

Target Need Area:
Health/Well-being

Overview

The National Center for Health Statistics reports that many factors, including public health programs, advances in technology and medical science, and improved nutrition and economic status have contributed to increased life expectancy, reduced mortality and morbidity, and better overall health. The United States spends more per capita than any other country on health and health care and there has been a notable increase in spending. Overall, the health of our nation has improved. Over the past 50 years, many infectious diseases have been controlled or their morbidity and mortality substantially reduced. However, other infectious diseases have re-emerged due to antibiotic resistant strains and other entirely new diseases have appeared as important threats. (<http://www.cdc.gov/nchs/data/hus/hus03cht.pdf>)

Efforts to improve health in the 21st century will be affected by important changes in the U.S. population. The nation will be growing older and will be more racially and ethnically diverse. The population over 65 years of age is increasing and more elderly Americans will live longer, many with chronic health conditions and functional limitations. Socioeconomic and cultural differences among racial and ethnic groups will continue to put some groups at high risk for poor health outcomes and in need of greater access to health care; those living in poverty or near poverty will often be at high risk.

Despite good news and progress on a number of health issues, there are some alarming national trends. Even with decreases in cigarette smoking, in 2001 about 25% of men and 21% of women were smokers. Unhealthy weight, obesity, and physical inactivity among adults and children are significant risk factors for several chronic diseases, including diabetes and hypertension, and these factors have not shown improvement. Obesity is increasing at an alarming rate. Prevalence of diabetes has steadily increased over the last 50 years. In 2002, more than six percent of the adult non-institutionalized population reported they had diabetes and this is considered to be a conservative estimate.

The Texas Department of Health reports the following statistics about the State of Texas for 2001 (most recent data available) (<http://www.tdh.state.tx.us/dpa/cfs01/texas01.PDF>):

- 383,588 Children enrolled in Children's Health Insurance Program (CHIP)
- 365,059 Total live births
- 175,643 (48.2%) Medicaid covered births
- 19,754 (5.4%) births to adolescent mothers (<18)
- 113,280 (31%) births to unmarried mothers
- 27,585 (7.6%) low birth weight births
- 151,526 Deaths from all causes
- 57,096 Deaths from cardiovascular disease
- 33,437 Deaths from all cancers
- 7,735 Deaths from chronic low respiratory diseases
- 5,445 Deaths from diabetes
- 7,854 Deaths from unintentional injury (Accidents); 3,922 from motor vehicle injury
- 1,407 Deaths by homicide
- 2,214 Deaths by suicide
- 475 Deaths from work-related industry
- 32,281 Direct patient care physicians
- 136,353 Registered nurses

- 7,561 Dentists
- 470 Acute Care Hospitals
 - 73,993 Licensed beds
 - 56,898 Staffed beds
 - 1,143 Nursing homes

Issues related to Health and Well-being

- Access to Health Care – Relates primarily to the inability of many individuals and families to receive health care due to the high cost of care and the lack of health insurance.
- Long-term care and support for chronic conditions – As the age of the population increases over the next years, there will be a growing need for these services.
- Mental health care and substance abuse services – Health insurance policies often provide very limited benefits for mental health services. There is often a link between mental disorders and substance abuse.
- Behavioral indicators such as alcohol and other drug use, and obesity (as well as others) are important factors in influencing life expectancy.
- Diseases: AIDS, Tuberculosis, Hepatitis C – Advances in technology and medical research are enabling those with serious conditions to better manage their lives. The costs are high, however, and there is increasing need.
- Mortality: Heart disease, cancer, strokes, diabetes – Heart disease, cancer and cardiovascular diseases have consistently been the top three causes of death in Texas; together they account for about 60% of all deaths. These causes of death are sometimes affected by genetic, environmental, and other factors. They are also influenced by lifestyles, early detection, diagnosis and treatment.
- Jim Wells County has a child death rate of 42 per 100,000, which is substantially higher than the state rate of 25 per 100,000.
- Four of the area counties had a teen violent death rate that is higher than the state rate of 54.4 per 100,000. Refugio had the highest rate at 157.2 teen violent deaths per 100,000.

Part I. Summary of the Results

Part I. Summary of the Results are presented in charts that show converging perspectives on key indicators used to explore the Target Need Area. Key indicators are presented in the chart along with a brief summary conclusion based on an analysis of patterns of convergence between different perspectives used in this study. Key indicators are pieces of information, facts, or statistics that provide insight into the condition of a Target Need Area in the community. The intent of this section is to summarize the analysis of the key indicators from all the different methods used in this project. Brief findings are found in the left column of the chart. More detailed findings are presented in **Part V. Findings and Conclusions**.

Specific indicators were selected based on previous research. A brief review of key indicators selected for inclusion in this chart follow:

- **Indicators of Access to Health Care**

The lack of affordable and available health care presents major barriers for a number of residents. The indicators of access to health care for this report are:

- The number of available Physicians and Health Care Workers
- The number of individuals with Medical Insurance Coverage
- The availability of Emergency Medical Services (EMS)

- **Indicators of Diseases and Mortality**

Management of symptoms of disease can significantly impact the overall quality of life.

Texans in the 12CR are dying at accelerated rates from diseases that may not be managed as efficiently as in other regions of the state. As is the case with effective management of all diseases and medical conditions, early detection and treatment can extend or save lives. Advances in medical science allow people to manage serious illness and live a fuller, longer life than previous generations. The indicators of disease and mortality rates selected in this report are:

- Prevalence of Cardiovascular Disease
- Prevalence of Aging
- Prevalence of Cancer
- Prevalence of Diabetes
- Prevalence of Hypertension
- Available resources for early detection and screening of medical conditions

- **Indicators of Mental Health**

Mental illness is an issue that affects a large number of people and has very damaging impact on individual and families and also on schools employers and society in general.

