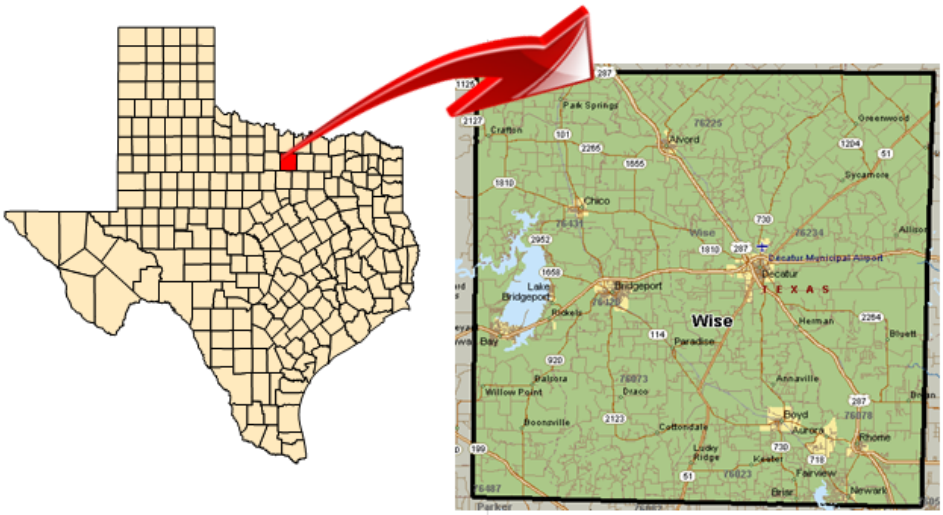
Wise County

Health Assessment

2010



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Comparative Detailed Reports

Excel File available from Wise County United Way

The 2010 Wise County Health Assessment Trend Data 2000 to 2008

Excel File available from Wise County United Way

Cook Children's Community-wide Children's Health Assessment and Planning Survey (CCHAPS)

Extensive data on the Wise County and surrounding area pediatric population can be found at:

https://www.cookchildrens.org/AboutUs/CHO/CCHAPS/Pages/default.aspx

https://www.cchaps.org/English/Pages/default.aspx

Wise County Health Assessment 2010

Preface

In 2004 the United Way of Wise County decided that it wanted to improve healthcare services for low income residents. A task force called the Wise County Health Forum was established to bring together concerned citizens and agencies trying to address a number of community problems and issues. About the same time the Tarrant County Health Department received a grant from the Texas Department of State Health Services to do a local community assessment of Tarrant County and one rural community. Discussions began between the two groups and the Tarrant County Health Department decided to develop the health assessment for both Tarrant and Wise counties. The Wise County Health Forum participated in the process and continued to work with the state health department after the assessment was complete. The forum has conducted an annual health fair in the spring coordinated with another healthcare conducted by the local hospital in the fall. The health forum continued to coordinate community health activities and exchange of information between individuals and agencies serving the County.

In 2009 the Wise County government, United Way and the local hospital who all participated in the health forum came together and decided to do a needs assessment and feasibility study for establishing a more formal mechanism for addressing public health and low income community resident needs. The group through a series of meetings decided to develop a comprehensive assessment updating the 2004 study, evaluating the need for public health services in Wise County, and conducting a community survey of low income residents to determine their needs and health care issues in the community.

The Wise County assessment developed by the Tarrant County Health Department was basically a descriptive study of the population characteristics in terms of demographics, and public health indicators based on 2000 and 2001 data which created a community profile, documenting chronic diseases, infectious diseases and injuries identified in the service area. The 2004 study created a baseline for future comparison. The 2009 study updated this information was the most recent data available for 2005 to 2008.

In addition to the Wise County Health Assessment a review was done of public health department services offered in rural counties to address both public health issues and medical services for low income residents. In most cases the studies indicated that medical services for low income residents and many population-based community health needs were addressed by federally qualified health centers located across the state. In fact when the state conducted a survey of community health workers they surveyed these facilities.

The study also conducted a survey of 358 low income community residents to determine their health status and interest having a low income community health clinic available to address their needs. The survey used a variation on the Behavioral Risk Factor Surveillance System survey used by the CDC and state health departments. The survey was distributed through local emergency departments, agencies

participating in the Wise County Health Forum, local school districts and churches. The survey received an excellent response and proportional representation from Hispanics, the elderly and almost double the number of estimated low income residents. 78.3% of the respondents indicated that they were interested in and would use a community clinic for low income populations if it were available. Based on the study and other information it was determined that a community health clinic was feasible.

As the Wise County Health Forum begin the process of developing the updated assessment they established a working relationship with the North Texas Area Community Health Center, Inc. (formerly the North side Fort Worth Community Health Center, Inc.). These organizations develop a feasibility study for a proposed clinic to be established in Wise County to serve the identified needs in the study. The local hospitals, United Way, and County have all agreed to support and fund this proposed project. The clinic would be located in Decatur Texas on the campus of the community hospital and the hospital has agreed to provide the space and some of the initial funding for the clinic as well as United Way and the County.

Wise County Health Assessment 2010

Acknowledgements

The authors would like to thank the members of the Wise County Health Forum for their assistance and advice in the development of this project. The membership list is extensive and has been placed in Appendices.

The following students participated in the data collection and development of this project:

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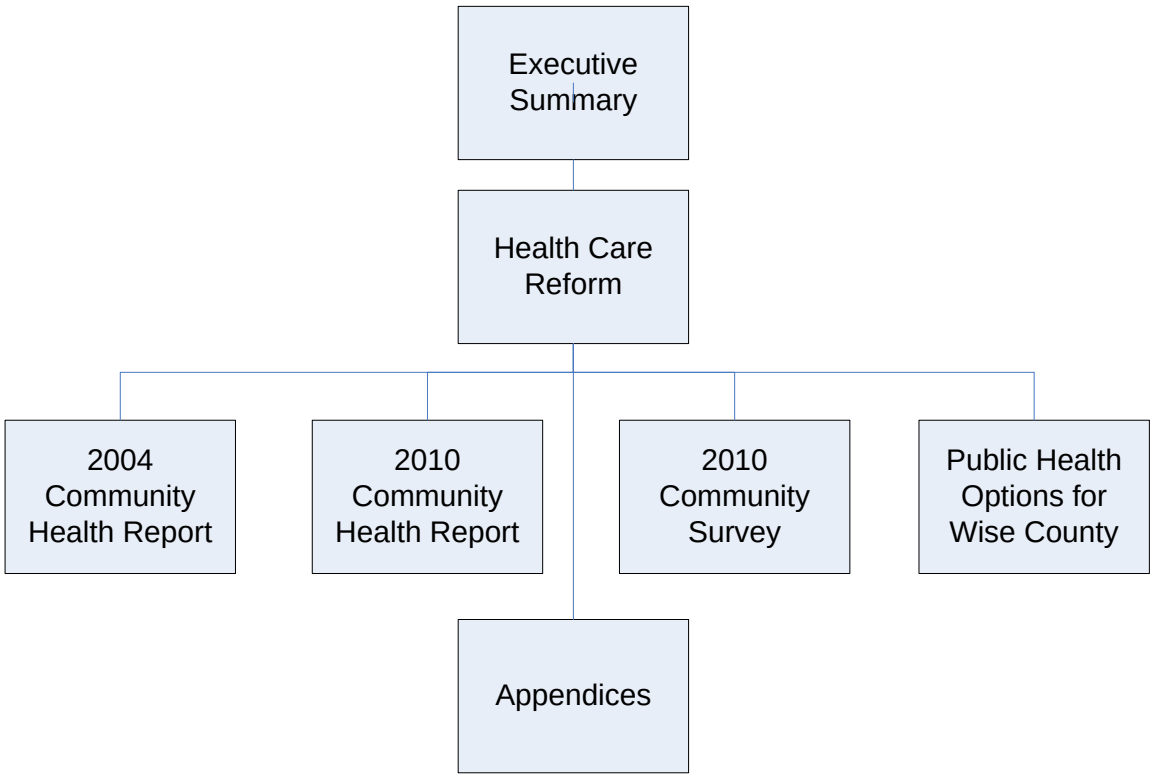
Wise County Health Assessment 2010

