Gillespie County Health Assessment

Community Health Survey 2009

Data for Planning and Policy Making

Report 1 of 3

Gillespie County Translational Advisory Board (TAB)
Gillespie County Health Board
UT School of Public Health—Community Outreach Resource Center

GILLESPIE COUNTY HEALTH ASSESSMENT: COMMUNITY HEALTH SURVEY 2009

Prepared for:

The Gillespie County Translational Advisory Board
and
The Gillespie County Health Board

The Institute for Integration of Medicine & Science
Community Outreach Resource Center

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"The true power of a nation is not defined by its accumulated wealth, its military might, its style of governing or its political superiority, but rather how well it takes care of its citizens."

Franklin D. Roosevelt

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Introduction

Health is the result of social and physical interactions, genetics, and individual behavior choices. In order to understand if community health progress is being made, it is necessary to think of health beyond the intrapersonal level. Community health assessments serve as tools for understanding the overall health and well-being of group of people with shared characteristic. Not only do they provide us a window for seeing and understanding the magnitude and severity of community health problems, but they also allow us to understand the areas of community health that excel and the assets that they possess to measure progress over time.

This assessment effort initially began with the planning and implementation of a Community Health Survey, which was developed to seek the attitudes and opinions of local community leaders on various health-related topics. It was then broadened to include two case studies focused on suicide and teen pregnancy prevalence and incidence. This is one of two reports. This report will focus specifically on the Community Health Survey (CHS) and the suicide case study. For more information about the teen pregnancy case study, please see the second report entitled, "A Review of Teen Pregnancy in Gillespie County."

This assessment report uses a combination of data sources. These sources are not always in agreement in data groups such as age or illnesses, nor are they always comparable in terms of time periods. Because assessment are dependent on existing data sources - which in turn may be outdated, limited, or difficult to compare - other primary data were sought during the completion of the key informant interviews.

Described in this report are:

1. The purpose, composition, and mission of the Gillespie County Translational Advisory Board (TAB);
2. The community-driven process that brought forth the CHS and suicide assessment;
3. Existing demographic and epidemiological data reflective of the County;
4. The methods utilized to conduct the assessment activities ;
5. The assessment activity findings; and
6. Recommendations based on the findings.

The assessment team recognizes the importance of confidentiality and anonymity as it pertains to participants who engage in both phases of the project. To ensure confidentiality, all data were de-identified and no names were included in this report.

Section I: Background

A. Gillespie County TAB

The Gillespie County TAB is a relatively new entity. Its infrastructure is supported with funds from a Clinical & Translational Science Grant from the National Institute of Health (NIH) and overseen by the Institute for Integration of Medicine and Science (IIMS) of the University of Texas Health Science Center at San Antonio (UTHSCSA). The mission of the IIMS is to integrate clinical and translational research and career development across all UTHSCA schools and among its diverse public and private partners in South Texas. The Community Engagement Core leaders of the IIMS have made it their mission to incorporate the principles of community-based participatory research (CBPR) in all of their outreach efforts (IIMS, 2009). The fundamental characteristics of CBPR methodology are that:

1. It is a participatory process;
2. It engages community members and researchers in a joint learning process;
3. All members are encouraged to contribute equally;
4. It involves the development of systems as well as capacity building;
5. Participants can increase control over their lives by becoming empowered; and
6. It allows for a balance between research and action.

(Minkler & Wallerstein, 2003).

The IIMS Community Engagement Core elected to tap into the community via the pre-existing relationship between the local South Central Texas Area Health Education Center (AHEC) and the community AHEC board serving Gillespie County. The mission of the Gillespie TAB is to, "… serve as a representative body, which aims to improve community-based participatory research and educational outreach activities in partnership with UTHSCSA." In essence, the TAB serves as a bridge for developing research partnerships and translating discoveries from the clinical lab, to the bedside, to the community. The overall goal of the Gillespie County TAB is to improve the health and well-being of their communities (IIMS, 2009).

The TAB has established an organizational structure to increase its knowledge and understanding about the purpose and planning processes of a community health assessment. As part of this process, the TAB chose to work in partnership with the IIMS to conduct a community-wide health assessment to "take the temperature" of the different hot spots in its community.

During the planning phases of the CHS, Gillespie County TAB was composed of nine members with a broad range of community expertise. **Table 1** provides a description of the composition of the group as well as the community roles of each of its members.

Table 1: Names, Community Roles, and Background Information of TAB Members

Name	Community Role / Background
Richard Traugott, MD	Gillespie County TAB Chairperson; Retired Thoracic Surgeon
Kelli Olfers	Sanitarian of the Gillespie County Health Division
Tom Hutton, MD PhD	Gillespie County Health Board Chairperson; Hill Country Memorial Board of Trustees; retired neurologist
Debra Agnew	Needs Council Executive Director
Patricia Torres	Hill Country Memorial Hospital Medical Assistance Program Coordinator
John Willome	Good Samaritan Center Executive Director
Becky Walch, RN BSN	TDSHS Region 8 Health Services
Dawn Bourgeois	Hill Country Hospital Wellness Center Director
Denise Usener	Golden HUB Senior Center Director

In the fall of 2009, the TAB was introduced to a group of graduate students from the University of Texas School of Public Health. The students worked in collaboration with the TAB under the supervision of the Community Outreach Center of the University of Texas School of Public Health to implement the CHS and to conduct the suicide assessment case study.

B: Selection of Scope of Assessment

In large measure, the strength and progressive impact of the Gillespie County TAB lies in its ability to capitalize on the board's community exposure and the socio-political influence of its members. The expanded collaborative model for health improvement that is emerging demonstrates its commitment to better identify health needs and influence a decision-making process that addresses them in a timely and cost-efficient manner.

The TAB members were given various sources of extant data to help them narrow the scope of their assessment. One of these documents was the Community Health Status Report (CHSR) for Gillespie County (CHSR) created by the Department of Health & Human Services (DHHS). According to the CHSR, the total number of deaths in Gillespie County from 1994 to 2003 was 2,708. Interestingly, among white Gillespie County residents ages 25-44, injuries comprised the highest percentage of deaths (31%) followed by cancer (24%) and suicide (15%). Cancer and heart attacks were the two leading causes of death for individuals ages 45 and older. Data for other racial/ethnic groups were not included as part of this report due to the small number of

reports. The CHSR also includes mortality measure comparisons between Gillespie County, and its peer counties who share similar socio-demographic characteristics. The US rates have been included as well as the ideal target goal rates of the Healthy People 2010 initiative.

Table 2: Measures of Death for Gillespie County, Texas

Gillespie County Rate	Confidence Interval	Concern Status Indicator*	Peer County Range	Death Measures	US Rate 2003	Healthy People 2010 Target
33.0	**(24.5, 43.6)**	**–**	**17.3 – 33.0**	**Breast Cancer (Female)**	**25.3**	**21.3**
15.1	(11.4, 19.7)	+	15.9 – 29.2	Colon Cancer	19.1	13.7
129.4	(118.0, 140.8)	+	142.6 – 260.5	Coronary Heart Disease	172.0	162.0
39.6	(33.0, 46.2)	+	39.6 – 62.3	Lung Cancer	54.1	43.3
23.4	(16.8, 31.8)	+	15.9 – 41.8	Motor Vehicle Injuries	14.8	8.0
59.8	**(52.1, 67.4)**	**–**	**44.9 – 72.2**	**Stroke**	**53.0**	**50.0**
17.9	**(12.4, 24.9)**	**-**	**9.8 – 17.9**	**Suicide**	**10.8**	**4.8**
21.8	(16.4, 28.5)	+	15.6 – 29.0	Unintentional Injury	37.3	17.1

Source: Department of Health & Human Services, Community Status Indicator Report, 2008
** A " +" indicates a favorable status. A" –" indicates a status less than favorable.*

The CHSR indicates that the Gillespie County mortality rates of breast cancer, stroke, and suicide are not favorable (33.0, 59.8, and 17.9 per 100,000 respectively) in comparison to its peer counties. After reviewing the CHSR, The Gillespie TAB became particularly interested in further studying the prevalence and incidence of suicide-related mortality referenced in the CHSR because its partner, the Gillespie County Health Board, had expressed interest in pursuing its own investigations regarding suicide in the County. The TAB, Health Board and the University came to an agreement that including the suicide as a special case study for the assessment would prove to be beneficial for the TAB and the Health Board because this would lay the foundation for future community-led investigations related to the topic.

After meeting for several months, the TAB decided via consensus that it would narrow the scope of its assessment to focus on the health-related issues related to 1) children and youth, 2) families, 3) senior citizens, 4) community resources, and 5) health care providers. In addition, two special case studies would be conducted focused on suicide and teen pregnancy.

C: Background of Gillespie County

Gillespie County remains a primarily rural and agricultural area, although tourism is taking on a larger role in the Fredericksburg area. The County ranks first in the state in peach production, second in turkeys, sixth in hogs, ninth in oats, and tenth in Angora goats and mohair. There are several vineyards and wineries in Gillespie County which produce nationally and internationally-acclaimed wines. A number of businesses and manufacturing companies have taken advantage

of modern telecommunication and the good road infrastructure and means of transportation available, and they have decided to relocate to Gillespie County. They are able to take advantage of a high quality of life, low cost of living, and an educated and skilled workforce to produce a variety of products, from precision machines and parts, to clothing, food products, furniture, aircraft repair, wood products, feeds, and sporting equipment.

Gillespie County is also attracting more and more travelers, tourists, and hunters from across the state, providing them with their choice of a variety of historic buildings, museums, antique stores, bakeries, and restaurants. Some of the noteworthy tourist attractions in Gillespie County are the Admiral Nimitz State Historical Park and the Pioneer Museum, housed in a replica of the old Vereins-Kirche, both in Fredericksburg; the Lyndon B. Johnson State Historic Park and Lyndon B. Johnson National Historical Park, in eastern Gillespie County; and Enchanted Rock State Natural Area, on the Gillespie-Llano county line.

A sense of community and social responsibility were very important to the founding Germans of Gillespie County, and this tradition of the values of church and school remain to this day. Although there is still a strong Lutheran influence in Gillespie County, there has also been a tradition of religious tolerance throughout its history. There are 26 churches in Fredericksburg alone, including Lutheran and various other Protestant denominations (including at least two Spanish-speaking congregations), Roman Catholic, and Jesus Christ of Latter Day Saints (Kohout, 2009).

Other notable civic/anchor organizations include: The Fredericksburg Chamber of Commerce, The Hill Country Community Needs Council, Hill Country Memorial Hospital, American Legion, Veterans of Foreign Wars (VFW), Disabled American Veterans, 4-H Clubs, Rotary Clubs International, Gillespie County Economic Development Commission, Lions Clubs International, Kiwanis Clubs International, Knights of Columbus, and Optimist Clubs International (Kohout, 2009).

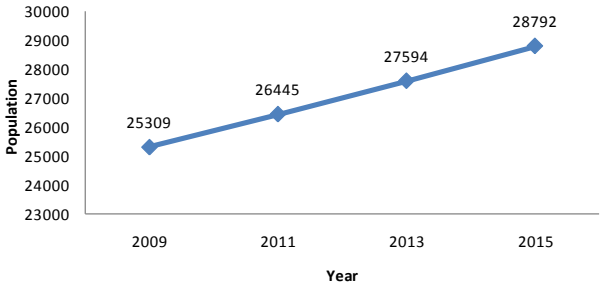
In Gillespie County there has been a deliberate history of concerted efforts in Gillespie County to identify and address health-related needs. Several organizations, such as the Needs Council, the Health Advisory Board, the Good Samaritan Center, and the Hill Country Memorial Hospital are well-established coordinators, advocates, and providers of a range of health care and mental health services.

D: Demographic Indicators

As part of this report, a series of demographic and epidemiological indicators have been provided. A short summary of highlighted indicators is presented below. For a more extensive review of these indicators, please refer to **Appendix C**.

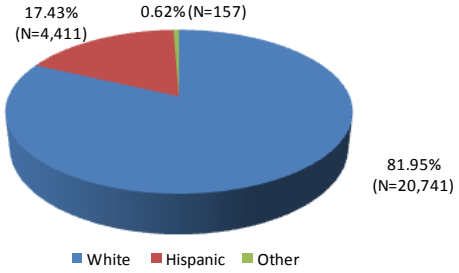
Gillespie County has continued to experience steady population growth. Since 2000, the overall population in Gillespie County has increased by 14% (US Census Bureau, 2008). By 2008, Gillespie County's population was estimated at 23,782 and is projected to exceed 25,300 by the end of 2009, as shown in **Figure 1a** (TDSHS, 2005) 47% of county residents live in Fredericksburg.

Figure 1a: Gillespie County Population Projections 2000 to 2015



Source: TDSHS Center for Health Statistics 2009

Figure 1b: Gillespie County Race and Ethnicities

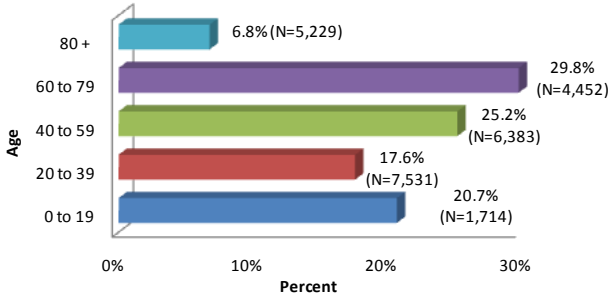


Source: TDSHS Center for Health Statistics 2009

The racial and ethnic composition of Gillespie County is 82% non-Hispanic white, 17% Hispanic, 1% African-American, and 1% other race, as shown in **Figure 1b**.

Females slightly outnumber males at 52% (vs. 48%). Twenty six percent of the county population is over 65 years old and 20% is younger than 18 years of age, as shown in **Figure 1c**.

Figure 1c: Ages of Gillespie County Residents



Source: TDSHS Center for Health Statistics 2009

The average wage for working individuals in the County is $28,904 (versus the state average of $32,124). The recent unemployment rate in the county was 4.5% (**Figure 1d**).

Figure 1d: Unemployment Rates in Gillespie County 2005-09

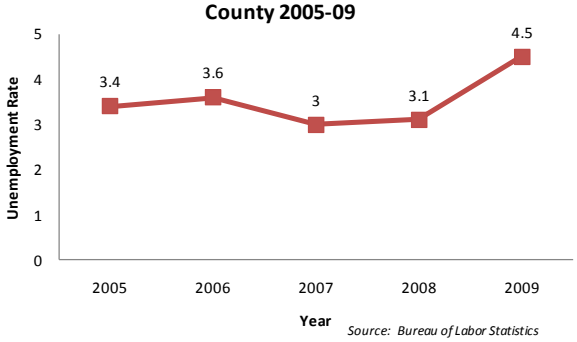
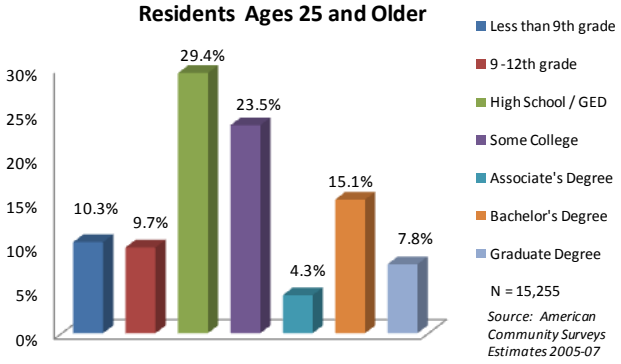


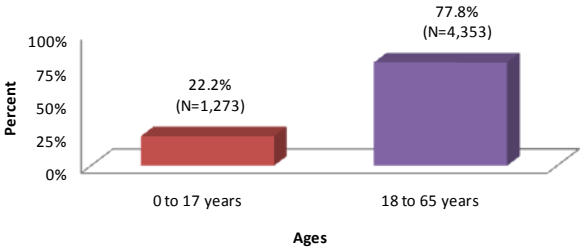
Figure 1e: Educational Levels of Gillespie County Residents Ages 25 and Older



While over 29% of county residents have attained a high school-level education, over 10% have less than a 9th grade education. Nearly 24% of residents have some college education, and an equal number have attained bachelor's or graduate-level degrees (**Figure 1e**).

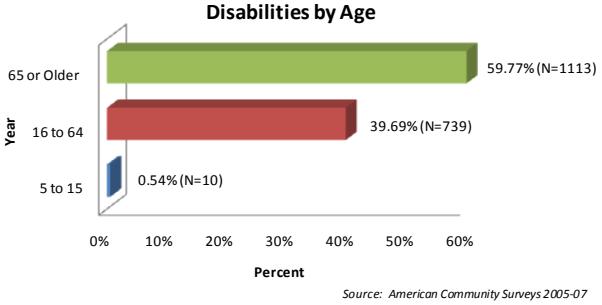
The percentage of medically uninsured residents in Gillespie County, 32.4%, significantly exceeds the Texas state average (20.73%). Among those in the County without health insurance, 77.8% are adults (**Figure 1f**).

Figure 1f: Ages of Medically Uninsured in Gillespie County



Disability

Figure 1g: Gillespie County Residents with Physical Disabilities by Age

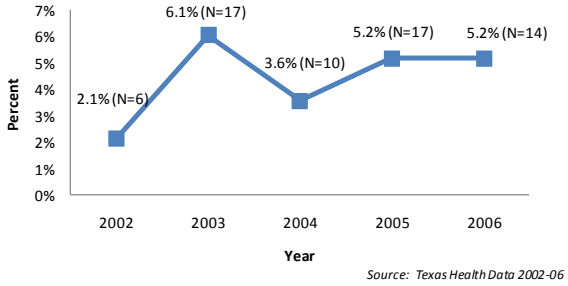


Physical disabilities in Gillespie County span the age range, however as one would expect, the majority of the disabled are older (**Figure 1g**). In addition, among Gillespie's children, ages 5 to 15, 8.2% have a sensory (visual or hearing impairment) or a mental disability. Notably, 11.3% of disabled residents live below the poverty line (American Community Survey, 2005-07).

