

Community Health Needs Assessment:

Health and Behavioral Health Needs Concho County, Texas

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This report is part of a comprehensive project to assess the Health and Behavioral Health Needs of vulnerable populations in a twenty-county region of West Texas. The region covers Coke, Concho, Crockett, Edwards, Irion, Kimble, Kinney, Mason, McCulloch, Menard, Mills, Reagan, Runnels, San Saba, Schleicher, Sterling, Sutton, Tom Green, Upton, and Val Verde counties. The set of project documents includes a report for each county and a comprehensive regional-level assessment.



Concho County Courthouse – Paint Rock, Texas

Methodist Healthcare Ministries of South Texas and the San Angelo Health Foundation provided support for this Community Health Needs Assessment for the people of Concho County.

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PREFACE

Community Development Initiatives at Angelo State University prepared this Community Health Needs Assessment for the people of Concho County, Texas. The assessment is the product of collaboration among Community Development Initiatives, the Concho Valley Community Action Agency, and many community champions and stakeholders of the twenty-county region covered in the comprehensive study of the Health and Behavioral Health Needs of the Extremely Poor in West Texas.

Community Development Initiatives is based on a belief that flourishing communities thrive on trust between individuals, organizations and institutions. Its mission is to link Angelo State University to West Texas communities through innovative community-based research in support of their development.

The Concho Valley Community Action Agency is a 501(c)3 nonprofit corporation founded in 1966 in response to War on Poverty legislation. Although programs and services have changed over the years, the purpose of fighting the causes of poverty in the Concho Valley has been constant. CVCAA's vision is a community free of barriers to self-sufficiency.

The purpose of the comprehensive study is to identify and prioritize health and behavioral health needs of the approximately 14,743 extremely poor individuals living in a twenty-county region covered by the project. The Concho County Community Health Needs Assessment is a vital part of the regional project.

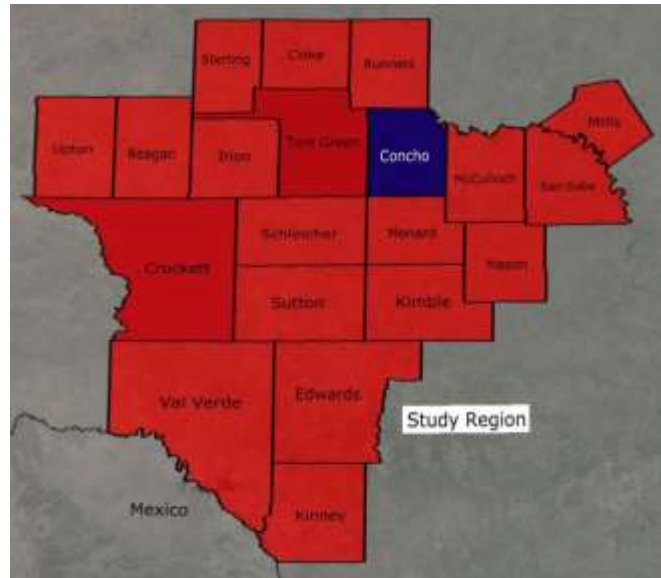
The research to assess the Health and Behavioral Health Needs of the Extremely Poor in West Texas was guided by a six-member advisory group including:

- Mark Bethune, Concho Valley Community Action Agency
- Tim Davenport-Herbst, St. Paul Presbyterian Church of San Angelo
- Dusty McCoy, West Texas Counseling & Guidance
- Susan McLane, Concho Valley Community Action Agency
- Sue Mims, West Texas Opportunities & Solutions
- Kenneth L. Stewart, Community Development Initiatives

The generous support of Methodist Healthcare Ministries of South Texas and the San Angelo Health Foundation made the comprehensive regional project and this Community Health Needs Assessment for the people of Concho County possible.

INTRODUCTION

The project to assess Health and Behavioral Health Needs in West Texas employs a collaborative community-based research approach to evaluate the health status and situation of the vulnerable population groups in the study region. By definition, vulnerable populations are the most underserved by the health care system. They include individuals with the least education, low incomes, and members of racial or ethnic minority groups. People living in rural areas such as Concho County are an important segment of the vulnerable populations in health care. The assessment includes the following:



1. A demographic profile featuring the vulnerable groups in the population. The profile integrates publicly available secondary demographic data.
2. A health status profile of community health and mental health care resources, utilization patterns, and morbidity and mortality rates.
3. Results of a survey of poor and extremely poor residents of selected counties in the northern part of the study region.
4. Identification and prioritization of health and behavioral health issues in Concho County based on the prevalence, consequences, and impact of risk factors on health inequities, and the feasibility of communities acting toward solutions.

GENERAL DESCRIPTION OF THE CONCHO COUNTY COMMUNITY

Concho County is a 992 square mile land area on the northern edge of the Edwards Plateau in West Central Texas. The county was established in 1858, but it was not organized until 1879. At that time, there were no established communities in Concho County. The county residents selected a location in the northeastern part of the county as the new county seat. The new town was named Paint Rock after the Indian pictographs located a mile west of the town. Eden, Texas is the largest town in Concho County. The Concho County Hospital is located in Eden.



Historically, agriculture and livestock have been the main source of income for the county. Around 11 to 22 percent of the county area is considered to be prime farmland. The county was originally settled by cattle ranchers, but sheep ranching and cotton cultivation became more prominent. Oil and gas are also produced in the county. Local attractions such as boating, fishing, hunting, the Indian pictographs, and the Concho County Fair boost tourism in the county.