Introduction

The Wise County Health Assessment 2010 addresses a number of local questions and issues covering a wide range of topics. Some readers of the study will be more interested in one component of the assessment than another. As such it was decided to do an executive summary that covered the entire scope of the project and individual reports for the major components to allow individuals to go to that specific report to serve their needs. The executive summary however provides a location to integrate the data and provide some analysis of the data as well as updating some of the maps included in the 2004 report. The 2004 report is included in the original format for reference. The executive summary combines data from the different reports. Each report is intended to be self contained and presented in the most usable form appropriate. As an example the discussion on health care reform is provided in a Power Point format for presentation. Some of the appendices are provided in Excel files so that the data can be used and manipulated for other purposes or future needs.

Report Structure



The Wise County Health Assessment 2010 was sponsored by the Wise County Health Forum which is a broad based community interest group of local, area and state organizations including both public and

private agencies and individuals. The study was funded by the Wise County United Way, Wise Regional Health System and Wise County.

Wise County Health Assessment 2010

Executive Summary

The Wise County Health Assessment 2010 was developed with a number of objectives in mind to provide the community with information to guide future planning and service development:

To provide an update and summary of Health Care Reform
To update the 2004 County Assessment conducted by the Tarrant County Health Department
Conduct a community survey of the low income population and public health care needs
Evaluate the need for a Community Health Center and public health services or department
Identify and link with other data such as the
Cook Children's Community-wide Children's Health Assessment and Planning Survey (CCHAPS)

Health Care Reform

Although the United States spends almost twice as much for healthcare as any other country in the world, life expectancy ranks us 16th and by most public health indicators the United States ranks in the mid-30s. Spiraling costs, personal bankruptcies and a host of other escalating problems necessitated a more comprehensive intervention and system.

Health care is moving to a whole new system with health care reform under The Patient Protection and Affordable Care Act (the Act) and other federal initiatives[i]. This new legislation attempts to bring the vast majority of Americans into a more comprehensive system that can address healthcare in whole new ways. The new system creates a primary care organization to care for low income populations with the intent of keeping them healthy while maintaining the private insurance system for larger businesses and individuals who can afford other alternatives. This new system funds and expands the ***federally qualified health centers (FQHCs)*** over the next four years and moves toward a ***Medical Home*** model with the intent of keeping patients healthy while moving away from the fee for service payment system to a population-based payment system. ***Accountable Care Organizations (ACO)*** created by the legislation are intended to encourage hospital and physician integration to provide more comprehensive and less expensive care of specific medical conditions.

The new legislation makes a number of changes in medical insurance to eliminate pre-existing conditions which are causing more and more Americans to become insolvent due to health condition. In order to balance the cost of care for these individuals the legislation requires almost universal participation in some type of medical coverage. Although there are an estimated 310 million people in the United States, when viewed by five major healthcare constituencies the legislation affects 408 million people.

The legislation is anticipated to have a relatively neutral impact on hospitals with more patients covered by health insurance and reduced bad debts but lower payments through specialized programs. The legislation limits for profit physician owned hospitals and encourages physicians and hospitals to enter cooperative agreements to care for patients and dramatically increases the utilization of medical information systems to improve patient care and reduce costs. Locally the Baylor health care system has announced their intent to become an ***Accountable Care Organizations (ACO)*** by 2015.

Update of the 2004 Wise County Health Assessment

In 2004 the United Way of Wise County decided that it wanted to improve healthcare services for low income residents. A task force called the Wise County Health Forum was established to bring together concerned citizens and agencies trying to address a number of community problems and issues.

About the same time the Tarrant County Health Department received a grant from the Texas Department of State Health Services to do a local community assessment of Tarrant County and a nearby rural county. Discussions began between the two groups and the Tarrant County Health Department decided to develop the health assessment for both Tarrant and Wise counties[ii]. The Wise County Health Forum participated in the process and continued to work with the state health department after the assessment was complete.

The 2004 assessment used data from the 2000 census conducted by the Census Bureau in conjunction with Texas Department of State Health Services data for public health indicators. The census data allowed the study to look at subareas and segments of the population in a detail that is only available every 10 years. Some elements of the study looked at population and characteristics by city and demographics to groups and map characteristics of this detailed data. The complete report is attached for review and to provide comparative information for the 2009 and 2010 update.

The health forum has continued to meet on a monthly basis since 2004 to address and discuss local health care issues. The forum has conducted an annual health fair in the spring coordinated with another health fair conducted by the local hospital in the fall. The Health Forum continued to coordinate community health activities and exchange of information between individuals and agencies serving the county over the intervening years.

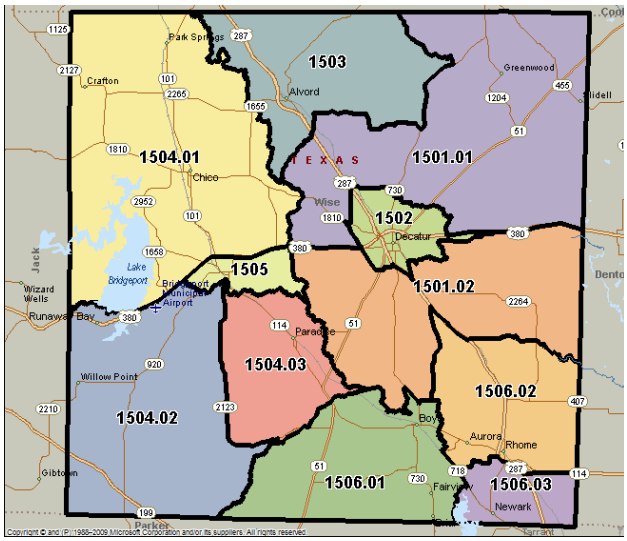
The 2010 Wise County Health Assessment and Analysis

In 2009 the Wise County United Way, county government, and the local hospital, who all participated in the health forum came together and decided to update the needs assessment and conduct a feasibility study for new services. The purpose of this health assessment was to establish a more formal mechanism for addressing public health and low income community resident needs (The Wise County Health Assessment 2010 (WCHA 2010)). The group through a series of meetings decided to develop a comprehensive assessment updating the 2004 study, evaluating the need for public health services in Wise County, and conducting a community survey of low income residents to determine their needs and

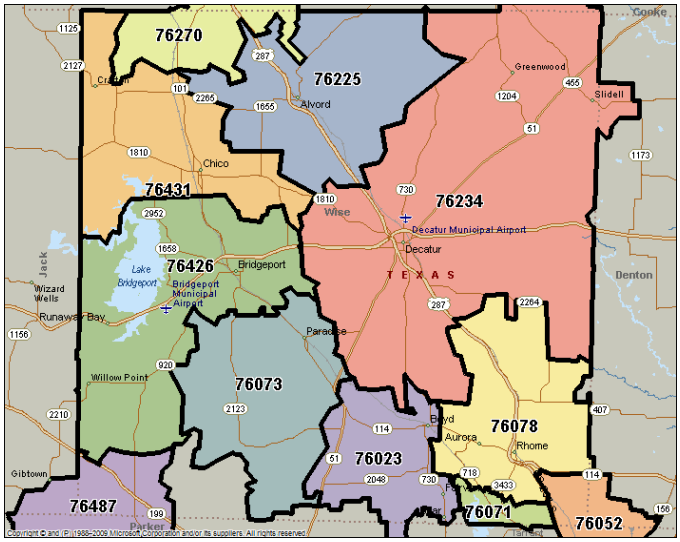
health care issues in the community. With health care reform on the horizon county leaders wanted to be in position to respond and adapt to changing conditions.

