EXECUTIVE SUMMARY

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

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

INTRODUCTION

During the course of 2009, a community-academic partnership developed between the Gillespie County Translational Advisory Board (TAB) and the Community Outreach Resource Center (CORC) at the University of Texas School of Public Health (UTSPH). The CORC had been working with members of the Gillespie TAB for several months in the development and planning of an assessment. Via consensus, the TAB and Health Board members decided that the assessment should be multi-focused. One focus of the assessment would consist of a Community Health Survey (CHS) to understand the attitudes and knowledge of local community leaders in respect to youth and family, the elderly, health and family, community resource planning and collaboration, and health and human services. The CHS would serve as a means for better understanding these issues affecting the community. The CORC oversaw a group of master's and doctoral level graduate students from the UTSPH who worked in collaboration with the TAB and the Health Board to implement the assessment.

RESEARCH QUESTIONS

It was mutually agreed by the TAB and the Health Board that in order to conduct the CHS, the following research questions needed to be addressed:

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?

METHODS

Survey Development

The process of developing the CHS played an important role in the group development of the TAB. The TAB members were given the opportunity to review the document and make changes in order to capture their perceived views of the interests of the community. The opinions of other community members were also actively sought by the community groups for the development of the survey. Doing so, served as a means for ensuring community support and participation in the assessment.

In order to introduce the purpose of the survey and to give more background information about the Gillespie TAB, members chose to include a cover letter with the dissemination of the survey. The cover letter was signed by the Gillespie TAB Chair, the Gillespie Health Advisory Board Chair, and the CEO of the Hill Country Memorial Hospital.

The TAB members were each asked to nominate ten CHS participants who demonstrated a strong sense of leadership and awareness of the health status of the community. The remainder of the nominees was selected from a list of donors and volunteers of the local Needs Council. A total of 240 nominees were selected to participate. Ninety-seven surveys were sent electronically and 143 surveys were mailed to those for whom the assessment team did not have email addresses. The survey was made available only English.

Pilot Testing

The CHS was pilot-tested with the Gillespie TAB. TAB members received an electronic link to the survey from which they could complete the survey online. TAB members were asked to review the survey and provide feedback on the clarity of the content and the ease of its use. The assessment team made changes to the survey as requested by the TAB. All of the surveys completed during the pilot testing phase were included in the final CHS analysis.

Sample selection

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). Since the TAB selected respondents it is possible they share similar concerns and opinions to the TAB members. However, great efforts were made to make this convenience sample "representative" in other forms. A proportion of men and women were selected to reflect the County's actual sex composition (52% and 48% respectively). In terms of race/ethnicity 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. In order to attempt to ensure that a proportion of the sample was somewhat representative of the actual demographic makeup of the County, all of the individuals with Spanish surnames were selected from the list. These names however did not suffice. Via one-on-one communication with various TAB members, the team was able to find other Hispanic community leaders. These individuals were asked to participate in the survey as well.

RESULTS

Demographics

- 111 surveys were completed
- 91% of participants self-classified as non-Hispanic White
- 70% of the participants were female
- The mean age was 56.2 years

Health Priorities for Children & Youth

Table 1: 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

Table 2: 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

Health Priorities for Families

Table 3: Rank of Scores for Health-related 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

Table 4: 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

Health Care Providers

Table 5: Are the following types of doctors lacking in Gillespie County?

Type of Doctor	Yes	No	Don't Know
Primary Care Doctors	26%	65%	9%
Specialty Doctors	33%	57%	10%
Indigent Health Care Program Doctors	54%	16%	30%
Medicare Doctors Serving New Patients	43%	23%	33%
Medicaid Doctors Serving New Patients	47%	16%	44%

Source: Gillespie TAB 2009 Community Health Survey

Caregiver Needs

Table 6: 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

Community Agency Support

Table 7: 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

- Most respondents reported that they would suggest to others to go to the Needs Council if they needed help with Medicaid or Medicare information
- Most respondents reported that they would refer someone to the Good Samaritan Center if they needed help with the Indigent Health Care Program.

Senior Needs

Among respondents who are 65 or older, or who are caretakers of someone who is 65 or older:

- The majority (78 to 96%) *do not* need or receive help with daily activities, adult day care, special transportation, or delivered meals.
- 78% *do not* need help making special repairs
- 85% would know where to go if they needed help making special accommodations for someone with a disability.

Childcare Resources

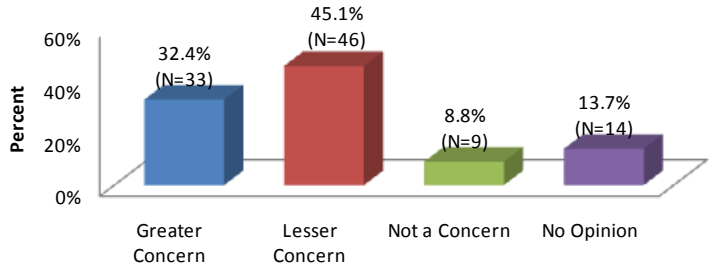
Table 8: Perceptions of Childcare in Gillespie County

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

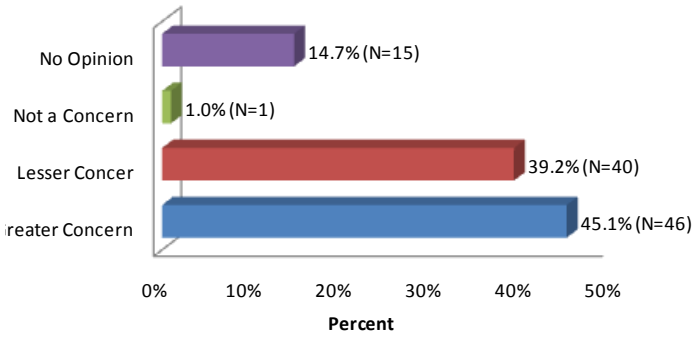
Needs of the Disabled

Figure 1: How much of a concern is the availability of assissted living/temporary shelter for the disabled?



Source: Gillespie TAB 2009 Community Health Survey

Figure 2: 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

RECOMMENDATIONS

The following abbreviated recommendations are suggested to the TAB as actionable approaches to address priority community health needs identified from the Community Health Survey.

1. Further investigate validity of concerns found in the Community Health Survey
2. Develop a comprehensive mental health approach that addresses top priority health concerns for youth and families.
3. Explore means for addressing the sexual and reproductive health concerns of youth.
4. Further investigate access to care issues related to Medicaid, Medicare, and Indigent Health Care Program
5. Conduct an inventory of current childcare resources
6. Further investigate rehabilitation training opportunities for disabled residents.

OWNERSHIP AND DISSEMINATION OF THE DOCUMENT

The assessment team recognizes the importance of confidentiality and anonymity as it pertains to participants who engage in this project. To ensure that their identities and confidences were protected, the team aggregated all primary data from survey responses to de-identify all respondents. All data gathered for this community health assessment project are the property of the Gillespie County TAB and Gillespie County Health Board.

ACKNOWLEDGMENTS

This assessment project was made possible with funds provided by the Institute for Integration of Medicine & Science (NIH Grant #ULRR025767). The Assessment Team gratefully acknowledges the assistance and support of the Gillespie County community members who gave generously of their time and expertise in the completion of the project. Specifically, we would like to thank the Gillespie County Translational Advisory Board and the Gillespie County Health Board for their gracious assistance. We sincerely hope that the findings contained in this report are of benefit to the community as a whole.