Injury and Trauma

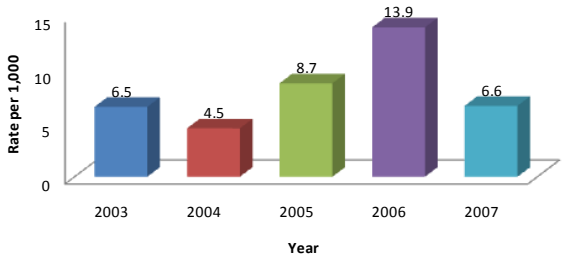
The total numbers of non-fatal injuries requiring hospitalization in Gillespie County have averaged slightly more than 90 per year, which is equal to the Texas state rate. The number of accidental deaths has remained fairly steady over the last few years (**Figure 1h**).

Figure 1h: Accidental Deaths in Gillespie County 2002-06



Source: Texas Health Data 2002-06

Figure 1i: Child Abuse Rates in Gillespie County 2003-07

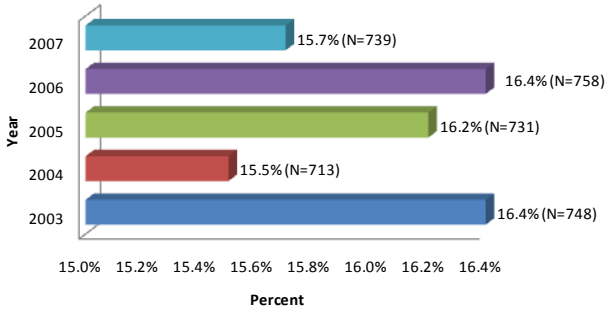


Source: Kids Count Data Center

Child abuse rates in Gillespie County have ranged 4 and 14% from 2003-07 (**Figure 1i**).

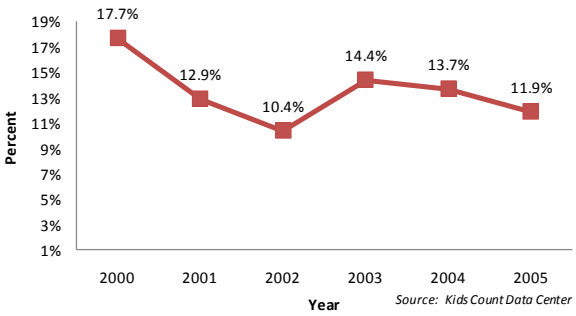
During this time, the number of Gillespie County children living in poverty has remained fairly constant at 16% (vs. 23% for Texas) (**Figure 1j**), while average Medicaid enrollment has been 20% (vs. 27% for Texas).

Figure 1j: Gillespie County Children Living in Poverty 2003-07



Source: Kids Count Data Center

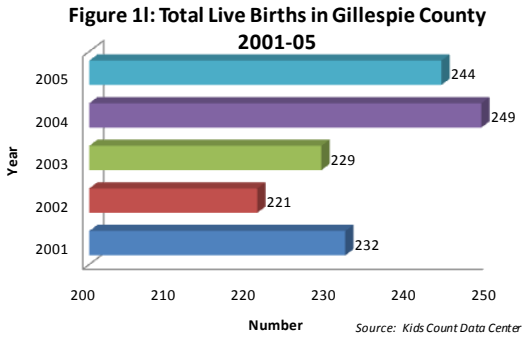
Figure 1k: Teen Pregnancies in Gillespie County 2000-05



Source: Kids Count Data Center

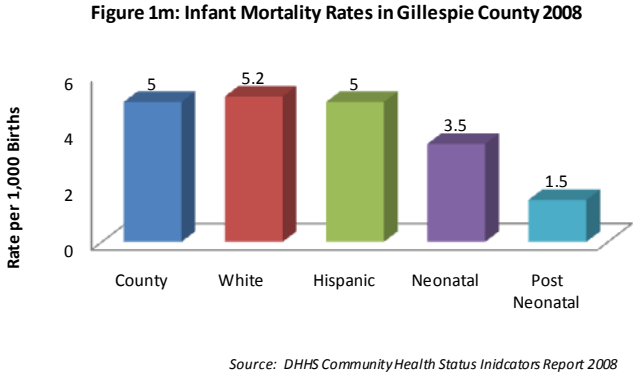
Teenage pregnancy rates for the County have averaged between 13 and 14% over the past decade (Texas state average is 14%), as shown in **Figure 1k**.

Maternal Health

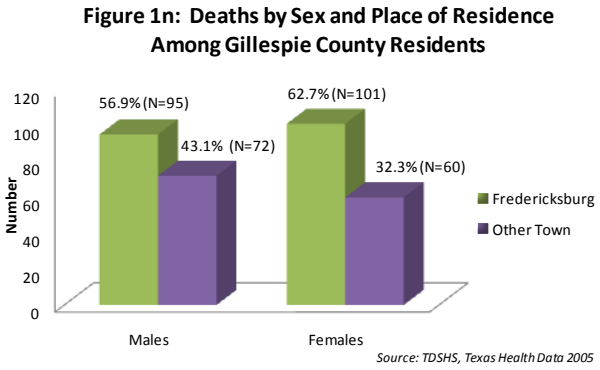


From 2001 to 2005, the number of live births in Gillespie County has averaged 234 annually (**Figure 1l**).

The infant mortality rate for Gillespie County is 5 per 1,000 births. The difference in infant mortality rates between whites and non-Hispanic whites is small. There is a higher neonatal versus postnatal infant mortality rate (**Figure 1m**).



Mortality



Most of the deaths in Gillespie County occurred within Fredericksburg. The difference in proportion of deaths between males and females is fairly equal (167 and 161 respectively) (**Figure 1n**).

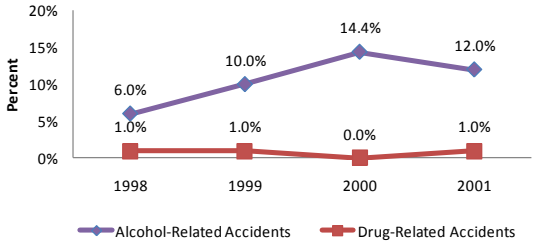
According to the Department of Health & Human services, lung, breast, and colon cancer have some of the highest rates among the different cancer types (39.6, 33.0, and 15.1 per 100,000 respectively; DHHS, 2008). The Texas Department of State Health Services reports that from 2002-2006, deaths caused by cancer have composed about 21-26% of all deaths. Heart disease

mortality rates ranged from 140 to 200 per 100,000 during the 2002 to 2005 time period. Additionally, the proportion of deaths caused by diabetes during this time frame ranges from 1.4 to 3.2% (**See Appendix C**).

Substance Abuse

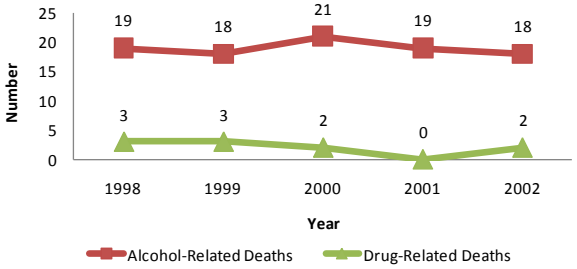
Alcohol-related motor vehicle accidents have accounted for a higher proportion of motor vehicle deaths versus drug-related (**Figure 1o**).

Figure 1o: Alcohol & Drug-Related Motor Vehicle Accidents in Gillespie County 1998-2001



Source: Texas Commission on Alcohol & Drug Abuse

Figure 1p: Alcohol and Drug-Related Deaths in Gillespie County 1998-2002



Source: Texas Commission on Alcohol Drug Abuse

Alcohol-related deaths far exceeded drug related deaths in the County. From the years 1998-2002, the number of alcohol-related deaths ranged between 18 and 21. The number of drug-related deaths did not surpass three per year (see **Figure 1p**).

Section III: Methods

The process of developing the Community Health Survey played an important role in the group development and community capacity building of the TAB. The community and academic teams worked together to develop the survey questions, the survey design, a sampling procedure, data collection plans, and analysis procedures. During the development of the survey, TAB members were given the opportunity to review the document and make changes in order to capture their perceived views of the community regarding health. The opinions of other community agencies such as the local hospital, Needs Council, and Health Board were sought during the planning stages of the assessment also. This not only allowed for other community agencies to include their own research questions, but as a means for ensuring community support and participation in the assessment.

A. Research Questions

The following main research questions were developed jointly between the TAB and the University team:

1. What are the community's priority health interests for children and youth?
2. What are the community's priority public health needs for families?
3. What types of health care providers are lacking in the Gillespie County?
4. How well do agencies in Gillespie County support community needs?
5. What are the needs of caregivers for people over the age of 65?
6. What are the needs of seniors over the age of 65?
7. Are there enough childcare resources in the County?
8. What needs do the disabled have in terms of housing and work rehabilitation skills?

B. Sampling

A convenience sample was used for the purposes of the CHS. TAB members were asked to nominate members from within the community to participate. The TAB expressed that they wanted community leaders who possessed insight on the overall health and well-being of the community. Participants were also selected from a list of donors and volunteers of the Needs Council. The possible threats to validity using this sampling technique include threats to internal validity due to selection of subjects, testing bias, and history (Shadish, Cook & Campbell, 2002). A total of 240 participants were selected.

Because this was a convenience sample, great efforts were made to make it as "representative" of the community as possible. A proportion of men and women were selected to reflect the County's actual sex composition (52% and 48% respectively). As mentioned before the County is composed

of approximately 82% non-Hispanic whites, 17.4% of Hispanics, and 0.62%" other." The race/ethnicity of the respondents was not made available on the list. However, in an effort to ensure that a proportion of Hispanic respondents were included that was representative of the actual demographic makeup of the County individuals with Spanish surnames were selected from the list (with the assumption that they are Hispanic) and asked to participate.

C. Pilot Testing

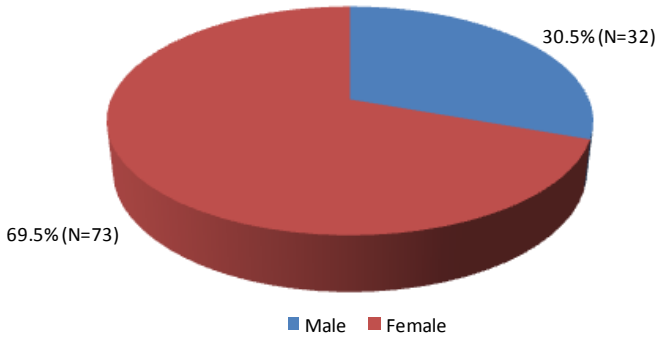
The survey was pilot tested on-line with the TAB members for readability and clarity. The questions were modified per the recommendations of TAB and then retested for clarity. Approval was granted for the reworded questions and the questions were added to the survey.

A mixed-methods approach was used for disseminating the survey. Respondents for whom there were email addresses were sent a letter with information about the CHS, which included a direct Internet link to Survey Monkey where they could complete the survey. A hardcopy of the cover letter and survey were mailed to those for whom the team did not have email addresses. A total of 97 surveys were sent electronically. The remaining 143 surveys were mailed as hardcopies.

D. Findings

A total of 111 Gillespie County community members completed the CHS, a 46% response rate (**See Appendix C**). Of these participants 69.5% (N=73) were female and 30.5% (N=32) were male (**See Figure 2a**).

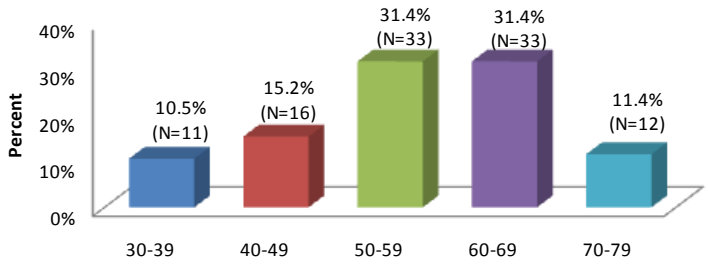
Figure 2a: Sex of Gillespie Community Health Survey 2009 Participants



Note: Totals do not include missing cases *Source: Gillespie TAB 2009 Community Health Survey*

The mean age of the participants was 56.2 years. Ages ranged from *30 to 79*. The largest proportions of percent distributions were among the *50-59* and *60-69* year olds (31.4%; **See Figure 2b**).

Figure 2b: Ages of Gillespie County Community Health Survey 2009 Participants

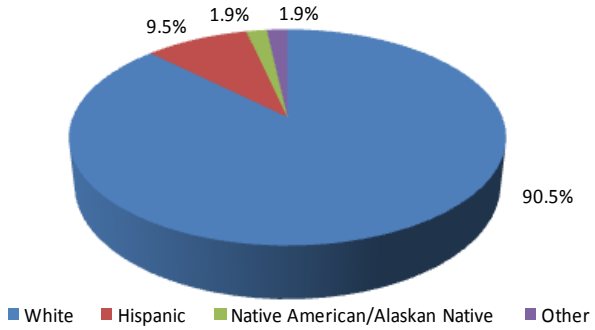


Mean age= 56.2

Source: Gillespie TAB 2009 Community Health Survey

In terms of the racial/ethnic composition of the sample, an overwhelming majority of the participants identified themselves as *non-Hispanic whites* (90.5%, N=95). *Hispanics* composed the second largest ethnic group with 9.5% (N=10), followed by *Native American* and *Other* with 1.9% (N=2) each (**See Figure 2c**).

Figure 2c: Race/Ethnicity of Gillespie County Community Health Survey 2009 Participants



Source: Gillespie TAB 2009 Community Health Survey

Participants were also asked to identify their roles within the community of Gillespie County. Participants were allowed to choose from the following categories: *business owner, educator, manufacturing, faith-based, government employee, lawyer, volunteer, elected official, social services, health care, retired*, and *other*. According to **Table 3** on the following page, 31.4% (N=33) of the participants self-identified as community *volunteers*.

Table 3: Community Roles of Gillespie County Community Health Survey 2009 Participants

Role	Percent	Number
Business Owner	18.1%	19
Educator	17.1%	18
Manufacturing	1.0%	1
Faith-Based	2.9%	3
Gov't Employee	9.5%	10
Lawyer	1.9%	2
Volunteer	31.4%	33
Elected Official	2.9%	3
Social Services	11.4%	12
Healthcare	15.2%	16
Retired	6.6%	7
Other	10.5%	11

Source: Gillespie TAB 2009 Community Health Survey

The remaining highest proportions of percent distribution were among *business owners*, *educators,* and those in the *health care* field (18.1%, N=19; 17.1%, N=18; and 15.2%, N=16 respectively). The lowest percentage was among the *manufacturing* and *lawyer* categories (1% and 1.9% respectively).

CHS participants were asked to provide information about where they reside as well as about where they work. The data in **Table 4** report that the overwhelming majority of participants live in Fredericksburg (85.6%). Residents from other small towns within Gillespie County were also represented. These towns/areas included Stonewall, Willow City, and Unincorporated Areas of Gillespie County (4.8%, 1.0% and 1.9% respectively).

Table 4: Areas of Residence and Work of Gillespie County Community Health Survey 2009 Participants

Town	Reside %	Work %
Austin	--	2.2%
Boerne	1.0%	--
Center Point	1.0%	--
Fredericksburg	85.6%	80.7%
Harper	2.9%	4.3%
Hunt	--	1.1%
Junction	--	1.1%
Kerrville	1.0%	3.2%
San Antonio	--	2.2%
Stonewall	4.8%	4.3%
Tierra Linda	1.0%	--
Unincorporated Areas of Gillespie	1.9%	--
Willow City	1.0%	1.1%
Total	**100.0%**	**100.0%**

Source: Gillespie TAB 2009 Community Health Survey

Also according to **Table 4**, the majority (90.4%) of participants work within Gillespie County. Of these respondents 80.7% reported that they worked in Fredericksburg, followed by Harper (4.3%), Stonewall (4.3%), and Willow City (1.1%). It is important to note that not all community members may necessarily reside within the County. He/she may have professional or personal interests in a community. Four percent of participants reported that they live in neighboring areas of Gillespie County. However, this does not imply that they do not have an understanding or interests in the health and well-being of the Gillespie community.

Children & Youth

As part of the CHS, participants were provided with a list of fourteen possible public health concerns focused on children's and youth issues. Participants were given the option of selecting each health concern as being a *greater concern, lesser concern, not a concern*, or of having *no opinion*. **Table 5** below summarizes the frequency responses for the public health concerns focused on children's and youth issues.

Table 5: Rank of Scores for Health Concerns of Gillespie County Children & Youth

Health Concerns	Greater Concern	Lesser Concern	Not a Concern	No Opinion
Substance Abuse	**80.9%**	18.2%	0.9%	0.0%
Teen Pregnancy	**76.6%**	21.6%	1.8%	0.0%
Child Abuse	**61.5%**	36.7%	1.8%	0.0%
Student Drop-outs	**61.5%**	32.1%	4.6%	1.8%
Quality Education	**64.5%**	26.4%	9.1%	0.0%
Sex education	**60.0%**	35.5%	4.5%	0.0%
Teen automobile accidents	**46.8%**	44.0%	5.5%	3.7%
Juvenile crime	45.8%	**46.7%**	3.7%	3.7%
Availability of after school programs	40.4%	**46.8%**	10.1%	2.8%
Physical fitness programs	39.4%	**47.7%**	11.9%	0.9%
School safety	31.8%	**56.4%**	8.2%	3.6%
Gangs	30.0%	**51.8%**	13.6%	4.5%
Availability of extra-curricular activities	29.7%	**47.7%**	21.6%	0.9%
Youth runaways	17.4%	**58.7%**	18.3%	5.5%

Source: Gillespie TAB 2009 Community Health Survey

According to **Table 5**, seven of the fourteen possible public health concerns had higher percent distributions in the *greater concern* answer category. These public health concerns included *substance abuse* (80.9%), *teen pregnancy* (76.6%), *child abuse* (61.5%), *student drop-outs* (61.5%), *quality education* (64.5%), *sex education* (60%), and *teen automobile accidents* (46.8%).