The Wise County assessment developed by the Tarrant County Health Department was basically a descriptive study of the population characteristics in terms of demographics and public health indicators based on 2000 and 2001 data. This information was used to create a community profile, documenting chronic diseases, infectious diseases and injuries identified in the service area. The 2010 study updated this information with the most recent data available for 2005 to 2008. The 2010 study used data from the American Community Survey which is based on sample data and provides a reasonably good profile of the County but is much less accurate at the sub County level. In many cases this data is only available at the county level.

Service area



Wise County service area Census Tracts



Wise County service area Zip Codes

The Wise County service area can be defined and broken down into two different types of sub- areas based on zip codes and/or Census Bureau census tracts. ZIP codes are easier to use with a number of different data sets and define service areas around communities while census tracts tend to define central cities and population clusters. When data is analyzed by these geographies they tend to provide slightly different pictures of the community. Since Census Bureau census tracts are defined within a County and conform to County boundaries the sub- areas could be easily identified. Zip codes on the other hand are defined by the post office to serve specific markets that may overlap county boundaries. 76487 is identified with the Poolville area of Parker County but appear to have a significant portion of its population in Wise County along state Highway 199. The Springtown zip code also along the southern Wise County border on the other hand as the vast majority of its population in Parker County. ZIP code 76052 in the Southeast corner of the county has a majority of its population located in a Tarrant County along Highway 287 and therefore the last two have not been included in this analysis.

Service area demographics

The Wise County service area (Zip codes and Census Tracts) encompasses 776 square miles in north-central Texas northeast of the Dallas-Fort Worth Metropolitan area. The county is a growing rural community with two major commercial centers in Decatur (the county seat) and Bridgeport about 13 miles away. A number of other small communities are located around the county. The county has attracted a number of new residents moving out of the Dallas-Fort Worth area and coming to serve the growing mining and mineral industries. In 2009 estimated population was 59,415 with approximately 15.9% Hispanic, and 11.5% elderly).

Wise County has grown rapidly over the last few years with an influx of Metroplex residents moving out of the Dallas-Fort Worth urbanized area to take advantage of the rural lifestyle. In many cases these new residents are anticipating retirement. According to the Census Bureau Wise County has grown over 10,000 residents from 2000 to 2008, a 21% increase. The county has grown faster than Tarrant County, Texas and the United States. Other sources of population data such as the North Central Texas Council of Governments suggest an even faster growth rate.

Table 1: Wise County population growth 2000 to 2008 and Change[iii]

Wise County Population	2000	2008	Change	%
Population	48793	59084	10291	21%

Chart 1: Population Growth of Wise County, Tarrant County, Texas, and U.S.

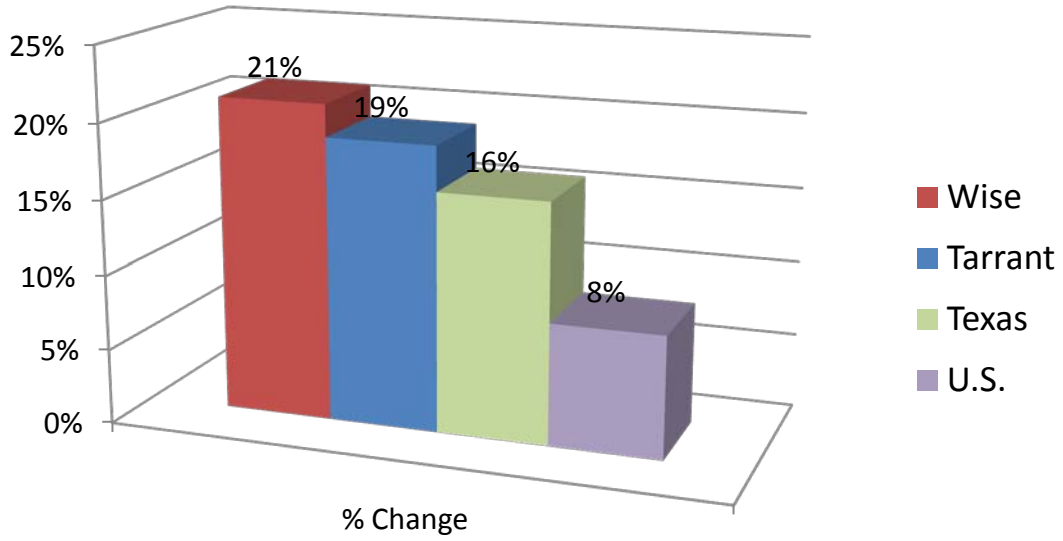
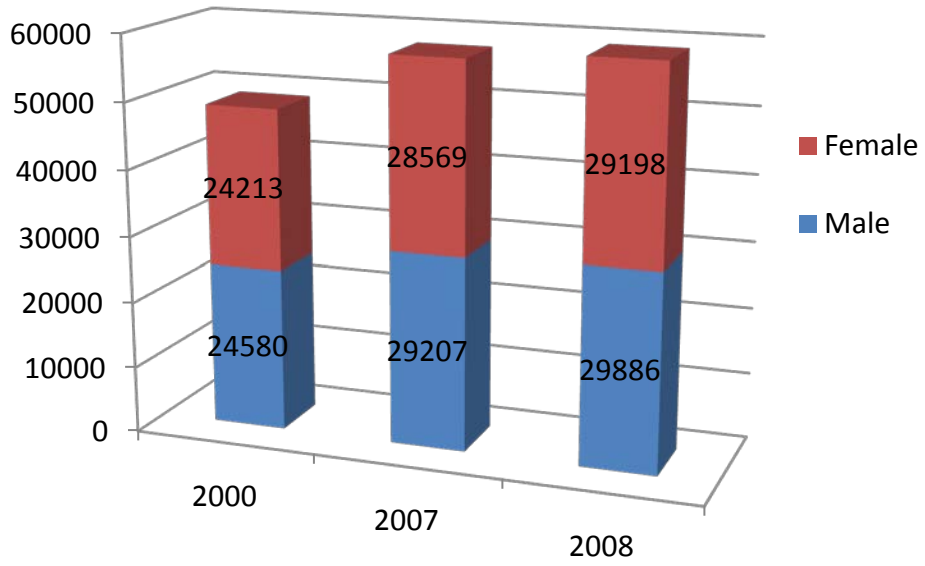


Chart 2: Wise County Population by Gender



The Wise County population has grown rapidly over the last several years with new residents moving out of the Metroplex. On an age basis the 55 and over age groups were growing the fastest, increasing from 19.8% to 22.0% of the population. And while the white population grew 17.4%, the Hispanic population grew 54.2% and blacks grew by 2.6% and other races by 11.8%.

