

Community Health Needs Assessment

Stamford Memorial Hospital Stamford & Jones County, Texas

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PREFACE

Community Development Initiatives at Angelo State University prepared this Community Health Needs Assessment for Stamford Memorial Hospital serving Jones County, Texas. The assessment is the product of collaboration between Community Development Initiatives and West Texas Area Health Education Center, Big Country Region.

Community Development Initiatives is a community engaged program at Angelo State University. It conducts community-based research projects in partnership with local communities across West Texas. West Texas Area Health Education Center, Big Country Region is funded through the Texas Tech University Health Sciences Center to provide direct health planning and other services to West Texas counties, communities, and health care providers.

The purpose of this Community Health Needs Assessment is to assist Stamford Memorial Hospital in meeting the requirements of Internal Revenue Code §501(r)(3). The assessment and report relied on the guidance in IRS Notice 2011-52.

Special thanks to Mr. Rick DeFoore, CEO, Stamford Memorial Hospital, Stamford, Texas. Special thanks also to the community champions and stakeholders who provided public input through the Focus Group and Key Informant interviews.

INTRODUCTION

Section 501(r) of the Internal Revenue Code requires non-profit health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. To comply with tax-exemption requirements, hospital facilities must:

- Conduct a community health needs assessment every three years.
- Adopt an implementation strategy to meet the community health needs identified by the assessment.
- Report how it is addressing the needs identified in the community health needs assessment and provide a description of unaddressed needs with reasons why such needs are not being addressed.

The community health needs assessment must be informed by input from persons who represent the broad interest of the community served by the hospital facility. This includes community members with special knowledge of the community's public health. The hospital facility must make the community health needs assessment widely available to the public.

This report describes the assessment process and documents the health needs of the communities served by Stamford Memorial Hospital (the Hospital). The report prioritizes community health needs so that the Hospital may develop and adopt an implementation strategy to address them. The Hospital will develop a separate document to describe its priorities, capacities, and strategy in response the community health needs assessment.

The assessment includes the following data and information collection processes:

1. Collection of a wide range of public health data from public access files originally produced by a variety of state and federal agencies including the US Census Bureau, the Health Resources and Services Administration (HRSA), the Texas Department of State Health Services, and the Texas Department of Health & Human Services. The data and analysis includes demographic, socioeconomic, and health statistics as well as information on health care resources and patient utilization.
2. Community input received through a day-long focus group with community champions of Jones County and key informant interviews with stakeholders from Stamford, Texas representing major sectors of the community. Results and findings from community input are described in the Focus Group and Key Informant sections of the report.

Data and information retrieved through these steps is analyzed to identify health issues involving vulnerable population groups and the communities served by the Hospital. Prioritization identified health needs is based on the magnitude of the problem, the consequences of not addressing the need, the impact on vulnerable populations, and the importance to the community.

General Description of the Hospital

Originally established as Stamford Sanitarium in 1910, Stamford Memorial Hospital has served the community of Stamford and Jones County in Texas for more than a century. Originally owned and operated by local physicians, the Hospital transitioned to a non-profit organization in 1962 and formed the Stamford Hospital District in 1965. The non-profit Jones County Regional Healthcare System leased the hospital and other affiliated facilities in 2013.

The current Hospital at 1601 Columbia Street in Stamford, Texas was completed in 1969. The facility is a 22-bed acute care hospital. The Hospital's 24-hour emergency department is a Level IV Trauma service providing initial evaluation, stabilization, diagnostic testing, and treatment with transfer to a higher level of care as needed.

Facilities affiliated with the Hospital include Stamford Memorial Health Clinic providing medical home as well as walk-in services. An affiliated licensed Home Health agency provides physical and speech therapy, nursing care, and personal care. Stamford Health Club offers exercise and fitness services. The Country Elegance is an affiliated assisted living residential facility for seniors.