Juvenile crime (46.7%), *availability of after-school programs* (46.8%), *physical fitness programs* (47.7%), *school safety* (56.4%), *gangs* (51.8%), *availability of extra-curricular activities* (47.7%), and *youth runaways* (58.7%) all had higher percent distributions in the *lesser concern category*. All in all, all of the public health–related topics pertaining to youth and children were of some concern. The highest percent distribution for the *not a concern category* corresponded to the availability of *extra-curricular activities, youth runaways*, and *gangs* (21.6%, 18.3%, and 13.6% respectively).

Table 6: Children & Youth Concerns that Should Receive Community Priority Over the Next 3 Years

Concern	Percent
Quality Education	23.9%
Teen Pregnancy	19.0%
Youth Substance Abuse	19.0%
School Drop Outs	9.7%
Sexual Education	9.7%

Source: Gillespie TAB 2009 Community Health Survey

Participants were then asked to list their top public health concerns for children and youth. **Table 6** below summarizes the frequencies of these responses. *Quality education* was the first listed highest-rated concern (23.9%). *Teen pregnancy*

and *youth substance abuse* tied in second place with a 19% response. *School drop-outs* and *sexual education* both tied for third place with a 9.7% response.

Health & Family

Participants were also provided with a sixteen item list of possible public health concerns affecting Gillespie County families. Responses were once again based on a three point rating scale ranging from *greater concern, lesser concern, not a concern,* and *no opinion*. According to **Table 7**, half of the items had higher percent distributions in the *greater concern* category. These items included *adult substance abuse* (64.8%), *access to quality mental health services* (66.4%), *physical violence/family abuse* (61.5%), *support for families in crisis* (62.3%), *access to quality health care* (59.8%), *access to quality dental care for children* (56.1%), and *access to quality dental care for adults* (46.2%). *Long term care for the elderly* had equally split high percent distributions (43.4%) in the *greater concern* and *lesser concern* answer categories.

Table 7: Rank of Scores for Health Concerns of Gillespie County Families

Concern	Greater Concern	Lesser Concern	Not a Concern	No Opinion
Adult substance abuse (drugs/alcohol)	**64.8%**	28.6%	2.9%	3.8%
Access to quality mental health services	**66.4%**	22.4%	6.5%	4.7%
Physical violence/abuse within the family	**61.5%**	35.6%	1.0%	1.9%
Support for famiiles in crisis	**62.3%**	34.0%	2.8%	0.9%
Access to quality health care	**59.8%**	27.1%	11.2%	1.9%
Access to quality dental care for CHILDREN	**56.1%**	32.7%	7.5%	3.7%
Access to quality dental care for ADULTS	**46.2%**	40.6%	11.3%	1.9%
Long term care services for the elderly	**43.4%**	**43.4%**	11.3%	1.9%
Sexual assault	43.8%	**46.7%**	2.9%	6.7%
Chronic illness and disease	40.8%	**47.6%**	4.9%	6.8%
Support for people with disabilities	32.4%	**55.2%**	5.7%	6.7%
Suicide	31.7%	**51.0%**	8.7%	8.7%
Access to quality dental care for PREGNANT WOMEN	34.3%	**45.7%**	13.3%	6.7%
Elder abuse	31.4%	**51.4%**	11.4%	5.7%
Racial/ethnic disaparities in health care delivery	35.2%	**37.1%**	21.0%	6.7%
Availability of hospice care	20.0%	**47.6%**	28.6%	3.8%

Source: Gillespie TAB 2009 Community Health Survey

The remaining items had higher percent distribution rates in the *lesser concern* category. Items of *lesser concern* included *sexual assault* (46.7%), *chronic illness and disease* (47.6%), *support for people with disabilities* (55.2%), *suicide* (51%), and *access to quality dental care for pregnant women* (45.7%), *elder abuse* (51.4%), *racial/ethnic disparities in health care delivery* (37.1%), and *availability of hospice care* (47.6%). All of the items listed were of some concern. The three items with the highest *no concern* percent distribution were *availability of hospice care*,

racial/ethnic disparities in health care delivery, and *access to quality dental care for pregnant women* (28.6%, 21%, and 13.3% respectively).

Participants were also asked to list their top public health concerns affecting the health status of Gillespie County families. According to the items listed in **Table 8**, *access to quality health care* received the highest percent in the top public health concern category (23.9%). *Access to quality mental health services* and *support for families in crisis* both tied for second place with 19% of responses. *Physical violence/family abuse* received the next highest percent of responses (9.7%).

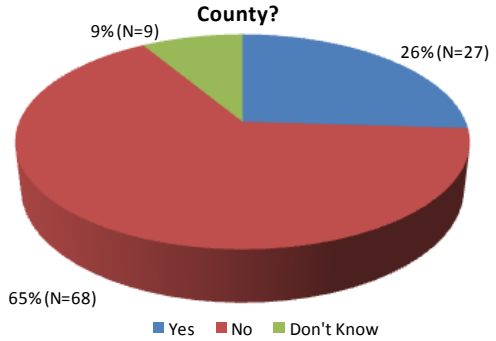
Table 8: Family Concerns that Should Receive Community Priority Over the Next 3 Years

Concern	Percent
Access to Quality Health Care	23.9%
Acces to Quality Mental Health Services	19.0%
Support for Families in Crisis	19.0%
Physical Violence/abuse Within the Family	9.7%

Source: Gillespie TAB 2009 Community Health Survey

Participants were asked, "Do you feel that any of the following types of health care providers are lacking in Gillespie County: primary care doctors, specialty doctors, doctors who serve new Medicare patients, doctors who serve new Medicaid patients, and doctors who serve those in the Indigent Health Care Program?" The answer options for each of these questions were *yes, no*, and *don't know*. According to **Figure 2d**, the majority (65%, N=68) of respondents feel that *there is no* lack of primary care doctors. On the other hand, 26% (N=27) reported that *there is* a shortage of primary care physicians.

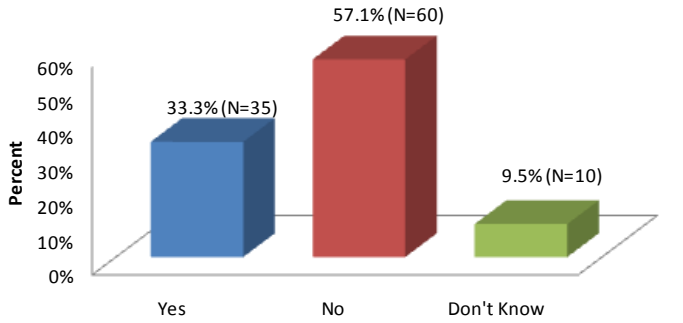
Figure 2d: Are *primary care doctors* lacking in Gillespie County?



Source: Gillespie TAB 2009 Community Health Survey

Albeit a smaller majority, 57.1% (N=60) of respondents also expressed that *there is not* a lack of specialty doctors in the County (**See Figure 2e**). Thirty-three percent (N=35) of respondents however felt that *there is* a lack of specialty doctors.

Figure 2e: Are *specialty doctors* lacking in Gillespie County?



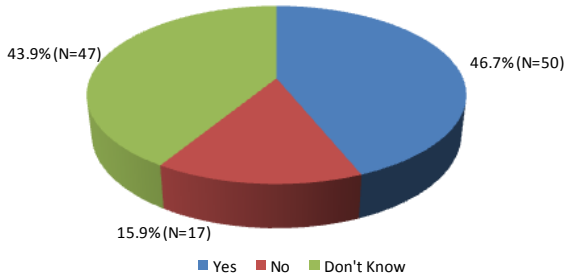
Source: Gillespie TAB 2009 Community Health Survey

There was more variation in the answer responses for questions assessing people's perception of the lack of doctors serving new Medicare and Medicaid patients. According to **Figures 2f** and **2g**, higher proportions of respondents feel that, *yes*, there is a shortage of doctors who serve new Medicare and Medicaid patients (43.4%, N=46 and 46.7%, N=50 respectively).

Figure 2f: Are doctors who serve *new Medicare patients* lacking in Gillespie County?

Source: Gillespie TAB 2009 Community Health Survey

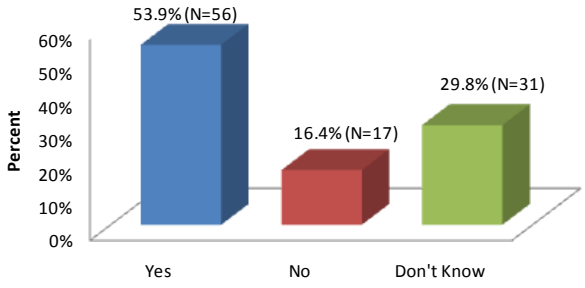
Figure 2g: Are doctors who serve new Medicaid patients lacking in Gillespie County?



Source: Gillespie TAB 2009 Community Health Survey

People's perceptions of the shortage of doctors serving those in the local Indigent Health Care Program, similarly reflect the distribution of answer responses for the shortage of Medicaid and Medicare doctors. According to **Figure 2h**, an overwhelming majority (53.9%, N=56) of respondents reported that *yes*, there is a shortage of Indigent Health Care Program doctors. Sixteen percent of respondents (N=17) reported that there is *no* shortage of Indigent Health Care Program doctors. Finally, approximately 30% of respondents answered they *don't know* if there is a shortage of doctors in the Indigent Health Care Program.

Figure 2h: Are doctors serving those in the *Indigent Health Care Program* lacking in Gillespie County?



Source: Gillespie TAB 2009 Community Health Survey

Community Resources

Various resources exist within the County that promote overall health and well-being. To ascertain how well participants perceive that local agencies support these needs, they were provided with a list of fifteen various community needs. These needs included the following: *serious physical illness, long term nursing care, emotional crisis, disabling injuries, sexual assault, family violence, mental disabilities, substance abuse, parenting skills, children's*

behavioral problems, chronic nervousness/depression/anxiety, financial problems, suicide prevention, and *returning to the community after imprisonment*. Participants were asked, "How well do the agencies in Gillespie County support the following needs?" Respondents had the option of answering *fully support, mostly support, partially support* and *do not support*.

According to **Table 9** all of the higher percentage distributions fell among the *mostly support* and *partially support* categories. Only four of the sixteen community needs had higher percentage distributions in the *mostly support* category. These include *serious physical illness or conditions* (47.5%); *long term nursing care* (46.8%), *personal or emotional crisis* (52.9%), and *disabling injuries* (43.3%). The remaining community needs had higher percentage distributions in the *partially-supported* answer category, with percents varying from 39.4% to 56.4%. The highest percent distribution within the *do not suppor*t category corresponded with returning to *community after imprisonment* (43.6%), *suicide prevention* (25%), and *chronic nervousness* and *depression* (15.6%).

Table 9: Perception of Support Provided by Gillespie County Community Agencies

Community Resources	Fully Support	Mostly Support	Partially Support	Do Not Support
Serious physical illnesses or conditions	25.3%	**47.5%**	24.2%	3.0%
Long term nursing care	22.3%	**46.8%**	29.8%	4.2%
Personal or emotional crisis	1.2%	**52.9%**	32.4%	2.9%
Disabling injuries	16.5%	**43.3%**	36.1%	4.1%
Sexual assault	11.7%	36.2%	**44.7%**	7.5%
Family violence	11.6%	31.6%	**51.6%**	5.3%
Chronic mental disability or disorder	6.3%	39.6%	**49.0%**	5.2%
Children with developmental disabilities	6.4%	40.4%	**44.7%**	8.5%
Alcohol or drug abuse	7.1%	36.7%	**49.0%**	7.1%
Parenting skills	7.4%	33.0%	**50.0%**	10.6%
Children's social/behavioral problems	3.2%	33.0%	**56.4%**	7.4%
Chronic nervousness, depression, or anxiety	4.2%	33.3%	**46.9%**	15.6%
Severe financial problems/crisis	2.1%	30.9%	**53.2%**	13.8%
Suicide prevention	7.3%	27.1%	**40.6%**	25.0%
Returning to community after imprisonment	0.0%	12.8%	**39.4%**	43.6%

Source: Gillespie TAB 2009 Community Health Survey

The CHS included several open-ended questions used to better understand who the respondents would refer others to in the case that they needed assistance with Medicaid, Medicare, or the Indigent Health Care Program. The responses were grouped into categories of concern, and then summarized.

In **Table 10** we see that when asked about a source for Medicaid information within the County, 28% said that they would recommend the *Needs Council*; 22% would recommend the *TDSHS*; 16% would recommend *Hill Country Memorial Hospital*, while 11% said that they *did not know* who they would refer someone to. Approximately 9% would refer to the *Good Samaritan Center*.

Table 10: What agency in Gillespie County would you tell someone to call if they needed help accessing MEDICAID information?

Agency	Frequency	Percent
Needs Council	30	28%
Texas Dept. of State Health Services	24	22%
Hill Country Memorial Hospital	17	16%
Don't know	12	11%
Social Security Office	2	2%
Medicaid Office	2	2%
Gillespie County Indigent Health	2	2%
Medical Care County Case Worker	2	2%
Department of Aging & Disabilities	1	1%
Medicare Office	1	1%
Mental Health & Mental Retardation	1	1%
Primary Caregiver	1	1%
Golden HUB Senior Center	1	1%
Agricultural Extension	1	1%
Total	107	100%

Source: Gillespie TAB 2009 Community Health Survey

When asked about who they would refer someone to for Medicare Program information (**Table 11**), 26% suggested the *Needs Council*; 23% mentioned the *local hospital*; 15% *did not know*; and 12% believed the *Social Security Toll Free 1-800-number* was a good source. Nine percent would recommend that one contact *TDSHS*. *Golden HUB Senior Center* was considered as a reliable source of information by 4% of respondents

Table 11: What agency in Gillespie County would you tell someone to call if they needed help accessing MEDICARE information?

Agency	Frequency	Percent
Needs Council	26	26%.
Hill Country Memorial Hospital	23	23%
Don't know	15	14%
Social Security Toll Free Number	12	12%
Texas Dept. of State Health Services	9	9%
Golden HUB Senior Center	4	4%
Good Samaritan	2	2%
Primary Caregiver	2	2%
Passport 55	2	2%
Medicare Number	2	2%
Mental Health Mental Retardation	1	1%
Council of Government	1	1%
New Horizons	1	1%
Local Medicaid Office	1	1%
Gillespie County Indigent Health Program	1	1%
Total	**102**	**100%**

Source: Gillespie TAB 2009 Community Health Survey

When asked who they would refer someone to if they needed assistance with the Indigent Health Care Program, 29% said they would refer to the *Good Samaritan Center*. Approximately 19% said they would refer to the *County Indigent Health Care Program* (one person mentioning *Barbara Crenwelge* from the Indigent Health Care Program). Sixteen percent of respondents mentioned the *Needs Council* (**See Table 12)**.

Table 12: What agency in Gillespie County would you tell someone to call if they needed help accessing INDIGENT HEALTHCARE

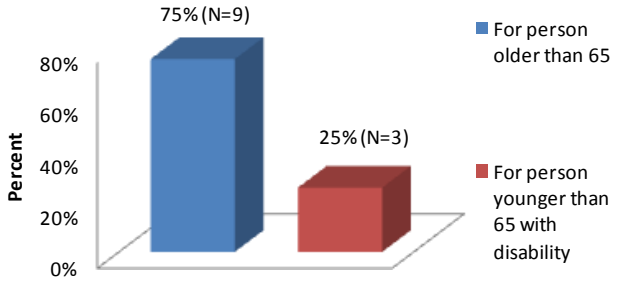
Program/Person	Frequency	Percent
Good Samaritan Center	26	29%
County Indigent Healthcare Program	17	19%
Needs Council	15	16%
Don't Know	11	12%
Hill Country Memorial Hospital	9	10%
Texas Dept. of State Health Services	5	5%
Gillespie County Commissioners Court	3	3%
Golden Hub Senior Center	1	1%
Mental Health Mental Retardation	1	1%
Free Clinic	1	1%
Their Primary Care Provider	1	1%
Medical Third Party Resources	1	1%
Total	**91**	**100%**

Source: Gillespie TAB 2009 Community Health Survey

Caregivers

Participants who self-identified as caregivers were instructed to complete this section. Of the total 111 collected surveys, 19.8% (N=12) completed this section. According to **Figure 2i**, among these respondents 75% (N=9) reported that they are the *full-time caregiver and/or legal guardian of a person who is over the age of 65*. The remaining 25% (N=3) reported that they are the full-*time caregivers and/or legal guardians for someone under the age of 65 with a mental or physical disability*.

Figure 2i: Caregivers for individuals 65 and Older with and Without Disabilities



Source: Gillespie TAB 2009 Community Health Survey

Caregivers were also given the option of marking which services they would like to learn more information about. According to **Table 13**, participants were most interested in the following *caregiver support groups* (83%), *legal services* (58.3%) and *Medicare benefits* (50%). There was a lesser need reported for information on *hospice care services* and *special education opportunities* (8.3% each).

Table 13: Services Gillespie Caregivers are Interested in Learning About.

Service	Percent
Caregiver Support Groups	83.3%
Caregiver Job Safety Training	25.0%
Hospice Care Services	8.3%
Legal Services	58.3%
Medicare Benefits	50.0%
Nutrition for the Elderly	16.7%
Respite Services	41.7%
Special Education Opportunities	8.3%

Source: Gillespie TAB 2009 Community Health Survey

Elderly

Participants age 65 and older and/or those who care for an adult who are 65 years of age or older were asked to complete the section of the survey entitled *Elderly*. This section consists of a total of eight questions to assess the needs of these individuals. Participants had the option of marking *yes* or *no* for each of these questions. The majority of respondents who completed this section of the survey appear to be fairly independent and in no need of the previously mentioned services (**See Table 14**).