Prevalence rates indicate that mental illness is a growing problem. The issue is complicated because societal attitudes toward mental illness prevent many individuals and families from seeking help due to embarrassment or perceptions of stigma associated with admission of some form of mental illness. The indicators of mental illness used in this report are:

- Number of Persons with diagnosed Mental Disorders
- Suicide rates in the 12CR and Texas

Concern: Need finding	Personal Perspectives		Archival Context	
	Health	Citizens¹	Informants	Archival
<p>Self assessment of health status <i>The percentage of women over 35 receiving mammograms is as low in the 12CR as the state at .3%. The low rate of mammography was surprising. The State offers free mammogram services to low income women yet the services are underutilized. Babies are born of low birth weight in the 12CR at a rate that is 23.6% higher than the state average. In McMullen County the rate is 1.7 times the state rate. The low rate of immunization is a public health challenge for the state and the nation as a whole. Texas remains near the bottom of the 50 states in the percentage of children receiving immunizations.</i></p>	<p>Up to 41.6% of citizens rated their health as excellent. Up to 61.7% of citizens rated their health as average.</p>	<p>90% of KI describe that community members are not fully aware of preventative measures and lifestyle issues that promote healthy lifestyles and management of chronic conditions.</p>	<p>5 counties have a total of 22 certified mammogram locations performing 799 mammograms.</p> <p>Low birth weight babies 9.4% in region; rates in the 12 CR ranged from 0% to 20%.</p>	<p>554 certified mammogram locations performing 18846 mammograms.</p> <p>74.4% report having had a drink 1-10 days out of the month.</p> <p>19.8% report binge drinking.</p> <p>22.9% current smokers.</p> <p>29.3% no leisure time activity.</p> <p>25.5% obese according to Body Mass Index.</p> <p>37.3% overweight according to the Body Mass Index.</p> <p>7.6% of all babies in Texas have low birth weight.</p>

Concern: Need finding	Personal Perspectives		Archival Context	
	Health	Citizens¹	Informants	Archival
<p>Available Health resources: <i>Residents in 12CR have more 2.5 times the ratio of population per physicians and nurses than the state average. Prenatal care is almost 3 times more likely to be received by individuals state wide than in the region.</i></p> <p>Processing of Recent Medical Crisis <i>Because of the relative scarcity of health resources, residents in 12CR face formidable barriers to receiving the help they need.</i></p>	<p>Up to 10.6% of citizens reported that their household needed health care but did not receive it.</p> <p>Up to 28% are expected to have a medical crisis in a 12 month period.</p> <p>Up to 64.6% of citizens reported that they did not know a place to get help from; and</p> <p>Up to 23.8% of citizens will or have not received help because of cost; and</p> <p>Up to 12.8% of citizens did not receive help because of an inability to get an appointment.</p>	<p>26% estimate that over 25% of population needed medical attention but did not receive it.</p> <p>25% of Key Informants describe help for serious medical conditions as unavailable or difficult to access.</p>	<p>The ratio of citizens / direct care physicians is 1633/1 in the 12CR.</p> <p>The ratio of citizens to nurses in the 12CR is 405/1.</p> <p>2.5% of pregnant mothers receive prenatal care. *Note that 0% of pregnant mothers to be in McMullen county received prenatal care and that county had the highest rate of low birth weight babies (20%).</p> <p>EMS services available: Median 46/population.</p>	<p>The ratio of citizens / direct care physicians is 661/1 in the Texas.</p> <p>The ratio of citizens to nurses in Texas is 156/1.</p> <p>6.1% of mothers e in the state receive adequate prenatal care.</p> <p>3489 EMS vehicles permitted in the state.</p> <p>49,562 EMS personal certified in the state.</p>
<p>No insurance <i>Both the number of percentage of children and adults without health insurance is greater in the 12CR than in the state. Children in the 12CR are 7% less likely to have insurance than children across the entire state. Adults in the 12CR are 28.5% less likely to have insurance than residents of Texas overall.</i></p>	<p>Up to 18.4% of households reported not having any insurance coverage.</p>	<p>92% of KI recognize that the lack of health insurance prevents many individuals from getting the medical help they need.</p>	<p>15% of children in 12CR have no health insurance.</p> <p>36% of adults in the 12CR have no health insurance.</p>	<p>14% of children in State have no health insurance.</p> <p>28% of adults in Texas have no health insurance.</p>
<p>Cardiac issues <i>The percentage of deaths in the 12CR resulting from cardiovascular disease is similar to that of the state.</i></p>	<p>Up to 27.0% of citizens reported cardiac difficulties for someone in their household.</p>	<p>14% of KI report that assistance with cardiovascular difficulties is unavailable or difficult to access.</p>	<p>37% of all deaths in benchmark year were due to cardiovascular disease.</p>	<p>38% of all deaths in benchmark year were due to cardiovascular disease.</p>

Concern: Need finding	Personal Perspectives		Archival Context	
Health	Citizens¹	Informants	Archival	State/National
<p>Diabetes <i>Diabetes rates in 12CR are about 1.5 times greater than the state average. The incidence of diabetes is related to obesity and poor nutrition.</i></p>	<p>Up to 35.4% of households reported a resident who was diabetic.</p>	<p>27% of KI reported that services for diabetes unavailable or difficult to access.</p>	<p>The prevalence of diabetes in the 12CR is 42.1/1000.</p>	<p>The prevalence of diabetes at the state level is 31.6/1000.</p>
<p>Cancer <i>Residents of 12CR are affected with cancer at the same rates as residents of the entire state. Discrepancies in the rate of detection and timeliness of treatment are likely given the relatively reduced access to medical care in the 12CR.</i></p>	<p>Up to 10.6% of citizens have personal experience or a household member with a cancer diagnosis.</p>	<p>20% of KI report that assistance with cancer is unavailable or difficult to access.</p>	<p>22% of all deaths in the 12CR are from cancer.</p>	<p>22% of all deaths in Texas are caused by cancer.</p>
<p>Hypertension <i>The population of 12CR suffers disproportionately from hypertension when compared to residents of the state. Residents in the 12CR are 27.7% more likely to suffer from hypertension than state residents. This disease tends to complicate risk and vulnerability to a variety of other diseases (e.g., cardiovascular, respiratory disorders)</i></p>	<p>UP to 27% of citizen respondents have hypertension.</p>	<p>14% of KI report that assistance with hypertension is unavailable or difficult to access.</p>	<p>The prevalence of hypertension in 12CR is 129.9/1000.</p>	<p>The prevalence of hypertension in Texas is 101/1000.</p>
<p>Alzheimer's <i>All 12 counties have a greater percentage of persons over 65 than the state. Older Texans often live in rural areas, have severe disabilities, and/or suffer from Alzheimer's disease or related disorders with neurological and organic brain dysfunction.</i></p>	<p>Up to 8.3% households reported personal experience of a household member having Alzheimer's disease.</p>	<p>29% of KI describe help with complications associated with aging including Alzheimer's disease was unavailable or difficult to access in the 12CR.</p>	<p>County and state rates of Alzheimer's are difficult to estimate.</p>	<p>The national incidence of Alzheimer's disease is estimated to be close to 3 million.</p>