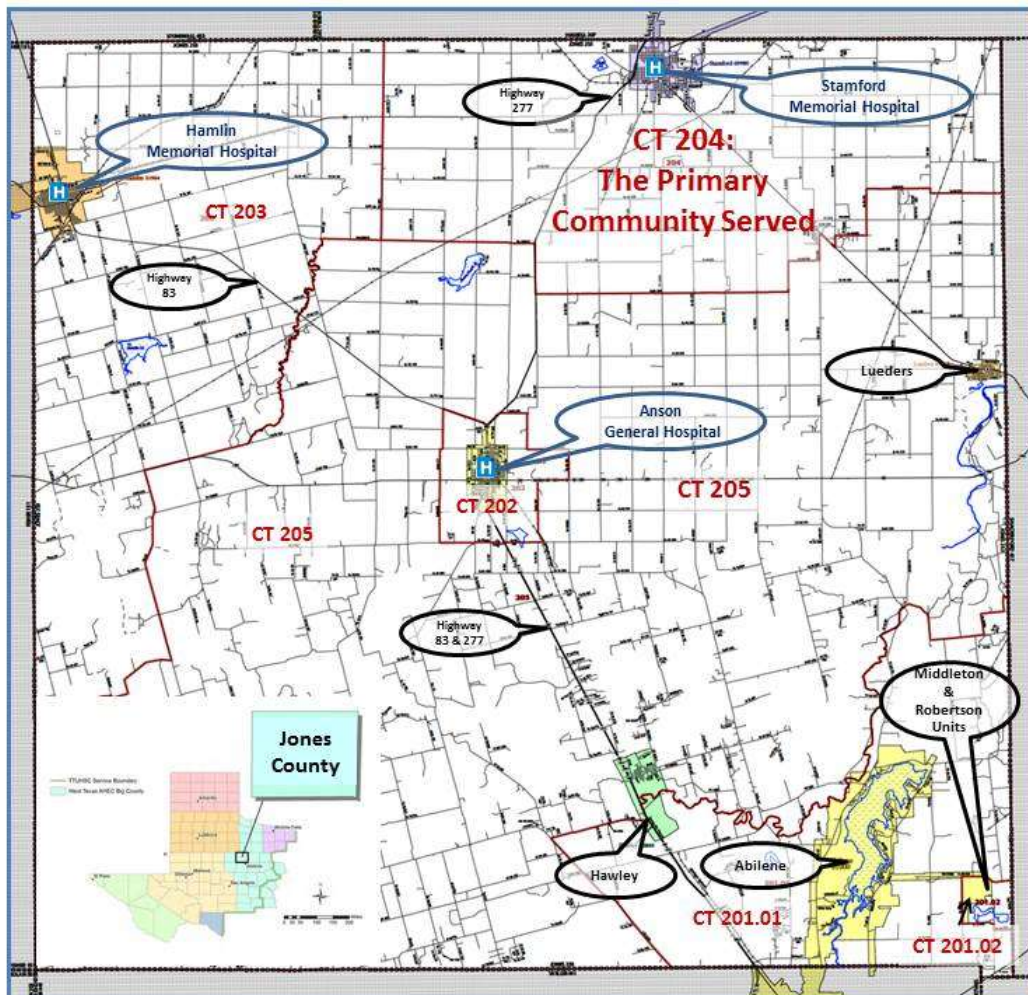
The Hospital mission is to CREATE Outstanding Healthcare! Its guiding principle is courtesy and respect for all people. The goal of the Hospital and affiliated facilities is to provide the best medical care possible for all people regardless of financial capacity, race, religion or creed.

COMMUNITIES SERVED

The communities served by the Hospital are defined by the residential locations of individuals utilizing services of the Hospital and its affiliated facilities. Utilization during 2013 revealed the vast majority of discharges are residents of Jones County with most residing in Stamford, Texas or its immediate outlying area.

Accordingly, the Community Health Needs Assessment defines the General Community served as Jones County, Texas. Census Tract (CT) 204 in the northeast portion of Jones County encompasses Stamford, Texas and its surrounding environs. CT 204 is designated throughout the report as the Primary Community served. Figure 1 depicts the General and Primary Communities.

Figure 1
The Geography of Jones County, Texas



The Health Resources and Services Administration determined that Jones County is a Medically Underserved and Health Professional Shortage Area for dentists, mental health, and primary care professionals.