Table 1 reports private industry and employment for Concho County in 2013. About 21 private industry establishments employed 263 county residents at an average pay rate of \$23,087. Private industry employees comprised only 20 percent of the county's 1,314 person labor force in 2013.¹

North American Industry Classification System (NAICS) Sectors	Annual Average Establishment Count	Annual Average Employment	Percent Total Employment	Average Annual Pay
All private industries	21	263	100	\$23,087
NAICS 62: Health care and social assistance	6	123	47	\$8,371
NAICS 44-45: Retail trade	8	57	22	\$65,126
NAICS 72: Accommodation and food services	7	83	32	\$16,026

Source: US Department of Labor, Bureau of Labor Statistics, Quarterly Census of Employment and Wages, April 1, 2015: <http://www.bls.gov/cew/>

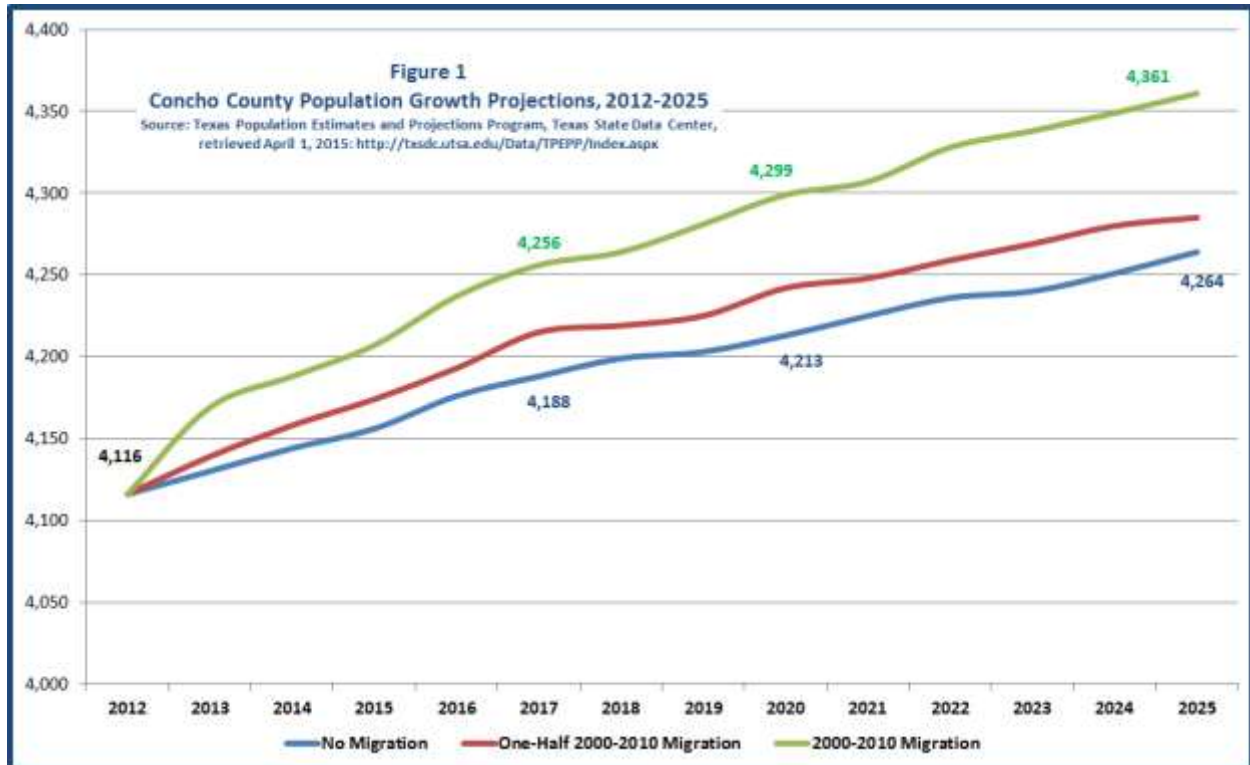
Only three North American Industry Classification System (NAICS) sectors employed the county's private industry employees. NAICS code 62 (health care and social assistance) sector

¹ The estimate of 1,719 labor force participants is from the US Census Bureau's 2009-2013 5-Year American Community Survey, retrieved April 1, 2015: <http://factfinder.census.gov>.

was the county's largest source of private employment at 47 percent. Employees in NAICS code 62 have the lowest average annual pay (\$8,371). NAICS code 44-45 (retail trade) and NAICS code 72 (accommodation and food services) are the other private employment sectors in Concho County.

DEMOGRAPHICS

The Census Bureau's 2013 estimate of the Concho County resident population is 4,043.² The most recent official Texas estimate from the State Demographer is 4,116 for 2012. In addition, the State Demographer developed three population projections based on varying assumptions about migration to and from the county in years ahead. Figure 1 depicts the State's official projections for population growth in Concho County through 2025.



The highest growth projection (green line) is based on the assumption that migration in and out of the county is following the trend set between the decennial census counts in 2000 and 2010. This projection approximates the county will reach 4,256 residents in 2017, 4,299 by 2020, and 4,361 for 2025 (an overall 6% gain from 2012-2025).

² From US Census Bureau, Population Division, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2013, retrieved October 6, 2015: <http://factfinder.census.gov>.

Vulnerable Populations

Concho County has a “majority-minority” population as described in Table 2 below. The county’s 2,223 Hispanic residents comprised the majority (54%) of the population in 2012 according to estimates of the State Demographer. Black citizens and other minorities added another 104 residents, bringing the total minority population to 57 percent.

Groups	2012		2017		2020		2025	
White, Non-Hispanic	1,790	43%	1,818	43%	1,793	42%	1,733	40%
Total Minority	2,326	57%	2,438	57%	2,506	58%	2,628	60%
Hispanic	2,223	54%	2,331	55%	2,396	56%	2,516	58%
Black	60	1%	57	1%	57	1%	57	1%
Other	43	1%	50	1%	53	1%	55	1%
Total Population	4,116	100%	4,256	100%	4,299	100%	4,361	100%

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

In addition, the State Demographer’s projections indicate that Hispanic residents are likely to account for all of the county’s population increase in the near future. The expectation is for the Hispanic segment of the community to steadily grow from 54 to 58 percent between 2012 and 2025. All other race and ethnic groups are projected to decrease proportionately.

Children under age 18 (numbering 570) made up 14 percent of the county’s population in 2012 according to State estimates. Youngsters of school attendance age (5-17 years) comprised 73 percent of the children, while preschoolers accounted for 27 percent.

Groups	2012		2017		2020		2025	
All Children (under age 18)	570	100%	593	100%	610	100%	633	100%
School-age children (ages 5-17)	418	73%	427	72%	430	70%	437	69%
Pre-school-age children (under 5)	152	27%	166	28%	180	30%	196	31%

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

The child population is expected to slightly increase by 2025. Pre-school toddlers are projected to increase from 27 percent of children in 2012 to 31 percent in 2025, accounting for all (or nearly all) growth of the child population by 2025.