Concern: Need finding	Personal Perspectives		Archival Context		
	Health	Citizens ¹	Informants	Archival	State/National
Immunization <i>The low rate of immunization is a public health challenge for the state and the nation as a whole. Texas remains near the bottom of the 50 states in the percentage of children receiving immunizations.</i>	Up to 8.3% of households were unable to immunize their children.	90% of the KIs report that families are not fully aware of preventative measures and lifestyle issues that promotes healthy lifestyles and management of chronic conditions.	185,425 people under the age of 20 received vaccine doses.	74.9% of children in Texas received immunizations in the base year. Texas ranks 43 rd in the nation for the % of children immunized.	
Recent Mental Health Crisis <i>The rate of mental disorders, specifically depression and anxiety, is similar to the state rate. There were an estimated 81,123 adults with mental illness in the 12CR. Over half of all the adults with mental illness live in Nueces County. A large percentage of this group never seeks help.</i>	<p>Up to 4.6% of households reported the occurrence of a mental health crisis within the past 12 months.</p> <p>Up to 48.7% of households reported not knowing of a place to go for help;</p> <p>Up to 37.5 could not get an appointment for help</p> <p>Up to 4.6% of households indicated that a member had some type of development disorder (e.g., attentional deficit or mental retardation).</p>	<p>10% of KI reported that help for the mentally impaired was unavailable or difficult to access</p> <p>31% or KI reported that help with developmental disorders was unavailable or difficult to access.</p>	TDMHMR estimates that over 81,123 adults in the 12CR suffered from some type of mental disorder in the 12CR; and 19,000 adults in the 12CR suffer from depressive disorders, while over 6,500 suffer from znxiety.	Estimates of incidence of mental illness at the state are similar to those estimated for the 12CR.	

Part II. Archival Analysis

Part II. Archival Analysis is a synthesis and update of previous research concerning the Target Need Area. An extensive review has been conducted and pertinent findings are detailed in this section along with a brief narrative. The intent of this section is to provide a wider context for considering the issue. Primary data sources are provided here and also in the **Sources** section at the end of the report. Readers are encouraged to consult these primary sources for more details.

Below is a chart showing mortality rate and causes of death of the 12 county area. Approximately 37% of the deaths were due to cardiovascular disease, a rate similar to the state rate of 38%. Twenty-two percent of the

deaths were due to all types of cancer including lung and breast cancer. Five percent of the deaths were due to chronic lower respiratory disease. Five percent were due to diabetes. Four percent were due to accidents. Less than one percent of the deaths were due to homicides. Just over one percent of deaths were due to suicide. Work related deaths were less than half of one percent. One percent of the deaths were categorized as infant deaths. Fetal deaths also include less than one percent of the deaths.

Mortality Rate											
County	All Causes	Cardio	Cancer	Respi-ratory	Dia-betes	Acci-dents	Hom-icide	Sui-cide	Work	Infant	Fetal
<i>Aransas</i>	299	102	77	20	10	10	3	5	0	5	3
<i>Bee</i>	227	74	47	18	9	19	0	4	1	3	0
<i>Brooks</i>	69	27	16	1	3	3	0	1	0	0	3
<i>Duval</i>	133	54	28	1	5	11	3	1	0	0	0
<i>Jim Wells</i>	335	147	79	12	12	11	3	3	1	2	3
<i>Kenedy</i>	5	1	0	0	1	2	0	0	0	0	0
<i>Kleberg</i>	236	108	46	8	11	8	2	1	0	2	1
<i>Live Oak</i>	120	47	32	7	5	4	0	0	0	2	1
<i>McMullen</i>	9	4	0	0	0	1	0	0	0	0	0
<i>Nueces</i>	2,535	892	545	129	131	79	22	34	8	38	41
<i>Refugio</i>	93	39	18	3	8	4	0	0	1	2	0
<i>San Patricio</i>	523	182	127	36	31	22	3	6	5	6	8
<i>Area</i>	4,584	1,677	1,015	235	226	174	39	55	16	60	60
<i>Texas</i>	149,763	57,145	33,298	7,284	5,195	7,602	1,329	2,093	489	2,064	2,037

Source: Texas Department of Health (2000) <http://www.tdh.state.tx.us/dpa/CSHDPA00.HTM>

Below is a display of the number citizens with diabetes and the prevalence per 1,000. Just over 23,000 cases of diabetes have been reported in the 12 county area. The median number of cases of diabetes is 766 per 1,000 and the prevalence rate per 1,000 is 42.1 well above the state prevalence rate of 31.6 per 1,000.

Diabetes Prevalence		
County	Number of Diabetes	Prevalence per 1000
<i>Aransas</i>	766	34.4
<i>Bee</i>	1,220	43.6
<i>Brooks</i>	470	55.0
<i>Duval</i>	758	56.3
<i>Jim Wells</i>	1,959	49.0
<i>Kenedy</i>	15	34.2
<i>Kleberg</i>	1,276	42.1
<i>Live Oak</i>	376	36.6
<i>McMullen</i>	N/A	N/A
<i>Nueces</i>	13,206	41.5
<i>Refugio</i>	309	39.1
<i>San Patricio</i>	2,984	43.0
<i>Texas</i>	612,539	31.6

Source: 2003 Community Needs Assessment CHRISTUS Spohn Health System

The following table shows the prevalence of hypertension (high blood pressure) per 1,000 for the year 2000. Almost 70,000 patients have been diagnosed with hypertension in the 12 county area. Each county's individual prevalence rate exceeds the state prevalence rate of 101.7 per 1,000. The median prevalence rate per 1,000 in the 12 county area is 129.9. Jim Wells experiences the highest rate at 172.4 per 1,000.

Hypertension Prevalence Per 1000 (2000)		
County	Patients	Prevalence Per 1000
<i>Aransas</i>	2,955	148
<i>Bee</i>	3,195	115.5
<i>Brooks</i>	1,154	137.6
<i>Duval</i>	1,971	129.9
<i>Jim Wells</i>	6,597	172.4
<i>Kenedy</i>	56	128.6
<i>Kleberg</i>	3,399	116.5
<i>Live Oak</i>	1,411	135.3
<i>McMullen</i>	N/A	N/A
<i>Nueces</i>	36,611	115.5
<i>Refugio</i>	1,035	133.7
<i>San Patricio</i>	9,958	129.9
<i>Texas</i>	2,064,354	101.7

Source: 2003 Community Needs Assessment
CHRISTUS Spohn Health System

The following chart shows the adequacy of health professional resources for the 12 county area. The median ratio of population per Direct Care Physician in the 12 county area is 1633 to one, more than double (2.67x) the ratio for the state. Similarly, the median ratio of population per registered nurses in the 12 county area is 405 to one, more than double (2.59x) the ratio for the state.