Chart 3: Wise County Population by Age

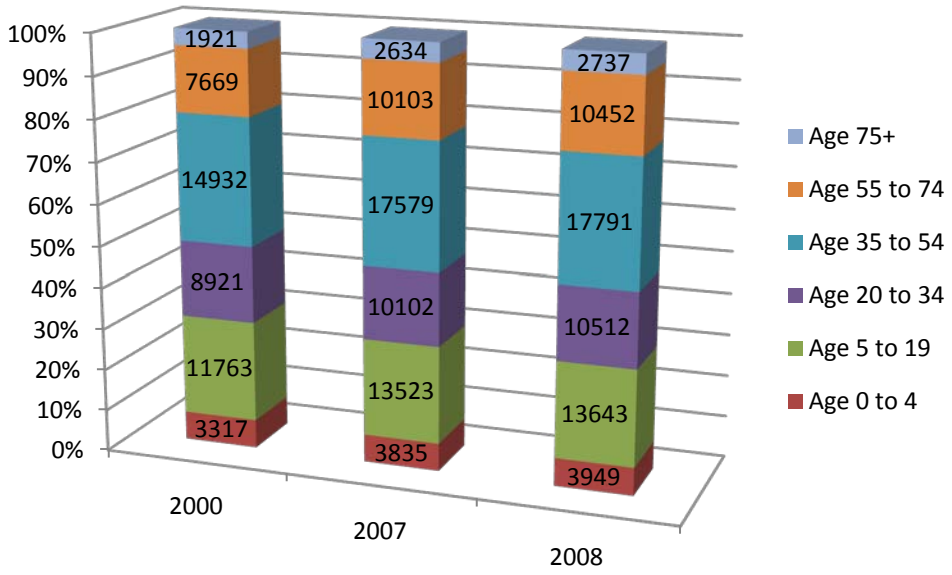


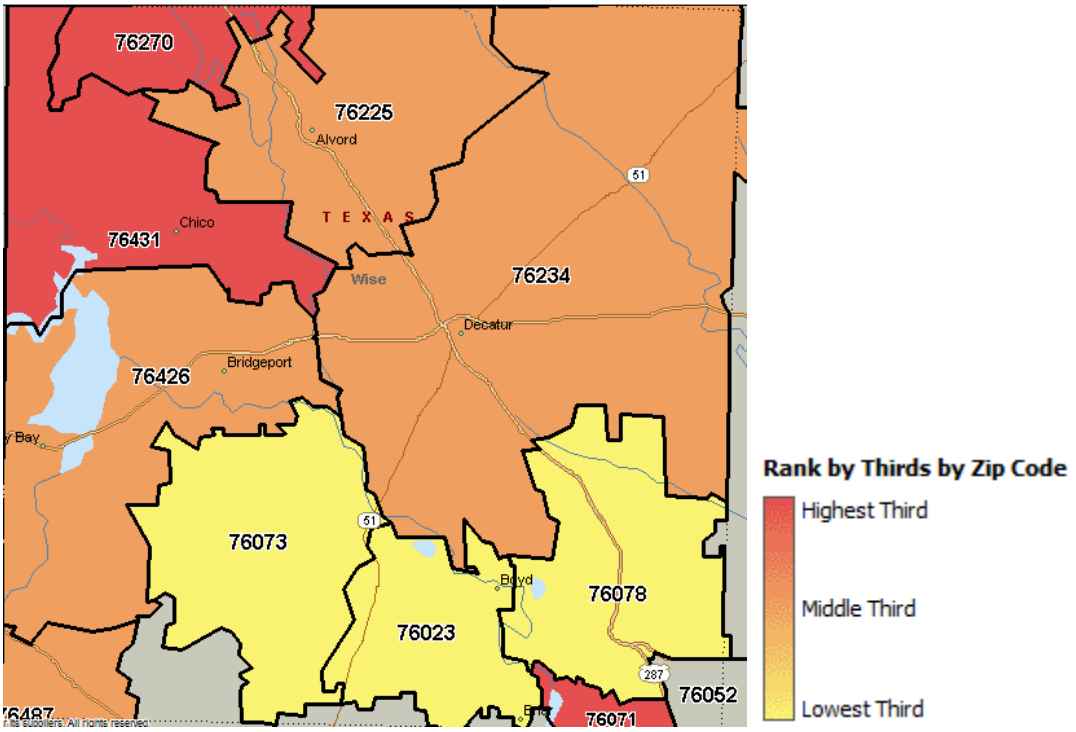
Table 2: Wise County population by race 2000 to 2008 and Change

	2000	2008	Change	%
White	42,395	49,764	7,369	17.4%
Black	648	665	17	2.6%
Hispanic	5,248	8,094	2,846	54.2%
Other	502	561	59	11.8%

Poverty status in Wise County

Traditionally the low income population has had the most difficulty in accessing healthcare services. This population has been identified traditionally most commonly by an artificial benchmark known as 100% of poverty or the poverty population. This indicator was used in the 2000 -- 2001 study. This indicator is best used to identify poverty concentrations but in more recent years a more real realistic standard of 200% of poverty has been used to identify a family's minimum living wage. These indicators were updated for the 2010 study to provide comparable data and give a more realistic perspective on the geographic distribution of the low income population. Both of these indicators were updated on a census tract and ZIP code basis as these geographies provide slightly different information.

Exhibit 1: Poverty status in Wise County by Zip Code areas



Highest Third	13.7%	16.3%
Middle Third	11.6%	13.3%
Lowest Third	9.0%	10.7%

On the zip code basis which defines the service area a round a post office the 100% of poverty indicator shows that poverty is most concentrated in the traditionally low income community of Newark and southeast Wise County and in northwest Wise County. Most of the southern part of the county has the

least poverty and tends to be the area where new residential subdivisions have been developed. The central part of the county has low income residents in the older urban areas of Bridgeport and Decatur with newer subdivisions and small acre tracts in the outlying areas creating a more mixed population.

Census tracts are established by the Census Bureau to define specific geographic areas with a defined population and certain characteristics. As such census tracts were developed around Decatur and Bridgeport and the older low income community of Newark. These areas tend to have the oldest housing stock in the county and relatively large concentrations of low income populations.

On a 200% poverty basis the geographic distribution of the low income population is less concentrated on either a zip code or census tract basis. In rural areas low income populations tend to reside in the older housing stock of small communities or in trailer homes on rural property. The 200% of poverty estimates suggest that between 35 and 48% of the population in county zip codes would be considered low income.

Table 3: Wise County population by Zip Code and estimated poverty level

ZIP Code	Post Office Name	Households: total (2007) by ZIP Code	Estimated 100% of Poverty (Under $15,000)	% of Estimated 100% of Poverty (Under $15,000)	Rank	Rank by Thirds	Estimated 200% of Poverty (under $42,500)	% of Estimated 200% of Poverty (Under $42,500)	Rank	Rank by Thirds
76270	Sunset	521	85	16.3%	1	1	253	48.6%	1	1
76071	Newark	1236	176	14.2%	2	1	553	44.7%	3	1
76431	Chico	1135	156	13.7%	3	1	513	45.2%	2	1
76426	Bridgeport	3127	415	13.3%	4	2	1392	44.5%	4	2
76225	Alvord	963	119	12.4%	5	2	415	43.1%	5	2
76234	Decatur	4603	535	11.6%	6	2	1836	39.9%	8	2
76487	Poolville	805	86	10.7%	7	3	326	40.5%	6	3
76073	Paradise	1622	163	10.0%	8	3	577	35.6%	10	3
76023	Boyd	2432	231	9.5%	9	3	976	40.1%	7	3
76078	Rhome	2306	207	9.0%	10	3	829	35.9%	9	3