The county was home to 598 senior citizens in 2012 according to State estimates. They comprised 15 percent of the total population. Hispanics (numbering 117) made up 20 percent of the senior residents in the county.

Table 4								
Seniors: 2012 Estimate with Projections to 2025								
Groups	2012		2017		2020		2025	
Total Population	4,116	100%	4,256	100%	4,299	100%	4,361	100%
Seniors (65 & over)	598	15%	748	18%	789	18%	864	20%
Hispanic Seniors (65 & over)	117	20%	140	19%	169	21%	221	26%

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

Official State projections suggest brisk growth of the senior population to 20 percent by 2025. Hispanics will account for much of the increase. The number of Hispanic seniors is expected to nearly double between 2012 and 2025, increasing their representation within the elder population from 20 to 26 percent.

There are 2.21 males in Concho County for every female. Women and girls accounted for 31 percent of the population according to the State Demographer's 2012 population estimates. Projections indicate the female population will slightly increase by 2025.

Table 5								
Females: 2012 Estimate with Projections to 2025								
Groups	2012		2017		2020		2025	
Total Population	4,116	100%	4,256	100%	4,299	100%	4,361	100%
Female (all ages)	1,283	31%	1,363	32%	1,377	32%	1,387	32%
Female (ages 13-17)	88	7%	68	5%	94	7%	74	5%
Hispanic Female (ages 13-17)	37	42%	27	40%	42	45%	29	39%

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

Girls age 13-17 are particularly vulnerable to risks of teen pregnancy, single parenthood, poverty, and a range of associated factors. Girls in this age range are also projected to make up five to seven percent of the population in this age group.

COMMUNITY HEALTH RESOURCES

The Concho County Hospital District anchors the county's health resources. According to the records of the Texas Comptroller, the Hospital District's 2013 tax rate of 28 cents per \$100 of the county's taxable property base valued at \$263,327,186. This produced a total tax levy of \$737,316 in 2013.³

Hospital District facilities include Concho County Hospital located in Eden, Texas. The hospital provides critical access short-term acute care and adult Level IV emergency room services, swing bed services, a pharmacy, and a helipad. The Concho County Hospital Health and Wellness Center opened September 14, 2015. The center includes an indoor track, cardio equipment, strength training equipment, and group classes.

Hospital Utilization, Revenue, and Charges

Concho County Hospital reported availability of 15 staff beds in the 2012 Annual Survey of Hospitals.⁴ The number translates to availability of 3.9 staff beds per 1,000 residents of the county. This compares to 2.7 staff beds available per 1,000 residents in 13 acute care hospitals located in 10 counties across the 20-county study area.⁵ Four physicians are affiliated with the hospital. This includes three family medicine practitioners and one emergency medicine practitioner.

According to CMS data from 2011-2013 on patient safety indicators, Concho County Hospital performed "As Expected" compared to similar hospitals.⁶ Beyond the 2011-2013 patient safety indicators, no comprehensive quality of care ratings or indicators for Concho County Hospital are publicly available.

³ "Special District Rates and Levies," 2013, Texas Comptroller of Public Accounts, retrieved May 2, 2015: <http://www.window.state.tx.us/taxinfo/proptax/taxrates/>.

⁴ The Annual Survey of Hospitals is a cooperative project of the American Hospital Association, the Texas Hospital Association and the Texas Department of State Health Services. The Annual Survey of Hospitals reports for Texas are available at: <http://www.dshs.state.tx.us/chs/hosp/>.

⁵ The 13 hospitals within the study region include Concho County Hospital, Kimble Hospital, Heart of Texas Healthcare System, Reagan County Memorial, Ballinger Memorial Hospital District, North Runnels Hospital, Schleicher County Medical Center, Lillian M. Hudspeth Memorial Hospital, San Angelo Community Medical Center, Shannon West Texas Memorial Hospital, McCamey Hospital, Rankin County Hospital District, and Val Verde Regional Medical Center.

⁶ Healthgrades uses Medicare inpatient data from the Medicare Provider Analysis and Review (MedPAR) database and Patient Safety Indicator software from the Agency for Healthcare Research and Quality (AHRQ) to calculate event rates for 13 patient safety indicators plus one patient safety event count. Patient safety indicators are serious, potentially preventable complications that occur during a patient's hospital stay. Data retrieved October 22, 2015: <http://www.healthgrades.com/hospital-directory/texas-tx-central/concho-county-hospital-hgst1b151825451325>.

The 100 annual admissions for 360 inpatient days reported for 2012 indicates an initial underutilization at Concho County Hospital. This computes to just 24.3 admissions per 1,000 county residents and compares to 91.8 per 1,000 in the combined 13 hospitals within the study region. The Staffed Occupancy Rate for Concho County Hospital indicates that only 6.1 percent of its staff bed capacity was used in 2012. This is about 85 percent less than the 40.6 percent Staffed Occupancy Rate for the 13 hospitals across the region.

Table 6		
2012 Hospital Utilization, Revenue and Charges		
Service Geography	Concho County	Region
Utilization Measures		
Staff Beds	16	643
Admissions	100	21,832
Inpatient Days	360	95,593
Medicare Inpatient Days	81%	59.6%
Medicaid Inpatient Days	4%	12.9%
Average Daily Census	1.0	20.1
Average Length Stay	3.6	4.5
Staffed Occupancy Rate	6.1%	40.6%
Revenue & Charges		
Total Uncompensated Care	\$349,959	\$130,254,618
Bad Debt Charges	\$283,321	\$67,864,830
Charity Charges	\$66,638	\$62,389,788
Net Patient Revenue	\$3,388,719	\$401,687,575
Total Gross Patient Revenue	\$3,194,588	\$1,474,374,831
Gross Inpatient Revenue	\$575,147	\$664,983,937
Gross Outpatient Revenue	\$2,619,441	\$809,390,894
Percent of Gross Patient Revenue in Uncompensated Care	11.0%	8.8%
Population Measures		
Population Estimate	4,116	237,912
Staff Beds per 1,000 Population	3.9	2.7
Admissions per 1,000 Population	24.3	91.8
Inpatient Days per 1,000 Population	87.5	401.8
Per Capita Gross Patient Revenue	\$776	\$6,197
Per Capita Uncompensated Care	\$85	\$547
Source: Texas Department of State Health Services, Annual Survey of Hospitals, retrieved May 12, 2015: http://www.dshs.state.tx.us/chs/hosp/ .		