Health Resources (Health Professionals)

	Direct Patient Care Physicians	Ratio of Population per Direct Care Physician	Ratio of Population per General/Family Practice	Ratio of Population (Females 15-44) per ob/gyn	Registered Nurses	Ratio of Population per Registered Nurse	Dentists	Ratio of Populations per Dentist
Aransas	19	1,197	2,527	3,863	37	615	6	3,791
Bee	20	1,617	3,233	5,339	126	257	6	5,388
Brooks	3	2,613	7,839	--	18	436	0	--
Duval	5	2,625	6,562	--	22	352	2	3,872
Kenedy	0	--	--	--	115	273	12	2,618
Kleberg	17	1,848	6,284	3,605	2,730	115	113	2,784
Jim Wells	42	948	3,981	--	14	937	0	--
Live Oak	3	4,101	6,152	--	14	879	2	6,152
McMullen	1	853	--	--	1	853	0	--
Nueces	699	450	2,940	1,791	2,730	115	113	2,784
Refugio	4	1,936	7,743	--	22	352	2	3,872
San Patricio	31	2,172	3,543	--	170	396	14	4,809
State	32,281	661	3,829	2,297	136,353	156	7,561	2,820

Texas Department of Health, Selected Health Facts 2001 <http://www.tdh.state.tx.us/dpa/CSHDPA01.HTM>

The following chart shows the health resources for the 12 county area in terms of health facilities. Six counties have no acute care hospitals, licensed beds or staffed beds. Bee, Kleberg and Refugio Counties each have one acute care facility. Jim Wells County has two. Two counties (McMullen and Kenedy) do not have nursing care facilities.

Health Resources (Health Facilities)

	Acute Care Hospitals	Licensed Beds	Staffed Beds	Disproportionate share hospital payments	Nursing Homes	Licensed Beds
Aransas	0	0	0	\$ 0	2	182
Bee	1	69	67	\$ 2,031,900	2	221
Brooks	0	0	0	\$ 0	1	98
Duval	0	0	0	\$ 0	1	90
Jim Wells	2	137	187	\$ 2,213,096	4	499
Kenedy	0	0	0	\$ 0	0	0
Kleberg	1	28	100	\$ 3,230,785	2	282
Live Oak	0	0	0	\$ 0	2	174
McMullen	0	0	0	\$ 0	0	0
Nueces	8	49	1,385	\$ 46,295,022	14	1,895
Refugio	1	97	20	\$ 239,008	2	154
San Patricio	1	14	69	\$ 0	5	569
State	470	73,993	56,898	\$903,038,608	1,143	125,864

Texas Department of Health, Selected Health Facts 2001

<http://www.tdh.state.tx.us/dpa/CSHDPA01.HTM>

The following chart shows the number of emergency vehicles with a permit to operate and the number of Emergency Medical Services certified personnel in the 12 county area. Kenedy and Live Oak Counties do not have emergency vehicles. The median for EMS personnel is 46, however; Kenedy County has only one and McMullen has less than ten.

Emergency Medical Services

	Emergency vehicles permitted	EMS personnel certified
Aransas	4	59
Bee	4	65
Brooks	4	15
Duval	5	34
Jim Wells	7	132
Kenedy	0	1
Kleberg	7	107
Live Oak	0	19
McMullen	2	9
Nueces	68	878
Refugio	3	26
San Patricio	12	196

Texas Department of Health, Selected Health Facts 2001

<http://www.tdh.state.tx.us/dpa/CSHDPA01.HTM>

Texas Department of Mental Health and Mental Retardation (TDMHMR) estimates that in 2003, there were 81,123 adults with mental illness in the 12 county area. Over half of all the adults with mental illness live in Nueces County. TDMHMR estimates that over 19,000 adults in the 12 county area suffer from depressive disorders, while over 6,500 suffer from Anxiety. The median number of adults with mental illness per county in the region is 2724. TDMHMR also estimates that only one quarter of individuals with mental illness seek help. TMHMR estimates of the prevalence of mental illness are extrapolated from population estimates and the rate of mental illness for the entire state, without regard to county specific considerations. Based upon other circumstances in the 12 county area (poverty rates, educational attainment, etc.), these estimates are mostly likely conservative.

	All Adults with Mental Illness	Adults with Depressive Disorders	Adults with Anxiety
Aransas	3510	858	286
Bee	5000	1222	407
Brooks	1115	272	91
Duval	1877	459	153
Jim Wells	5500	1344	448
Kenedy	62	16	5
Kleberg	4782	1168	390
Live Oak	1938	473	158
McMullen	134	32	11
Nueces	46303	11317	3772
Refugio	1165	285	95
San Patricio	9737	2380	793
Area	81123	19826	6609
Texas	3101236	757961	252653

Source: Texas Department of Mental Health Adult Mental Health Prevalence/Priority Population Data 2001-2005

<http://www.mhmr.state.tx.us/CentralOffice/ProgramStatisticsPlanning/Data.html>

The following table shows the estimated uninsured population as of November 2002. The table shows the number and percent of those less than 19 years of age and the number and percent of those between the ages of 19 and 64. As of November 2002, 24,034 people under the age of 19 years were uninsured. Nine counties have a rate at or above the state average of 14%. Additionally, 114,697 people between the ages of 19 and 64 years were uninsured. For people between the age of 19 and 64, all 12 counties have a rate higher than the state average of 28.2%. From 1994 to 2000, the medical care component of the Consumer Price Index rose 23.6% compared to a rise of 16.2% for all items.

Estimated Uninsured Population as of November 2002				
	Under 19 years		19-64 years	
County	Number	Percent	Number	Percent
<i>Aransas</i>	1,113	20.0	4,473	35.1
<i>Bee</i>	1,440	17.8	8,122	38.0
<i>Brooks</i>	368	14.1	1,970	45.9
<i>Duval</i>	492	12.2	3,102	41.9
<i>Jim Wells</i>	1,889	14.5	8,847	40.2
<i>Kenedy</i>	40	32.6	111	44.8
<i>Kleberg</i>	1,601	17.4	7,803	39.0
<i>Live Oak</i>	448	15.9	2,478	32.6
<i>McMullen</i>	66	32.5	160	32.7
<i>Nueces</i>	13,233	14.0	63,256	33.0
<i>Refugio</i>	304	14.2	1,532	34.4
<i>San Patricio</i>	3,040	13.5	12,843	32.1
<i>Texas</i>	886,000	14.0	3,680,601	28.2

Source: Health and Human Services Commission Report August 2003 (2000)

<http://www.hhsc.state.tx.us/research/ProgStats/databook200308.pdf>

With reference to other programs for social assistance, this chart shows the number of children enrolled in the Children’s Health Insurance Program (CHIP). CHIP provides health insurance coverage to uninsured children whose family income is up to 200 percent of the federal poverty level (monthly income of \$3,142 for a family of four). For the 12 county area, the median number of children enrolled in CHIP is 521, with a high in Nueces County of 7,604.

