">www.nachc.com</a> ; <a href="http://www.galen.org">www.galen.org</a>

# APPENDIX

# Coryell County, Texas

[See page 26 for Source of this data]

People QuickFacts	Coryell County	Texas
Population, 2011 estimate	76,508	25,674,681
Population, 2010 (April 1) estimates base	75,402	25,145,561
Population, percent change, April 1, 2010 to July 1, 2011	1.5%	2.1%
Population, 2010	75,388	25,145,561
Persons under 5 years, percent, 2011	8.3%	7.6%
Persons under 18 years, percent, 2011	27.5%	27.1%
Persons 65 years and over, percent, 2011	7.7%	10.5%
Female persons, percent, 2011	51.0%	50.4%
White persons, percent, 2011 (a)	74.9%	80.9%
Black persons, percent, 2011 (a)	16.8%	12.2%
American Indian and Alaska Native persons, percent, 2011 (a)	1.1%	1.0%
Asian persons, percent, 2011 (a)	2.2%	4.0%
Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	0.9%	0.1%
Persons reporting two or more races, percent, 2011	4.1%	1.7%
Persons of Hispanic or Latino Origin, percent, 2011 (b)	16.6%	38.1%
White persons not Hispanic, percent, 2011	61.2%	44.8%
Living in same house 1 year & over, 2006-2010	75.5%	81.5%
Foreign born persons, percent, 2006-2010	5.4%	16.1%
Language other than English spoken at home, pct age 5+, 2006-2010	13.1%	34.2%
High school graduates, percent of persons age 25+, 2006-2010	87.6%	80.0%
Bachelor's degree or higher, pct of persons age 25+, 2006-2010	15.4%	25.8%
Veterans, 2006-2010	9,945	1,635,367

**Note:** This report is also available by City.

# Hamilton County, Texas

People QuickFacts	Hamilton County	Texas
Population, 2011 estimate	8,472	25,674,681
❶ Population, 2010 (April 1) estimates base	8,517	25,145,561
❶ Population, percent change, April 1, 2010 to July 1, 2011	-0.5%	2.1%
❶ Population, 2010	8,517	25,145,561
❶ Persons under 5 years, percent, 2011	5.5%	7.6%
❶ Persons under 18 years, percent, 2011	21.2%	27.1%
❶ Persons 65 years and over, percent, 2011	25.1%	10.5%
❶ Female persons, percent, 2011	50.6%	50.4%
❶ White persons, percent, 2011 (a)	96.0%	80.9%
❶ Black persons, percent, 2011 (a)	1.1%	12.2%
❶ American Indian and Alaska Native persons, percent, 2011 (a)	1.6%	1.0%
❶ Asian persons, percent, 2011 (a)	0.6%	4.0%
❶ Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	Z	0.1%
❶ Persons reporting two or more races, percent, 2011	0.8%	1.7%
❶ Persons of Hispanic or Latino Origin, percent, 2011 (b)	10.9%	38.1%
❶ White persons not Hispanic, percent, 2011	86.7%	44.8%
❶ Living in same house 1 year & over, 2006-2010	86.2%	81.5%
❶ Foreign born persons, percent, 2006-2010	3.1%	16.1%
❶ Language other than English spoken at home, pct age 5+, 2006-2010	7.5%	34.2%
❶ High school graduates, percent of persons age 25+, 2006-2010	82.6%	80.0%
❶ Bachelor's degree or higher, pct of persons age 25+, 2006-2010	23.4%	25.8%
❶ Veterans, 2006-2010	818	1,635,367

**Note:** This report is also available by City.

## Bosque County, Texas

People QuickFacts	Bosque County	Texas
① Population, 2011 estimate	18,306	25,674,681
① Population, 2010 (April 1) estimates base	18,212	25,145,561
① Population, percent change, April 1, 2010 to July 1, 2011	0.5%	2.1%
① Population, 2010	18,212	25,145,561
① Persons under 5 years, percent, 2011	5.4%	7.6%
① Persons under 18 years, percent, 2011	22.3%	27.1%
① Persons 65 years and over, percent, 2011	21.6%	10.5%
① Female persons, percent, 2011	50.6%	50.4%
① White persons, percent, 2011 (a)	95.3%	80.9%
① Black persons, percent, 2011 (a)	2.1%	12.2%
① American Indian and Alaska Native persons, percent, 2011 (a)	0.8%	1.0%
① Asian persons, percent, 2011 (a)	0.4%	4.0%
① Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	Z	0.1%
① Persons reporting two or more races, percent, 2011	1.3%	1.7%
① Persons of Hispanic or Latino Origin, percent, 2011 (b)	16.5%	38.1%
① White persons not Hispanic, percent, 2011	79.8%	44.8%
① Living in same house 1 year & over, 2006-2010	85.0%	81.5%
① Foreign born persons, percent, 2006-2010	5.4%	16.1%
① Language other than English spoken at home, pct age 5+, 2006-2010	12.4%	34.2%
① High school graduates, percent of persons age 25+, 2006-2010	80.1%	80.0%
① Bachelor's degree or higher, pct of persons age 25+, 2006-2010	14.8%	25.8%
① Veterans, 2006-2010	2,033	1,635,367

**Note:** This report is also available by City.

## Hill County, Texas

People QuickFacts	Hill County	Texas
Population, 2011 estimate	35,392	25,674,681
Population, 2010 (April 1) estimates base	35,089	25,145,561
Population, percent change, April 1, 2010 to July 1, 2011	0.9%	2.1%
Population, 2010	35,089	25,145,561
Persons under 5 years, percent, 2011	6.5%	7.6%
Persons under 18 years, percent, 2011	24.2%	27.1%
Persons 65 years and over, percent, 2011	18.6%	10.5%
Female persons, percent, 2011	51.1%	50.4%
White persons, percent, 2011 (a)	90.3%	80.9%
Black persons, percent, 2011 (a)	7.0%	12.2%
American Indian and Alaska Native persons, percent, 2011 (a)	0.7%	1.0%
Asian persons, percent, 2011 (a)	0.5%	4.0%
Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	0.1%	0.1%
Persons reporting two or more races, percent, 2011	1.5%	1.7%
Persons of Hispanic or Latino Origin, percent, 2011 (b)	18.9%	38.1%
White persons not Hispanic, percent, 2011	72.6%	44.8%
Living in same house 1 year & over, 2006-2010	85.6%	81.5%
Foreign born persons, percent, 2006-2010	7.6%	16.1%
Language other than English spoken at home, pct age 5+, 2006-2010	15.3%	34.2%
High school graduates, percent of persons age 25+, 2006-2010	78.1%	80.0%
Bachelor's degree or higher, pct of persons age 25+, 2006-2010	15.3%	25.8%
Veterans, 2006-2010	3,318	1,635,367

**Note:** This report is also available by city.



# Limestone County, Texas

People QuickFacts	Limestone County	Texas
Population, 2011 estimate	23,634	25,674,681
Population, 2010 (April 1) estimates base	23,384	25,145,561
Population, percent change, April 1, 2010 to July 1, 2011	1.1%	2.1%
Population, 2010	23,384	25,145,561
Persons under 5 years, percent, 2011	6.8%	7.6%
Persons under 18 years, percent, 2011	23.9%	27.1%
Persons 65 years and over, percent, 2011	16.3%	10.5%
Female persons, percent, 2011	48.2%	50.4%
White persons, percent, 2011 (a)	79.0%	80.9%
Black persons, percent, 2011 (a)	17.9%	12.2%
American Indian and Alaska Native persons, percent, 2011 (a)	1.0%	1.0%
Asian persons, percent, 2011 (a)	0.5%	4.0%
Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	Z	0.1%
Persons reporting two or more races, percent, 2011	1.5%	1.7%
Persons of Hispanic or Latino Origin, percent, 2011 (b)	19.9%	38.1%
White persons not Hispanic, percent, 2011	60.8%	44.8%
Living in same house 1 year & over, 2006-2010	83.4%	81.5%
Foreign born persons, percent, 2006-2010	8.3%	16.1%
Language other than English spoken at home, pct age 5+, 2006-2010	15.5%	34.2%
High school graduates, percent of persons age 25+, 2006-2010	74.5%	80.0%
Bachelor's degree or higher, pct of persons age 25+, 2006-2010	12.0%	25.8%
Veterans, 2006-2010	1,742	1,635,367

**Note:** This report is also available by City.

# Falls County, Texas

People QuickFacts	Falls County	Texas
Population, 2011 estimate	17,944	25,674,681
Population, 2010 (April 1) estimates base	17,866	25,145,561
Population, percent change, April 1, 2010 to July 1, 2011	0.4%	2.1%
Population, 2010	17,866	25,145,561
Persons under 5 years, percent, 2011	6.0%	7.6%
Persons under 18 years, percent, 2011	21.7%	27.1%
Persons 65 years and over, percent, 2011	16.3%	10.5%
Female persons, percent, 2011	52.4%	50.4%
White persons, percent, 2011 (a)	71.5%	80.9%
Black persons, percent, 2011 (a)	25.8%	12.2%
American Indian and Alaska Native persons, percent, 2011 (a)	1.0%	1.0%
Asian persons, percent, 2011 (a)	0.4%	4.0%
Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	0.1%	0.1%
Persons reporting two or more races, percent, 2011	1.2%	1.7%
Persons of Hispanic or Latino Origin, percent, 2011 (b)	21.5%	38.1%
White persons not Hispanic, percent, 2011	52.2%	44.8%
Living in same house 1 year & over, 2006-2010	85.3%	81.5%
Foreign born persons, percent, 2006-2010	4.8%	16.1%
Language other than English spoken at home, pct age 5+, 2006-2010	16.9%	34.2%
High school graduates, percent of persons age 25+, 2006-2010	73.5%	80.0%
Bachelor's degree or higher, pct of persons age 25+, 2006-2010	9.8%	25.8%
Veterans, 2006-2010	1,455	1,635,367