The General Community Served: Jones County

Jones County (FIPS code 48253) consists of a 937 square mile region with a population density of 21.56 residents per square mile compared to a statewide density of 95.92. The area is located in west-central Texas and is one of three counties forming the Abilene, Texas Metropolitan Statistical Area defined by the federal Office of Management and Budget (OMB). Jones County is in the 85th Texas Representative District, the 28th State Senatorial District, and the 17th U.S. Congressional District. The county comprises the General Community served by the Hospital.

The county seat is Anson, Texas. The Office of the State Climatologist in College Station reports the most recent 10-year interval rainfall average at 25.8 inches per year. The average growing season is 223 days and the average temperature ranges from 31 degrees in January to an average for July of 96 degrees. The Texas Department of Agriculture estimates the freeze dates range from November 9 to March 31. The U.S. Department of Interior describes the land surface form topography as irregular plains.

Table 1 lists 21 business sectors employing more than 50 Jones County residents. More than 400 business establishments in these sectors have over 5,100 employees. The average is 12.1 employees per establishment. Some establishments represented in Table 1 (e.g. Hospitals) may not be geographically located within Jones County, even as they employ residents from the county.

Business Sectors	Establishments	Employees	Average Employees per Establishment
Government	67	1,530	22.8
Primary and Secondary Education	22	951	43.2
Hospitals	9	576	64.0
Oil and Gas	13	372	28.6
Health and Medical Services	28	192	6.9
Transportation	28	131	4.7
Utilities	10	127	12.7
Subscription Membership Organizations	52	125	2.4
Social Services	8	116	14.5
Durables Wholesale	23	113	4.9
Food Manufacturing	2	100	50.0
Other Business Services	11	100	9.1
Heavy Construction	38	98	2.6
Restaurants	13	98	7.5
Building Materials, Hardware and Garden	6	93	15.5
Banks and Financial Institutions	21	89	4.2
Coal and Ore Mining	4	68	17.0
Auto Dealers and Gas Stations	13	64	4.9
Professional Services	17	63	3.7
Agricultural Services	12	62	5.2
Specialty Stores	25	59	2.4
Total	422	5,127	12.1

Source: Applied Geographic Solutions, 2013. Data Retrieved from Texas Open For Business, <http://www.texassitesearch.com/>, September, 2014.

Table 2 lists 19 occupations that include more than 50 Jones County workers. More than 5,600 of the county’s workers perform jobs in these 19 categories. Three occupational categories have more than 500 workers performing the following duties: (1) office and administrative support personnel; (2) executives, managers, and administrators; and (3) education, training, and library professionals.

Table 2 Occupational Categories with more than 50 Workers		
Occupational Category	Workers	Percent
Office and Administrative Support	962	17.1
Executive, Managers, and Administrators	602	10.7
Education/Training/Library	562	10.0
Sales	431	7.7
Protective Services	427	7.6
Construction and Extraction	352	6.3
Installation/Maintenance and Repair Workers	289	5.1
Production Workers	248	4.4
Personal Care and Service	238	4.2
Building and Grounds Maintenance	222	3.9
Healthcare Support	181	3.2
Transportation Workers	181	3.2
Food Preparation/Serving	179	3.2
Business and Financial Operations	154	2.7
Community and Social Services	147	2.6
Health Diagnosing and Treating Practitioners	147	2.6
Health Technologists/Technicians	130	2.3
Material Moving	104	1.8
Farming/Fishing/Forestry	72	1.3
Total	5,628	100.0
Source: Applied Geographic Solutions, 2013. Data retrieved from Texas Open For Business, http://www.texasitesearch.com/ , September, 2014.		

The Primary Community Served: Stamford and CT 204

Stamford, Texas is the county's major town located on U. S. Highway 277 along the northern border of Jones County with Haskell County. Indeed, part of Stamford is in the Haskell County jurisdiction. However, the Jones County portion of the town is the most populous. The town is home to 3,160 total residents. Table 3 lists eight occupations that have more than 50 of the town’s workers. A total 734 workers in Stamford perform jobs in these occupational categories.