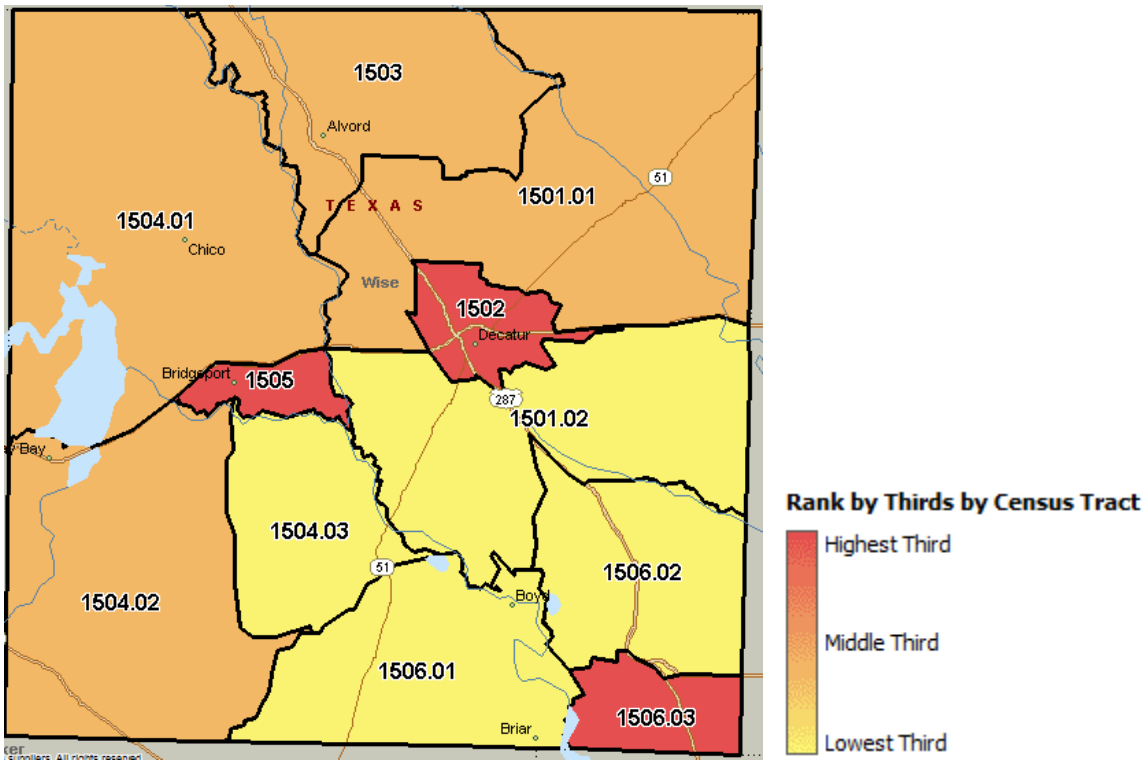
On a census tract basis a similar picture emerges with the largest concentration of low income population (200% poverty) are identified with the two largest communities in the county in Bridgeport and in Decatur and again in Newark in southeast Wise County. The areas of least poverty are again the southern communities of Boyd, Paradise and Rhome.

When summarized on a county basis using these subarea data from commercial sources[iv] a very similar picture emerges with 11.6% for 100% poverty and 40.9% for 200% poverty based on Zip Codes and 11.3% for 100%

Table 4:Wise County population by census tract and estimated poverty level

Census Tract	Post Office Name	Households: total (2007) by Census Tract	Estimated 100% of Poverty (Under $15,000)	% of Estimated 100% of Poverty (Under $15,000)	Rank	Rank by Thirds	Estimated 200% of Poverty (under $42,500)	% of Estimated 200% of Poverty (Under $42,500)	Rank	Rank by Thirds
1505.00	Bridgeport	1504	248	16.5%	1	1	800	53.2%	1	1
1502.00	Decatur	1825	264	14.5%	2	1	928	50.8%	2	1
1506.03	Newark	1366	177	13.0%	3	1	602	44.1%	3	1
1504.01	Chico	1974	245	12.4%	4	2	843	42.7%	4	2
1503.00	Alvord	844	101	12.0%	5	2	359	42.5%	4	2
1501.01	Decatur	1103	125	11.3%	6	2	433	39.3%	6	2
1504.02	Poolville	1878	208	11.1%	7	2	690	36.7%	7	3
1504.03	Paradise	1072	112	10.4%	8	3	362	33.8%	9	3
1501.02		1927	179	9.3%	9	3	564	29.3%	10	3
1506.02	Rhome	1825	162	8.9%	10	3	660	36.2%	8	3
1506.01	Boyd	3302	291	8.8%	11	3	1311	39.7%	5	2

Exhibit 2: Poverty status in Wise County by Census Tract areas



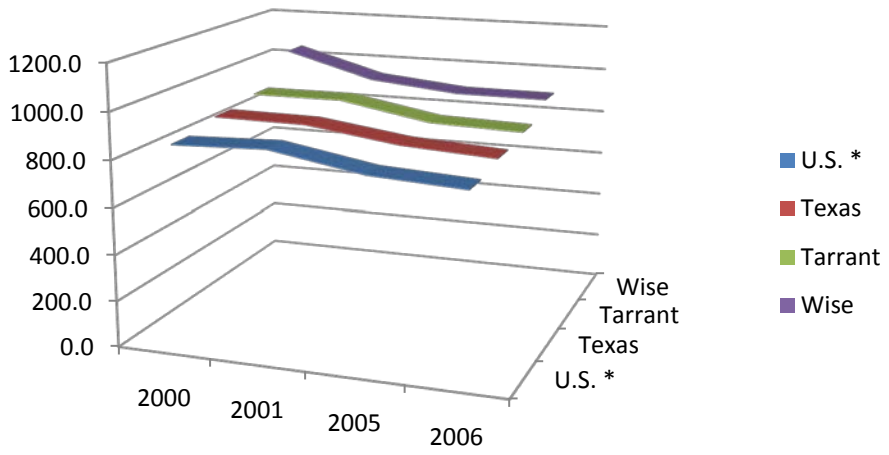
poverty and 40.6% for 200% poverty based on census tracts, but when compared to state health department data on a population basis the 9.81% for 100% poverty is relatively close, but the 28.44% for

200% poverty is considerably less than the other estimates. The original source for the state health department data is unknown.

Public health indicators

An analysis of the data from the two assessments indicates that improvements in the county's health status have been made as local healthcare services have grown over the last 10 years. These new services have brought about some significant gains and benefits in public health outcomes particularly in the major causes of death. To some degree these studies document the county's transition from a small rural population to a growing and vibrant part of the Metropolitan area. Traditionally rural counties have a much higher incidence of health problems and mortality due to a lack of convenient and specialized healthcare services. Rural counties tend to have a much higher mortality from cardiovascular diseases, cancer and traffic accidents. Some health indicators still exhibit this characteristic with unintentional injuries in Wise County being twice those of Tarrant County and 50% greater than either the state or national data. On the other specific interventions where the local hospital has worked to expand specialty care in treating cardiac and cancer diseases averages trend

Chart 4: All Cause Mortality



All cause mortality data show that Wise County has improved from 1048 to 894.4 a 15% improvement while other areas improved 9%. Two major causes of death show similar trends with heart disease and cancer mortality in Wise County improving from 335 to 284 15% decline and all cancer mortality improving from 218.1 to 159.3, a 27% change. While other areas saw similar or better improvements on heart disease, Wise County saw three times the improvement in cancer mortality. In part these changes can be attributed to improved and more specialty care in the area.