Table 14: Needs of Caretakers and/or Adults 65 and Older*

Need	Yes	No
Do adults age 65 and older in your household need help with daily activities such as preparing meals, taking medication or shopping?	21.7%	78.3%
Do adults age 65 and older in your household receive help with daily activities such as preparing meals, taking medication, or shopping?	22.2%	77.8%
Do adults age 65 and older in your household need adult daycare services?	11.1%	88.9%
Do adults age 65 and older in your household use adult daycare services?	3.9%	96.1%
Do adults age 65 and older in your household need special arrangements for transportation, like a special van?	3.6%	96.4%
Does your household regularly have meals delivered for someone age 65 or older?	3.9%	96.1%
Can you afford to make home repairs as needed for older adults in your home?	77.8%	22.2%
If someone age 65 or older needed accomodations for a physical disability, would your know where to go?	85.2%	14.8%

** Questions answered only by those who are 65 and older or who care for an adult age 65 or older.*

Source: Gillespie TAB 2009 Community Health Survey

Childcare

All respondents were asked their opinions about local childcare services. The first series of questions within this section consists of six items with the following answer response categories a *major problem, minor problem, not a problem*, and *no opinion* (**See Table 15**).

Table 15: Perceptions of Childcare in Gillespie County

Finding...	A Major Problem	Minor Problem	Not a Problem	No Opinion	Total Number
quality childcare is...	**47.2%**	22.6%	2.5%	19.8%	106
childcare for children with special needs is...	**65.4%**	8.7%	1.9%	24.0%	104
affordable childcare is...	**57.7%**	22.1%	2.9%	17.3%	104
childcare during the hours it is needed is...	**41.4%**	28.9%	5.8%	24.0%	104
childcare that operates around a person's work schedule is...	**46.0%**	29.0%	3.0%	22.0%	100
childcare convenient to home or work is...	31.7%	**33.7%**	10.6%	24.0%	104

Source: Gillespie TAB 2009 Community Health Survey

Five of the six items had the highest percentage distributions within the major problem answer category. These items included 1) *quality childcare* (47.2%) 2) *childcare for children with special needs* (65.4%) 3) *affordable childcare* (57.7%) 4) *childcare that is available during the hours that it is most needed* (41.4%) and 5) *childcare that is operates around a person's work schedule* (46%). Also, according to the respond*ents finding childcare that is convenient to home or work* is a *minor problem* (33.7%). About 17-24% of respondents reported that they *did not know* if these childcare issues were a problem.

The last question within this section asked respondents, "Would you say that there is a sufficient amount of childcare resources in Gillespie County?" Participants had the option of answering *yes, no*, or *don't know*. Based on the numbers presented in **Figure 2j**, an overwhelming majority (55.4%) of respondents reported that *there is not* a sufficient amount of childcare resources. A substantial amount (33.7%) of respondents reported that they *did not know* if there was a sufficient amount of childcare resources. This may be due to the fact that a large portion of the CHS respondents are older, and thus probably do not have children who require childcare services. Only the remaining 10.9% of respondents reported that *there is* a sufficient amount of childcare resources in the County.

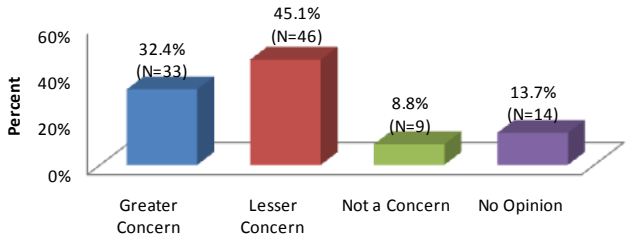
Figure 2j: Would you say that there is a sufficient amount of childcare resources in Gillespie County?

Source: Gillespie TAB 2009 Community Health Survey

Disability

The last section of the survey pertains to the perceived needs of the disabled. Two questions were included within this section each with the following answer categories greater concern*, lesser concern, not a concern,* and *no opinion*. The first question asks, "How much of a concern is the availability of assisted/temporary shelter for the disabled?" According to **Figure 2k**, 32.4% (N=33) of respondents reported that they perceive this to be a *greater concern*. The largest proportion of respondents answered that this is a *lesser concern* 45.1% (N=46). The smallest proportions of percent distribution (8.8% N=9) were composed of respondents who

Figure 2k: How much of a concern is the availability of assissted living/temporary shelter for the disabled?

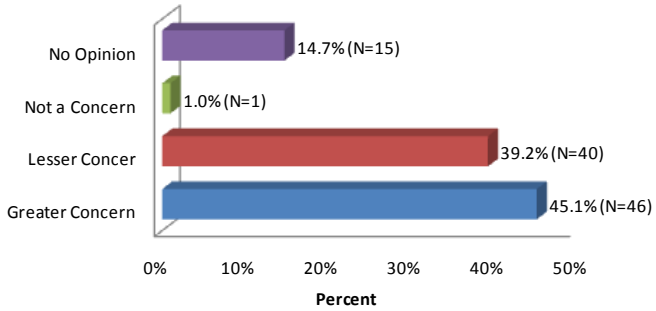


Source: Gillespie TAB 2009 Community Health Survey

believe that availability of assisted living/temporary shelter for the disabled is *not a concern*. Approximately 14% (N=14) of respondents reported that they *did not know* if this is a concern.

The final question in the disability section asks, "How much of a concern is the availability of work rehabilitation resources for residents with limited job skills?" Based on the data presented in **Figure 2l**, most respondents reported that this is a *greater concern* (45.1%, N=46), followed by those who reported that this is a *lesser concern* (39.2% N=40). Approximately 15% of respondents reported that they had *no opinion* on this issue. Only one person reported that this issue is *not a concern*.

Figure 2l: How much of a concern is the availability of work rehabilitation resources for residents with limited job skills?



Source: Gillespie TAB 2009 Community Health Survey

Other

Respondents were also allowed the opportunity to voice other general concerns (**See Table 16**). The main feedback offered by respondents expressed a desire for greater involvement by local/county leaders in matters of community concern and to highlight the shortage of affordable housing in the county. Other issues of concern centered on the delivery of various types of health care, including a need for *affordable healthcare for middle-income individuals and families, the lack of mental health services and providers*, and *a shortage of healthcare for indigent/low-income individuals and families*. A number of respondents also felt there was a need *for teen-specific programs including health education* and *mentoring*. To a lesser extent, respondents mentioned a shortage of elderly care, including Alzheimer's treatment and a need for some form of *public transportation for people with disabilities*, as well as improved *Americans with Disabilities Act compliance in public areas*.

Table 16: If you have other concerns or comments that were not addressed in this survey, please write them in the space below.

Frequency	Concern
5	Need for increased involvement by local County leaders with issues of concern
5	Lack of affordable housing
3	Lack of affordable healthcare
3	Shortage of mental health services
3	Need for teen-specific programs focusing on health education and mentoring
3	Shortage of indigent healthcare
2	Shortage of elderly care
2	Lack of public transportation/accommodations for people with disabilities

Source: Gillespie TAB 2009 Community Health Survey

Section III: Discussion

A. Children, Youth, and Families

As mentioned previously, CHS participants selected the five main public health priorities for children and youth to be addressed within the next three years. These concerns include:

1. Quality education 23.9%
2. Teen pregnancy 19%
3. Youth substance abuse 19%
4. School dropouts 9.7%
5. Sex education 9.7%.

In addition, the top four public health concerns for families for the next three years are:

1. Access to quality health care 23.9%
2. Access to quality mental health services 19%
3. Support for families in crisis 19 %
4. Physical violence/abuse within the family 9.7%

The number one-ranked priority for the community of Gillespie County is access to health care. The community appears to be in agreement that there are sufficient primary care and specialty doctors; however, the problem lies in being able to *see* these doctors. This is supported by participants' views that there is a need for doctors who serve patients covered by Medicaid, Medicare, and the Indigent Health Care Program. As mentioned earlier, these are most often individuals who are disabled, children, elderly, or who have limited economic resources. One cannot help but to ask, "What is the purpose of having government paid or subsidized health coverage, if there is nowhere to go to be seen?"

What is particularly striking about these findings is the strong perception of respondents that there is a need for improved access to mental health services. Two of the other top priorities for families (physical violence /family abuse and support for families in crisis) are related to this very issue. By addressing the need for overall improved mental health services, one could potentially address the top priority concern of youth substance abuse. In addition, improving current mental health services could address the need for better support of resources focused on personal or emotional crisis, sexual assault, family violence, chronic mental disability or disorder, children with developmental disabilities, alcohol and drug abuse, parenting skills, children's social/behavioral disorder problems, chronic nervousness/depression/anxiety, and suicide prevention – all of which respondents reported are only partially supported by the local community agencies.

Assuring that children and youth have a quality education was ranked as the number one priority concern. An important question to be asked is, "What does education have to do with health?" The answer is that health and education are positively correlated. According to the results of recent National Health Interview Surveys conducted by the National Center for Health Statistics (NCHS), people who are better educated are in better health. In this survey it was found that among adults ages 25 and older who reported that they were in "excellent" health, 56% had completed high school, 66% had completed some college, and 78% had at least a bachelor's

degree (NCES, 2009). Of course, other factors are related to one's health, but education is a strong factor. Therefore, the CHS respondents are rightly concerned for wanting to shift the community's focus on improving the current educational systems. Doing so would address other identified priorities such as reducing school drop-outs.

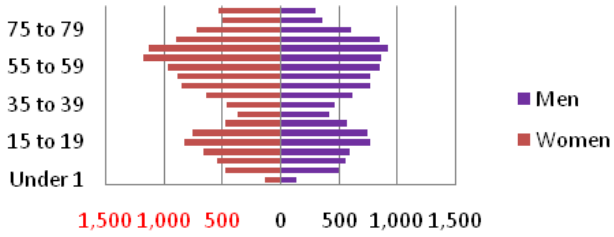
B. Elderly & Caregivers

Among the respondents who self-identified themselves as being at least 65 or as being caretakers of someone who is over the age of 65, the vast majority reported that they are not currently utilizing or seeking assistance with conducting activities of daily living. As mentioned earlier, the mean age of respondents was 56.2 years and only 11.4% were over the age of 70. On the other hand, the majority of caretakers (75% of whom take care of someone who is older than 65) reported that they are interested in learning more about caregiver support groups (83%), legal services (58.3%), Medicare benefits (50%), and respite services (41.7%) This implies that that there is a need for assistance, but not from the elderly themselves, but rather from those who are responsible for the care of an elder. This is supported by the fact that 43.4% of respondents expressed that long term services for the elderly are of *greater concern* and 46.8% expressed that long term nursing care is only *mostly supported*.

C. Childcare

The majority of respondents expressed that there is a lack of sufficient childcare resources in the County. This should be an area of concern being that there substantial proportion of the population that is of childbearing age (**See Figure 2m**).

Figure 2m: Age Distributions by Sex Among Gillespie County Residents 2009



Source: TDSHS, 2009

Section IV: Recommendations

The CHS was used a means to identify potential community's health concerns. Now that these health concerns have been discovered the stage has been set so that the TAB and the Health Board can further investigate the validity of these concerns.

As mentioned before, the findings of this assessment point to an overarching perceived need for improvements in comprehensive mental health care; these improvements should be developed with the overall goal of supporting the growth and well-being of families. Based on the findings of this assessment, these comprehensive mental health services should address the need of families in crisis, the development of parenting skills, the prevention and ability to deal with the aftermath of family violence, sexual assault, emotional crisis, suicide, and alcohol and substance abuse.

There are opportunities for collaboration between all community agencies, but particularly

between the mental health services sector and the educational systems. Specifically, these two systems could potentially work closely together to better address the needs of children with developmental disabilities and social/behavioral problems.

In order to address the perceived need of providing quality education for children and youth, families should work closely with the educational systems in order to determine what "quality" means. The needs of children vary, but working towards the overall goal of decreasing drop outs - which was 13% for the 2007-08 school year (Casey, 2010) - is beneficial at not only the individual, but at the community level. Providing quality education to children and youth, should not fall solely on the shoulders of educators; this is an opportunity for the entire community to come together to work for the well being and health of young people.

Because children and youth spend the majority of their time in the school setting, educational systems are largely responsible for providing children with sex education. Respondents voiced that sex education is a priority for the community for the next three years. Families should work closely with the educational systems to determine what changes or improvement they would like to make. Does it mean abstinence only approaches should continue to be used? Should more focus be shifted education young people about family planning methods, which can curtail the incidence of teen pregnancy, another health priority?

In terms of access to quality health care, the majority of the concerns relate to the needs of low-income and elderly populations. Community efforts should be made to discover if patients who are covered or eligible for Medicaid, Medicare, or Indigent Health Care Program are in fact unable to access health care. Also, investigations should take place to determine why there are so few physicians who participate in these programs.

Based on the findings of this assessment, there is a strong perceived notion for a need for childcare resources. Further investigations should be done to assess not only the availability and services of current childcare centers/providers, but of methods for paying for childcare.

Respondents also voiced a concern of the availability of work rehabilitation resources for residents with limited job skills. Once again, the availability and effectiveness of current programs should be investigated. Individuals who would benefit from these types of programs should be included in this assessment to determine what specific kinds of employment/job training they would like, which would allow them to be competitive in today's job market.

Section V: Limitations

A. Sample

As with any assessment, there are always limitations. The first series of limitations are related to the sampling procedure utilized. Conducting a survey with a truly representative sample of Gillespie County would have been extremely time consuming, expensive, and would have required an elaborate data collection design manpowered by a small workforce. In order to gain a basic understanding of the community's opinions on several issues, only "community leaders" were

selected to participate in the survey. This may have reaped a slightly biased sample; however it does not take away from the value of the survey. The CHS still served as a means for providing the TAB with insight of community opinions regarding various public health issues.

The final results of the CHS were slightly skewed in terms of the demographic makeup of the sample. Of the 111 participants, 90.5% self-identified as white; 9.5% self-identified as Hispanic; and the remaining 3.8% self-identified themselves as Alaskan Native/Native American or Other. These percentage distributions are clearly not reflective of the actual racial/ethnic composition of the County. As mentioned earlier it is estimated that 81.95% of the County is composed of non-Hispanic whites and 17.43% is composed of Hispanics. The remaining 0.62% is composed of those classified as all others. However, as mentioned earlier efforts were made to at least base the original potential participant sample on the actual racial/ethnic composition of the County.

Other limitations of the results were related to the sex and language of the sample. An overwhelming majority (69.5%) of females participated versus 30.5% of males. The survey was made available only in English. As mentioned before, Hispanics compose 17.4% of the Gillespie County population (IIMS, 2009). It is also widely known that many of Gillespie County's residents are of German descent. Among these ethnic groups, English may not be the primary or preferred language. The US Census does not provide estimates for the number of English and non-English speakers for the County.

B. Awareness of Role in Community

A few potential respondents expressed that they did not feel comfortable completing the survey because they did not work have a background in health. It was explained to these individuals that the overall health status of a community is based on several factors and that people who play vital roles in various sectors are needed to fully represent the perceived views of a community's health status. Had the team been able to gather the insights from these people, it could have further benefited the assessment by making it more representative of the community.

C. Limited Follow-Up

No identifying information was collected as part of the CHS. The assessment team was therefore unable to ascertain which data collection method was most effective. However, ultimately the assessment team was able to collect a favorable 46% response rate.

Follow up email reminders were sent to those who had email addresses, however due to time constraints and limited funds, no follow reminders were sent those who received the survey packet in the mail. Phone numbers or email addresses for *all* of the participants would have made conducting a follow-up reminder procedure easier.

D. Missing Data

As with any survey, missing data are always a limitation. In order to address this problem, the team was careful to utilize percentages based on totals that did not include missing cases.

Appendix A: References

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Appendix B: TAB Brochure

TRANSLATIONAL ADVISORY BOARD (TAB)

Translational Advisory Boards (TABs) are an evolution of Area Health Education Center (AHEC) Boards, groups which have historically worked to develop community-academic partnerships throughout South Texas. A TAB is comprised of community members who are committed to improving the health of their community, and who, through active involvement in community-based participatory research (CBPR), will bring research partnerships and findings from "bench to bedside to community".

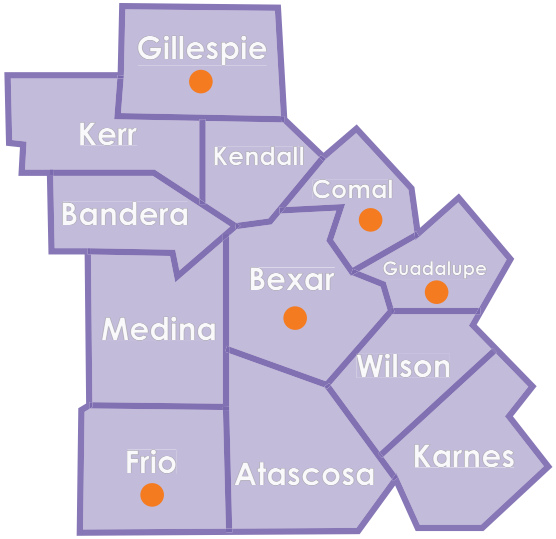
TABs are brought to South Texas communities by the UT Health Science Center at San Antonio's (UTHSCSA) Institute for Integration of Medicine and Science (IIMS), a department funded by the National Institutes of Health (NIH) through a Clinical & Translational Science Award (CTSA). The IIMS seeks to improve human health by transforming the research and training environment to enhance the efficiency and quality of clinical and translational research.

Community Engagement is a partnered effort of the UT Health Science Center at San Antonio, the South Central AHEC and the UT School of Public Health.