Table 3 Occupational Categories with more than 50 Workers in Stamford		
Occupational Category	Workers	Percent
Office and Administrative Support	170	23.2
Education/Training/Library	142	19.3
Executive, Managers, and Administrators	115	15.7
Sales	76	10.4
Healthcare Support	63	8.6
Personal Care and Service	62	8.4
Construction and Extraction	54	7.4
Installation/Maintenance and Repair Workers	52	7.1
Total	734	100.0
Source: Applied Geographic Solutions, 2013. Data retrieved from Texas Open For Business, http://www.texasitesearch.com/ , September, 2014.		

CT 204 includes the countryside surrounding Stamford in Jones County. The Census Bureau's 2008-2012 American Community Survey (ACS) population estimate for CT 204 is 3,403. CT 204 constitutes the Primary Community served by the Hospital.

DEMOGRAPHICS

The Census Bureau's 2008-2012 ACS five year combined sample estimate of total population in Jones County is 20,137. The population is geographically distributed across six census tracts as depicted in Figure 1 above. Table 4 details the breakdown of the county's population and households by census tract (CT).

Census Tract (CT)	Population	Percent	Households	Percent
CT 201.01	1,435	10.3%	506	9.1%
CT 201.02	6,168	30.6%	Group Quarters	Group Quarters
CT 202	2,703	19.3%	1,004	18.0%
CT 203	2,210	15.8%	957	17.2%
CT 204	3,403	24.4%	1,393	25.0%
CT 205	4,218	30.2%	1,706	30.7%
Total	20,137	100.0%	5,566	100.0%

CT 201.02, a small land area in the southeast corner of the county, is the most populous tract with 6,168 residents comprising 30.6 percent of the total population. There are no households in the tract because all residents are housed in the group quarters of two State of Texas correctional facilities.¹

The Adjusted Jones County Population

Since health care services for the CT 201.02 correctional population are provided under contract with the Texas Tech University Health Sciences Center, the presence of the facilities necessitates an adjustment to exclude the correctional population in order to render an accurate portrait of the demographic characteristics of the General Community served by the Hospital. Table 5 illuminates the importance of making the adjustment.

Gender	Unadjusted Population	Percent	Adjusted (CT 201.02 excluded)	Percent
Male	12,478	62.0%	6,359	45.5%
Female	7,659	38.0%	7,610	54.5%
Total	20,137	100.0%	13,969	100.0%
Race/Ethnicity	Unadjusted Population	Percent	Adjusted (CT 201.02 excluded)	Percent
Non-Hispanic White	11,823	58.7%	10,061	72.0%
Hispanic	5,056	25.1%	2,960	21.2%
Black	2,836	14.1%	670	4.8%
Other	422	2.1%	278	2.0%
Total	20,137	100.0%	13,969	100.0%

Table 5 depicts the ACS 2008-2012 Jones County population with CT 201.02 included (Unadjusted Population) and excluded (Adjusted). The comparisons highlight the need to adjust

¹ The Middleton and Robertson Units of the Texas Department of Criminal Justice are co-located on a 402 acre land area constituting CT 201.02.

the population (excluding CT 201.02) to avoid distortions of the gender and racial/ethnic features of the General Community served.

The presence of the correctional population in the unadjusted population portrays a prevalently male (62%) community. Excluding CT 201.02 yields a more accurate picture of the gender distribution in the Hospital’s General Community served. Likewise, the exclusion CT 201.02 gives the more precise image of a 72 percent non-Hispanic white community.

The correct view of the General Community served by the Hospital focuses on the 13,969 members of the county’s civilian (non-correctional) population living in 5,566 households. The Hospital’s Primary Community served is composed of the 3,403 residents living in the 1,393 households of Jones County CT 204.

Vulnerable Populations in the General and Primary Community

Vulnerable populations are groups whose members risk falling through the cracks of health care into underservice. They include individuals with low-income or living below the poverty threshold, members of minority groups, and persons with limited education. Their vulnerability arises from combinations of circumstances including limited access due to cost, lack of health insurance, episodic care with an absence of preventative care, lack of a medical home, a low level of health knowledge, and social isolation.

Table 6 details the poverty population in the Hospital’s General and Primary Communities. The ACS 2008-2012 estimates that some 2,235 residents of Jones County live below the poverty threshold including about 737 in CT 204. These counts translate to a poverty rate of 16.5 percent in General Community served by the Hospital and a rate of 22.2 percent in its Primary Community. Population groups with especially high poverty rates include children, minorities (including Hispanics and African Americans), individuals who did not complete high school, and the unemployed.