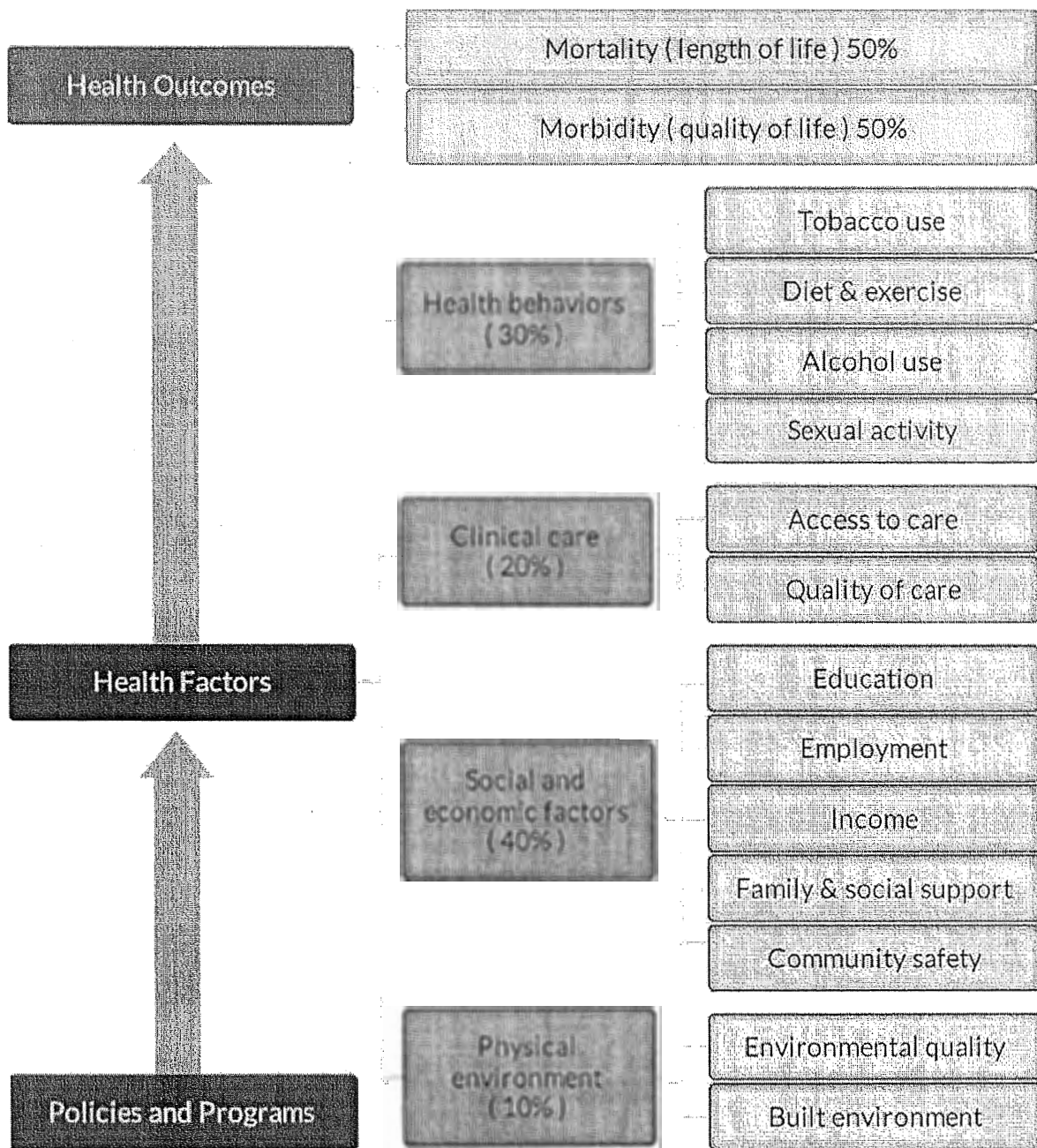
**Note:** This report is also available by City.

# McLennan County, Texas

People QuickFacts	McLennan County	Texas
Population, 2011 estimate	238,564	25,674,681
Population, 2010 (April 1) estimates base	234,906	25,145,561
Population, percent change, April 1, 2010 to July 1, 2011	1.6%	2.1%
Population, 2010	234,906	25,145,561
Persons under 5 years, percent, 2011	7.0%	7.6%
Persons under 18 years, percent, 2011	25.1%	27.1%
Persons 65 years and over, percent, 2011	12.5%	10.5%
Female persons, percent, 2011	51.3%	50.4%
White persons, percent, 2011 (a)	80.3%	80.9%
Black persons, percent, 2011 (a)	15.1%	12.2%
American Indian and Alaska Native persons, percent, 2011 (a)	1.1%	1.0%
Asian persons, percent, 2011 (a)	1.6%	4.0%
Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	0.1%	0.1%
Persons reporting two or more races, percent, 2011	1.7%	1.7%
Persons of Hispanic or Latino Origin, percent, 2011 (b)	24.2%	38.1%
White persons not Hispanic, percent, 2011	58.3%	44.8%
Living in same house 1 year & over, 2006-2010	81.1%	81.5%
Foreign born persons, percent, 2006-2010	8.2%	16.1%
Language other than English spoken at home, pct age 5+, 2006-2010	18.2%	34.2%
High school graduates, percent of persons age 25+, 2006-2010	80.3%	80.0%
Bachelor's degree or higher, pct of persons age 25+, 2006-2010	20.6%	25.8%
Veterans, 2006-2010	17,934	1,635,367

**Note:** This report is also available by City.

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report  
Last Revised: Thursday, 07-Jun-2012 13:40:58 EDT



County Health Rankings model ©2012 UWPHI

The Counties of RHP 16 can be viewed using this model, with rankings among all Counties in Texas, as shown below. The higher the number is, the "healthier" the

County. Outcomes are a measure of the overall health of the County, (mortality and morbidity), while Factors measure what influences the health of the County (behaviors, access, socio-economic, and environmental issues).

---

County Health Rankings		
	Health Outcomes	Health Factors
Coryell	98	42
Hamilton	71	46
Bosque	91	45
Hill	149	112
Limestone	196	134
Falls	182	180
McLennan	133	107

Source: [www.Countyhealthrankings.org/texas](http://www.Countyhealthrankings.org/texas)

## Coryell County

### POTENTIALLY PREVENTABLE HOSPITALIZATIONS

[www.dshs.state.tx.us/ph](http://www.dshs.state.tx.us/ph)

From 2005-2010, adult residents (18+) of **Coryell County** received **\$57,748,239** in charges for hospitalizations that were potentially preventable. Hospitalizations for the conditions below are called **"potentially preventable,"** because if the individual had access to and cooperated with appropriate outpatient healthcare, the hospitalization would likely not have occurred.

Potentially Preventable Hospitalizations for Adult Residents of Coryell County	Number of Hospitalizations							2005-2010		
	2005	2006	2007	2008	2009	2010	2005-2010	Average Hospital Charge	Hospital Charges	Hospital Charges Divided by 2010 Adult County Population
Bacterial Pneumonia	142	165	188	190	153	110	948	\$17,119	\$16,229,011	\$298
Dehydration	39	40	39	32	29	19	198	\$11,562	\$2,289,253	\$42
Urinary Tract Infection	43	57	82	77	78	65	402	\$11,853	\$4,764,970	\$88
Angina (without procedures)	29	22	21	22	18	7	119	\$12,557	\$1,494,243	\$27
Congestive Heart Failure	130	141	135	132	107	117	762	\$18,662	\$14,220,677	\$261
Hypertension (High Blood Pressure)	13	17	33	34	24	17	138	\$11,677	\$1,611,461	\$30
Asthma	40	28	41	34	26	30	199	\$12,909	\$2,568,957	\$47
Chronic Obstructive Pulmonary Disease	91	71	103	88	88	85	526	\$14,621	\$7,690,742	\$141

Diabetes Short-term Complications	16	18	25	20	33	12	124	\$13,672	\$1,695,279	\$31
Diabetes Long-term Complications	43	40	60	37	35	44	259	\$20,014	\$5,183,646	\$95
<b>TOTAL</b>	<b>586</b>	<b>599</b>	<b>727</b>	<b>666</b>	<b>591</b>	<b>506</b>	<b>3,675</b>	<b>\$15,714</b>	<b>\$57,748,239</b>	<b>\$1,062</b>

Source: Center for Health Statistics, Texas Department of State Health Services

**The purpose of this information is to assist in improving healthcare and reducing healthcare costs.**

This information is not an evaluation of hospitals or other healthcare providers.

**Bacterial Pneumonia** is a serious inflammation of the lungs caused by an infection. Bacterial pneumonia primarily impacts older adults. Communities can potentially prevent hospitalizations by encouraging older adults and other high risk individuals to get vaccinated for bacterial pneumonia.