South Central AHEC

THE UNIVERSITY *of* TEXAS
SCHOOL OF PUBLIC HEALTH

TABS ARE CURRENTLY SERVING COMMUNITIES IN 5 SOUTH TEXAS COUNTIES: GILLESPIE, COMAL, BEXAR, GUADALUPE AND FRIO



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FOR MORE INFORMATION, PLEASE CONTACT:

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INSTITUTE FOR INTEGRATION OF MEDICINE & SCIENCE
UT HEALTH SCIENCE CENTER®
COMMUNITY ENGAGEMENT

TRANSLATIONAL ADVISORY BOARDS (TABS)

UT Health Science Center at San Antonio
Institute for Integration of Medicine & Science
Community Engagement

http://iims.uthscsa.edu/community.html

WHO CAN SERVE ON A TAB?

Anyone who is interested in improving the health of their community may serve on a TAB.

Potential members include, but are not limited to:

The Chamber of Commerce: i.e., local businesses, both large and small, as well as independent consultants

Service, Volunteer, and Philanthropic Organizations: i.e., community service organizations

Faith-Based Groups: i.e., interfaith and outreach ministry groups

Community-Based Organizations: i.e., community and not-for-profit agencies

Schools: i.e., public and private primary and secondary schools as well as local colleges and universities

Members of the Media: i.e., individuals from the local newspaper and radio and TV stations

Public Servants: i.e., local police, school police, firefighters and emergency rescue staff

Local Government: i.e., the Mayor, City Council members and other elected officials

Healthcare Providers: i.e., local hospitals and clinics as well as members of the health department or health board

TAB MISSION STATEMENT

The mission of the Translational Advisory Board (TAB) is to serve as a representative body which aims to improve community health through the facilitation of community-based participatory research and educational outreach activities in partnership with the UT Health Science Center at San Antonio.

WHAT ARE THE GOALS OF THE TAB?

The TAB achieves its mission through:

1. **Setting the health research agenda in the community**
   By participating in community health assessment in partnership with community organizations to determine the community's health improvement needs
2. **Partnering with researchers to develop and refine health research protocols in the community**
   By reviewing health research proposals and providing community-relevant input for revisions
3. **Participating in data collection and analysis**
   By facilitating health research and by reviewing data collection plans and interpretation of results
4. **Reporting health research findings to community members**
   By facilitating town hall meetings, conferences, etc. to report health research results to community stakeholder groups, emphasizing the application of results to improve community health
5. **Seeking sustainable resources for community health research initiatives and programs**
   By writing and reviewing grant proposals, ensuring they address the health improvement needs of the community
6. **Facilitating community health research partnerships**
   By engaging and training interested community members in health research

WHAT ARE THE RESPONSIBILITIES OF TAB MEMBERS?

TAB members will be asked to:

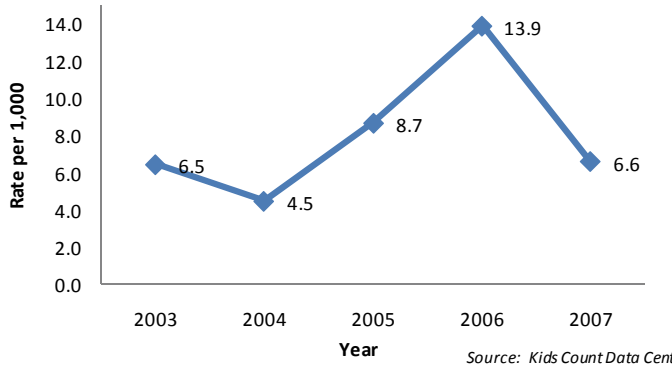
1. Attend and actively participate in regular TAB meetings
2. Recruit new TAB members from the community
3. Participate in determining the research needs of the community as related to health improvement
4. Review grant and research proposals and provide feedback for improvement
5. Facilitate communication between researchers and community members
6. Encourage local healthcare providers to participate in community-based participatory research (CBPR) and practice-based research networks (PBRNs)
7. Assist in facilitating the training of community members in community-based participatory research methods
8. Assist in writing and submitting grant proposals to implement and sustain new health improvement programs and initiatives

IF YOU ARE INTERESTED IN BECOMING A TAB MEMBER, PLEASE CONTACT...

Appendix C: Demographic Sheets

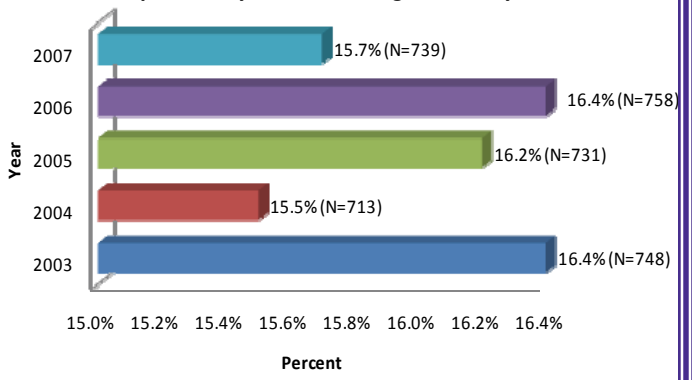
Gillespie County: Child & Adolescent Health

Child Abuse Rates in Gillespie County 2003-07



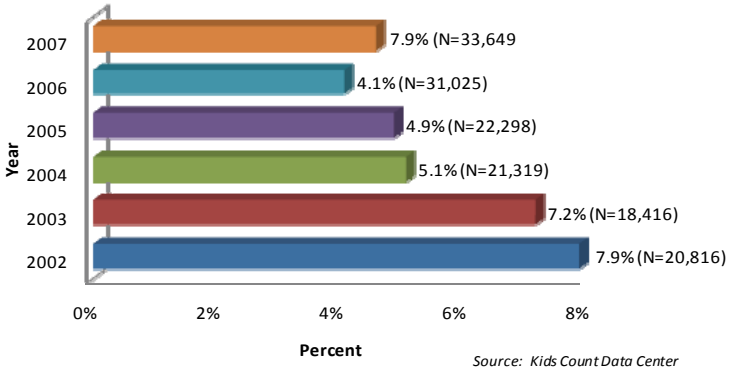
Source: Kids Count Data Center

Gillespie County Children Living in Poverty 2003-07



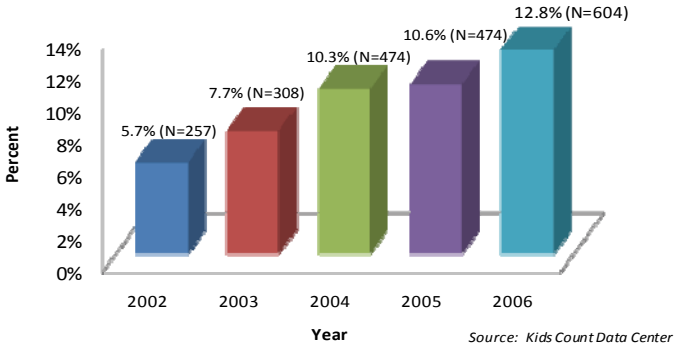
Source: Kids Count Data Center

Gillespie County CHIP Enrollment 2002-07



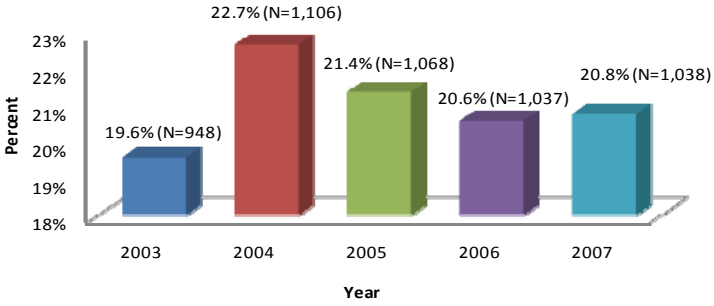
Source: Kids Count Data Center

Gillespie County Child Food Stamp Enrollment 2002-06



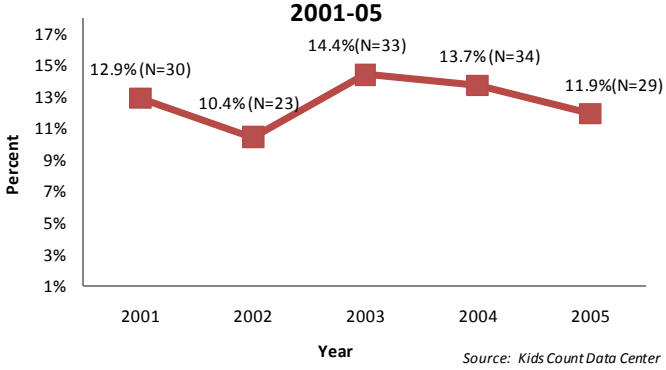
Source: Kids Count Data Center

Medicaid Enrollment Among Gillespie County Children 2003-07



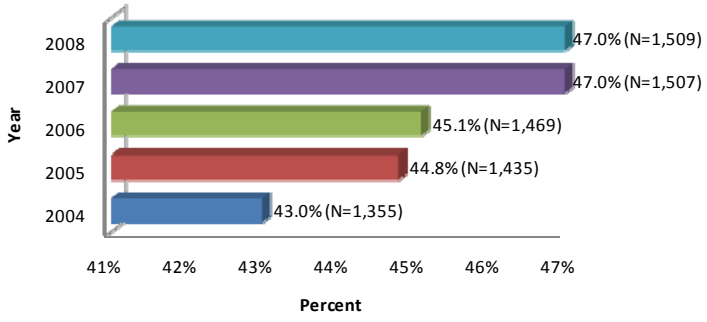
Source: Kids Count Data Center

Teen Births Ages 13 to 19 in Gillespie County 2001-05



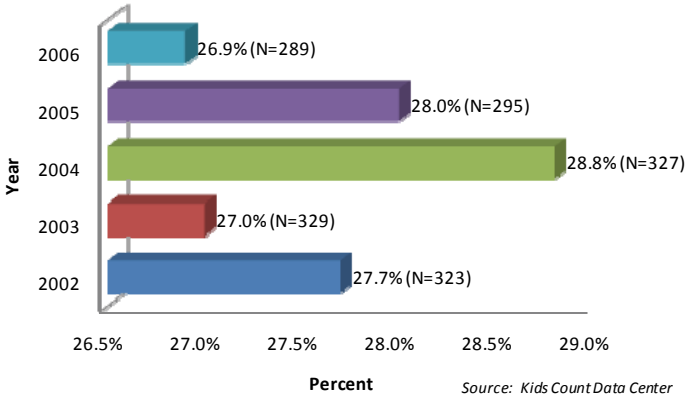
Source: Kids Count Data Center

Gillespie County Children Receiving Free or Reduced-Price Lunch 2004-08



Source: Kids Count Data Center

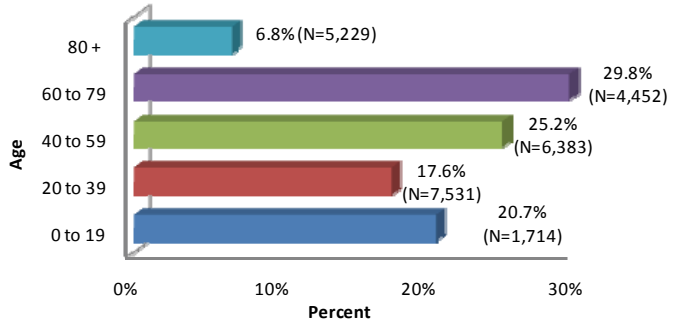
Gillespie County WIC Enrollment 2002-06



Source: Kids Count Data Center

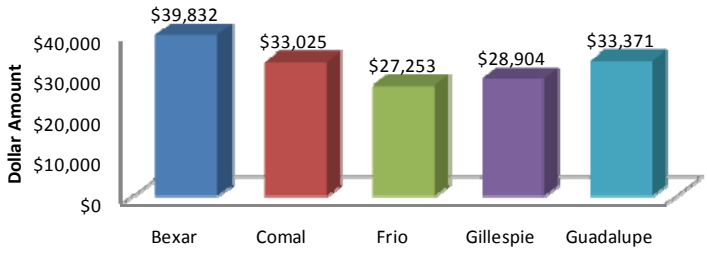
Gillespie County: Demographics

Ages of Gillespie County Residents



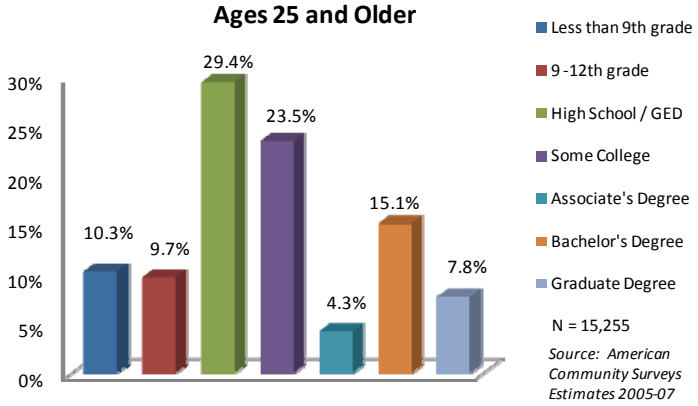
Source: TDSHS Center for Health Statistics 2009

Average Wage per Job in TAB Counties 2007



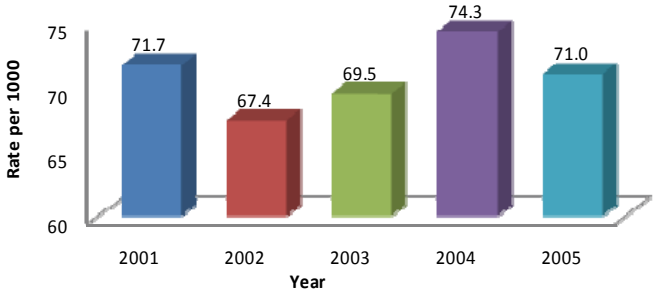
Source: Bureau of Economic Analysis

Educational Levels of Gillespie County Residents Ages 25 and Older



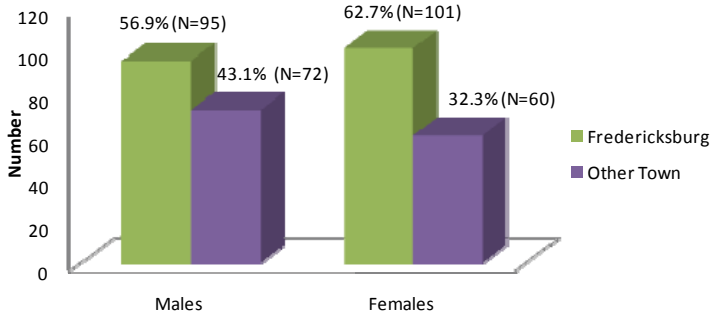
Source: American Community Surveys Estimates 2005-07

Fertility Rates in Gillespie County 2001-05



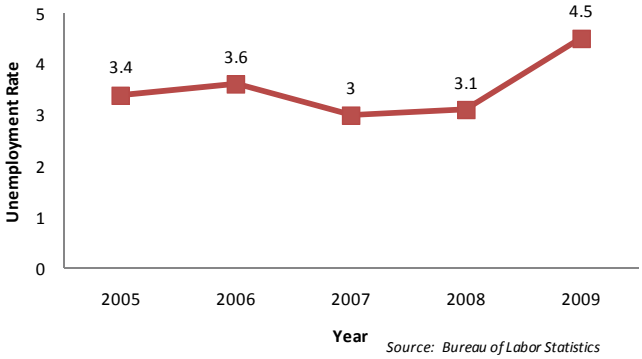
Source: TDSHS, Texas Health Data 2005

Deaths by Sex and Place of Residence Among Gillespie County Residents



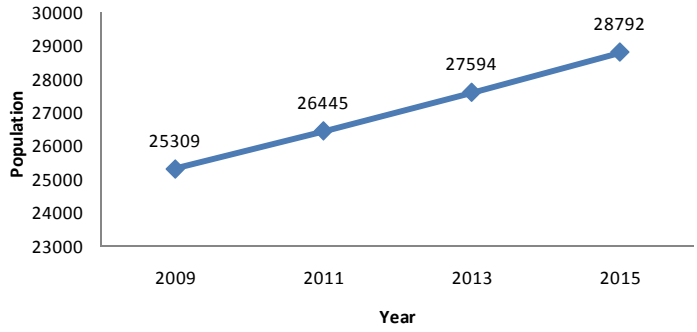
Source: TDSHS, Texas Health Data 2005

Unemployment Rates in Gillespie County 2005-09



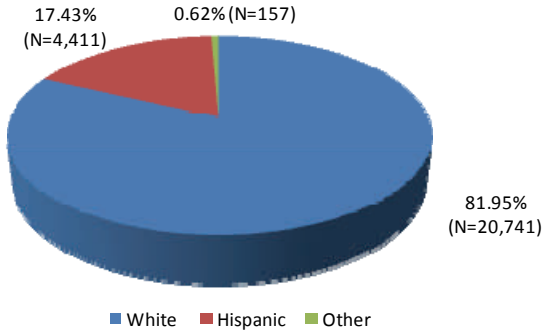
Source: Bureau of Labor Statistics

Gillespie County Population Projections 2009 to 2015



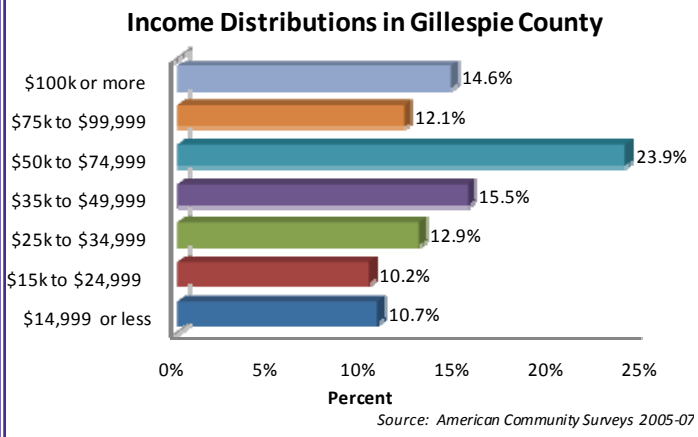
Source: TDSHS Center for Health Statistics 2009