Population Group	General Community (Jones County)	In Poverty	Primary Community (CT 204)	In Poverty
Total Population	13,539*	2,235 (16.5%)	3,316*	737 (22.2%)
Children: Under age 18	3,704	805 (21.7%)	886	314 (35.4%)
Hispanic	2,855	723 (25.3%)	731	296 (40.5%)
Black or African American	623	295 (47.4%)	254	154 (60.6%)
Less than high school graduate (Age 25+)	1,854	539 (29.1%)	633	258 (40.8%)
Unemployed	443**	141 (31.8%)	107**	58 (54.2%)

*Includes only individuals for whom the poverty status is determined.
 **The 2008-2012 estimated unemployment rate was 7.4% in Jones County and 7.1% in CT 204.

The vulnerabilities of poverty are a special challenge in the Hospital’s Primary Community compared to the General Community. This is indicated in Table 6 by poverty rates that are more than 10 percentage points higher in CT 204 compared to the county for each population group listed. It is further indicated by evidence on severe poverty, defined as living on income that is one-half or less the amount of the poverty threshold. About 63 percent of the poor in CT 204 live in severe poverty by this definition. The comparable level for the overall county is 45 percent.

Table 7 depicts similarities between the extent of poverty in the Hospital’s General and Primary Communities and a related barriers to access, being uninsured. Approximately 19.9 percent or 2,689 Jones County residents are uninsured according 2008-2012 ACS estimates. In CT 204, by

comparison, the level of uninsured population rises to 23.6 percent or 781 individuals. Similar the pattern of poverty, uninsured rates among children, Hispanics, and the unemployed are more than 10 percentage points higher in CT 204 compared to the overall county.

Uninsured	General Community (Jones County)	Percent	Primary Community (CT 204)	Percent
Total Uninsured Population	2,689	19.9%	781	23.6%
Children: Under age 18	566	15.3%	238	26.9%
Hispanic	707	24.8%	257	35.2%
Unemployed	245	64.6%	84	78.5%

This pattern also applies to non-elderly, disabled adults. The 2008-2012 ACS indicates the presence of 263 uninsured, disabled adults ages 18-64 in Jones County. Some 102 of them live in CT 204. The county's uninsured rate for disabled adults is 21.5 percent. It is 34.5 percent in CT 204.

COMMUNITY HEALTH CARE RESOURCES

Three publicly owned acute care hospital facilities anchor health care services to the people of Jones County. The Hospital in Stamford is joined by Anson General Hospital in the central area of the county and Hamlin Memorial Hospital in the northwest section (see Figure 1). Additional health care resource facilities geographically located in the Hospital's General Community served include:

- Anson Family Wellness Clinic, Anson, Texas
- Hamlin Medical Clinic, Hamlin, Texas
- Outreach Health Service (WIC), Hamlin, Texas
- Outreach Health Services (WIC), Hawley, Texas
- Outreach Health Services (WIC), Stamford, Texas
- Stamford Health Department, Stamford, Texas
- Stamford Memorial Health Clinic, Stamford, Texas

Utilization

Table 8 provides utilization metrics for 2012 provided by the Texas Department of State Health Services for the three acute care hospitals in Jones County. The data reveal a pattern of underutilization within the Hospital's General Community. The total of 65 staff beds in the three hospitals at Anson, Hamlin, and Stamford translates to 4.7 beds per 1,000 county residents. During 2012, the three hospitals received 52.8 admissions per 1,000 people (a total of 738) utilizing the beds for an average of 5.3 days per admission. By comparison, the statewide supply of staff beds is 2.6 per 1,000 Texans. Statewide admissions amount to 105.4 per 1,000 people and the average length of stay is 5.2 days. The hospitals in Jones County appear to have less than half the average level of utilization for acute care hospitals across Texas.