**Dehydration** means the body does not have enough fluid to function well. Dehydration primarily impacts older adults or institutionalized individuals who have a limited ability to communicate thirst. Communities can potentially prevent hospitalizations by encouraging attention to the fluid status of individuals at risk.

**Urinary Tract Infection (UTI)** is usually caused when bacteria enter the bladder and cause inflammation and infection. It is a common condition, with older adults at highest risk. In most cases, an uncomplicated UTI can be treated with proper antibiotics. Communities can potentially prevent hospitalizations by encouraging individuals to practice good personal hygiene; drink plenty of fluids; and (if practical) avoid conducting urine cultures in asymptomatic patients who have indwelling urethral catheters.

**Angina (without procedures)** is chest pain that occurs when a blockage of a coronary artery prevents sufficient oxygen-rich blood from reaching the heart muscle. Communities can potentially prevent hospitalizations by encouraging regular physical activity; smoking cessation; controlling diabetes, high blood pressure, and abnormal cholesterol; maintaining appropriate body weight; and daily administration of an anti-platelet medication (like low dose aspirin) in most individuals with known coronary artery disease.

**Congestive Heart Failure** is the inability of the heart muscle to function well enough to meet the demands of the rest of the body. Communities can potentially prevent hospitalizations by encouraging individuals to reduce risk factors such as coronary artery disease, diabetes, high cholesterol, high blood pressure, smoking, alcohol abuse, and use of illegal drugs.

**Hypertension (High Blood Pressure)** is a syndrome with multiple causes. Hypertension is often controllable with medications. Communities can potentially prevent hospitalizations by encouraging an increased level of aerobic



physical activity, maintaining a healthy weight, limiting the consumption of alcohol to moderate levels for those who drink, reducing salt and sodium intake, and eating a reduced-fat diet high in fruits, vegetables, and low-fat dairy food.

**Asthma** occurs when air passages of the lungs become inflamed and narrowed and breathing becomes difficult. Asthma is treatable, and most flare-ups and deaths can be prevented through the use of medications. Communities can potentially prevent hospitalizations by encouraging people to learn how to recognize particular warning signs of asthma attacks. Treating symptoms early can result in prevented or less severe attacks.

**Chronic Obstructive Pulmonary Disease** is characterized by decreased flow in the airways of the lungs. It consists of three related diseases: asthma, chronic bronchitis and emphysema. Because existing medications cannot change the progressive decline in lung function, the goal of medications is to lessen symptoms and/or decrease complications. Communities can potentially prevent hospitalizations by encouraging education on smoking cessation and minimizing shortness of breath.

**Diabetes Short-term Complications** are extreme fluctuations in blood sugar levels. Extreme dizziness and fainting can indicate hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar), and if not brought under control, seizures, shock or coma can occur. Diabetics need to monitor their blood sugar levels carefully and adjust their diet and/or medications accordingly. Communities can potentially prevent hospitalizations by encouraging the regular monitoring and managing of diabetes in the outpatient health care setting and encouraging patient compliance with treatment plans.

**Diabetes Long-term Complications** include risk of developing damage to the eyes, kidneys and nerves. Risk also includes developing cardiovascular disease, including coronary heart disease, stroke, and peripheral vascular disease. Long-term diabetes complications are thought to result from long-term poor control of diabetes. Communities can potentially prevent hospitalizations by encouraging the regular monitoring and managing of diabetes in the outpatient health care setting and encouraging patient compliance with treatment plans.

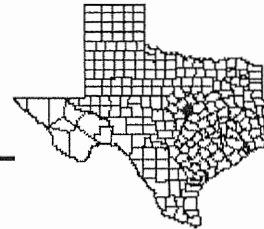
For more information on potentially preventable hospitalizations, go to: [www.dshs.state.tx.us/ph](http://www.dshs.state.tx.us/ph).


**Note:** This report is available for each of the Counties in the Region.



## Health Facts Profile 2009

### Coryell County



Demography / Population									
Estimated Population:		76,181		Population Per Square Mile:		72.4			
Population Rank Among Texas' 254 Counties:		48		Area In Square Miles:		1,051.8			
Ethnicity	Total	County Percent	State Percent	Age	Females	Males	Total	County Percent	State Percent
Anglo	43,746	57.4%	45.8%	00 - 04	2,076	2,158	4,234	5.6%	7.9%
Hispanic	11,912	15.6%	38.2%	05 - 14	5,187	5,318	10,505	13.8%	14.1%
Black	17,035	22.4%	11.5%	15 - 44	19,837	22,810	42,647	56.0%	44.6%
Other	3,488	4.6%	4.4%	45 - 64	7,812	6,337	14,149	18.6%	23.5%
Relative % distribution				65+	2,544	2,002	4,546	6.1%	10.0%
Anglo			57.4%	Total	37,556	38,625	76,181	100.0%	100.0%
Hispanic			15.6%	County	49.3%	50.7%			
Black			22.4%	State	49.8%	50.2%			
Other			4.6%						
Socioeconomic Indicators									
Average Monthly TANF Recipients (Temporary Assistance to Needy Families)		County	23	State	104,696	Average Monthly CHIP Enrollment (Children's Health Insurance Program)		County	598
Average Monthly SNAP Participants (Supplemental Nutrition Assistance Program)		County	5,448	State	2,819,469			State	466,242
Unduplicated Count of Medicaid Clients		County	8,805	State	4,760,721			Number	
Medicaid Covered Births		County	Not Available	State	Not Available			County	
Medicaid Births as % of Total Births		County	Not Available	State	Not Available			Percent	
Unemployment Rate		County	8.4%	State	7.6%	Without Health Insurance		State	
Per Capita Personal Income		County	\$36,547	State	\$38,609	0 - 64 Years		County	24.7%
						0 - 17 Years		State	26.3%
						Persons Living Below Poverty			
						All Ages		County	16.4%
						0 - 17 Years		State	17.1%
								County	17.4%
								State	24.3%
Communicable Diseases - Reported Cases									
		County		State				County	
Total Live Births		982				Cases		State	
Adolescent Mothers (<18)		14	1.4%	4.7%		Tuberculosis		1.4	5.9
Unmarried Mothers		277	28.2%	42.6%		Sexually Transmitted Diseases			
Low Birth Weight <sup>1</sup>		83	8.5%	5.5%		Primary and Secondary Syphilis		0	6.6
Prenatal Care in First Trimester <sup>2</sup>		660	70.7%	58.6%		Gonorrhea		69	90.6
						Chlamydia		212	278.3
						AIDS		0	9.2
						Pertussis (Whooping Cough)		3	3.9
						Varicella (Chickenpox)		3	3.9
									17.9
Mortality <sup>3</sup>									
		County		State				County	
Deaths from All Causes		390	984.6	781.2		Deaths <sup>1</sup>		State	
Heart Disease		85	226.3	186.7		Accidents		27	45.0
Cerebrovascular Disease (Stroke)		13	—	45.8		Motor Vehicle Accidents		18	14.0
All Cancer		99	249.6	167.6		Diabetes		17	23.1
Respiratory/Lung Cancer		26	67.5	45.7		Alzheimer's		6	26.9
Female Breast Cancer		8	—	21.6		Influenza and Pneumonia		5	16.7
Colon, Rectum and Anus		12	—	15.9		Assault (Homicide)		2	5.9
Male Prostate Cancer		4	—	19.9		Suicide		11	11.4
Chronic Lower Respiratory Disease		28	74.6	43.4		Septicemia		6	15.0
Nephritis, Nephrosis Syndrome and Nephrosis		8	—	18.2		Chronic Liver Disease & Cirrhosis		7	11.6
						Infant Deaths		2	6.0
						Fetal Deaths <sup>4</sup>		3	5.2

<sup>1</sup> All births and deaths are by county of residence. Low birth weight represents live-born infants weighing less than 2,500 grams at birth.

Fetal deaths are those occurring after 20 weeks gestation and prior to birth. Fertility rates are per 1,000 women ages 15 - 44.

<sup>2</sup> Disease rates are per 100,000 population. Use caution interpreting rates based on small numbers of cases.

<sup>3</sup> Due to a revised birth certificate in 2005, onset of prenatal care is not comparable to values published in prior years.

<sup>4</sup> Infant death rates are per 1,000 live births. Fetal death rates are per 1,000 live births plus fetal deaths. All other death rates were age adjusted to the 2000 standard per 100,000 population. No age-adjusted rates were calculated if based on 20 or fewer deaths. Infant and fetal death rates were not calculated if 20 or fewer births or births plus fetal deaths occurred. Missing rates are indicated by "—".

<sup>5</sup> Current mortality rates by cause are not comparable with data reported prior to 1999. Refer to the Data Sources Document for more detail.