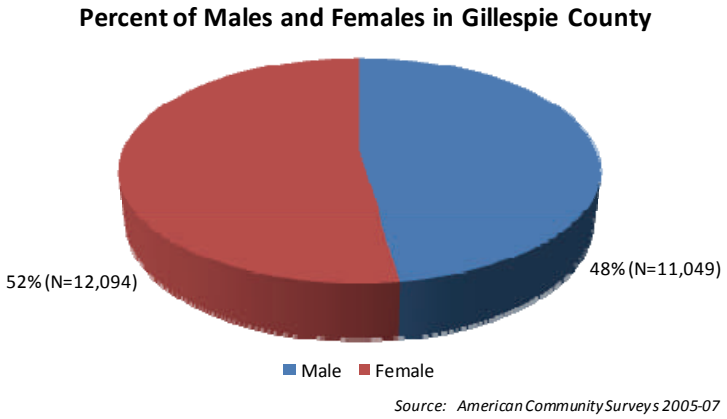
Race and Ethnicities in Gillespie County

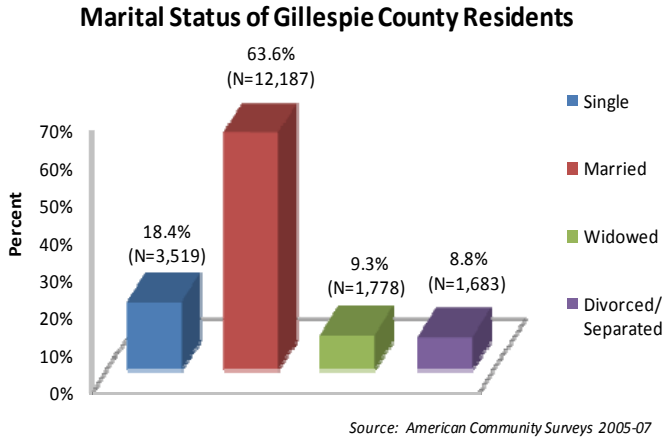


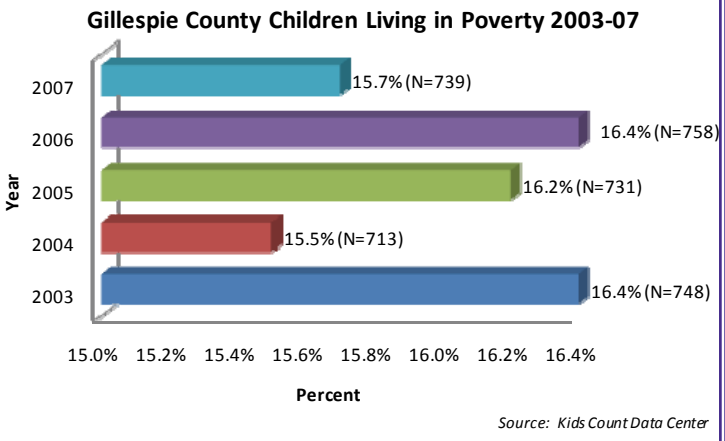
Source: TDSHS Center for Health Statistics 2009

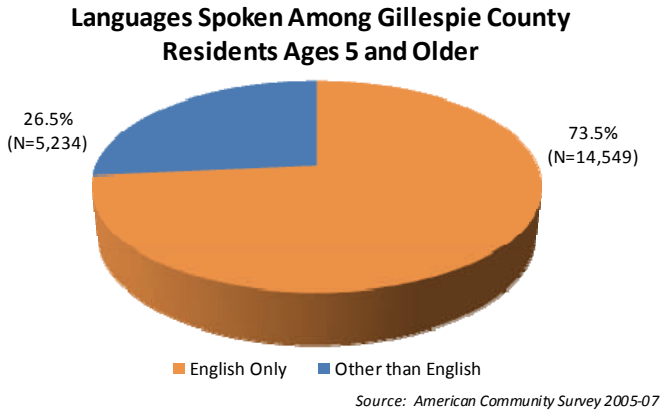
Gillespie County: Demographics

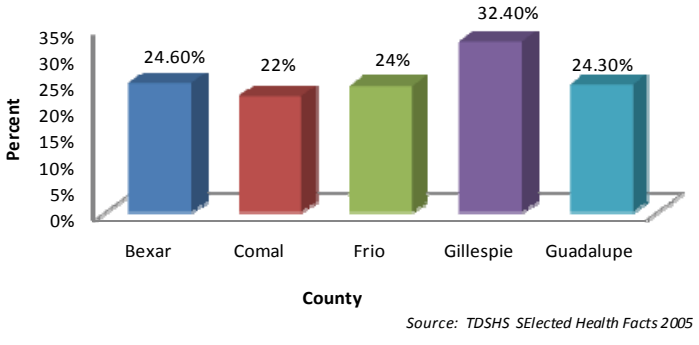




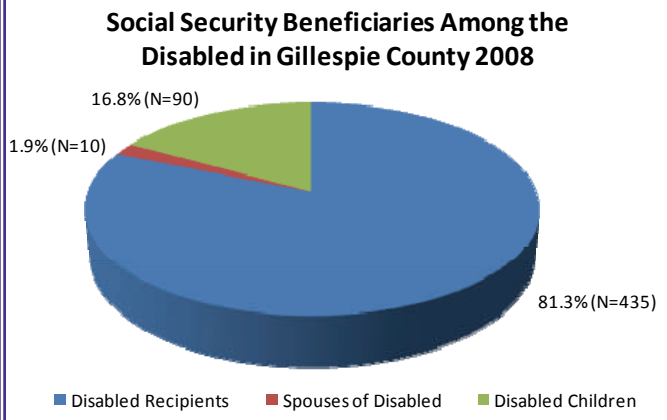




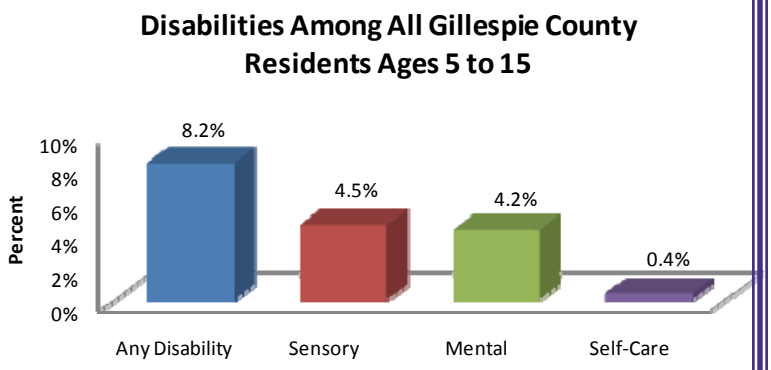




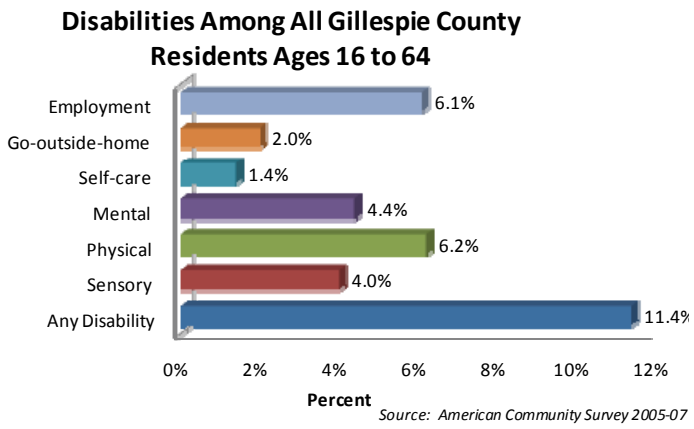
Gillespie County: Disability



Source: Social Security OASDI Report



Source: American Community Survey 2005-07



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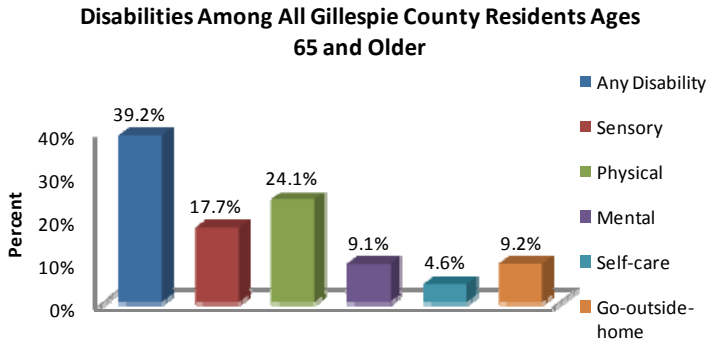

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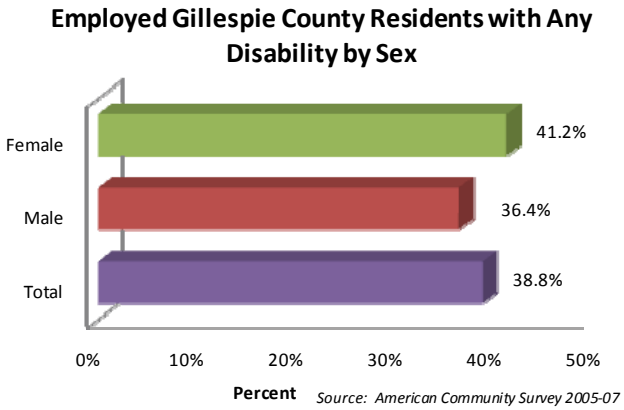

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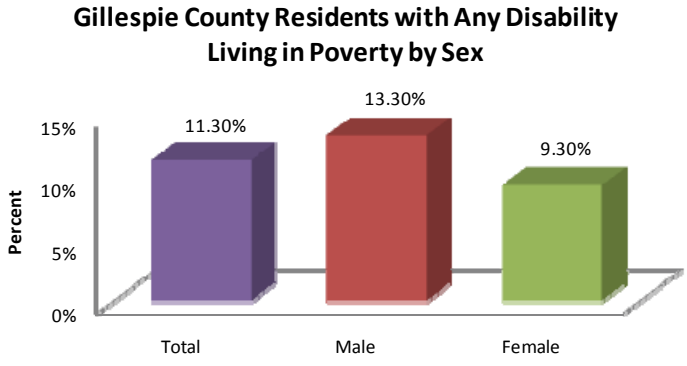
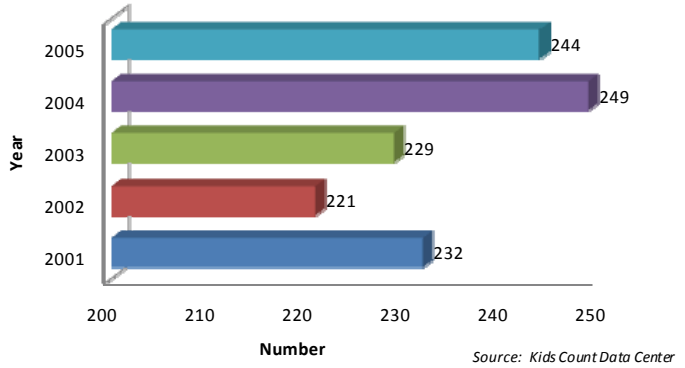


Source: American Community Survey 2005-07

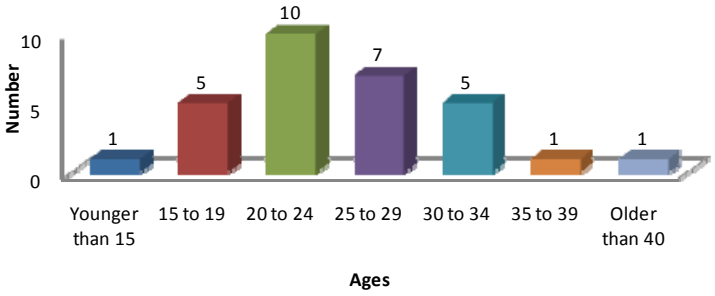
Gillespie County: Maternal Health

Total Live Births in Gillespie County 2001-05



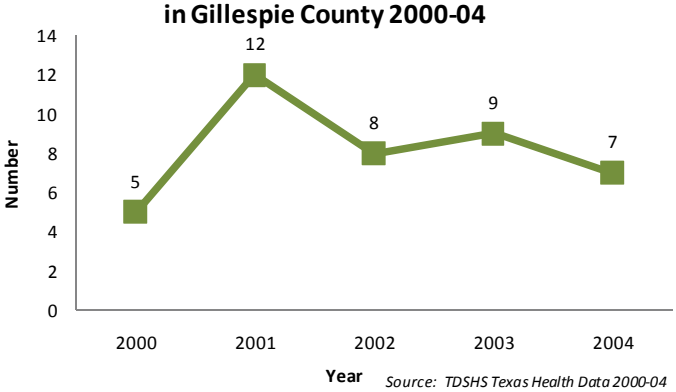
Source: Kids Count Data Center

Abortions Performed by Ages of Women in Gillespie County 2006



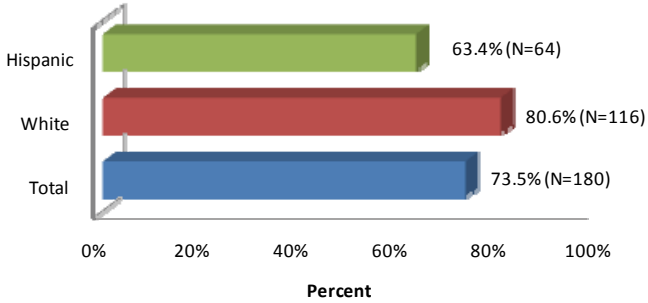
Source: Texas Vital Statistics 2006

Infants & Fetuses with Monitored Birth Defects in Gillespie County 2000-04



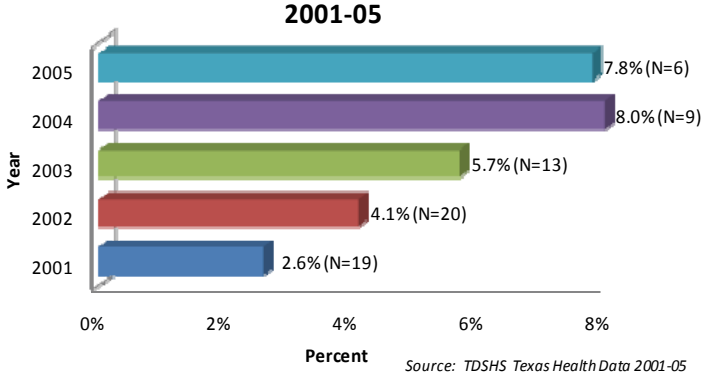
Source: TDSHS Texas Health Data 2000-04

Gillespie County Women Who Received Prenatal Care in the 1st Trimester by Race/Ethnicity