This chart also shows the number of Medicaid eligible and the number of Medicaid covered births. Two thirds of all births in the 12 county area are Medicaid eligible (66.6%), well above the average rate of births covered by Medicare in the state (48.2%). In Duval County, 80% of births are Medicare covered; similarly, in Brooks County, 79% are Medicare covered.

	Average Monthly TANF	Average Monthly Food Stamp Participants	Unduplicated Count of Medicaid Eligible	Per Capita Personal Income	Kids Enrolled in the Children’s Health Insurance Program-CHIP	Persons Living Below Poverty (2001) Total	0-17 Year	18 Years and over	Medicaid covered Births
Aransas	736	2,307	4,540	\$26,339	482	4,591 / 20.6%	1,732/ 33.1%	2,859/ 16.8%	169/ 66.5%
Bee	760	3,394	6,057	\$15,141	684	6,965 / 28.2%	2,324/ 31.8%	4,641/ 26.7%	282/ 66.8%
Brooks	877	2,280	3,279	\$18,396	269	2,739 / 36%	1,097/ 45.8%	1,642/ 31.5%	93/ 78.8%
Duval	803	2,801	4,477	\$15,611	560	3,391/ 27.5%	1,263/ 34.5%	2,128/ 24.5%	151/ 79.9%
Jim Wells	1,662	7,206	11,474	\$19,865	1,398	9,319/ 23.7%	3,732/ 30.5%	5,587/ 20.6%	446/ 67.0%
Kenedy	0	19	27	\$27,576	18	79/ 19.7%	34/ 32.2%	45/ 15.2%	0/ 0%
Kleberg	1,167	5,101	7,722	\$19,164	645	7,300/ 24.6%	2,646/ 31.6%	4,654/ 21.8%	363/ 71.9%
Live Oak	217	785	1,765	\$17,231	254	2,025 / 19.2%	615/ 23.6%	1,410/ 17.8%	70/ 58.8%
McMullen	1	20	53	\$29,489	22	110/ 12.9%	37/ 19.5%	73/ 11.0%	3/ 37.5%
Nueces	9,195	36,629	61,099	\$25,091	7,604	58,265/ 18.9%	22,627/ 25.9%	35,638/ 16.1%	3,039/ 59.4%
Refugio	227	884	1,704	\$26,111	189	1,350/ 17.7%	483/ 24.3%	867/ 15.4%	78/ 69.6%
San Patricio	2,035	8,669	14,353	\$20,495	2,283	12,164/ 18.6%	5,047/ 24.5%	7,117/ 15.9%	678/ 56.8%
State	349,803	1,394,384	2,695,259	\$28,472	383,588	14.6%	20.7%	12.1%	48.2%

Texas Department of Health, Selected Health Facts 2001

<http://www.tdh.state.tx.us/dpa/CSHDPA01.HTM>

The chart below shows the percentage of low birth rate babies and percentage of mothers receiving little to no prenatal care as indicators of infant health. The percentage of low birth weight babies born in the area was greater than the state percentage of 7.6% in ten of the counties. The median rate for the 12 county area is 9.4%. The percentages of area mothers receiving little or no prenatal care was substantially lower than the state percentage of 6.1% in all counties.

Infant Health		
County	Low Birth Weight Babies	Mothers Receiving Little/No Prenatal Care
<i>Aransas</i>	14.5%	4.4%
<i>Bee</i>	9.5%	2.8%
<i>Brooks</i>	9.8%	5.3%
<i>Duval</i>	9.7%	1.0%
<i>Jim Wells</i>	9.7%	2.8%
<i>Kenedy</i>	0.0%	0.0%
<i>Kleberg</i>	9.2%	0.8%
<i>Live Oak</i>	8.5%	1.6%
<i>McMullen</i>	20.0%	0.0%
<i>Nueces</i>	8.4%	2.1%
<i>Refugio</i>	5.7%	1.9%
<i>San Patricio</i>	8.8%	2.0%
<i>Texas</i>	7.6%	6.1%

Source: State of Texas Children 2003 (2001)

http://factbook.cppp.org/county_select.asp

This chart shows the number of immunizations administered in the 12 county area in 2001. As a whole, the State of Texas lags behind most other states in child immunizations, ranking 43rd with 74.9% of all children being immunized in 2002. However, the state rate has improved from its ranking of 50th in 2000.

Immunization Division

	Vaccine doses administered (less than age 20)
<i>Aransas</i>	2,686
<i>Bee</i>	11,433
<i>Brooks</i>	4,121
<i>Duval</i>	10,887
<i>Jim Wells</i>	7,063
<i>Kenedy</i>	98
<i>Kleberg</i>	7,992
<i>Live Oak</i>	1,396
<i>McMullen</i>	164
<i>Nueces</i>	119,565
<i>Refugio</i>	1,733
<i>San Patricio</i>	18,287

Texas Department of Health, Selected Health Facts 2001

<http://www.tdh.state.tx.us/dpa/CSHDPA01.HTM>

Below is a table showing child deaths (rate per 100,000) and teen violent deaths (rate per 100,000). Jim Wells County has a child death rate of 42 per 100,000, which is substantially higher than the state rate of 25 per 100,000. Four of the area counties had a teen violent death rate that is higher than the state rate of 54.4 per 100,000. Refugio had the highest rate at 157.2 teen violent deaths per 100,000. Seven of the 12 counties show no child deaths and six of the counties show no deaths due to teen violence.

Children's Security		
County	Child Deaths (rate per 100,000)	Teen Violent Deaths (rate per 100,000)
<i>Aransas</i>	24.9	0
<i>Bee</i>	17.6	79.1
<i>Brooks</i>	0	0
<i>Duval</i>	0	84.3
<i>Jim Wells</i>	42.0	27.8
<i>Kenedy</i>	0	0
<i>Kleberg</i>	0	0
<i>Live Oak</i>	0	0
<i>McMullen</i>	0	0
<i>Nueces</i>	16.2	35.2
<i>Refugio</i>	0	157.2
<i>San Patricio</i>	18.7	68.3
<i>Texas</i>	25.0	54.4

Source: State of Texas Children 2003 (2001) Abuse (2002)
http://factbook.cppp.org/county_select.asp

The chart below displays reported cases of communicable diseases reported for the 12 county area in 2000. Chlamydia is the most prevalent communicable disease with over 2,000 cases reported. Gonorrhea is second with almost 1,000 cases and chicken pox is third with about 500 cases. Syphilis and Hepatitis A have the two lowest numbers of reported cases in the area with one reported case of Syphilis in the 12 county area and nine reported cases of Hepatitis A in the area.