Underutilization is also reflected in the 2012 published data on revenues and charges at Concho County Hospital. Gross patient revenue, on a per capita basis for 2012, amounted to \$776 per resident of the county. This was about one-eighth of the \$6,197 per capita revenue in the combined 13 hospitals of the region. In addition, Concho County Hospital reported uncompensated care charges (most of which were accounted as “bad debt”) totaling 11 percent of the gross patient revenue. That rate of uncompensated care compares to 8.8 percent of gross patient revenue in the 13 regional hospitals combined.

Discharge records from the Texas Department of State Health Services indicate that Concho County residents made 1,514 visits to Texas outpatient facilities in 2013. Facilities in neighboring Tom Green County handled 87.2 percent of these outpatient events. Similarly, records show Concho residents made 307 inpatient hospital stays during 2013; 90.2 percent of them in Tom Green County hospitals.⁷

Other Health Care Resources

Concho Health & Rehabilitation Center is a locally owned senior care center. The center provides nursing and rehabilitation care, Alzheimer’s care, transitional care, physical therapy, speech therapy, and occupational therapy to short-term and extended stay patients.⁸ The Concho Center has 82 certified beds and maintains a census of approximately 46 resident patients. This computes to an occupancy rate of 56 percent, which compares to a statewide rate of 71 percent for 1,220 Texas nursing homes represented in the CMS 2015 data.⁹

CMS uses a five-star rating system for nursing home facilities to indicate whether they are average (3 stars), above (4 or 5 stars), or below (1 or 2 stars) compared to similar facilities nationwide. Star ratings are assigned for the facility’s performance on health inspections, staffing, and quality of care, plus an overall facility rating.

The center received an above average rating based on the 2015 CMS data for staffing levels. However, the Concho Center received a much below average (1 star) rating for performance on health inspections, quality of care, and the overall facility rating.

Frontera Healthcare Network is the result of a multiple county effort to preserve access to quality health care in each of the communities of Eden, Menard, and Mason, Texas. The organization was formed in 2005 with contributions from the Eden Economic Development Corporation, Spirit of Eden Fund, and the Texas Office of Rural Community Affairs.

⁷ Texas Department of State Health Services, Inpatient and Outpatient Public Use Data Files, 2013.

⁸ For information on the facility, see <http://conchohealthandrehab.com/>.

⁹ Nursing Home Compare Data, Centers for Medicare and Medicaid Services, retrieved October 19, 2015: <https://data.medicare.gov/>.

Frontera Healthcare Network is a private non-profit organization governed by a board of directors representing the communities served. The organization operates Federally Qualified Health Center (FQHC) medical clinics and behavioral health services in Eden, Menard, Mason, Junction, Brady, and Fredericksburg, Texas. Eden was the site of one of the first Frontera clinics.

Two physicians, a physician assistant, and a licensed professional counselor are affiliated with the clinic. The Eden clinic staff provides care to the community on an income based sliding scale fee. The mission is to provide care to the uninsured and medically underserved.¹⁰

The Eden Detention Center, operated by Corrections Corporation of America, provides outpatient dentistry, general medical practice, and pharmacy services to inmates. The facility houses up to 1,558 male inmates. The Center's clinical activities achieved compliance with national patient safety standards and are accredited by the Joint Commission.¹¹

Table 7 depicts the supply of key health professionals in Concho County according to 2014 Department of State Health Services data. Based on population ratios, it appears the county is well-supplied with low-level personnel such as certified nurse aides or licensed vocational nurses, while it is undersupplied with advanced practitioners such as physicians and registered nurses. Concho County joins many rural West Texas areas with no advanced professionals for behavioral health (psychiatrists, psychologists) and an undersupply of oral health professionals (dentists).

The Eden Volunteer Fire Department and Eden Emergency Medical Services (EMS) work with the Concho County Sheriff Department to provide EMS to Concho County. Department of State Health Services data counted 17 EMS professionals in 2014. This yields a population ratio of 245 residents per EMS specialist; a favorable population ratio compared to 295 residents per specialist in the 20-county study area and 438 for Texas overall.

The Texas EMS & Trauma Registries report that Texas hospitals received 147 trauma patients from Concho County over five years from 2010-2014. This computes to an average of 29.4 EMS trauma incidents per year. The most common were unintentional fall incidents at 43 percent.¹²

¹⁰ See information on Frontera Healthcare Network at <http://fronterahn.org/home.html>.

¹¹ Quality Check, The Joint Commission, retrieved October 23, 2015: <http://www.qualitycheck.org/>.

¹² Data provided by the Injury Epidemiology & Surveillance Branch from the Texas EMS & Trauma Registries, Texas Department of State Health Services, June, 2015. Since the data is based on incoming trauma patients to hospitals, the reported incidents may or may not have been handled by EMS services based in Concho County.

**Table 7
Selected Health Professionals by Geography, 2014**

Licensed or Certified Professionals	Number in Concho County (4,158 Population)	Ratio of Population per Professional	Number in 20 County Study Region (239,529 Population)	Ratio of Population per Professional	Number in Texas (26,581,256 Population)	Ratio of Population per Professional
Certified Nurse Aides	27	154	1,879	127	124,616	213
Dentists	1	4,158	70	3,422	12,767	2,082
Dieticians	0	No Supply	33	7,258	4,668	5,694
Emergency Medical Services	17	245	812	295	60,690	438
Licensed Chemical Dependency Counselors	0	No Supply	87	2,753	9,285	2,863
Licensed Professional Counselors	0	No Supply	158	1,516	20,655	1,287
Licensed Vocational Nurses	23	181	1,197	200	77,624	342
Marriage and Family Therapists	1	4,158	12	19,961	3,149	8,441
Medication Aides	2	2,079	139	1,723	10,012	2,655
Occupational Therapists	0	No Supply	45	5,323	7,914	3,359
Optometrists	0	No Supply	18	13,307	3,272	8,124
Pharmacists	1	4,158	146	1,641	23,561	1,128
Physical Therapists	1	4,158	109	2,198	13,136	2,024
Physician Assistants	1	4,158	51	4,697	6,543	4,063
Physicians (Direct Patient Care)	3	1,386	357	671	47,289	562
Primary Care Physicians	2	2,079	168	1,426	19,277	1,379
Psychiatrists	0	No Supply	12	19,961	1,971	13,486
Promotores (Community Health Workers)	0	No Supply	15	15,969	2,032	13,081
Psychologists (All)	0	No Supply	43	5,570	7,382	3,601
Registered Nurses	16	260	1,696	141	206,027	129
Advanced Practice (APRN)	0	No Supply	119	2,013	15,194	1,749
Social Workers	0	No Supply	117	2,047	19,536	1,361
Total Selected Health Professionals	95	44	7,283	33	696,600	38