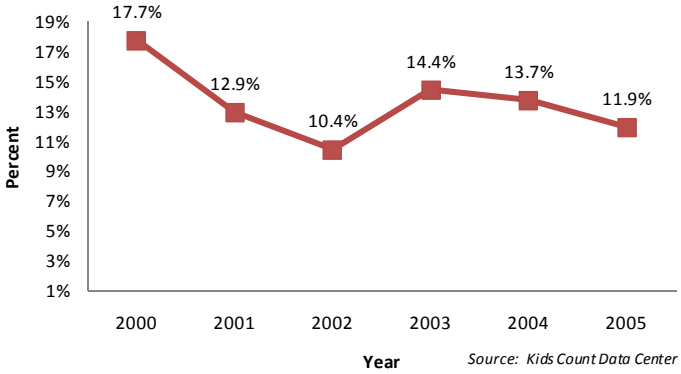
Source: Texas Vital Statistics 2006

Low Birth Weight Births in Gillespie County 2001-05



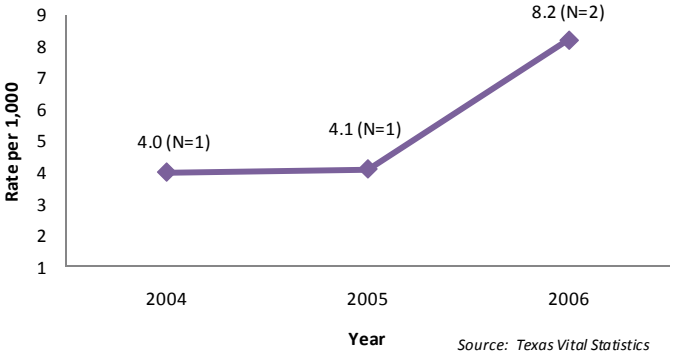
Source: TDSHS Texas Health Data 2001-05

Teen Pregnancies in Gillespie County 2000-05



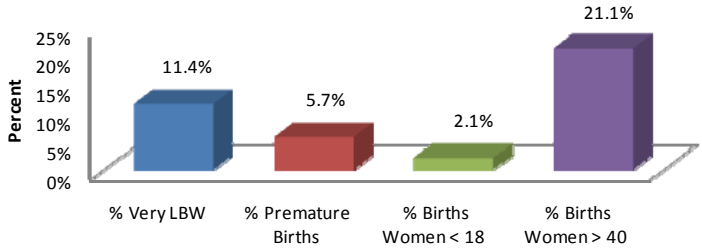
Source: Kids Count Data Center

Infant Mortaility Rates in Gillespie County 2004-06



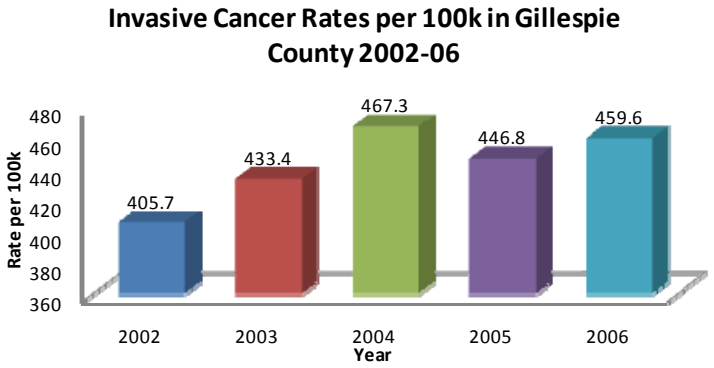
Source: Texas Vital Statistics

Health Vulnerabilities of Infants & Mothers in Gillespie County 2008

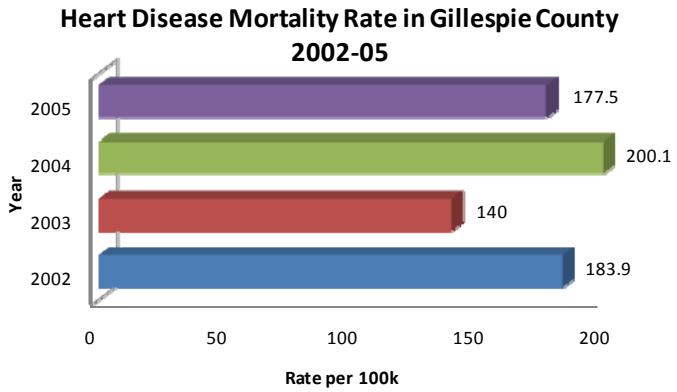


Source: DHHS Community Health Status Indicator Report 2008

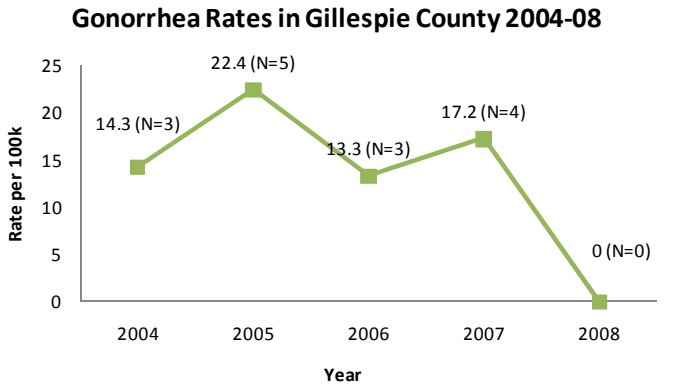
Gillespie County: Morbidity



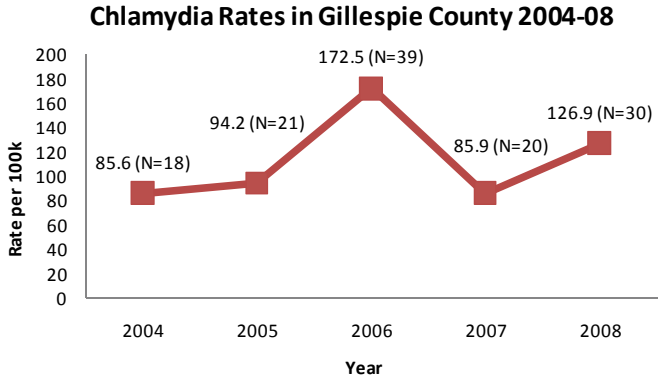
Source: Texas Cancer Registry



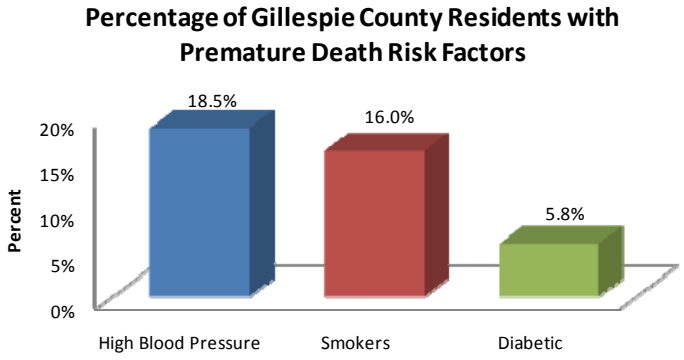
Source: TDSHS Health Data 2002-05



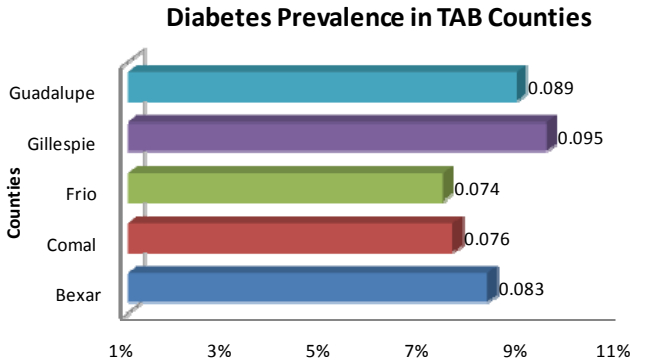
Source: TDSHS HIV/STD Surveillance Reports



Source: TDSHS HIV/STD Surveillance Reports

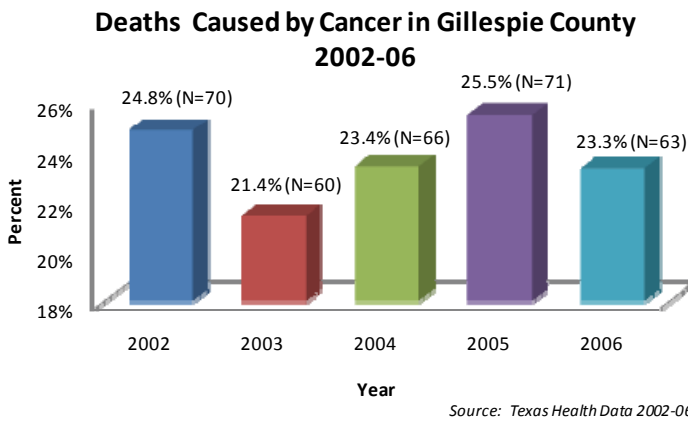


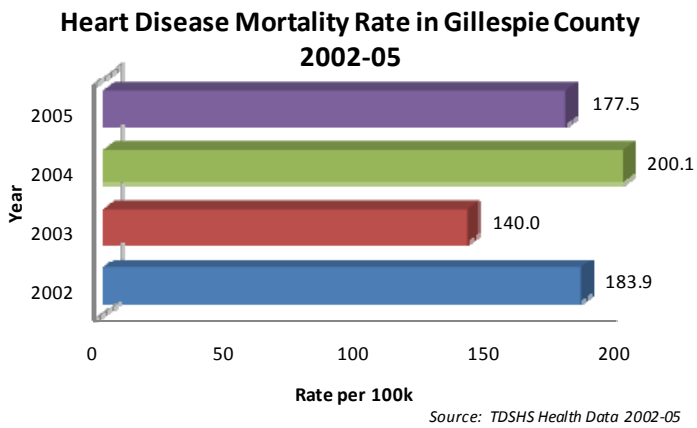
Source: DHHS Community Indicator Report 2008

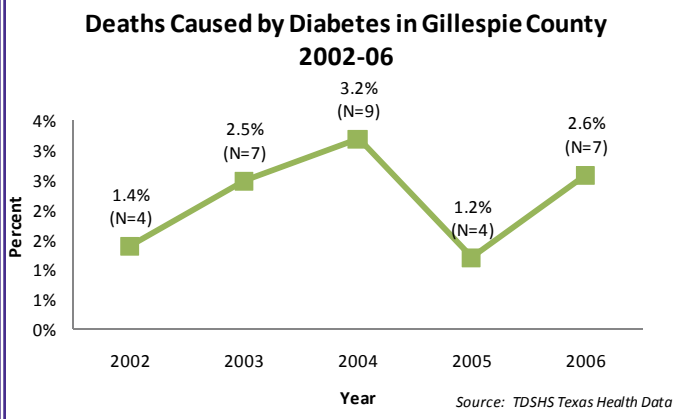


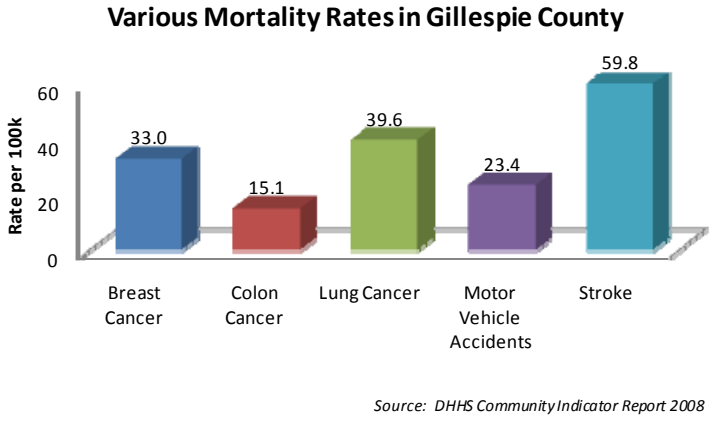
Source: CDC National Diabetes Surveillance System 2005

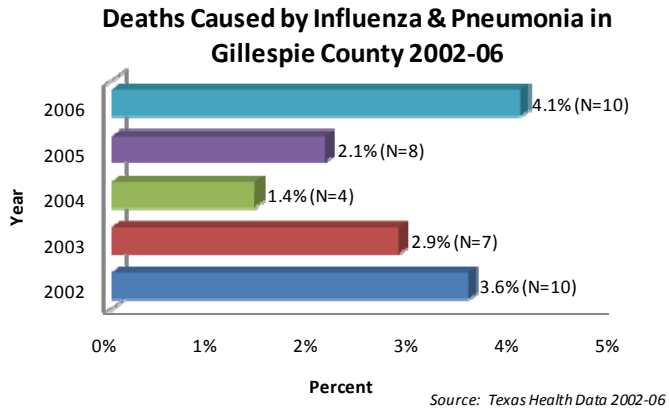
Gillespie County: Mortality

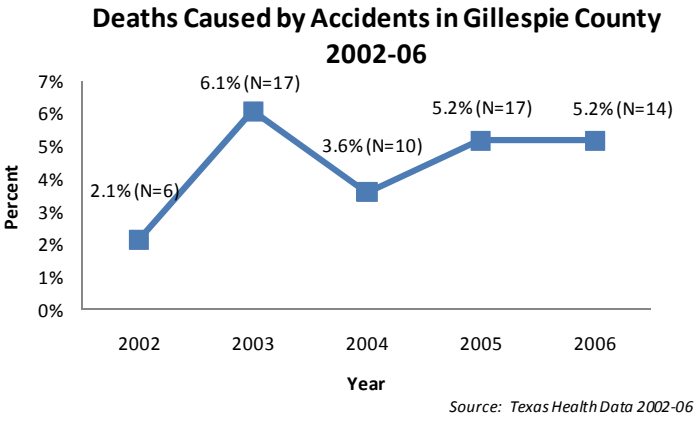


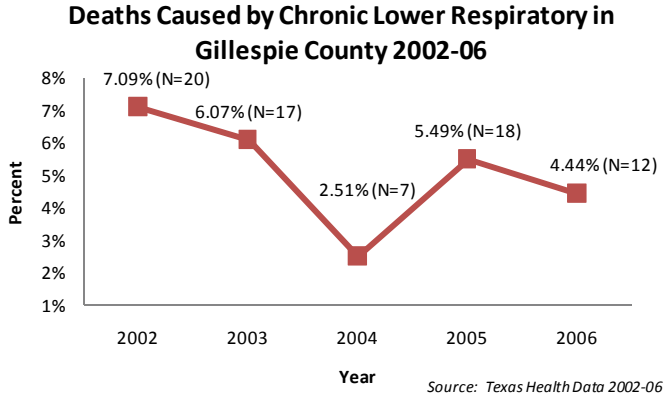


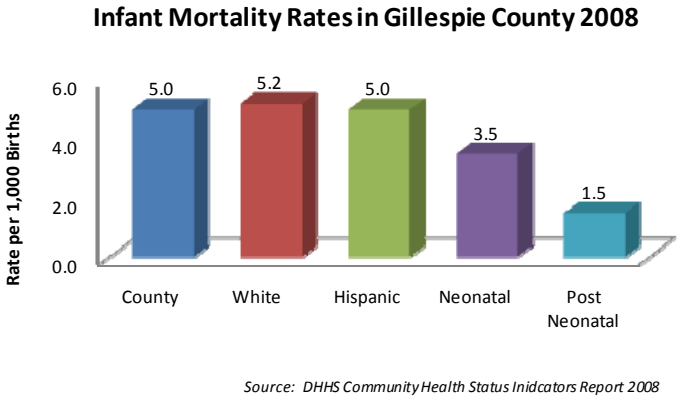




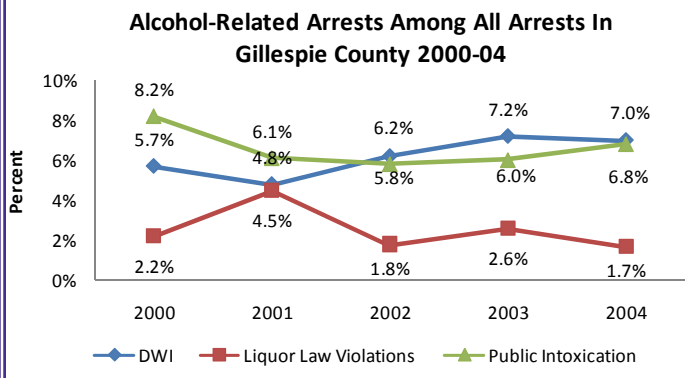




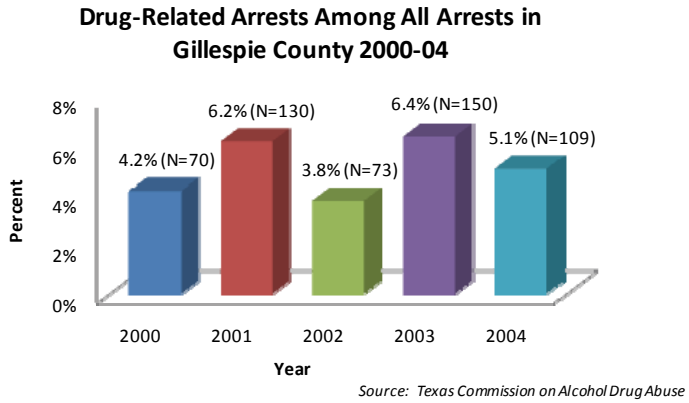




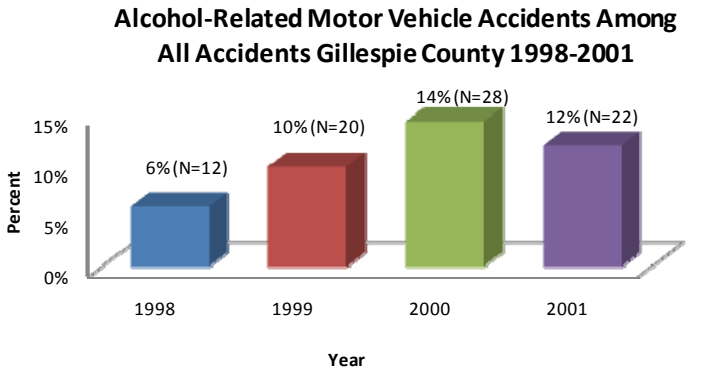
Gillespie County: Substance Abuse



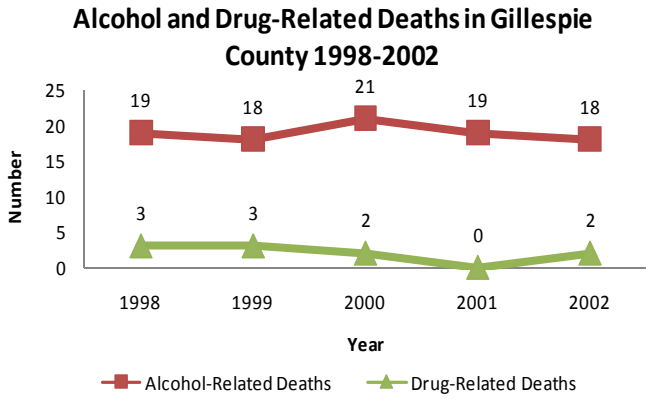
Source: Texas Commission on Alcohol Drug Abuse



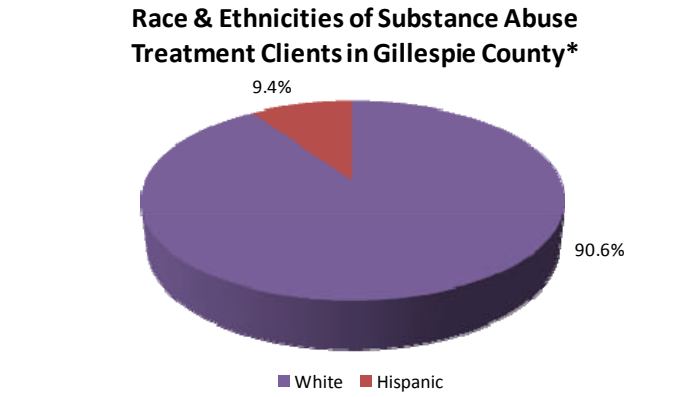
Source: Texas Commission on Alcohol Drug Abuse



Source: Texas Commission on Alcohol & Drug Abuse

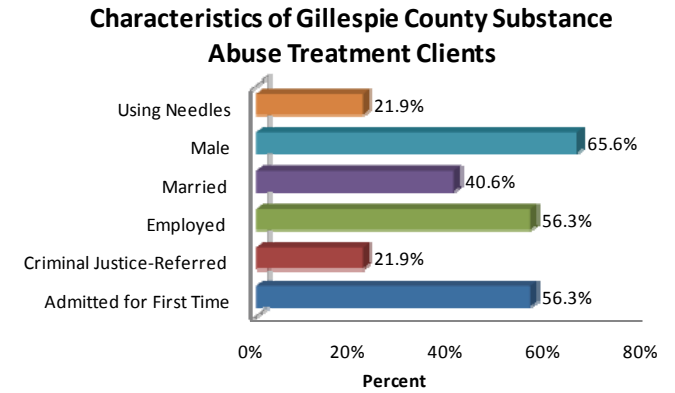


Source: Texas Commission on Alcohol Drug Abuse



*Gillespie County Residents Only

Source: Texas Commission on Alcohol & Drug Abuse



*Gillepie County Residents Only

Source: Texas Commission on Alcohol & Drug Abuse

Appendix D: Community Health Survey Results

1. The following sections contain lists of societal issues confronting communities across the country. Thinking very specifically of Gillespie County, please indicate how much you think the following issues are of concern by placing a check in the appropriate box.