Although specialty care has expanded over the last few years in Decatur, bringing about these improvements for the insured population, the uninsured and even government sponsored insurance programs for low income populations and children (such as Medicaid) have not seen improved access. Among other findings none of the physicians in the county take Medicaid patients and these patients have to travel 50 miles to Fort Worth for care.

Chart 5: Heart Disease Mortality Rate

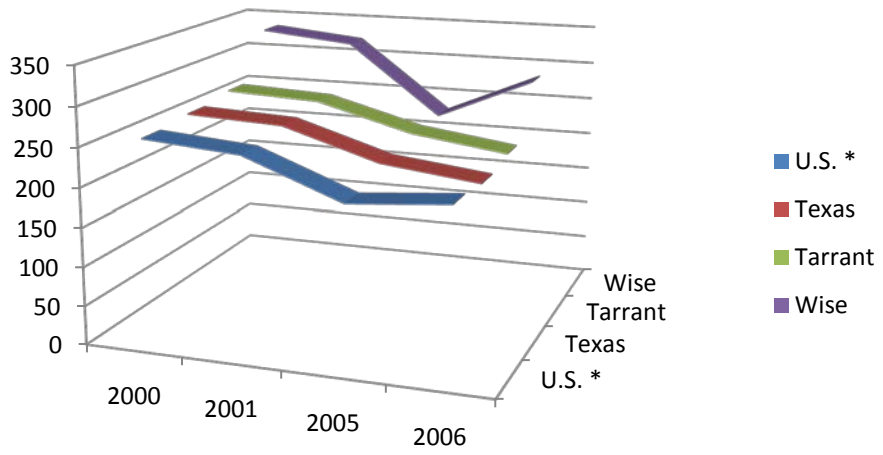
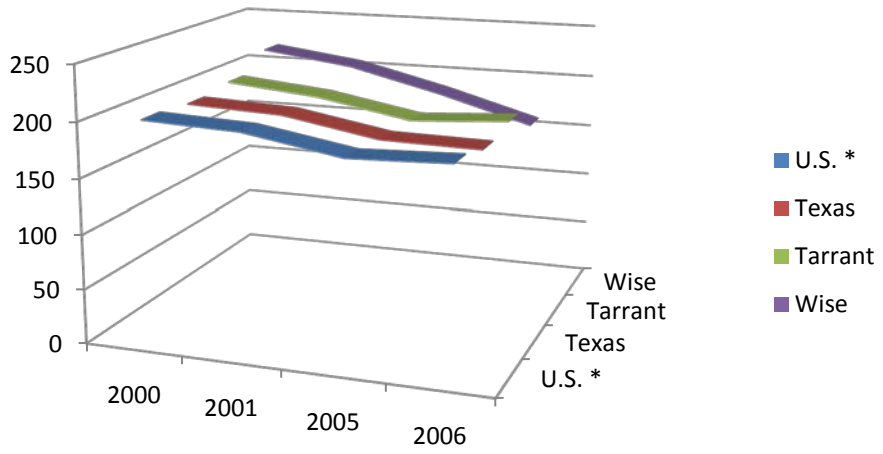


Chart 6: All Cancer Mortality

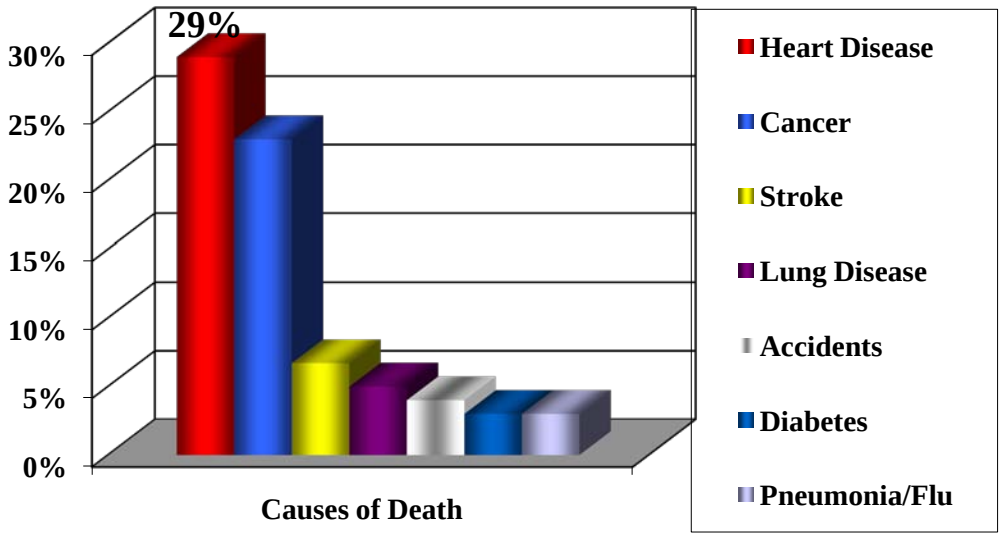


Public health services opportunities for Wise County

In addition to the Wise County Health Assessment, a review was done of public health department services offered in rural counties to address both public health issues and medical services for low income residents. In most cases the studies indicated that medical services for low income residents and many population-based community health needs were addressed by the federally qualified health centers (FQHCs) located across the state. In fact when the state conducted a survey of community health workers they surveyed these facilities. One of the major initiatives in the new health care reform is to improve public health through the development of a strong primary care program through FQHCs. These organizations are also moving more and more toward public health initiatives through population based medicine and the Medical Home model to improve patient care[v].

The relationship between primary care and public health has been well documented over the last 50 years[vi], but with new research and the evolution of computerized information systems in health care an even clearer picture is emerging. A review of the traditional causes of death show that heart disease and cancer are still the leading killers of Americans (see Chart 7)[vii], but what people die from and actual cause of death are rarely the same.

Chart 7: Causes of death



When these traditional causes of death are broken down further by the actual factors that lead to death most of these factors are behavioral or lifestyle in nature (see chart 8).[viii] In a new understanding of health or the determinants of health public health experts are realizing that the only way to improve public and individual health is by making changes in these lifestyle characteristics.[ix]