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

HEALTH STATUS

Family and Maternal Health

The Census Bureau's 2009-2013 5-Year American Community Survey estimated 662 families residing in Concho County over that time. Basic indicators of family and maternal health in the county indicate some points of potential concern. For instance, vital statistics records indicate that 49 marriage licenses were issued in Concho County over the five years 2009-2013.

Over the same time, 47 divorces were granted yielding a rate of 95.9 divorces per 100 marriages in the county. The five-year divorce rate is more than double the rate for the study region or the state. Likewise, the American Community Survey estimate of the percent of divorced women (24.1%) is basically double the corresponding estimates for the state (12.2%) and study region (12.4%).

The modestly higher percent of births to unmarried mothers and slightly higher child abuse rate depicted in Table 8 could indicate emerging vulnerabilities in Concho County.

Table 8				
Concho County Family and Maternal Health Indicators*				
Indicator	Concho County	Study Region	Region 9	Texas
Divorce Rate (Annual Divorces as a Percent of Annual Marriages)	95.9	43.2	No Data	45.0
Percent Women Age 15 & Over who are Currently Divorced	24.1	12.4	No Data	12.2
Single-Parent Families (Percent of All Families)	15.0	13.1	No Data	15.6
Teen Pregnancy Rate (Pregnancies per 1,000 Females Age 13-17)	20.5	25.3	30.5	21.4
Teen Birth Rate (Births to Mothers Age 13-17 per 1,000 Same Age Females)	20.5	23.1	28.1	18.4
Abortion Rate (Abortions as a Percent of Pregnancies among Females Age 15-44)	7.7	9.8	9.0	15.6
Percent Births to Unmarried Mothers (Female Population Age 15-44)	49.0	44.6	45.9	42.3
Child Abuse Rate* (Confirmed Incidents of Abuse per 1,000 Children)	13.5	12.9	13.8	9.5
Intimate Violence Rate (Incidents of Family Violence & Sexual Assault per 1,000 Population)	1.9	9.4	No Data	8.0

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

Potentially Preventable Hospitalizations

Hospitalizations that would likely not occur if the individual had accessed and cooperated with appropriate outpatient healthcare are termed potentially preventable. The State of Texas initiative to reduce potentially preventable hospitalizations works to improve health while diminishing the cost of health care.

The Texas Department of State Health Services estimates that potentially preventable hospitalizations for ten identifiable health conditions cost some \$49 billion in hospital charges between 2008 and 2013. Some \$386 million of these charges were incurred by residents of the 20-county study region.

Potentially Preventable Hospitalizations	Concho County			Study Region			Texas		
	Number	Average Charge	Per Capita Charge	Number	Average Charge	Per Capita Charge	Number	Average Charge	Per Capita Charge
Bacterial Pneumonia	56	\$27,935	\$424	3,572	\$20,816	\$437	280,079	\$36,925	\$530
Dehydration	0	\$0	\$0	936	\$3,222	\$30	91,238	\$21,706	\$101
Urinary Tract Infection	0	\$0	\$0	1,916	\$8,880	\$114	204,853	\$25,282	\$265
Angina (without procedures)	0	\$0	\$0	66	\$1,452	\$1	13,743	\$24,987	\$17
Congestive Heart Failure	43	\$30,613	\$357	3,580	\$22,942	\$421	326,337	\$41,191	\$689
Hypertension (High Blood Pressure)	0	\$0	\$0	463	\$1,927	\$8	65,973	\$25,365	\$85
Chronic Obstructive Pulmonary Disease or Older Adult Asthma	0	\$0	\$0	2,857	\$19,320	\$264	253,148	\$31,674	\$411
Diabetes Short-term Complications	0	\$0	\$0	466	\$2,952	\$11	63,954	\$26,913	\$88
Diabetes Long-term Complications	0	\$0	\$0	1,285	\$9,768	\$86	134,630	\$46,872	\$323
All Hospitalizations	99	\$29,098	\$782	15,141	\$21,483	\$1,371	1,433,955	\$34,178	\$2,512
Total Charges, 2008-2013		\$2,880,715			\$386,127,532			\$49,010,136,451	

Source: Potentially Preventable Hospitalizations, Center for Health Statistics, Texas Department of State Health Services, retrieved June 12, 2015: <http://www.dshs.state.tx.us/ph/>.

Concho County residents were fortunate to not have a high number of hospitalizations for potentially preventable conditions between 2008 and 2013. However, residents did experience 56 potentially preventable hospitalizations with pneumonia and an additional 43 with congestive heart failure. Hospital charges for these events totaled nearly \$2.9 million, an amount equivalent to \$782 per adult resident of the county.

Statewide per capita charges for the ten conditions studied by the Department of State Health Services added up to \$2,512 per Texan based on the state's 2012 population estimate. In the study region, the charges amounted to \$1,371 per resident.¹³

¹³ The Department of State Health Services recommends a combination of outpatient clinical and public health interventions to help reduce potentially preventable hospitalizations. See the recommended interventions at <http://www.dshs.state.tx.us/ph/interventions.shtm>.

Leading Causes of Death

The Department of State Health Services recorded 171 deaths from all causes among Concho County residents between 2008 and 2012. This computes to a five-year crude death rate of 41.5 deaths per 1,000 residents based on the 2012 population estimate. This is higher than the Texas rate of 32 per 1,000 over the same time frame. It is slightly lower than the rate of 45.6 per 1,000 for the 20-county study region.