	Greater Concern	Lesser Concern	Not a Concern	No Opinion	Rating Average	Response Count
A. Safety for children in schools?	31.8% (35)	**56.4% (62)**	8.2% (9)	3.6% (4)	2.25	110
B. Quality education for children ages 6 to 18?	**64.5% (71)**	26.4% (29)	9.1% (10)	0.0% (0)	2.55	110
C. Drop-outs/Students not completing school?	**61.5% (67)**	32.1% (35)	4.6% (5)	1.8% (2)	2.58	109
D. Physical fitness programs?	39.4% (43)	**47.7% (52)**	11.9% (13)	0.9% (1)	2.28	109
E. Extra-curricular activities for youth?	29.7% (33)	**47.7% (53)**	21.6% (24)	0.9% (1)	2.08	111
F. Juvenile crime?	45.8% (49)	**46.7% (50)**	3.7% (4)	3.7% (4)	2.44	107
G. Gangs/gang violence?	30.0% (33)	**51.8% (57)**	13.6% (15)	4.5% (5)	2.17	110
H. Youth substance abuse (drugs/alcohol)?	**80.9% (89)**	18.2% (20)	0.9% (1)	0.0% (0)	2.80	110
I. Teen pregnancy?	**76.6% (85)**	21.6% (24)	1.8% (2)	0.0% (0)	2.75	111
J. Youth runaways?	17.4% (19)	**58.7% (64)**	18.3% (20)	5.5% (6)	1.99	109
K. Sex education for youth?	**60.0% (66)**	35.5% (39)	4.5% (5)	0.0% (0)	2.55	110
L. Child abuse?	**61.5% (67)**	36.7% (40)	1.8% (2)	0.0% (0)	2.60	109
M. Automobile accidents involvivng teens?	**46.8% (51)**	44.0% (48)	5.5% (6)	3.7% (4)	2.43	109
N. Availability of after school programs?	40.4% (44)	**46.8% (51)**	10.1% (11)	2.8% (3)	2.31	109
O. Other?	35.9% (14)	5.1% (2)	7.7% (3)	**51.3% (20)**	2.58	39
					Other (please specify)	17
					answered question	**111**
					skipped question	**0**

2. Of the children and youth issues that you chose as being of greater concern, which do you think should receive the highest priority for our community over the next three years? Please list up to 4 choices using the letters from the list above.

	Response Percent	Response Count
1st Choice	**100.0%**	**110**
2nd Choice	**100.0%**	**110**
3rd Choice	97.3%	107
4th Choice	91.8%	101
	answered question	**110**
	skipped question	**1**

3. Which of the following three statements best describes your view of the best way to teach sex education?

	Response Percent	Response Count
Abstinence should be the primary focus of sex ed classes for teens. Contraception and condoms should not be discussed except to highlight the method's failure rates.	6.7%	7
Abstinence should be the primary focus of sex ed classes for teens, but some discussion of condoms and contraceptive methods is appropriate.	**48.6%**	**51**
Abstinence should not be the primary focus of sex ed classes. Sex ed should focus on teaching teens how to make responsible decisions about sex.	44.8%	47
	answered question	**105**
	skipped question	**6**

4. How satisfied are you with the sexual and reproductive health education programs in the local school district?		
	Response Percent	Response Count
Very Satisfied	0.9%	1
Satisfied	15.5%	17
Not Satisfied	37.3%	41
Don't Know	**46.4%**	**51**
	answered question	**110**
	skipped question	**1**

5. If you are disatisfied with the sexual and reproductive health programs, what can be done to improve them?	
	Response Count
	41
answered question	**41**
skipped question	**70**

6. How much of a concern are the following?

	Greater Concern	Lesser Concern	Not a Concern	No Opinion	Rating Average	Response Count
A. Access to quality health care?	**59.8% (64)**	27.1% (29)	11.2% (12)	1.9% (2)	2.50	107
B. Access to quality dental care for CHILDREN?	**56.1% (60)**	32.7% (35)	7.5% (8)	3.7% (4)	2.50	107
C. Access to quality dental care for ADULTS?	**46.2% (49)**	40.6% (43)	11.3% (12)	1.9% (2)	2.36	106
D. Access to quality dental care for PREGNANT WOMEN?	34.3% (36)	**45.7% (48)**	13.3% (14)	6.7% (7)	2.22	105
E. Access to quality mental health services?	**66.4% (71)**	22.4% (24)	6.5% (7)	4.7% (5)	2.63	107
F. Adult substance abuse (drugs/alcohol)?	**64.8% (68)**	28.6% (30)	2.9% (3)	3.8% (4)	2.64	105
G. Chronic illness and disease?	40.8% (42)	**47.6% (49)**	4.9% (5)	6.8% (7)	2.39	103
H. Availability of hospice care?	20.0% (21)	**47.6% (50)**	28.6% (30)	3.8% (4)	1.91	105
I. Support for people with disabilities?	32.4% (34)	**55.2% (58)**	5.7% (6)	6.7% (7)	2.29	105
J. Long term care services for the elderly?	**43.4% (46)**	**43.4% (46)**	11.3% (12)	1.9% (2)	2.33	106
L. Elder abuse?	31.4% (33)	**51.4% (54)**	11.4% (12)	5.7% (6)	2.21	105
M. Support for famiiles in crisis?	**62.3% (66)**	34.0% (36)	2.8% (3)	0.9% (1)	2.60	106
N. Sexual assault?	43.8% (46)	**46.7% (49)**	2.9% (3)	6.7% (7)	2.44	105
O: Physical violence/abuse within the family?	**61.5% (64)**	35.6% (37)	1.0% (1)	1.9% (2)	2.62	104
P. Racial/ethnic disaprities in health care delivery?	35.2% (37)	**37.1% (39)**	21.0% (22)	6.7% (7)	2.15	105
Q. Suicide?	31.7% (33)	**51.0% (53)**	8.7% (9)	8.7% (9)	2.25	104
R. Other?	24.3% (9)	5.4% (2)	5.4% (2)	**64.9% (24)**	2.54	37
					Other (please specify)	10
					answered question	**108**

	skipped question	**3**

7. Of the the health and family issues that you listed as being of greater concern, which do you think should receive the highest priority for our community over the next 3 years? Please list your 4 top choices using the letters from the list above.

		Response Percent	Response Count
1st Choice		**100.0%**	**107**
2nd Choice		97.2%	104
3rd Choice		91.6%	98
4th Choice		87.9%	94
	answered question		**107**
	skipped question		**4**

8. Do you feel that any of the following types of healthcare providers are lacking in Gillespie County?

	Yes	No	Don't Know	Response Count
A. Primary care doctors?	26.0% (27)	**65.4% (68)**	8.7% (9)	104
B. Speciality doctors?	33.3% (35)	**57.1% (60)**	9.5% (10)	105
C. Doctors who serve new MEDICARE patients?	**43.4% (46)**	22.6% (24)	34.0% (36)	106
D. Doctors who serve new MEDICAID patients?	**46.7% (50)**	9.3% (10)	43.9% (47)	107
E. Doctors who serve those in the INDIGENT HEALTH CARE PROGRAM (non-Medicaid/Medicare)?	**53.8% (56)**	16.3% (17)	29.8% (31)	104
F. Other	35.1% (13)	5.4% (2)	**62.2% (23)**	37
			Other (please specify)	13
			answered question	**108**
			skipped question	**3**

9. How well do the agencies in Gillespie County support the following community needs?						
	Fully Support	Mostly Support	Partially Support	Do Not Support	Rating Average	Response Count
A. Personal or emotional crisis?	11.8% (12)	**52.9% (54)**	32.4% (33)	2.9% (3)	2.74	102
B. Chronic mental disability or disorder?	6.3% (6)	39.6% (38)	**49.0% (47)**	5.2% (5)	2.47	96
C. Chronic nervousness, depression, or anxiety?	4.2% (4)	33.3% (32)	**46.9% (45)**	15.6% (15)	2.26	96
D. Suicide prevention?	7.3% (7)	27.1% (26)	**40.6% (39)**	25.0% (24)	2.17	96
E. Serious physical illnesses or conditions?	25.3% (25)	**47.5% (47)**	24.2% (24)	3.0% (3)	2.95	99
F. Disabling injuries?	16.5% (16)	**43.3% (42)**	36.1% (35)	4.1% (4)	2.72	97
G. Alcohol or drug abuse?	7.1% (7)	36.7% (36)	**49.0% (48)**	7.1% (7)	2.44	98
H. Family violence?	11.6% (11)	31.6% (30)	**51.6% (49)**	5.3% (5)	2.49	95
I. Sexual assault?	11.7% (11)	36.2% (34)	**44.7% (42)**	7.4% (7)	2.52	94
J. Severe financial problems/crisis?	2.1% (2)	30.9% (29)	**53.2% (50)**	13.8% (13)	2.21	94
K. Children's social/behavioral problems?	3.2% (3)	33.0% (31)	**56.4% (53)**	7.4% (7)	2.32	94
L. Children with developmental disabilities?	6.4% (6)	40.4% (38)	**44.7% (42)**	8.5% (8)	2.45	94
M. Parenting skills?	7.4% (7)	32.6% (31)	**49.5% (47)**	10.5% (10)	2.37	95
N. Returning to community after imprisonment?	0.0% (0)	13.3% (12)	41.1% (37)	**45.6% (41)**	1.68	90
O. Long term nursing care?	21.6% (21)	**45.4% (44)**	28.9% (28)	4.1% (4)	2.85	97
O. Other?	7.1% (1)	21.4% (3)	14.3% (2)	**57.1% (8)**	1.79	14
					Other (please specify)	6
					answered question	**105**
					skipped question	**6**

10. What agency in Gillespie County would you tell someone to call if they needed help accessing MEDICAID information?		
		Response Count
		96
	answered question	**96**
	skipped question	**15**

11. What agency in Gillespie County would you tell someone to call if they needed help accessing MEDICARE information?		
		Response Count
		95
	answered question	**95**
	skipped question	**16**

12. What agency in Gillespie County would you tell someone to call if they needed help accessing INDIGENT HEALTH CARE PROGRAM information?		
		Response Count
		98
	answered question	**98**
	skipped question	**13**

13. IF YOU ARE A CAREGIVER PLEASE ANSWER THE FOLLOWING SECTION. OTHERWISE PLEASE SKIP TO SECTION 5.				
	Yes	**No**	**Don't Know**	**Response Count**
A. Are you or another household member the full-time caregiver and/or legal guardian for a person who is older than 65?	27.3% (9)	**72.7% (24)**	0.0% (0)	33
B. Are you or another household member the full-time caregiver and/or legal guardian for a person younger than 65 with mental or physical disabilities?	9.7% (3)	**90.3% (28)**	0.0% (0)	31
			answered question	**33**
			skipped question	**78**

14. As a caregiver, how familiar are you with...					
	Very Familiar	**Familiar**	**Not Familiar**	**Rating Average**	**Response Count**
A. Local county LEGAL services?	0.0% (0)	27.8% (5)	**72.2% (13)**	1.28	18
B. Local county RESPITE services?	5.6% (1)	38.9% (7)	**55.6% (10)**	1.50	18
C. Local county HOSPICE CARE services?	33.3% (6)	**50.0% (9)**	16.7% (3)	2.17	18
D. Local county CAREGIVER SUPPORT groups?	10.5% (2)	42.1% (8)	**47.4% (9)**	1.63	19
E. Medicare benefits?	15.8% (3)	**57.9% (11)**	26.3% (5)	1.89	19
				answered question	**19**
				skipped question	**92**

15. As a caregiver, which of the following services would you like to learn more about? Check all that apply.

	Response Percent	Response Count
Caregiver Support Groups	**71.4%**	**10**
Caregiver Job Safety Training	21.4%	3
Hospice Care Services	7.1%	1
Legal Services	50.0%	7
Medicare Benefits	42.9%	6
Nutrition for the Elderly	14.3%	2
Respite Services	35.7%	5
Other	7.1%	1
Other (please specify)		2
answered question		**14**
skipped question		**97**

16. IF YOU CARE FOR OR ARE AN ADULT OVER THE AGE OF 65, PLEASE ANSWER QUESTION THE NEXT SECTION. OTHERWISE SKIP TO SECTION 6.

	Yes	No	Don't Know	Response Count
A. Do any adults ages 65 or older in your household need help with daily activities such as preparing meals, taking medication or shopping?	17.9% (5)	**82.1% (23)**	0.0% (0)	28
B. Do any adults age 65 or older in your household receive help with daily activities such as preparing meals, taking medication, or shopping?	22.2% (6)	**77.8% (21)**	0.0% (0)	27
C. Do any adults age 65 or older in your household need adult daycare services?	11.1% (3)	**88.9% (24)**	0.0% (0)	27
D. Do any adults age 65 or older in your household use adult daycare services?	3.7% (1)	**92.6% (25)**	3.7% (1)	27
E. Do any adults age 65 or older in your household need special arrangements for transportation, like a special van?	3.7% (1)	**92.6% (25)**	3.7% (1)	27
F. Does your household regularly have meals delivered to your home for someone age 65 or older?	3.7% (1)	**92.6% (25)**	3.7% (1)	27
G. Can your household afford to make home repairs as needed for older adults in your home?	**77.8% (21)**	22.2% (6)	0.0% (0)	27
H. If someone age 65 or older needed accomodations (i.e. wheelchair, rails, etc.) for a physical disability, would your know where to go?	**85.2% (23)**	14.8% (4)	0.0% (0)	27
			answered question	**28**
			skipped question	**83**

17. When speaking of childcare resources in the community, would you say that...					
	A Major Problem	**Minor Problem**	**Not a Problem**	**No Opinion**	**Response Count**
A. Finding quality childcare is...	**47.2% (50)**	22.6% (24)	10.4% (11)	19.8% (21)	106
B. Finding childcare for children with special needs is...	**65.4% (68)**	8.7% (9)	1.9% (2)	24.0% (25)	104
C. Finding affordable childcare is...	**57.7% (60)**	22.1% (23)	2.9% (3)	17.3% (18)	104
D. Finding childcare during the hours it is needed is...	**41.3% (43)**	28.8% (30)	5.8% (6)	24.0% (25)	104
E. Finding childcare convenient to home or work is...	31.7% (33)	**33.7% (35)**	10.6% (11)	24.0% (25)	104
F. Finding childcare that operates around a person's work schedule is...	**46.0% (46)**	29.0% (29)	3.0% (3)	22.0% (22)	100
				answered question	**106**
				skipped question	**5**

18. Would you say that there is a sufficient amount of childcare resources in Gillespie County?			
		Response Percent	**Response Count**
Yes		10.9%	11
No		**55.4%**	**56**
Don't Know		33.7%	34
		Other (please specify)	5
		answered question	**101**
		skipped question	**10**

19. How much of a concern are the following?						
	Greater Concern	**Lesser Concer**	**Not a Concern**	**No Opinion**	**Rating Average**	**Response Count**
A. Availability of assisted living/temporary shelter for the disabled?	32.4% (33)	**45.1% (46)**	8.8% (9)	13.7% (14)	2.27	102
B. Availability of work rehabilitation resources for residents with limited job skills?	**45.1% (46)**	39.2% (40)	1.0% (1)	14.7% (15)	2.52	102
					Other (please specify)	0
					answered question	**103**
					skipped question	**8**

20. Are you:			
		Response Percent	**Response Count**
Male		30.5%	32
Female		**69.5%**	**73**
		answered question	**105**
		skipped question	**6**

21. What is your age?		
		Response Count
		105
	answered question	**105**
	skipped question	**6**

22. What is your race/ethnicity? Check all that apply.			
		Response Percent	**Response Count**
White		**90.5%**	**95**
Hispanic		9.5%	10
African American		0.0%	0
Native American/Alaskan Native		1.9%	2
Asian/Pacific Islander		0.0%	0
Other		1.9%	2
		Other (please specify)	1
		answered question	**105**
		skipped question	**6**

23. Which of the following best describes your role in the community? Check all that apply.			
		Response Percent	Response Count
Business Owner		18.1%	19
Educator		17.1%	18
Manufacturing/Construction		1.0%	1
Clergy or Religious Leader		2.9%	3
Government Employee		9.5%	10
CPA Accountant		0.0%	0
Lawyer		1.9%	2
Community Volunteer		**31.4%**	**33**
Elected Official		2.9%	3
Social Services Professional		11.4%	12
Healthcare		15.2%	16
Other		17.1%	18
		Other (please specify)	18
		answered question	**105**
		skipped question	**6**

24. In what town do you live?		
		Response Count
		105
		answered question	**105**
		skipped question	**6**

25. In what town do you work?		
		Response Count
		100
	answered question	**100**
	skipped question	**11**

26. What is your work zip code?		
		Response Count
		97
	answered question	**97**
	skipped question	**14**

27. If you have other concerns or comments that were not addressed in this survey, please write them in the space below.		
		Response Count
		29
	answered question	**29**
	skipped question	**82**