## Health Facts Profile 2009

### Hamilton County



Estimated Population: 8,625  
Population Rank Among Texas' 254 Counties: 177

#### Demography / Population

Population Per Square Mile: 10.3  
Area In Square Miles: 835.7

	County		State				County		State
Ethnicity	Total	Percent	Percent	Age	Females	Males	Total	Percent	Percent
Anglo	7,769	90.1%	45.8%	00 - 04	245	256	501	5.8%	7.9%
Hispanic	787	9.1%	38.2%	05 - 14	484	531	1,015	11.8%	14.1%
Black	15	0.2%	11.5%	15 - 44	1,336	1,468	2,804	32.5%	44.6%
Other	54	0.6%	4.4%	45 - 64	1,193	1,120	2,313	26.8%	23.5%
Relative % distribution				65+	1,104	888	1,992	23.1%	10.0%
Anglo				Total	4,362	4,263	8,625	100.0%	100.0%
Hispanic				County	50.6%	49.4%			
Black				State	49.8%	50.2%			
Other									

#### Socioeconomic Indicators

	County	State		County	State
Average Monthly TANF Recipients (Temporary Assistance to Needy Families)	0	104,696	Average Monthly CHIP Enrollment (Children's Health Insurance Program)	207	466,242
Average Monthly SNAP Participants (Supplemental Nutrition Assistance Program)	877	2,819,469		Number	Percent
Unduplicated Count of Medicaid Clients	1,823	4,760,721	Without Health Insurance		
Medicaid Covered Births	Not Available	Not Available	0 - 64 Years	1,878	31.2%
Medicaid Births as % of Total Births	Not Available	Not Available	0 - 17 Years	407	23.3%
Unemployment Rate	5.7%	7.6%	Persons Living Below Poverty		
Per Capita Personal Income	\$34,371	\$38,609	All Ages	1,244	15.9%
			0 - 17 Years	452	26.0%

#### Natality

	Births <sup>1</sup>	County Percent	State Percent
Total Live Births	93		
Adolescent Mothers (<18)	3	3.2%	4.7%
Unmarried Mothers	36	38.7%	42.6%
Low Birth Weight <sup>1</sup>	4	4.3%	8.5%
Prenatal Care in First Trimester <sup>3</sup>	49	53.8%	58.6%
Fertility Rate <sup>4</sup>		69.6	75.1

#### Communicable Diseases - Reported Cases

	Cases	County Rate <sup>2</sup>	State Rate <sup>2</sup>
Tuberculosis	0	—	5.9
Sexually Transmitted Diseases			
Primary and Secondary Syphilis	0	—	6.6
Gonorrhea	0	—	116.1
Chlamydia	9	104.3	419.0
AIDS	0	—	9.2
Peritussis (Whooping Cough)	0	—	13.5
Varicella (Chickenpox)	2	23.2	17.9

#### Mortality<sup>5</sup>

	Deaths <sup>1</sup>	County Rate <sup>4</sup>	State Rate <sup>4</sup>		Deaths <sup>1</sup>	County Rate <sup>4</sup>	State Rate <sup>4</sup>
Deaths from All Causes	123	859.5	781.2	Accidents	10	—	40.0
Heart Disease	36	216.3	186.7	Motor Vehicle Accidents	8	—	14.0
Cerebrovascular Disease (Stroke)	7	—	45.8	Diabetes	2	—	23.1
All Cancer	27	178.1	167.6	Alzheimer's	7	—	26.9
Respiratory/Lung Cancer	7	—	45.7	Influenza and Pneumonia	4	—	16.7
Female Breast Cancer	3	—	21.6	Assault (Homicide)	2	—	5.9
Colon, Rectum and Anus	3	—	15.9	Suicide	2	—	11.4
Male Prostate Cancer	2	—	19.9	Septicemia	3	—	15.0
Chronic Lower Respiratory Disease	8	—	43.4	Chronic Liver Disease & Cirrhosis	1	—	11.6
Nephritis, Nephrotic Syndrome and Nephrosis	3	—	18.2	Infant Deaths <sup>1</sup>	1	—	6.0
				Fetal Deaths <sup>1</sup>	0	—	5.2

<sup>1</sup> All births and deaths are by county of residence. Low birth weight represents live-born infants weighing less than 2,500 grams at birth.

Fetal deaths are those occurring after 20 weeks gestation and prior to birth. Fertility rates are per 1,000 women ages 15 - 44.

<sup>2</sup> Disease rates are per 100,000 population. Use caution interpreting rates based on small numbers of cases.

<sup>3</sup> Due to a revised birth certificate in 2005, onset of prenatal care is not comparable to values published in prior years.

<sup>4</sup> Infant death rates are per 1,000 live births. Fetal death rates are per 1,000 live births plus fetal deaths. All other death rates were age adjusted to the 2000 standard per 100,000 population. No age-adjusted rates were calculated if based on 20 or fewer deaths. Infant and fetal death rates were not calculated if 20 or fewer births or births plus fetal deaths occurred. Missing rates are indicated by "—".

<sup>5</sup> Current mortality rates by cause are not comparable with data reported prior to 1999. Refer to the Data Sources Document for more detail.



## Health Facts Profile 2009

### Bosque County



Estimated Population:	18,423	Population Per Square Mile:	18.6
Population Rank Among Texas' 254 Counties:	126	Area in Square Miles:	989.2

Ethnicity	County		State		Age	Females	Males	County		State	
	Total	Percent	Percent	Percent				Total	Percent	Percent	Percent
Anglo	14,911	80.9%	45.8%	45.8%	00-04	558	574	1,132	6.1%	7.9%	7.9%
Hispanic	3,028	16.4%	38.2%	38.2%	05-14	1,023	1,148	2,171	11.8%	14.1%	14.1%
Black	373	2.0%	11.5%	11.5%	15-44	3,021	3,136	6,157	33.4%	44.6%	44.6%
Other	111	0.6%	4.4%	4.4%	45-64	2,585	2,558	5,143	27.9%	23.6%	23.6%
Relative % distribution					65+	2,043	1,777	3,820	20.7%	10.0%	10.0%
Anglo				80.9%	Total	9,230	9,193	18,423	100.0%	100.0%	100.0%
Hispanic				16.4%	County	50.1%	49.9%				
Black				2.0%	State	49.8%	50.2%				
Other				0.6%							

### Socioeconomic Indicators

	County		State					County		State	
	Number	Percent	Number	Percent				Number	Percent	Number	Percent
Average Monthly TANF Recipients (Temporary Assistance to Needy Families)	9		104,696		Average Monthly CHIP Enrollment (Children's Health Insurance Program)			288		466,242	
Average Monthly SNAP Participants (Supplemental Nutrition Assistance Program)	1,843		2,819,469								
Unduplicated Count of Medicaid Clients	3,372		4,760,721		Without Health Insurance						
Medicaid Covered Births	Not Available		Not Available		0-64 Years	3,736	27.0%			26.3%	
Medicaid Births as % of Total Births	Not Available		Not Available		0-17 Years	751	18.8%			16.2%	
Unemployment Rate	7.9%		7.6%		Persons Living Below Poverty						
Per Capita Personal Income	\$31,947		\$38,609		All Ages	2,499	14.5%			17.1%	
					0-17 Years	902	22.5%			24.3%	

### Nativity

	Births <sup>1</sup>	Percent	
		County	State
Total Live Births	189		
Adolescent Mothers (<18)	5	2.6%	4.7%
Unmarried Mothers	73	38.6%	42.6%
Low Birth Weight <sup>1</sup>	14	7.4%	8.5%
Prenatal Care in First Trimester <sup>3</sup>	95	51.9%	58.6%
Fertility Rate <sup>4</sup>		62.6	75.1

### Communicable Diseases - Reported Cases

	Cases	Rate <sup>2</sup>	
		County	State
Tuberculosis	0	—	5.9
Sexually Transmitted Diseases			
Primary and Secondary Syphilis	0	—	6.6
Gonorrhea	5	27.1	116.1
Chlamydia	32	173.7	419.0
AIDS	0	—	9.2
Pertussis (Whooping Cough)	1	5.4	13.5
Varicella (Chickenpox)	3	16.3	17.9

### Mortality<sup>5</sup>

	Deaths <sup>1</sup>	Rate <sup>4</sup>			Deaths <sup>1</sup>	Rate <sup>4</sup>	
		County	State			County	State
Deaths from All Causes	235	837.7	781.2	Accidents	18	—	40.0
Heart Disease	42	136.6	186.7	Motor Vehicle Accidents	6	—	14.0
Cerebrovascular Disease (Stroke)	20	—	45.8	Diabetes	5	—	23.1
All Cancer	56	193.1	167.6	Alzheimer's	11	—	26.9
Respiratory/Lung Cancer	15	—	45.7	Influenza and Pneumonia	8	—	16.7
Female Breast Cancer	1	—	21.6	Assault (Homicide)	1	—	5.9
Colon, Rectum and Anus	3	—	15.9	Suicide	6	—	11.4
Male Prostate Cancer	3	—	19.9	Septicemia	2	—	15.0
Chronic Lower Respiratory Disease	16	—	43.4	Chronic Liver Disease & Cirrhosis	3	—	11.6
Nephritis, Nephrotic Syndrome and Nephrosis	3	—	18.2	Infant Deaths <sup>1</sup>	0	—	6.0
				Fetal Deaths <sup>1</sup>	0	—	5.2

<sup>1</sup> All births and deaths are by county of residence. Low birth weight represents live-born infants weighing less than 2,500 grams at birth.

Fetal deaths are those occurring after 20 weeks gestation and prior to birth. Fertility rates are per 1,000 women ages 15-44.

<sup>2</sup> Disease rates are per 100,000 population. Use caution interpreting rates based on small numbers of cases.

<sup>3</sup> Due to a revised birth certificate in 2005, onset of prenatal care is not comparable to values published in prior years.