Charts 8: *Actual* causes of death

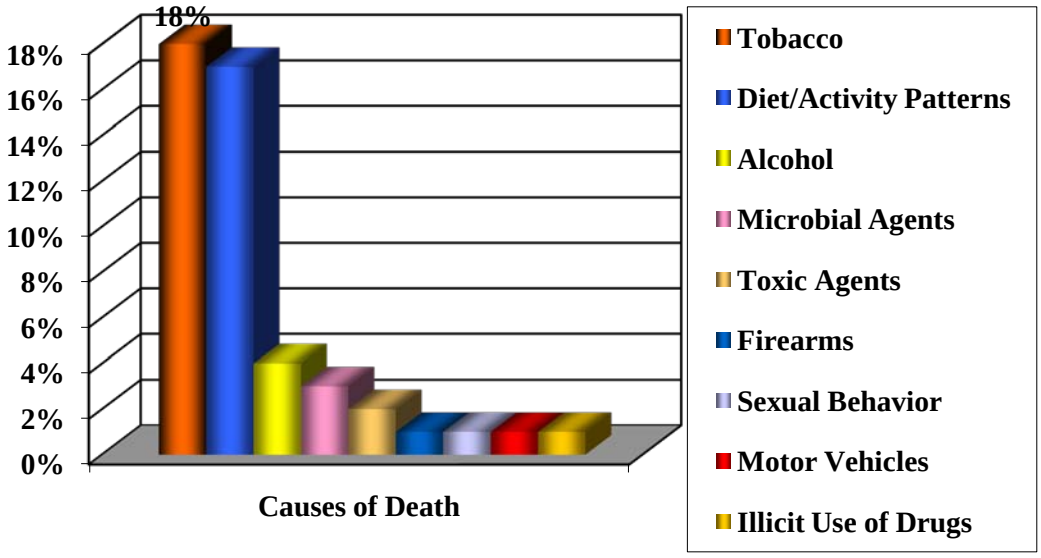
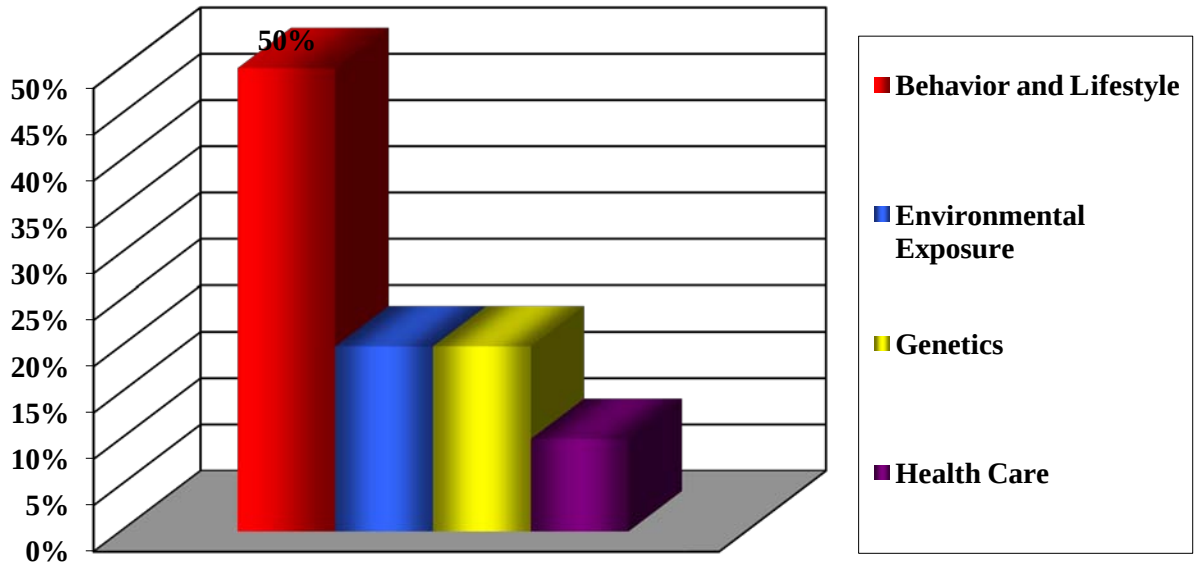


Chart 9: Determinants of Health



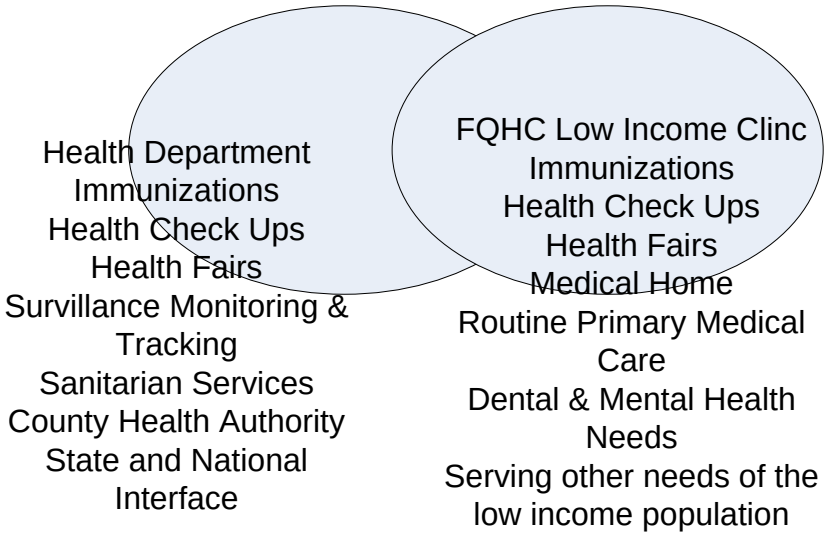
Much of this new research is being applied to the evidence-based models of care that has been used by the federal government in their primary care system for low income populations or the federally qualified health centers (FQHCs). These organizations are moving to manage health of a community or population and becoming the first line of defense in public health. They identify and trend disease patterns, provide immunizations for low income populations and identify other issues to improve community health. Through other initiatives such as the school-based clinics the FQHCs address student absenteeism due to medical problems and other issues.

The community health center can address many of these issues, but the complex nature of public health goes well beyond medical care. As recognized in the recent health department studies done by the TDSHS, there is no consensus on what public health is and in many cases the priorities vary from community to community.[x] Public health encompasses care of the population, animal control and spread of disease, public health inspections of facilities such as restaurants and food facilities, laboratory services and other scientific investigations using such disciplines as epidemiology. Many of these services are difficult to address in a clinic environment and require specialists that go beyond clinical expertise.

Probably one of the most difficult areas to be addressed from a clinic perspective is the inspection and code enforcement aspects of food establishment regulation. These activities require the police powers of the state to establish and enforce regulations that are commonly assigned to state and county governments. In discussions with the county government the county anticipated contracting out to address these issues and did not see these aspects of public health as a responsibility of the community health center.

Other responsibilities of public health include the identification of a county health authority. Currently this position is being filled by one of the emergency room physicians at the local hospital. Coordination between the county on public health issues, the hospital and the emergency department works very well with this arrangement for communication and surveillance activities. No change is anticipated and the community health clinics will work to support this individual and structure.

Exhibit 3:
The Complementary Relationship between Community Health Centers (FQHCs) and Public Health Department Activities



Community Survey Results

The WCHA 2010 also conducted a survey of 358 low income community residents to determine their health status and in interest having a low income community health clinic available to address their needs. The survey used a variation on the Behavioral Risk Factor Surveillance System survey (BRFSS)[xi] used by the CDC and state health departments. The survey was distributed through local emergency departments, community agencies participating in the Wise County Health Forum, local school districts and churches. The survey received an excellent response and proportional representation from Hispanics, the elderly and low income populations. Although the survey was distributed in both English and Spanish in order to be as inclusive as possible, the vast majority of surveys were filled out in English suggesting that most Hispanic residents were able to read English and respond in English. Although only 14 surveys out of over 1,000 distributed in Spanish were returned, 67 Hispanics responded to the survey which was a representative sample based on comparisons with census and school district data.

Table 5: Collected and tabulated surveys

	Surveys	Hispanic	
English	342		
Spanish	14	67	19%
Our Survey	356		
State BRFSS sample	90		
Total	446		

The survey targeted low income populations through its distribution and organization. The responses from the residents indicated a strong representation from low income populations. Approximately 34 .8 % of the respondents would be considered below the 100% of poverty level and 67% of all the respondents would be considered at or below the 200% of poverty level.

Table 6:

Is your annual household income from all sources.....?

	Responses		Estimated 200% Below Poverty
Less than $10,000	74	21%	74
$10 to $14,999	50	14%	50
$15 to $19,999	41	12%	41
$20 to $24,999	27	8%	27
$25 to $34,999	29	8%	29
$35 to $49,999	36	10%	18
$50 to $74,999	32	9%	
$75,000 or more	23	6%	
Don't know	33	9%	
N/A	11	3%	
Responses	356	100%	239
Percent of Sample 200% Below Poverty			67%

The BRFSS is very comprehensive and complex and covers a number of different health issues. In order to improve the response rate the questions reviewed and in some cases consolidated and in other areas questions were dropped. The overall structure of the questionnaire was maintained so that the data would be comparable to state or national survey results. The survey results were segmented by different subpopulations based on factors that are known to have a high impact on health outcomes. In some cases the survey results were combined to give a more consistent perspective on patient issues and to make the survey easier to evaluate for community planners. A summary of the survey results are provided below with more detail provided later in the report. Since the survey focused on the low income population and individuals with greater healthcare needs the results of the local survey showed a much higher incidence of health issues and the national and state results.