Communicable Diseases – Reported Cases							
County	TB	Syphilis	Gonorrhea	Chlamydia	AIDS	Hepatitis A	Varicella (Chicken pox)
<i>Aransas</i>	1	0	17	51	0	0	0
<i>Bee</i>	0	0	30	112	1	0	44
<i>Brooks</i>	0	0	9	34	0	0	2
<i>Duval</i>	0	0	2	33	0	0	0
<i>Jim Wells</i>	2	0	16	135	2	2	3
<i>Kenedy</i>	0	0	0	0	0	0	0
<i>Kleberg</i>	2	0	28	160	1	0	7
<i>Live Oak</i>	0	0	1	18	0	0	0
<i>McMullen</i>	0	0	0	2	0	0	0
<i>Nueces</i>	24	1	774	1523	37	6	441
<i>Refugio</i>	0	0	4	6	0	0	0
<i>San Patricio</i>	2	0	56	148	0	1	9
<i>Area</i>	31	1	937	2,222	41	9	506
<i>Texas</i>	1,506	398	32,894	68,758	2,790	1,936	7,003

Source: Texas Department of Health (2000)

<http://www.tdh.state.tx.us/dpa/CSHDPA00.HTM>

The following chart shows the number of HIV and AIDS cases in the 12 county area as well as the number of individuals living with these diseases. The AIDS virus has affected approximately 1,500 lives in the 12 county area. Only a little more than half of those individuals with HIV and AIDS are living with this disease in the 12 county area.

HIV and AIDS Cases			
County	HIV	AIDS	Living with HIV/AIDS
<i>Aransas</i>	3	29	14
<i>Bee</i>	4	29	19
<i>Brooks</i>	0	6	3
<i>Duval</i>	2	7	6
<i>Jim Wells</i>	1	28	13
<i>Kenedy</i>	0	0	0
<i>Kleberg</i>	1	36	13
<i>Live Oak</i>	1	8	6
<i>McMullen</i>	0	0	0
<i>Nueces</i>	121	674	417
<i>Refugio</i>	0	2	2
<i>San Patricio</i>	11	69	34
<i>Area</i>	144	888	527
<i>Texas</i>	16,980	61,534	44,540

Source: Texas Department of Health (2003)
<http://www.tdh.state.tx.us/hivstd/stats/default.htm>

Below is a display of substance related deaths divided into drug and alcohol related deaths. The Texas Commission on Alcohol and Drug Abuse reported 382 alcohol related deaths and 65 drug related deaths in the 12 county area in 1998. Nueces County has the highest number of alcohol related deaths at 208 and the highest number of drug related deaths at 42. The median number of alcohol related deaths for the 12 county area is 16 and the median number of drug related deaths in the area is 3.

Substance Related Deaths		
County	Adult	
	Alcohol-Related Deaths	Drug-Related Deaths
<i>Aransas</i>	30	3
<i>Bee</i>	15	2
<i>Brooks</i>	17	2
<i>Duval</i>	8	2
<i>Jim Wells</i>	25	7
<i>Kenedy</i>	0	Na
<i>Kleberg</i>	17	4
<i>Live Oak</i>	4	Na
<i>McMullen</i>	1	Na
<i>Nueces</i>	208	42
<i>Refugio</i>	6	Na
<i>San Patricio</i>	51	3
<i>Area</i>	382	65

Source: Texas Commission on Alcohol and Drug Abuse (1998)
<http://www.tcada.state.tx.us/research/statistics/>

The following is a chart showing the number of admissions from adults who have used various substances such as alcohol, cocaine (powder), crack cocaine, and heroin. Alcohol, crack cocaine and heroin are the substances most often abused in the state. Cocaine power is the drug used least often in the state.

Area	Adult Admissions for Substance Abuse					
	All Drugs	Alcohol	Cocaine (Powder)	Crack Cocaine	Heroin	Other
<i>Aransas</i>	58	14	11	6	18	9
<i>Bee</i>	14	5	***		4	***
<i>Brooks</i>	22	4	9	7		***
<i>Duval</i>	20	8	8	***		***
<i>Jim Wells</i>	124	69	15	5	18	16
<i>Kenedy</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>Kleberg</i>	26	6	11	5	***	***
<i>Live Oak</i>	18	8	***		6	***
<i>McMullen</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>Nueces</i>	1,558	546	131	328	390	163
<i>Refugio</i>	***			***		***
<i>San Patricio</i>	165	50	30	21	30	34
<i>Texas</i>	40,793	14,027	3,187	8,644	4,983	9,952

*** Number less than 4, not reported to protect identity

Source: Texas Commission on Alcohol and Drug Abuse (2002)

<http://www.tcada.state.tx.us/research/statistics/index.shtml>

Part III. Citizens' Perspectives

Part III. Citizens' Perspectives contains some of the results of the 1000+ random telephone surveys, the 18 Community Listening sessions, and the 18 Community Response sessions. The highlights of these components of the study are detailed in the next section. For more detailed information about the survey results or the community sessions, the reader should consult the appendices of this report

Almost one quarter of those surveyed reported that they have experienced a serious physical illness in the last 12 months. Almost one third of the survey participants have experienced complications from obesity and weight management issues, including diabetes. Almost one quarter of those surveyed have experienced cardiovascular complications like heart disease and hypertension. Eight percent have been diagnosed with cancer. Seven percent have experienced neurological problems while six percent reported complications with aging (e.g.. Arthritis, Parkinson's disease, Alzheimer's).

Randomly selected citizens commented about serious physical illness or medical conditions:

- 24% experienced serious physical illness in the last 12 months

The following table illustrates the types of problems:

Complications from Obesity/weight management issues (diabetes, arthritis, mobility, and accessibility restrictions, wellness programs, group support)	31%
Cardiovascular complications (Heart disease; high blood pressure)	23%
Cancer	8%
Visual or hearing problems	2%
Neurological disorders	7%
Developmental disorders (attention deficit, mental retardation)	3%
AIDS and HIV conditions	0
Complications associated with the Aging Process (such as arthritis, mobility limitations, Parkinson's disease, Alzheimer's)	6%
Other	13%

Of those who experienced serious physical illness, most sought help. Most common was seeking help from independent health care professionals. Other resources were also used, but not to the extent of use of independent health care professionals.

- 88% sought help with these problems

The following table illustrates where they sought help:

Family Member	4%
Friend	3%
Social Service Agency	3%
Independent Professional	80%
Church Organization	2%
Other	7%

Some individuals reported experiencing barriers to obtaining help for a serious physical illness or medical condition. Most of those experiencing such an obstacle did not know where to go for assistance. Many thought that help was too expensive (20%) while some could not get an appointment (10%) and others could not get time off work (10%).