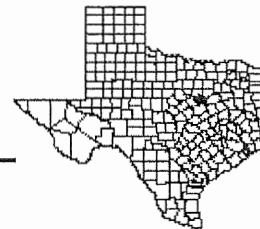
<sup>4</sup> Infant death rates are per 1,000 live births. Fetal death rates are per 1,000 live births plus fetal deaths. All other death rates were age adjusted to the 2000 standard per 100,000 population. No age-adjusted rates were calculated if based on 20 or fewer deaths. Infant and fetal death rates were not calculated if 20 or fewer births or births plus fetal deaths occurred. Missing rates are indicated by "—".

<sup>5</sup> Current mortality rates by cause are not comparable with data reported prior to 1999. Refer to the Data Sources Document for more detail.



## Health Facts Profile 2009

### Hill County



Demography / Population									
Estimated Population:		36,015		Population Per Square Mile:		37.4			
Population Rank Among Texas' 254 Counties:		81		Area In Square Miles:		962.4			
Ethnicity	Total	County Percent	State Percent	Age	Females	Males	Total	County Percent	State Percent
Anglo	26,338	73.1%	45.8%	00 - 04	1,224	1,279	2,503	6.9%	7.9%
Hispanic	6,804	18.9%	38.2%	05 - 14	2,394	2,581	4,975	13.8%	14.1%
Black	2,680	7.4%	11.5%	15 - 44	6,301	6,602	12,903	35.8%	44.6%
Other	193	0.5%	4.4%	45 - 64	4,630	4,762	9,392	26.1%	23.5%
Relative % distribution				65+	3,320	2,922	6,242	17.3%	10.0%
Anglo			73.1%	Total	17,869	18,148	36,015	100.0%	100.0%
Hispanic			18.9%	County	49.6%	50.4%			
Black			7.4%	State	49.8%	50.2%			
Other			0.5%						

Socioeconomic Indicators									
Average Monthly TANF Recipients (Temporary Assistance to Needy Families)		County	33	State	104,696	Average Monthly CHIP Enrollment (Children's Health Insurance Program)		County	697
Average Monthly SNAP Participants (Supplemental Nutrition Assistance Program)		County	4,124	State	2,819,469			State	466,242
Unduplicated Count of Medicaid Clients		County	7,466	State	4,760,721			Number	
Medicaid Covered Births		County	Not Available	State	Not Available			County	
Medicaid Births as % of Total Births		County	Not Available	State	Not Available			Percent	
Unemployment Rate		County	7.9%	State	7.6%	Without Health Insurance		State	
Per Capita Personal Income		County	\$29,089	State	\$38,609	0 - 64 Years		County	29.1%
						0 - 17 Years		State	26.3%
						Persons Living Below Poverty		County	18.3%
						All Ages		State	16.2%
						0 - 17 Years		County	16.0%
								State	17.1%
								County	22.9%
								State	24.3%

Natality					Communicable Diseases - Reported Cases				
	Births <sup>1</sup>	County	Percent	State		Cases	County	Rate <sup>2</sup>	State
Total Live Births	467				Tuberculosis	0	—	—	5.9
Adolescent Mothers (<18)	13	2.8%	4.7%		Sexually Transmitted Diseases				
Unmarried Mothers	187	40.0%	42.6%		Primary and Secondary Syphilis	1	2.8	6.6	
Low Birth Weight <sup>1</sup>	39	8.4%	8.5%		Gonorrhea	48	133.3	116.1	
Prenatal Care in First Trimester <sup>3</sup>	297	64.6%	58.6%		Chlamydia	92	255.4	419.0	
					AIDS	1	2.7	9.2	
					Pertussis (Whooping Cough)	0	—	13.5	
Fertility Rate <sup>4</sup>		74.1	Rate	75.1	Varicella (Chickenpox)	7	19.4	17.9	

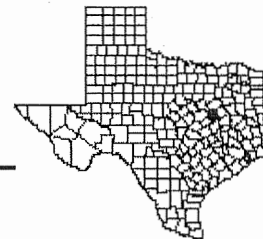
Mortality <sup>5</sup>									
	Deaths <sup>1</sup>	County	Rate <sup>4</sup>	State		Deaths <sup>1</sup>	County	Rate <sup>4</sup>	State
Deaths from All Causes	339	861.6	781.2		Accidents	22	54.3	40.0	
Heart Disease	85	186.9	186.7		Motor Vehicle Accidents	11	—	14.0	
Cerebrovascular Disease ((Stroke)	26	53.8	45.8		Diabetes	13	—	23.1	
All Cancer	83	186.9	167.6		Alzheimer's	14	—	26.9	
Respiratory/Lung Cancer	37	81.3	45.7		Influenza and Pneumonia	6	—	16.7	
Female Breast Cancer	3	—	21.5		Assault (Homicide)	2	—	5.9	
Colon, Rectum and Anus	6	—	15.9		Suicide	3	—	11.4	
Male Prostate Cancer	2	—	19.9		Septicemia	2	—	15.0	
Chronic Lower Respiratory Disease	35	72.7	43.4		Chronic Liver Disease & Cirrhosis	3	—	11.6	
Nephritis, Nephrotic Syndrome and Nephrosis	4	—	18.2		Infant Deaths	5	—	6.0	
					Fetal Deaths <sup>1</sup>	4	—	5.2	

- <sup>1</sup> All births and deaths are by county of residence. Low birth weight represents live-born infants weighing less than 2,500 grams at birth. Fetal deaths are those occurring after 20 weeks gestation and prior to birth. Fertility rates are per 1,000 women ages 15 - 44.
- <sup>2</sup> Disease rates are per 100,000 population. Use caution interpreting rates based on small numbers of cases.
- <sup>3</sup> Due to a revised birth certificate in 2005, onset of prenatal care is not comparable to values published in prior years.
- <sup>4</sup> Infant death rates are per 1,000 live births. Fetal death rates are per 1,000 live births plus fetal deaths. All other death rates were age adjusted to the 2000 standard per 100,000 population. No age-adjusted rates were calculated if based on 20 or fewer deaths. Infant and fetal death rates were not calculated if 20 or fewer births or births plus fetal deaths occurred. Missing rates are indicated by "—".
- <sup>5</sup> Current mortality rates by cause are not comparable with data reported prior to 1999. Refer to the Data Sources Document for more detail.



## Health Facts Profile 2009

### Limestone County



Estimated Population:	22,671	Population Per Square Mile:	24.9
Population Rank Among Texas' 254 Counties:	109	Area In Square Miles:	908.9

Ethnicity	County		State		Age	Females	Males	County		State	
	Total	Percent	Percent	Percent				Total	Percent	Percent	Percent
Anglo	14,026	61.9%	45.8%		00-04	724	768	1,492	6.6%	7.9%	
Hispanic	4,169	18.4%	38.2%		05-14	1,435	1,516	2,951	13.0%	14.1%	
Black	4,366	19.3%	11.5%		15-44	3,730	4,909	8,639	38.1%	44.6%	
Other	110	0.5%	4.4%		45-64	2,798	3,044	5,842	25.8%	23.5%	
Relative % distribution					65+	2,072	1,675	3,747	16.5%	10.0%	
Anglo				61.9%	Total	10,759	11,912	22,671	100.0%	100.0%	
Hispanic				18.4%	County	47.5%	52.5%				
Black				19.3%	State	49.8%	50.2%				
Other				0.5%							

#### Socioeconomic Indicators

		County	State			County	State
Average Monthly TANF Recipients (Temporary Assistance to Needy Families)		25	104,696	Average Monthly CHIP Enrollment (Children's Health Insurance Program)		335	456,242
Average Monthly SNAP Participants (Supplemental Nutrition Assistance Program)		2,767	2,819,469				
Unduplicated Count of Medicaid Clients		5,320	4,760,721	Without Health Insurance			
Medicaid Covered Births	Not Available		Not Available	0-64 Years	5,121	28.0%	26.3%
Medicaid Births as % of Total Births	Not Available		Not Available	0-17 Years	991	19.2%	16.2%
Unemployment Rate		6.3%	7.6%	Persons Living Below Poverty			
Per Capita Personal Income		\$30,868	\$38,609	All Ages	4,058	19.9%	17.1%
				0-17 Years	1,491	29.0%	24.3%

#### Nativity

	Births <sup>1</sup>	Percent	
		County	State
Total Live Births	360		
Adolescent Mothers (<18)	21	5.8%	4.7%
Unmarried Mothers	172	47.8%	42.6%
Low Birth Weight <sup>1</sup>	42	11.7%	8.5%
Prenatal Care in First Trimester <sup>1</sup>	176	51.3%	58.6%
Fertility Rate <sup>1</sup>		96.5	75.1

#### Communicable Diseases - Reported Cases

	Cases	Rate <sup>2</sup>	
		County	State
Tuberculosis	2	8.6	5.9
Sexually Transmitted Diseases			
Primary and Secondary Syphilis	7	30.9	6.6
Gonorrhea	30	132.3	116.1
Chlamydia	108	476.4	419.0
AIDS	2	8.6	9.2
Peritussis (Whooping Cough)	2	8.8	13.5
Varicella (Chickenpox)	0	—	17.9

#### Mortality<sup>3</sup>

	Deaths <sup>1</sup>	Rate <sup>4</sup>			Deaths <sup>1</sup>	Rate <sup>4</sup>	
		County	State			County	State
Deaths from All Causes	273	984.2	781.2	Accidents	13	—	40.0
Heart Disease	67	235.2	186.7	Motor Vehicle Accidents	4	—	14.0
Cerebrovascular Disease (Stroke)	16	—	45.8	Diabetes	8	—	23.1
All Cancer	59	205.3	167.6	Alzheimer's	11	—	26.9
Respiratory/Lung Cancer	17	—	45.7	Influenza and Pneumonia	5	—	16.7
Female Breast Cancer	6	—	21.6	Assault (Homicide)	2	—	5.9
Colon, Rectum and Anus	9	—	15.9	Suicide	4	—	11.4
Male Prostate Cancer	1	—	19.9	Septicemia	6	—	15.0
Chronic Lower Respiratory Disease	18	—	43.4	Chronic Liver Disease & Cirrhosis	3	—	11.6
Nephritis, Nephrotic Syndrome and Nephrosis	5	—	18.2	Infant Deaths <sup>1</sup>	2	—	6.0
				Fetal Deaths <sup>1</sup>	2	—	5.2

<sup>1</sup> All births and deaths are by county of residence. Low birth weight represents live-born infants weighing less than 2,500 grams at birth.