Medical conditions classified as Diseases of the Heart top the list of the leading causes of death in Concho County. The county generally has higher death rates than the study region and the state on five of the six the leading causes of death listed in Table 10.

Table 10				
Leading Causes of Death in Concho County, 2008-2012				
Causes of Death	Deaths	Crude Death Rate*	Study Region Rate*	Texas Rate*
Diseases of the Heart (ICD-10 Codes I00-I09, I11, I13, I20-I51)	44	10.7	9.5	7.4
Malignant Neoplasms (ICD-10 Codes C00-C97)	33	8.0	9.6	7.0
Chronic Lower Respiratory Diseases (ICD-10 Codes J40-J47)	13	3.2	2.7	1.7
Cerebrovascular Diseases (ICD-10 Codes I60-I69)	12	2.9	2.3	1.8
Diabetes Mellitus (ICD-10 Codes E10-E14)	10	2.4	1.5	1.0
Accidents (ICD-10 Codes V01-X59, Y85-Y86)	6	1.5	2.0	1.8
*All rates in the table express the number of deaths per 1,000 residents based on the estimated population for 2012. They are crude rates, not adjusted for age or other demographic characteristics. Source: Texas Department of State Health Services, retrieved June 23, 2015: http://www.dshs.state.tx.us/chs/datalist.shtm .				

SURVEY OF THE POOR AND EXTREMELY POOR IN WEST TEXAS

The Census Bureau's 2009-2013 5-Year American Community Survey data approximates that 20,548 residents of Coke, Concho, Irion, Runnels, Sterling, Tom Green counties, the northern-most counties in the 20-county study region, are living below the federal poverty level. This computes to a poverty rate of 16.4 percent for these six northern counties combined.

Moreover, the Census Bureau data indicates that some 8,216 or 40 percent of these residents are extremely poor, living with incomes less than half the poverty level.¹⁴

Between April and September 2015, Angelo State University's Community Development Initiatives and 72 organizations collaborated to complete detailed interviews with poor and extremely poor residents of the 20 counties in the study region.¹⁵ A total of 597 interviews were completed, including 331 with residents of the six northern counties in the study region: Coke, Concho, Irion, Runnels, Sterling, Tom Green counties.¹⁶ Respondents from these counties had self-reported household incomes below the applicable federal poverty level. Approximately 54.1 percent were extremely poor with incomes equal to or below half of the applicable poverty level. They ranged in age from 20 to 92 with an average age of 46.9 years. About 71 percent were females. See Table 11 below for a summary of sample characteristics.

Questions covering health, behavioral health, and dental health topics were developed for the interviews. The Behavioral Risk Factor Surveillance System (BRFSS) surveys, conducted with adults by state health departments in partnership with the Centers for Disease Control and Prevention (CDC), served as the model for questions. Indeed, the three-page questionnaire yielded 31 indicators which closely parallel similar items in the 2013 BRFSS results for Texas.¹⁷

¹⁴ The combined rates of poverty and extreme poverty for the six counties were computed by Angelo State University's Community Development Initiatives based on data from the US Census Bureau, American Community Survey, 2009-2013 5-Year Estimates, retrieved October 2, 2015: <http://factfinder.census.gov/>.

¹⁵ Residents were defined as extremely poor for the purposes of the interviews if their self-reported household income was near 50 percent or less of the applicable federal poverty level for 2015. They were deemed to be poor if self-reported household income was near or below the applicable 2015 poverty level. Based on the results of the 2009-2013 five-year combined samples of the Census Bureau's American Community Survey, we estimated that approximately 14,743 extremely poor individuals reside in the 20-county study region. See the US Census Bureau's 2009-2013 5-Year American Community Survey at <http://factfinder.census.gov>.

¹⁶ The number of interviews conducted in the respective counties was proportional to the estimated total of extremely poor population from the American Community Survey. Based on the American Community Survey, for instance, we estimated that 55.7% of extremely poor individuals in the study region resided in the northern counties of Coke, Concho, Irion, Runnels, Sterling, and Tom Green. Reflecting this, we conducted 331 or 55.4% of the interviews in these counties.

¹⁷ BRFSS interviews are conducted by telephone. Interviews for this project were conducted by trained community interviewers in a face-to-face informal format. Information on the Texas BRFSS is available at <http://www.dshs.state.tx.us/chs/brfss/default.shtm>.

Table 11		
Sample Characteristics*		
County of Residence		
Coke	5	1.5%
Concho	8	2.4%
Irion	3	0.9%
Runnels	37	11.2%
Sterling	3	0.9%
Tom Green	275	83.1%
Poverty Status		
Severly poor	179	54.1%
Poor	122	36.9%
Gender		
Male	95	28.7%
Female	236	71.3%
Ethnicity		
Not Hispanic	182	55.0%
Hispanic	149	45.0%
Age		
18-29	46	13.9%
30-39	65	19.6%
40-49	66	19.9%
50-64	124	37.5%
65 & Over	29	8.8%
Average Years of Age		46.9
Years of Schooling		
Less than 12	145	43.8%
12 or More	180	54.4%
Average Years of Schooling		10.9
Household Composition		
Single Person	42	12.7%
Single Parent	75	22.7%
Couples with Children**	72	21.8%
Couples without Children**	55	16.6%
Other***	87	26.3%
Average Household Size		2.7
<p>*The sample size in the north counties was 331. Some frequencies and percentages reported do not sum to 331 or 100% because of missing data for selected variables.</p> <p>**Couples may be married couples or unmarried partners.</p> <p>***Other households includes small numbers of respondents living with their parents, grandparents living with grandchildren, persons living with extended relatives, and persons living with roommates.</p>		

The results in Table 12 apply only to the northern counties (Coke, Concho, Irion, Runnels, Sterling, and Tom Green) of the study region. The table compares results from the Survey of the Poor and Extremely Poor to BRFSS estimates of health risk among the total adult populations of the north counties and the state overall. The first row of the table, for instance, reports that 179 individuals or 54.1 percent of the 331 survey participants from Coke, Concho, Irion, Runnels, Sterling, and Tom Green counties said they were limited by poor mental, physical, or emotional health conditions. Texas BRFSS results from a similar question asked in 2013 estimate that only 13.5 percent of all adult residents in the six counties share this risk of impairment.¹⁸

The risk indicators in Table 12 were selected because the Survey of the Poor and Extremely Poor suggests that this vulnerable group has a level of risk on these factors that is at least 10 percent higher than the risk in the total adult population in the northern counties. Indeed, based on the comparisons to the BRFSS estimates, the vulnerable poor and extremely poor population experiences elevated risks that range from 11 percent higher (for being diagnosed with stroke) to 299 percent higher (for being limited by poor mental, physical, or emotional health conditions).