- 7% who experienced serious physical illness or medical condition experienced barriers in obtaining help

The following table illustrates barriers:

Could not get an appointment	10%
Do not know where to go for assistance	60%
Help cost too much	20%
Could not get time off from work	10%

While most of the survey participants reported that they were in average (57%) to excellent health (37%) compared to others their age, a substantial number (15%) reported that they were without any health care coverage at some time in the last 12 months. Also, eight percent of the survey participants reported that during the past 12 months either they or a member of their household needed medical attention, but they did not get it.

Randomly selected citizens commented on Health:

How would you rate your health condition compared to others your age?

Excellent	37%
Average	57%
Poor	6%
DK / NR	1%

Was there any time in the past 12 months when you were completely without any health plan or Medicaid insurance coverage at all?

Yes	15%
No	85%

During the past 12 months, was there any time when you or a member of your household, needed medical care but did not get it?

Yes	8%
No	92%
NR / DK	0

We have talked about a number of problems that people frequently experience. Have you or anyone in your household experienced a major problem in the past year we have not discussed?

Yes	4%
No	94%
DK	1%
Refused	0

Three percent of the survey participants reported experiencing serious mental illness in the last 12 months. Over half of those indicated that they sought from independent health professionals. A significant portion (18%) indicated that they relied upon a family member for help, while 12% indicated that they sought support through a social service agency. Only six percent reported that they relied upon a friend for help.

Randomly selected citizens commented about serious mental illness:

- 3% experienced serious mental illness in the last 12 months
- 52% received help

The following table indicated where they sought help:

Family Member	18%
Friend	6%
Social Service Agency	12%
Independent Professional	53%

Almost half of the survey participants (46%), reported experiencing barriers to obtaining help with dealing with mental illness. The most common barrier experienced was not knowing where to go for help (44%), followed by not being able to secure an appointment for help (33%), and not being able to get off work (11%).

- 46% reported experiencing barriers in obtaining for serious mental illness

The following table illustrates barriers to receiving assistance:

Could not get an appointment	33%
Do not know where to go for assistance	44%
Could not get time off from work	11%

Citizens’ Perspectives: Qualitative Data

Citizens in the Community Listening Sessions felt that access to health care was impeded by lack of transportation in many areas. Health care was also seen as unaffordable, particularly in rural areas with many elderly or poor residents who choose to not seek health care in order to pay for other needs, such as food and shelter. Existing prescription assistance programs, such as OATH in Bee County or the United Methodist Church Wesley Nurse program in several communities, were cited in several counties as effective and needed. Participants also commented that information often *is* available, but people are apathetic about their own care.

In rural areas, physicians’ assistants have replaced doctors, and the lack of physicians with strong community connections is seen as a serious problem. Many participants reported that elderly patients with chronic illnesses, such as those needing dialysis, must travel to other counties several times a week, leaving at 3 a.m. for full-day appointments. In far outlying counties, frustrated respondents said they felt their “plight” was being used to “enhance” the region’s demographics and need, but that corresponding services were not being provided to their residents.

Part IV. Key Informant Perspectives

Part IV. Key Informant Perspectives contains some of the findings from the survey of Key Informants and also the nine focus groups with some of these people. Key Informants are community leaders who can draw on their experiences in the community. For more detailed information about the responses from Key Informants, the reader should consult survey results and qualitative data contained in the appendices of this report.

Key Informants have identified several areas of health concerns they believe citizens in the 12 county area are currently facing. A full 90% believe that families are not fully aware of preventative measures that would promote healthier living. Key Informants believe that most people (88%) need more information on how to access healthcare for their families, and people desire to receive the medical attention they need (88%). Almost three fourths of the Key Informants believe that due to barriers, people are prevented from getting the healthcare services that are available to them. Slightly over half of the Key Informants believe that medical help for mental illness is unavailable.

Key Informants Perspectives :

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
People need more information on how to get the medical healthcare their families need	33%	55%	10%	0	2%
People need more readily available help from social service agencies in obtaining available healthcare in their community when they need it	33%	51%	12%	1%	3%
Due to barriers, people can't seem to get the health care services that are available to them	30%	43%	21%	1%	5%
Families are not fully aware of preventative measures and lifestyle issues that promote healthy lifestyles and management of chronic conditions	41%	49%	8%	1%	1%
People just want to receive the medical attention they need	33%	55%	7%	1%	4%
The medical help needed for mental illness is not available within the community	21%	31%	36%	4%	9%

When asked about availability and accessibility of healthcare, Key Informants indicated that they believe help for complications from obesity and weight management is only somewhat available and accessible (58%) or unavailable (27%). With regard to cardiovascular concerns, 59% indicated that services are only somewhat available and accessible. With regard to cancer, Key Informants indicated that services are only somewhat available and accessible (50%) or unavailable (20%). With regard to AIDS, Key Informants indicated that services are only somewhat available and accessible (44%) or unavailable (32%). With regard to complications from aging, Key Informants indicated that services are only somewhat available and accessible (51%) or unavailable (29%).

When Key Informants think about some of the major health issues for members of the community, how they perceive availability and accessibility in the community for the following services?

<u>Major health Issues:</u>	Services are :			
	Highly Available & Accessible	Somewhat Available & Somewhat Accessible	Unavailable & Difficult to access	Don't Know or No Opinion
Complications from Obesity/weight management issues (diabetes, arthritis, mobility and accessibility restrictions, wellness programs, group support)	11%	58%	27%	4%
Cardiovascular complications (Heart disease; high blood pressure)	22%	59%	14%	4%
Cancer	26%	50%	20%	4%
Visual or hearing problems	19%	50%	26%	6%
Developmental disorders (attention deficit, mental retardation)	13%	48%	31%	8%
Depression	11%	53%	28%	8%
AIDS and HIV conditions	10%	44%	32%	15%
Complications associated with the Aging Process (such as arthritis, mobility limitations, Parkinson's disease, Alzheimer's)	9%	51%	29%	12%

More than half of the Key Informants estimated that 10%-75% of people needed medical care over the last 12 months, but they did not get it. Thirty five estimated that 10- 25% of the people needed help and did not get it, the same number estimated that under 10% needed help they did not receive, 26 estimated that more than 26% of the people needed help and did not get that help.