One of the most important questions related to the need to have access to a medical clinic for low income residents. *78.3% of the respondents indicated that they were interested in and would use a community clinic for low income populations if it were available.*

Table 7: Survey respondents interested in using a low income medical clinic

	Responses	
Yes	274	78.3%
No	48	13%
Don't know	27	8%
	349	98%
No Response	7	2%

Table8: Sample results of the community health survey and comparisons to state and national survey results

				General			Education			
Question	Response	U.S.	Texas		Hispanic		Age	Male	< $25	< $50
A1 General health	Fair & Poor	16%	16%	33%	36%	49%	42%	34%	38%	37%
A2 Physical health	Not Good	19%	18%	36%	35%	36%	40%	37%	46%	41%
A3 Mental health	Not Good	20%	20%	41%	38%	41%	27%	37%	48%	42%
A4 Healthcare coverage	Yes	85%	75%	50%	21%	36%	93%	50%	38%	43%
A10 Diabetes	Yes & Borderline	9%	9%	16%	14%	15%	24%	19%	18%	15%
A11 High blood pressure	Yes & Borderline	29%	29%	36%	30%	35%	64%	44%	41%	36%
A12 Bld cholesterol chked	Yes	23%	28%	52%	38%	42%	82%	57%	50%	47%
A12a Blood cholesterol high	Yes	38%	41%	36%	14%	25%	53%	27%	28%	25%
a Heart Attack	Yes	4%	3%	5%	3%	9%	18%	10%	7%	6%
b Angina or heart disease	Yes	4%	4%	7%	1%	11%	24%	7%	10%	8%
c A stroke	Yes	3%	2%	5%	4%	8%	13%	10%	6%	1%
C1a Do you now smoke	Yes Every Day	18%	18%	14%	17%	32%	9%	30%	35%	32%

Results of the survey were reviewed on an individual question basis but also on a cluster basis to consider characteristics that might be associated across a range of individual responses. The different subgroup populations were compared to the general response on the survey to determine which groups had less favorable responses to the questions on an individual and collective basis. Such an analysis shows that Hispanics as an example are much more likely to not have health insurance, a personal physician and to have difficulty in affording their care. The lowest income populations (those below $25,000) tend to have more difficulty with a number of characteristics.

Table 9: A comparison of survey responses and subgroup responses

Wise County Health Survey								
Summary Question and Responses Selected		General		Education			Income	
Most in Need			Hispanic		Age	Male	< $25	< $50
Summary Question	Responses	%	%	%	%	%	%	%
A. Your General Health			Variance from the General Response					
A1 General health	**Fair & Poor**	33.4%	-3.0%	0.4%	-8.8%	-3.7%	-6.0%	-4.9%
A2 Physical health	**Not Good**	36.3%	1.5%	0.0%	-3.7%	-0.8%	-9.4%	-4.8%
A3 Mental health	**Not Good**	40.5%	2.6%	-0.2%	13.8%	3.4%	-7.4%	-1.4%
A4 Healthcare coverage	**Yes**	49.7%	28.5%	13.4%	-44%	-0.3%	11.9%	7.0%
A5 Personal doctor	**No or More than 1**	42.3%	-13.8%	0.5%	15.6%	-9.1%	-1.3%	0.0%
A6 Cost	**Yes**	60.1%	-11.1%	-3.6%	46.8%	13.0%	-11.7%	-9.1%
A7 Last visit	**More than 2 years**	38.7%	0.8%	3.5%	20.9%	-4.2%	-1.7%	-4.0%
A8 Sleep	**Yes**	61.7%	10.2%	7.9%	1.7%	6.0%	-4.3%	-2.3%
A9 Physical activities	**Yes**	50.7%	11.3%	14.4%	-2.6%	0.7%	4.4%	3.7%
A10 Diabetes	**Yes & Boarderline**	16.0%	2.4%	0.6%	-8.4%	-2.6%	-2.1%	0.6%
A11 High blood pressure	**Yes & Boarderline**	36.2%	5.9%	1.0%	-28%	-8.1%	-4.8%	-0.2%
A11a Taking med HBP	**Yes**	52.9%	22.9%	8.5%	-47.1%	-11.0%	-2.2%	-2.2%
A12 Blood cholesterol chked	**Yes**	52.1%	14.2%	10.3%	-30.1%	-5.0%	2.1%	4.7%
A12a Blood cholesterol is high	**Yes**	36.4%	22.8%	11.1%	-16.9%	9.3%	8.7%	11.1%

The development of a community health center to serve Wise County

As the Wise County Health Forum began the process of developing the updated assessment they established a working relationship with the North Texas Area Community Health Center, Inc. (formerly the North side Fort Worth Community Health Center, Inc.). As part of the assessment these organizations developed a feasibility study for a proposed clinic to be established in Wise County to serve the identified needs in the study. The local hospitals, United Way, and county have all agreed to support and fund this proposed project and assist in the development of an application for a New Access Point (NAP) application for federal funding. The clinic would be located in Decatur Texas on the campus of the community hospital and the hospital has agreed to provide the space and some of the initial funding for the clinic as well as support from United Way and the county.

The proposed clinic would include approximately 3500 sq. ft. with 10 exam rooms and additional support services.

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[i] The Patient Protection and Affordable Care Act, Pub L No. 111-148 and Pub L No. 111-152 (Consolidated Print) http://inside.ffis.org/sites/ffis.org/files/ff/ppaca-consolidated.pdf. Accessed November 19, 2010.

[ii] Lou K. Brewer, RN, MPH, Director, et.al., "Wise County Monitoring & Assessment Demonstration Project Community Health Report, 2000-2001" TARRANT COUNTY PUBLIC HEALTH, 2004. http://health.tarrantcounty.com

[iii] Population data were from the more detailed Wise County Health Assessment 2010 unless otherwise noted.

[iv] MS MapPoint 2010 for Census Tracts and Business Map for Zip Codes, both on households.

[v] Kevin Grumbach, MD, Paul Grundy, MD, MPH, Outcomes of Implementing Patient-Centered Medical Home Interventions: A Review of the Evidence from Prospective Evaluation Studies in the United States Updated November 16, 2010, The Center for Excellence in Primary Care (CEPC), University of California at San Francisco, http://familymedicine.medschool.ucsf.edu/cepc/

[vi] Starfield, B. Shi L., and James Macinko. "Contribution of Primary Care to Health Systems and Health" *Milbank Quarterly*. 2005, 83: 457-507.

[vii] Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: final data for 2002. National Vital Statistics Reports 2004; 53(5):1-116.

[viii] Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA 2004; 291(10): 1238 – 1246.

[ix] Lee and Paxman. "Reinventing Public Health." Annual Review of Public Health 18: 1-35, 1997.

[x] Department of State Health Services, Study on the Public Health Workforce in Texas http://www.dshs.state.tx.us/chs/hprc/pubhealth/phealth.shtm

[xi] Behavioral Risk Factor Surveillance System, State and U.S. Data comparisons

http://www.dshs.state.tx.us/chs/brfss/query/brfss_form.shtm

http://www.dshs.state.tx.us/chs/brfss/default.shtm

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