Other significant findings from the Survey of the Poor and Extremely Poor add context to some of the elevated risks indicated in Table 12. For instance, the 61 percent of northern county poor and extremely poor residents who reported not seeing a doctor because of cost indicates an elevated cost barrier to health care. Results from the survey expand on this by indicating that 53.5 percent of survey respondents lack health insurance. This compares to the Census Bureau's 2013 estimate that 27.3 percent of adults age 18-64 in Coke, Concho, Irion, Runnels, Sterling, and Tom Green counties are uninsured.¹⁹

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

¹⁸ The similar item in the BRFSS showing a 13.5% risk of impairment was based on a more formal question asking whether respondents were kept from normal activities for five or more days in the past 30 days by poor mental or physical health. Another comparative data point is available from the Census Bureau's American Community Survey. That data point indicates a 16% disability rate among adults residing in the six northern counties of the study region. The data is based on a set of direct questions to census survey respondents about having a range of physical and cognitive disabilities. See the American Community Survey, 2009-2013 5-Year, retrieved October 2, 2015: <http://factfinder.census.gov/>.

¹⁹ US Census Bureau, Small Area Health Insurance Estimates, retrieved September 29, 2015: <http://www.census.gov/did/www/sahie/>.

In addition to the apparent lack of access to preventative dental care, the survey shows other serious obstacles to preventative medicine among poor and extremely poor residents of the north counties. For instance, 19.4 percent of poor and extremely poor females reported never having a mammogram or Pap smear. Among men and women, 74.6 percent said they never had a colon/rectal exam; 13.6 percent never had a blood pressure check; 16.3 never had “blood work” done by a lab; 47.4 percent never had an HIV test; 31 percent never had vision screening; and 53 percent had never been screened for hearing.

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

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

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

Still other survey findings shine additional light on the indication in Table 12 of a 216 percent higher risk of poor and extremely poor adults being diagnosed with depression. Sizeable proportions of survey respondents also reported always, often, or sometimes feeling a fulfilling life is impossible (58.3%); avoiding situations out of nervousness, fear, or anxiety (67.7%); and feeling alone and not having much in common with people (59.2%). Nearly 20 percent indicated they do not feel tied to a support group (family, church, etc.) that would help them if needed.

Table 12 indicates that 27.8 percent of the poor and extremely poor in the north counties have difficulty accessing grocery stores with fresh fruits and vegetables. This suggests a 173 percent higher level of food insecurity compared to the BRFSS estimate of 10.2 percent lacking such access in the overall adult population. Additional indications of food insecurity from the survey include respondents who reported receiving assistance from SNAP or WIC (58.3%) as well as using food charities (69.8%). The potentials of food insecurity leading to obesity²⁰ are also buttressed by the prevalence of feeling unsafe in the neighborhood (13.9%) and not knowing of a safe place to walk, run or exercise (27.8%) in the neighborhood. One additional sign of insecure living conditions among the poor and extremely poor is that 37.2 percent reported having been homeless for at least one week during the past five years.

²⁰ Table 12 depicts only the elevated risk of “morbid obesity” (defined as having a BMI equal to or than 35) at 20.8% compared to the 11.3% level indicated for the adult population in the 2013 BRFSS. Using the standard definition of obesity as having a BMI equal to or greater than 30 raises the obesity rate to 43.5% among the poor and extremely poor of the north counties.

IDENTIFICATION AND PRIORITIZATION OF HEALTH NEEDS

Identification of Community Health Needs

The previous sections of this report summarize the findings relating to Concho County from primary and secondary data collected by community-based participants in a comprehensive project to assess the Health and Behavioral Health Needs of vulnerable populations in a 20-county region of West Texas. The following data provide a foundation for identifying pertinent community health needs in Concho County:

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

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

1. Needs of children and seniors.
Increase capacity to address health needs of growing numbers of children and seniors.

2. Recruit and Retain Core Health Professionals.

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

- Dentist
- Physician
- Physician Assistant
- Nurse Practitioner
- Psychiatrist or Psychologist
- Social Worker
- Community Health Worker

3. Preventative actions.

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

- Heart disease and cerebrovascular diseases
- Cancer
- COPD
- Complications arising from diabetes
- Influenza and pneumonia

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

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

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

5. Preventative outreach to the poor and extremely poor.

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

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

6. Food, housing, and neighborhood security.

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

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

7. Investment in community health needs.

Develop collaborative community efforts to increase investment in community health needs. Consider solutions for expanding quality coverage of the uninsured, coordinated funding and development of proposals or campaigns, coordinated organizational and agency strategic planning, and other collaborative community capacity building approaches

Prioritization of Community Health Needs

A prioritization instrument was used to facilitate a priority ranking of the identified health needs. Key informants and stakeholders reviewed the instrument at a series of community forums during October 2015. Invitations were sent to county judges and county officials, mayors and city officials, law enforcement officials, hospital/clinic administrators and key personnel, mental health leaders, dentists, health departments, church leaders, service organization leaders, school administrators and key personnel, chambers of commerce, and significant employers. Two events were held in San Angelo, one in Brady, and one in Del Rio.

Access to preview copies of the previous sections of this report, including the above list of identified needs, were subsequently distributed via e-mail to key informants and stakeholders interested in Concho County. The informants and stakeholders also received an e-mail invitation and link to respond to the online instrument. Key informants and stakeholders responded from November 13 to December 14, 2015.

The prioritization instrument provided an opportunity for key informants and stakeholders to rank the health needs identified by the study for Concho County. Respondents ranked the needs based the specified criteria. A total of 3 responses ranking the identified needs for Concho County were returned.