Fetal deaths are those occurring after 20 weeks gestation and prior to birth. Fertility rates are per 1,000 women ages 15-44.

<sup>2</sup> Disease rates are per 100,000 population. Use caution interpreting rates based on small numbers of cases.

<sup>3</sup> Due to a revised birth certificate in 2005, onset of prenatal care is not comparable to values published in prior years.

<sup>4</sup> Infant death rates are per 1,000 live births. Fetal death rates are per 1,000 live births plus fetal deaths. All other death rates were age adjusted to the 2000 standard per 100,000 population. No age-adjusted rates were calculated if based on 20 or fewer deaths. Infant and fetal death rates were not calculated if 20 or fewer births or births plus fetal deaths occurred. Missing rates are indicated by "—".

<sup>5</sup> Current mortality rates by cause are not comparable with data reported prior to 1999. Refer to the Data Sources Document for more detail.



## Health Facts Profile 2009

### Falls County



Estimated Population: 17,687  
Population Rank Among Texas' 254 Counties: 130  
Population Per Square Mile: 23.0  
Area In Square Miles: 769.1

Ethnicity	County		State		Age	Females	Males	County		State	
	Total	Percent	Total	Percent				Total	Percent	Total	Percent
Anglo	9,161	51.8%	45.8%		00 - 04	540	571	1,111	6.3%	7.9%	
Hispanic	3,725	21.1%	38.2%		05 - 14	1,063	1,153	2,216	12.5%	14.1%	
Black	4,723	26.7%	11.5%		15 - 44	3,901	3,446	7,347	41.5%	44.6%	
Other	78	0.4%	4.4%		45 - 64	2,151	2,031	4,182	23.6%	23.5%	
Relative % distribution					65+	1,604	1,227	2,831	16.0%	10.0%	
Anglo			51.8%		Total	9,259	8,428	17,687	100.0%	100.0%	
Hispanic			21.1%		County	52.3%	47.7%				
Black			26.7%		State	49.8%	50.2%				
Other			0.4%								

### Socioeconomic Indicators

County		State		County		State	
Average Monthly TANF Recipients (Temporary Assistance to Needy Families)	36	104,696		Average Monthly CHIP Enrollment (Children's Health Insurance Program)	274	466,242	
Average Monthly SNAP Participants (Supplemental Nutrition Assistance Program)	2,575	2,819,459					
Unduplicated Count of Medicaid Clients	4,148	4,760,721		Without Health Insurance	Number	County	State
Medicaid Covered Births	Not Available	Not Available		0 - 64 Years	4,007	29.2%	26.3%
Medicaid Births as % of Total Births	Not Available	Not Available		0 - 17 Years	700	17.5%	16.2%
Unemployment Rate	8.9%	7.6%		Persons Living Below Poverty			
Per Capita Personal Income	\$25,998	\$38,609		All Ages	3,452	23.2%	17.1%
				0 - 17 Years	1,266	33.6%	24.3%

### Natality

	Births <sup>1</sup>	Percent	
		County	State
Total Live Births	214		
Adolescent Mothers (<18)	10	4.7%	4.7%
Unmarried Mothers	102	47.7%	42.6%
Low Birth Weight <sup>1</sup>	23	10.7%	8.5%
Prenatal Care in First Trimester <sup>3</sup>	121	63.4%	58.5%
Fertility Rate <sup>4</sup>		54.9	75.1

### Communicable Diseases - Reported Cases

	Cases	Rate <sup>2</sup>	
		County	State
Tuberculosis	2	11.9	5.9
Sexually Transmitted Diseases			
Primary and Secondary Syphilis	1	5.7	6.6
Gonorrhea	43	243.1	116.1
Chlamydia	94	531.5	419.0
AIDS	1	5.9	9.2
Pertussis (Whooping Cough)	0	—	13.5
Varicella (Chickenpox)	0	—	17.9

### Mortality<sup>5</sup>

	Deaths <sup>1</sup>	Rate <sup>4</sup>			Deaths <sup>1</sup>	Rate <sup>4</sup>	
		County	State			County	State
Deaths from All Causes	197	909.8	781.2	Accidents	7	—	40.0
Heart Disease	79	350.1	186.7	Motor Vehicle Accidents	6	—	14.0
Cerebrovascular Disease (Stroke)	8	—	45.8	Diabetes	5	—	23.1
All Cancer	34	154.3	167.6	Alzheimer's	2	—	26.9
Respiratory/Lung Cancer	7	—	45.7	Influenza and Pneumonia	3	—	16.7
Female Breast Cancer	3	—	21.6	Assault (Homicide)	1	—	5.9
Colon, Rectum and Anus	3	—	15.9	Suicide	6	—	11.4
Male Prostate Cancer	1	—	19.9	Sepsis	4	—	15.0
Chronic Lower Respiratory Disease	10	—	43.4	Chronic Liver Disease & Cirrhosis	2	—	11.6
Nephritis, Nephrotic Syndrome and Nephrosis	5	—	16.2	Infant Deaths	1	—	6.0
				Fetal Deaths <sup>1</sup>	2	—	5.2

<sup>1</sup> All births and deaths are by county of residence. Low birth weight represents live-born infants weighing less than 2,500 grams at birth.

Fetal deaths are those occurring after 20 weeks gestation and prior to birth. Fertility rates are per 1,000 women ages 15 - 44.

<sup>2</sup> Disease rates are per 100,000 population. Use caution interpreting rates based on small numbers of cases.

<sup>3</sup> Due to a revised birth certificate in 2005, onset of prenatal care is not comparable to values published in prior years.

<sup>4</sup> Infant death rates are per 1,000 live births. Fetal death rates are per 1,000 live births plus fetal deaths. All other death rates were age adjusted to the 2000 standard per 100,000 population. No age-adjusted rates were calculated if based on 20 or fewer deaths. Infant and fetal death rates were not calculated if 20 or fewer births or births plus fetal deaths occurred. Missing rates are indicated by "—".

<sup>5</sup> Current mortality rates by cause are not comparable with data reported prior to 1999. Refer to the Data Sources Document for more detail.





### **Description of the Community Served by the Hospital Facility**

Falls Community Hospital serves primarily the residents of Falls County. Marlin, Texas is the location of the hospital and the primary FCHC Rural Health Clinic. Falls also owns and operates three other clinics to serve the residents located in Rosebud, Bremond and Mart, Texas. (See attached maps of each of the clinics)



**FCHC Clinic**  
**307 Live Oak**  
**Marlin, Texas**  
**Ph. (254) 803-3561**  
**Fax (254) 883-6066**

**Falls Community Hospital**  
 located at 322 Coleman in  
 Texas. It is about 25 miles  
 Interstate 35 between Ten  
 Waco. The "star" on the n  
 below denotes the clinic's