Key Informants' estimate of percentage of contacts during the past 12 months that needed medical care but did not get it:

- a. 6 0%
- b. 35 Under 10%
- c. 35 10-25%
- d. 19 26-50%
- e. 5 51-75%
- f. 2 Over 75%

Key Informants were asked to describe barriers that people experience when seeking healthcare. They identified the expense of healthcare (93%) and the lack of insurance (92%) as major barriers experienced by most people. They also reported that having no child care (65%), dealing with managed care companies (65%) lack of transportation (65%), being too nervous or afraid to seek help (56%), and not knowing a reputable healthcare provider (55%) were all major barriers to receiving healthcare as well.

Key Informants’ Perspectives about why people cannot or will not get medical help:

Possible reasons people do not get the help they need	Presents a Major barrier	Does not present a Major barrier
a. Could not get an appointment	27%	73%
b. Don’t know good doctor/clinic to go to	55%	46%
c. It cost too much	93%	8%
d. Could not get off work	42%	58%
e. Have no one to take care of children	65%	35%
f. Wait too long in doctor’s office/clinic	53%	47%
g. No transportation to get to the doctor’s office	62%	38%
h. Couldn’t find a doctor who accepts Medicaid	45%	55%
i. No doctor speaks own language	16%	84%
j. No insurance coverage	92%	8%
k. Managed care hassles	65%	35%
l. Too nervous or afraid	56%	45%
m. Have sought help before but not been satisfied	45%	56%
n. Stigma associated with asking for professional help	41%	59%
o. Service needed does not exist	41%	60%

Key Informants were asked extensively about barriers to receiving help for mental illnesses, and they highlighted many issues. Most significantly, Key Informants identified the expense of mental healthcare (87%), lack of insurance coverage (85%), childcare issues (71%), emotional concerns (76%), managed care difficulties (66%) and lack of transportation (64%) as major obstacles to adequate medical care for mental illness. More than half of the Key Informants also identified the stigma associated with seeking professional help, having to wait too long to see a mental healthcare professional and past negative experiences when seeking help as major barriers.

Key Informants’ Perspectives about mental health issues (depression, serious mental illness, anxiety) and the reasons they perceive that prevent people from receiving the help they need.

Possible reasons people do not get the help they need	Presents a MAJOR barrier	Does not present a MAJOR barrier
a. Could not get an appointment	37%	63%
b. Don’t know good doctor/clinic to go to	63%	37%
c. It costs too much	87%	13%
d. Could not get off work	46%	55%
e. Have no one to take care of children	71%	29%
f. Wait too long in office/clinic	56%	44%
g. No transportation to get to the doctor/clinic	64%	37%
h. Couldn’t find a doctor/clinic who accepts Medicaid	48%	52%
i. No professionals speak own language	22%	78%
j. Not covered by insurance	85%	15%
k. Managed care hassles	66%	34%
l. Too nervous or afraid	67%	33%
m. Have sought help before but not been satisfied	52%	48%
n. Stigma associated with asking for professional help	59%	41%
o. Service needed does not exist	37%	63%

Most Key Informants estimated that over 26% of the population did not have any healthcare insurance coverage in the last 12 months. Thirty estimated that between 10-25% of the population did not have medical insurance.

Key Informants’ Perspectives of percentage of contacts in the community they estimate were without any healthcare coverage (Medicare, Medicaid, CHIP, private insurance) at all in the past 12 months:

- a. 2 0%
- b. 12 Under 10%
- c. 30 10-25%
- d. 35 26-50%
- e. 16 51-75%

Key Informant Perspectives: Qualitative Data

Participants in Key Informants' Sessions identified the overall negative impact of state and federal cuts on medical and mental health services, the availability of services in outlying rural areas, and the inability to get coverage for people over the Medicaid income level as serious issues. Outlying county participants expressed that their problems are used to enhance the region's statistics, but that they do not receive corresponding services. The rising cost of prescription drugs, especially for Seniors, is also a concern, as is insufficient specialized health care in rural areas.

Part V. Findings and Conclusions

- **Indicators of Access to Health Care**

- The number of available Physicians and Health Care Workers
Residents in 12CR have more 2.5 times the ratio of population per physicians and nurses than the state average. Prenatal care is almost 3 times more likely to be received by individuals state wide than in the region.
- The number of individuals with Medical Insurance Coverage
Both the number of percentage of children and adults without health insurance is greater in the 12CR than in the state. Children in the 12CR are 7% less likely to have insurance than children across the entire state. Adults in the 12CR are 28.5% less likely to have insurance than residents of Texas overall.
- The availability of Emergency Medical Services (EMS)
Because of the relative scarcity of health resources, residents in 12CR face formidable barriers to receiving the help they need.

- **Indicators of Diseases and Mortality**

- Prevalence of Cardiovascular Disease
The percentage of deaths in the 12CR resulting from cardiovascular disease is similar to that of the state.
- Prevalence of Aging
All 12 counties have a greater percentage of persons over 65 than the state. Older Texans often live in rural areas, have severe disabilities, and/or suffer from Alzheimer's disease or related disorders with neurological and organic brain dysfunction.
- Prevalence of Cancer
Residents of 12CR are affected with cancer at the same rates as residents of the entire state. Discrepancies in the rate of detection and timeliness of treatment are likely given the relatively reduced access to medical care in the 12CR.

- Prevalence of Diabetes
Diabetes rates in 12CR are about 1.5 times greater than the state average. The incidence of diabetes is related to obesity and poor nutrition.
- Prevalence of Hypertension
The population of 12CR suffers disproportionately from hypertension when compared to residents of the state. Residents in the 12CR are 27.7% more likely to suffer from hypertension than state residents. This disease tends to complicate risk and vulnerability to a variety of other diseases (e.g., cardiovascular, respiratory disorders)
- Available resources for early detection and screening of medical conditions (e.g., women’s health; cancer prevention screening; mammography etc.)
The percentage of women over 35 receiving mammograms is as low in the 12CR as the state at .3%. The low rate of mammography was surprising. The state offers free mammogram services to low income women yet the services are underutilized. Babies are born of low birth weight in the 12CR at a rate that is 23.6% higher than the state average. In McMullen County the rate is 1.7 times the state rate. The low rate of immunization is a public health challenge for the state and the nation as a whole. Texas remains near the bottom of the 50 states in the percentage of children receiving immunizations

- **Indicators of Mental Health**

- Number of Persons with diagnosed Mental Disorders
There is an estimated 81,123 adults with mental illness in the 12CR. Over half of all the adults with mental illness live in Nueces County. A large percentage of this group never seeks help.
- Developmental Disorders
Up to 4.6% of households in the citizen’s survey indicated that a member had some type of development disorder (e.g., Attentional Deficit or Mental Retardation). Thirty one percent of Key Informants reported that help with developmental disorders was unavailable or difficult to access.