Respondents ranked the identified community health needs on four criteria. A score between 1 and 5 was assigned for each criterion. The four criteria were presented to respondents as follows:

- Prevalence: How many people are potentially affected by the issue, considering how it might change in the next 5 to 10 years?
 - 5 - More than 25% of the community (more than 1 in 4 people)
 - 4 - Between 15% and 25% of the community
 - 3 - Between 10% and 15% of the community
 - 2 - Between 5% and 10% of the community
 - 1 - Less than 5% of the community (less than 1 in 20 people)

- Significance: What are the consequences of not addressing this need?
 - 5 - Extremely High
 - 4 - High
 - 3 - Moderate
 - 2 - Low
 - 1 – Minimal Consequences

- Impact: What is the impact of the need on vulnerable populations?
 - 5 - Extremely High
 - 4 - High
 - 3 - Moderate
 - 2 - Low
 - 1 - Minimal Impact

- Feasibility: How likely is it that individuals and organizations in the community would take action to address this need?
 - 5 - Extremely High
 - 4 - High
 - 3 - Moderate
 - 2 - Low
 - 1 - Minimal

Table 13 reports the results of the prioritization of needs in Concho County. The needs are listed in the rank order reflected in the adjusted averages on the right side of the table. The adjusted averages emphasize the importance of needs that respondents viewed as the most feasible ones for the community to take action upon.

The adjusted average for each need is based on the separate average scores assigned by respondents for prevalence, significance, impact, and feasibility. To emphasize the practicality of community action, however, the average for feasibility is given double-weight according to the following formula:

$$\text{Adjusted Average} = [\text{prevalence score} + \text{significance score} + \text{impact score} + (\text{feasibility score} \times 2)] \div 4$$

Thus, the first row of Table 13 shows the average prevalence score was 4.8 on the five-point scale. The averages for significance, impact, and feasibility were 4.8, 4.6, and 3.2 respectively. Applying the formula yields an adjusted average of 5.15, making an emphasis on preventative

screening, treatment, case management, and outreach and education actions to reduce COPD one of the highest priority needs in Concho County. A parallel emphasis on preventative actions to reduce diabetes tied in the top rank.

Community Health Need	Respondents	Prevalence	Significance	Impact	Feasibility	Adjusted Average
Emphasize preventative actions (screening, treatment, case management, outreach & education) to reduce COPD	5	4.80	4.80	4.60	3.20	5.15
Emphasize preventative actions (screening, treatment, case management, outreach & education) to reduce Diabetes	5	4.80	4.80	4.60	3.20	5.15
Create an engaged process for recruiting & retaining core health professionals including Community Health Workers	5	4.80	4.80	4.80	3.00	5.10
Increase access & capacity for vulnerable groups to quality behavioral health services by reducing Cost & Other Barriers	5	4.20	4.80	4.80	3.20	5.05
Increase capacity to reach vulnerable groups with preventative actions to reduce Cost & Other Barriers to treatment	5	4.40	4.40	4.80	3.00	4.90
Increase capacity to reach vulnerable groups with preventative actions to improve Case Management	5	4.80	4.75	4.60	2.60	4.84
Create an engaged process for recruiting and retaining core health professionals including Dentists	5	4.80	4.40	4.40	2.80	4.80
Increase capacity & access for vulnerable groups to quality behavioral health resources for Smoking & Tobacco cessation	5	4.80	4.80	4.40	2.60	4.80
Increase the Residential Security of vulnerable populations by increasing affordable housing in safe neighborhood environments	5	4.80	4.40	4.40	2.80	4.80
Increase capacity to address health needs of Children & Seniors	5	4.80	4.20	4.60	2.80	4.80
Develop & strengthen efforts to reduce potentially preventable hospitalizations (PPH) from Congestive Heart Failure	5	4.60	4.60	4.20	2.80	4.75
Develop & strengthen efforts to reduce potentially preventable hospitalizations (PPH) from Influenza & Pneumonia	5	4.60	4.20	3.80	3.20	4.75
Increase the Food Security of vulnerable populations by increasing access to nutritious foods	5	4.80	4.60	4.20	2.60	4.70
Increase capacity to reach vulnerable groups with preventative actions to promote Healthy Living & Wellness	5	4.80	4.20	4.40	2.60	4.65
Increase capacity & access for vulnerable groups to quality behavioral health resources for prevention & treatment of Alcohol & Drug abuse	5	4.80	4.80	4.40	2.20	4.60
Emphasize preventative actions (screening, treatment, case management, outreach & education) to reduce Heart & Vascular Diseases	5	4.20	4.40	4.20	2.80	4.60
Emphasize preventative actions (screening, treatment, case management, outreach & education) to reduce Cancer	5	4.20	4.40	4.20	2.80	4.60
Increase capacity to reach vulnerable groups with preventative actions to reduce Obesity	5	4.40	4.40	4.20	2.60	4.55
Increase capacity & access for vulnerable groups to quality behavioral health resources for prevention and treatment of Depression	5	4.20	4.20	3.80	3.00	4.55
Create an engaged process for recruiting and retaining core health professionals for Primary Care including Physicians, Physician Assistants, & Nurse Practitioners	15*	4.47	3.73	3.90	2.93	4.49
Develop collaborative efforts to invest in community health needs	5	4.60	4.40	4.40	2.20	4.45
Create an engaged process for recruiting and retaining core health professionals including Social Workers	5	4.20	4.20	4.20	2.40	4.35
Create an engaged process for recruiting and retaining core health professionals including Psychiatrists & Psychologists	5	4.20	4.00	3.60	2.40	4.15

* This row combines five responses to three separate items in the prioritization instrument. Thus, the averages on this row represent 15 responses given by only five individual key informants and stakeholders.

Key informants and stakeholders in Concho County also recognized needs to expand community capacity and access to address the health needs of vulnerable populations in

several of the top priorities. The need to reduce cost and other barriers to behavioral health services ranked 4th followed by the similar need to reduce barriers to medical treatment in 5th spot. Sixth on the Concho County list was the need for improved case management with vulnerable groups.

Four need priorities tied for 7th including needs to increase capacity for tobacco cessation services, to improve residential security by increasing affordable housing in safe neighborhoods, and building capacity to meet health needs of children and seniors.

Two priorities were connected to the emphasis on expanding community capacity and access. Informants and stakeholders in Concho County emphasized the need to developed a community-engaged engaged process for recruiting and retaining core health professionals such as dentists (also tied in 7th rank) and community health workers (3rd priority).