**Area Map**



**Detail Map**



**FCHC Rucker Medical  
Clinic**  
200 N Pearl  
Mart, Texas  
Ph. (254) 876-6400  
Fax (254) 876-6401

**FCHC Rucker Medical Clinic  
at 200 N Pearl in Mart, Texas**



**Area Map**



**Detail Map**





**FCHC Bremond  
Medical Center  
201 South Main  
Bremond, Texas  
Ph. (254) 746-7264  
Fax (254) 746-5096**

**FCHC Bremond Medical C  
located at 201 South Main  
Bremond, Texas. It is loca  
15 miles southeast of Mai  
Texas.**



**Area Map**

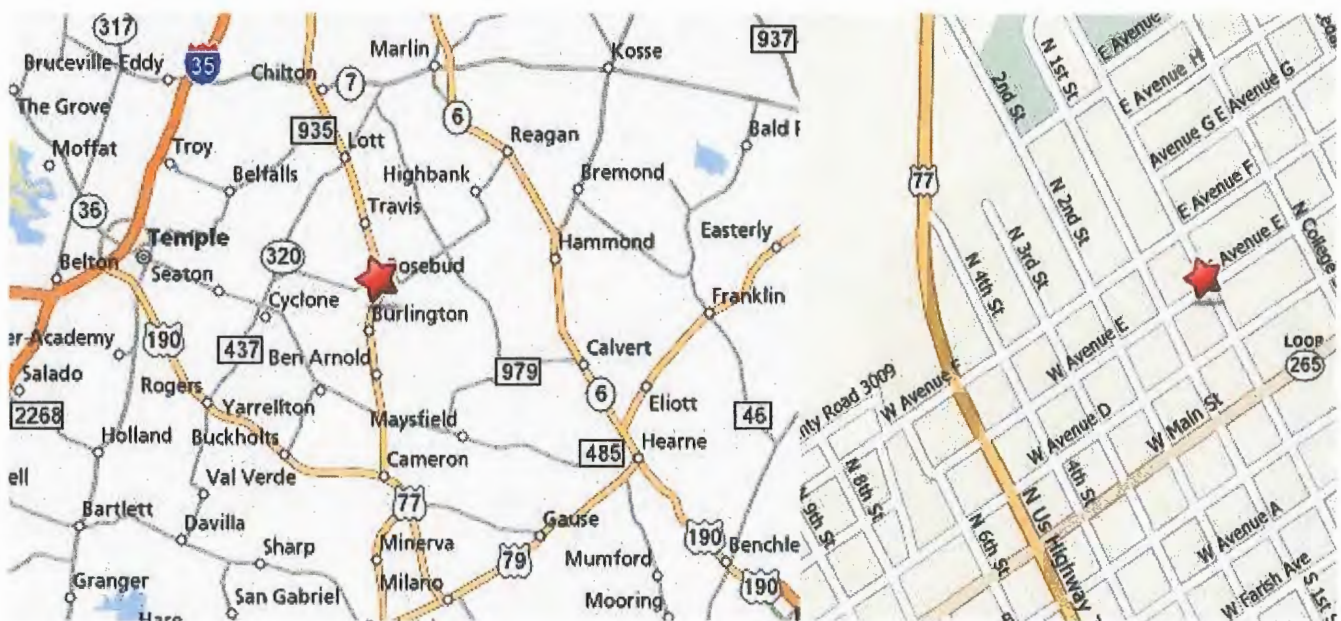


**Detail Map**



**FCHC Rosebud Medical  
Clinic**  
**312 N Stallworth**  
**Rosebud , Texas**  
**Ph. (254) 583-4515**  
**Fax (254) 583-4516**

**FCHC Rosebud Medical Clin**  
**located at 312 N Stallworth in**  
**Rosebud, Texas.**



**Area Map**

**Detail Map**

## **Facts about This Community Needs Assessment**

1. The community served is Falls County. The hospital is located in Marlin, Texas; along with a primary rural heal clinic in Marlin and a second rural health clinic in Rosebud, Texas. The community was defined primarily along county lines, even though other clinics are in Robertson County and McLennan County, but close to Falls County.
2. An assessment for Region 16 was done by TMSI, Inc. in August 2012 and this was the basis for this Community Needs Assessment. Falls County was included in this assessment.
3. In addition to this assessment, Falls Community Hospital participated in the Falls County Community Health Assessment in 2011. This was a product of Falls Community Hospital and Clinics along with help from key community members in city and county governments, the Marlin ISD, as well as other agencies in Falls County. A total of 347 people completed the survey. A narrative of the county survey and an overview of the survey are attached in this report including the community input received.
4. A prioritized list of the health needs included in this report was compiled by a committee composed of the hospital administrator, the hospital financial consultant and the hospital compliance officer. The committee was unanimous in the items for the hospital's priority health needs. This list uses the Region 16 prioritized list as a starting point and considers the responses from the survey done in Falls County.
5. A tentative narrative of how Falls Community Hospital might meet the community needs is attached. Falls Community Hospital will be using current resources to address.

# **Narrative of the Falls County Community Health Assessment**

## **Including Process and Methods Used**

An initial meeting was held on April 15, 2011 with key hospital officials, officials of the school district, Marlin police department, a community organizer, the DA's office, and representatives of the media. This meeting was led by a member of the Texas Department of State Health Services to look for common goals in the upcoming Health Needs Assessment. This meeting produced a good start to the process.

A second follow up meeting was held on May 24, 2011, to review the process of the Community Health Needs Assessment for Falls County with key hospital official, key community leaders and the press attending.

After this meeting and during 2011 and 2012, Falls Community Hospital conducted the Falls County Community Health Assessment. The tool was a product of Falls Community Hospital and Clinics, and key community members in city and county governments, the Marlin ISD, as well as other agencies in Falls County. There were 347 citizens that completed the survey with the following demographics:

- The largest category, 22% were 45-54 years old
- 50% were Caucasian, 32% African American, 18% Hispanic and other
- 35% were employed full time
- 30% were retired
- 60% lived in Marlin City limits
- 66% currently use FCHC
- 2% have Medicare, 23% have employer provided insurance, 17% have Medicaid

This community needs assessment was done specifically for Falls County and as you will see it closely relates to the Region 16 area assessment.

From the perspective of Falls Community Hospital and Clinics, most areas we scored well. Of course from our perspective a rating of good still implies that there is continued work to be done. FCH and Falls County have significant programs and services already in place. The general areas in how to move forward have to be in improving community awareness.

Let's look at some areas and results that merit further comment.



***How well does FCHC communicate healthcare services they offer to the community? Good 31%***

That means 69% don't feel we adequately make public knowledge our services. In the past, we would announce a new service in the local newspapers as they begin. Our goal moving forward is to have routine ads in the newspapers reminding those in the community of what services we have. In the past, if a citizen missed the announcement of a new service, they were seeing it again. Additionally, this year we had an open house that was attended by several hundred citizens and most commented that they were not aware of all the services we had available. We will continue to have open houses in the future

***Child Abuse and Neglect/Family Domestic Violence/ Sexual Assaults Child and Adult Don't Know 25%-27%.***

In this case generally 75% of people are aware that we will address these issues. We can do better. There is a question in many of the ER E-forms that is completed by staff on assessment. This addresses patients coming in with those types of complaints, but not the other general medical patients. We are putting on all the doors in the ER patient rooms to encourage reporting of these areas. Additionally, this will be a good topic to include with press releases and ads.

***Finding a local quality healthcare provider Major Problem 32%*** Putting this in perspective, this means 68% are able to find what they need. In a rural community, we do not have all the specialties as in the urban areas . We have been developing our services utilizing mid-level practitioners with good success and will continue that as we move forward .

***Community Emergency Response System/MGMT Those unaware 81%***

Falls County has an Emergency Management Coordinator. The county has a reverse 911 systems and all citizens have been made aware of this system in media and through water bills and tests. The hospital has a significant preparedness program but related to our own response. We will continue to make citizens aware of our activities through speaking to groups and news items. On the same token, when asked, if the community was prepared to respond to a natural or man-made threat, 72% responded that they knew we were able to respond.

***Hospital rank in providing free/charity medical care to poor Good 26%***

The community is apparently unaware that FCHC gives close to 4 million dollars a year in free uncompensated funds. We have an in-house charity program and provide significant discounts for those with limited incomes. We will make these statistics more available to the public.

***Availability of Dental Care Major Problem 31%***

While we do not have a dental care provider, patients presenting in ER are referred to local providers and we do provide education in oral hygiene and health. Essentially dental care is beyond our scope.



With that said, in 2006 we brought to the community a Smiles on Wheels event that brought to the community FREE dental care to those who qualify. This program was able to serve close to 200 people and provided over \$100,000 in free dental care. It is our attention to repeat this in 2014.

***Teen Pregnancy Major Problem: 42%***

The scope of our current services only comes in contact with the teens after the fact. Our facility is always open to partner with schools and any group which may need a facility to put on programs to combat this problem.

***Diabetes Major Problem 29%***

I believe that this health problem in the community is even a greater problem than the data indicates. Already we outreach into the community in many ways. At our health fairs we have vendors providing free finger sticks. We have put on a diabetes drive- through and have partnered with HEB food store in a health event that also provided free blood sugar tests. Taking this to the next level would most likely be having a diabetes support group hosted by our facility.

***How would you rate FCHC Sleep Center***

***Don't Know 40%***

Re-stated 60% do know about our sleep center which is good considering sleep study and management is a relatively newer field in healthcare. We will continue the spread the word in our clinics as we have posters in rooms addressing sleep apnea and in our advertizing.

***How do you rate FCHC's Physician Home Care Visit Program***

***Don't know 38%***

Re-stated 62% of the community are aware of this. These are good numbers considering we have only one physician that does this. To improve awareness we can improve our marketing process in this area.

***FCHC lives up to its Mission Statement***

***Agree 30%***

This number is of concern. Since this assessment we have begun a program of Multi-disciplinary rounding. This involves people from different areas visiting inpatients daily to be sure they are happy with their care and if not to address the concern. Once we have this process fully established we will visit how to accomplish the same goals in our ER.

**The following is a brief description of community needs addressed through the RHP Plan**

***The obesity rate is 9.9% for adults. Low income Obesity rate is 13.8%***

Unfortunately these rates are in line with national rates. FCH has partnered with HEB on community educational events geared toward healthy eating. We are also in conversations with our mayor to develop programs to address this problem as well. Additionally we will continue with the education given in our clinics by our providers.

***Potentially preventable Hospitalizations with long and short term risks***

We have a contract with a company called CMI who assess whether a patient meets admission criteria and if so whether that admit will be an Observation vs. a Full Admit stay.

***Shortage of Primary Care Providers in Region***

The only way this will improve in the rural community is if varying incentives are made available to new physicians coming to rural communities, and these will have to come from the state because the rural hospitals reimbursements continue to be reduced yet with greater demands. In response to the physician shortages we have proactively hired many Nurse Practitioners who are able to provide almost all the services the physicians can provide.

***Mental Health issues related to access.***

That need is definitely there .Unfortunately, the requirements to provide mental health care in rural communities balanced with ability to pay and insurance reimbursements make those services impossible to provide.

***Inappropriate utilization of the Emergency Room***

Our challenge has always been that we must see ALL patients that present in our ER regardless of their ability to pay. Our community does not have a minor emergency clinic as is available in more urban communities. Thus after hours and on weekends we are the only healthcare provider available. Clinics are able to require payment so those who don't want to be seen go to ER. We have been researching and approaching on a plan to separate our ER into acute care and non acute care. We believe this is the first step in addressing this issue

## **Falls County Community Health Assessment**

### **Overview of Survey from 2011**

347 completed the survey

22% (largest category) were 45 – 54 years old

50% were Caucasian and 32% Black

27% have Medicare, 23% have Employer provided insurance and 17% have Medicaid

35% were employed full time

30% were retired

The majority of the survey takers worked for Marlin ISD, FCHC or Retired

60% of completed surveys live in Marlin

66% currently use FCHC

Below please find the most worthwhile questions along with the top answer and percentage of folks that gave that answer:

How would you rank the overall health of your community's citizens? Fair 31%

How would you rank overall community pride and self-esteem? Fair 29%

How would you rank the recreational activities in your community? Poor 30%

How would you rank the level of educational and learning opportunities in your community? Fair 21%

How would you rank the employment and job opportunities in your community? Poor 29%

How would you rank your confidence in city and county government to improve (address) environmental health issues? Poor 21%

How well does FCHC communicate healthcare services they offer the community? Good 31%

How well do you grade the ability of local civic clubs, churches and social organizations to work together to provide services that meet the needs of the poor and underserved? Fair 28%

How is your physical health? Good 41%

How is your mental health? Good 41%

How do you rank Falls Hospital in providing charity care and free medical care to the poor and underserved? Good 26%

How would you rate the healthcare services of FCHC? Good 30%

How would you rate your waiting time for FCHC's clinic care? Good 24%

How would you rate the emergency room services at FCHC? Good 27%

How would you rate the Rural Health Clinics of FCHC? Good 25%

How would you rate FCHC's Sleep Study Center? Don't Know 40%

How would you rate FCHC Services in general? Good 31%

How would you rate FCHC's physicians Home Care Visits Program? Don't Know 38%

If you needed to be hospitalized, how likely are you to select FCHC? Good 21%

My community works with all ethnic races and people to improve health. Agree 36%

My community is prepared to respond to a natural or manmade threat. Don't Know 28%

My city needs an image-improvement for its overall appearance. My city needs community wide "clean-up" program. Strongly Agree 53%

My community does a good job in developing laws and promoting policies that protect health. Undecided 32%

My community does a good job in enforcing laws and/or policies that protect health of its citizens. Agree 31%

My community has enough trained people to address health issues and improve health. Agree 43%

I want public places in my community to be "smoke free." Strongly Agree 34%

My community leaders respect me and listen to my opinions. Agree 24%

It is financially difficult for me to get health services. Disagree 24%

FCHC lives up to its Mission Statement: "We are dedicated to providing high quality primary and emergency healthcare to the citizens of Falls County." Agree 30%

My workplace is safe. Agree 35%

Do you think your community has a problem with the following:

Obesity Problem 33%

Lack of Physical Activity or Exercise   Problem   38%

Poor Eating Habits or Lack of Good Nutrition   Major Problem   34%

Cancer   Problem   31%

Heart Disease   Problem   32%

High Blood Pressure   Problem   32%

Stroke   Problem   27%

HIV/AIDS   Don't Know   40%

Sexually Transmitted Diseases   Don't Know   25%

Teen Pregnancy   Major Problem   42%

Providing Free Immunization Programs for School Children   Don't Know   29%

Under 18 Dropping Out of School   Major Problem   28%

Not Going to School (Truancy)   Major Problem   31%

Child Abuse and Neglect   Don't Know   24%

Family Domestic Violence   Don't Know   24%

Sexual Assaults of Children and Adults   Don't Know   26%

Crime in your neighborhood   Major Problem   25%

Arthritis   Problem   27%

Air Quality – Respiratory & Breathing Problems   Problem   25%

Asthma caused by my environment   Don't Know   23%

Availability of Specialized Women's Healthcare   Don't Know   27%

Under 18 Tobacco Use   Major Problem   30%

Overall Community Mental Health   Problem   27%

Availability of Dental Care   Major Problem   31%

Drinking Water Quality   Major Problem   41%

Land, City Lots and Yard Rubbish – Trash   Major Problem   43%

Injuries to Children Don't Know 25%

Injuries to Adults Don't Know 25%

Diabetes Major Problem Major Problem 29%

Motor Vehicle Speeding Major Problem 31%

Driving While Talking on Cell Phones or Texting Major Problem 41%

Drinking and/or Drugging while Driving Major Problem 39%

Uncontrolled Rats and Rodents on abandoned and junk filled yards Major Problem 33%

Uncontrolled Pet Animals Major Problem 40%

Affordable Dental Care Major Problem 39%

Avoiding Seeking Medical Care Major Problem 29%

Alcohol Abuse Major Problem 35%

Meth (Crank) Major Problem 36%

Other Drug Abuse Major Problem 34%

Finding a Local Quality Healthcare Provider Major problem 32%

Citizen's Confidence in Local government to Improve "Quality of Life." Major Problem 30%

Elected City Officials Addressing Utility and Street Pavement Issues Major Problem 40%

Did you know FCHC gives almost \$4 million dollars in free uncompensated healthcare every year and is the recipient of numerous qualities of care achievement awards? No 72%

School districts give immunization shots each year and parents must comply with having children immunized before enrolling in school. Do you feel this immunization program is necessary for improving health? Yes 95%

Should your school district provide an Abstinence Sexuality curriculum that is medically accurate to help slow down the growth in teen pregnancy? Yes 86%

Community Emergency Response Management is set up to manage disaster and emergency events. This involves your hospital and local community citizens in emergency response and assistance. Have you been told anything about your community wide plan of action during a disaster? No 81%

Would you be able to vacate your residence within 30 minutes to stay at a temporary shelter for five days? Yes 55%

## **Priority of Health Needs**

Based upon both the Community Needs Assessment for Region 12 and the extensive community survey prepared by our hospital, we have prioritized the following items as our target list of community health needs to focus on:

Adult Diabetes

Obesity (and Low Income Preschool Obesity)

Potentially Preventable Hospitalization

Mental Health Issues Relating to Access and Shortage of Mental Health Professionals

Inappropriate Utilization of Emergency Room

## **Tentative Narrative of How Falls Community Hospital Might Meet the Community Needs**

1. **Adult Diabetes:** As can be seen in both the region and the community, this is a major problem. We currently have health fairs where we have vendors providing free finger sticks. We have put on a diabetes drive through and partnered with the HEB food store locally in a health event that also provided free blood sugar tests. We are planning to continue support in this area and possibly have a diabetes support group hosted by our facility.
2. **Obesity:** Adult and preschool obesity are ranked very high both in the Region 16 assessment and also through the Survey conducted by the Hospital. Changes in this area are important to the overall health of the community. This applies to low income preschool obesity as well as seen on both assessments.

Falls Community Hospital has just promoted a weight and fitness program for all of its employees. This program is sponsored by the Texas Organization for Rural and Community Hospitals.

Falls Community has partnered with HEB food store locally to provide educational events geared toward health eating.

We also continually educate our patients when they are in our clinics by our providers.

Falls is presently in conversations with the mayor of Marlin to help develop a program to address this problem.

3. **Potentially Preventable Hospitalization:** This is a national as well as a regional and local problem. It is particularly acute in rural counties. Hospitalizations for the conditions below are called “potentially preventable,” because if the individual had access to and cooperated with appropriate outpatient healthcare, the hospitalization would likely not have occurred:
  1. Bacteria Pneumonia;
  2. Dehydration;
  3. Urinary Tract Infection;
  4. Angina (without procedures);
  5. Congestive Heart Failure;
  6. Hypertension (High Blood Pressure);
  7. Chronic Obstructive Pulmonary Disease or Asthma in Older Adults;
  8. Diabetes Short-term Complications; and
  9. Diabetes Long-term Complications.



As an entity, Falls Community Hospital and Clinic has two clinics in Falls County and two clinics in the neighboring counties of McLennan and Robertson to help address this on an outpatient basis as opposed to the more expensive inpatient route. We will continue to look for ways to help this problem.

4. Mental Health Issues Relating to Access and Shortage of Mental Health Professionals: There is definitely a need for mental health professionals in Falls County. We currently have one full time physician doing only mental health services in our Rural Health Clinics. We also have one Physician Assistant who has a specialty in treating mental health patients. We will continue to monitor this area. We also have a psychiatrist on staff for the hospital.
5. Inappropriate Utilization of Emergency Room: Our challenge has always been that we must see ALL patients that present in our ER regardless of their ability to pay. We do have a Rural Health Clinic that is open during the weekday to handle minor emergencies. However, after regular clinic hours and on weekends we are the only healthcare provider available. We plan to continue to concentrate on this area to see if any other alternative might be available.