2012 Metrics	Value	Ratio per 1,000 Population*	Statewide Metric
Staff Beds - 3 Jones Co. Hospitals	65	4.7	2.6
Stamford Memorial Hospital	12	3.5	
Admissions - 3 Jones Co. Hospitals	738	52.8	105.4
Stamford Memorial Hospital	260	76.4	
Average Daily Census - 3 Jones Co. Hospitals	10.6	0.8	1.5
Stamford Memorial Hospital	3	0.9	
Staff Occupancy Rate - 3 Jones Co. Hospitals**	16.4		58.3
Stamford Memorial Hospital	24.8		
Average Length Stay (Days) - 3 Jones Co. Hospitals	5.3		5.2
Stamford Memorial Hospital	4.2		

*The ratio calculations for Stamford Memorial Hospital are based on the 3,403 residents of CT 204 (the Primary Community served).
 **The Texas Department of State Health Services defines the Staff Occupancy Rate as the number of patients per day per 100 staff beds.

Data for the Hospital in Stamford's service to its Primary Community reveals a somewhat stronger utilization pattern than the countywide situation. The Hospital, for example, staffs 3.5 beds per thousand residents of CT 204 and receives some 76.4 admissions per thousand for an average of 4.2 days per admission. These ratios, like the countywide numbers, reflect underutilization compared to averages for Texas hospitals overall. However, they align more closely with hospitals statewide. Indeed, the most telling metric in Table 8 to establish this point is the Staff Occupancy Rate, defined as the number of patients per day per 100 staff beds.

The Staff Occupancy Rate is an accepted standard measurement of efficient utilization because it reveals the number of beds out of every 100 available which are actually being used by patients on a daily basis. As depicted in Table 8, the General Community of Jones County used 16.4 beds per 100 available in 2012 while the Hospital in Stamford used 24.8 per 100. On average, hospitals statewide used 58.3 beds per 100 available in 2012. All three hospitals in Jones County struggle with underutilization. Nonetheless, the Hospital in Stamford is showing the strongest, most efficient performance of the three.

Hospital Revenue and Charges

The Hospital is also demonstrating the strongest financial performance of the three facilities in Jones County according to 2012 data from the Texas Department of State Health Services. Table 9, for instance, shows that the Hospital generated \$11.5 million (46%) of the total \$24.9 million in gross revenue for hospitals in Jones County. The Hospital was particularly strong on outpatient services; an area where it produced 54 percent (\$8.8 million) of the county's total of \$16.3 million in gross revenue for 2012. After adjustments, the Hospital generated just over \$7 million in net patient revenue. This accounted for 51 percent of the total net revenue for the three facilities in Jones County.

2012 Charges & Revenue	Three Jones County Hospitals	Ratio per Jones County Resident	Stamford Memorial Hospital	Ratio per CT 204 Resident	Statewide Ratio per Resident
Gross Patient Revenue	\$24,945,729	\$1,786	\$11,518,260	\$3,385	\$8,233
Gross Inpatient Revenue	\$8,650,456	\$619	\$2,740,225	\$805	\$4,772
Gross Outpatient Revenue	\$16,295,273	\$1,167	\$8,778,035	\$2,579	\$3,461
Net Patient Revenue	\$13,779,353	\$986	\$7,043,038	\$2,070	\$2,199
Total Uncompensated Care	\$2,662,760	\$191	\$1,524,654	\$448	\$882
Bad Debt Charges	\$2,207,235	\$158	\$1,252,483	\$368	\$345
Charity Charges	\$455,525	\$33	\$272,171	\$80	\$537
Uncompensated Care as % of Gross Patient Revenue	10.7%		13.2%		10.7%

In addition, the Hospital provided more than its share of community service in the form of charity care and uncompensated services. The Hospital's \$272,171 in charity charges for 2012 was 60 percent of the total for the overall county. Total uncompensated care (including bad debt) amounted to 13.2 percent of the Hospital's gross patient revenue. Indeed, that ratio was 2.5 points higher than either the countywide or statewide percent for uncompensated care.

HEALTH STATUS

The health status of the General and Primary Communities served by the Hospital reflects substantial achievements and presents some significant challenges. For instance, an exemplary contribution by the Hospital to the health status of the Communities served is reflected in previously cited figures in Table 9 showing 3.2 times more gross revenue in 2012 from outpatient (\$8,778,032) compared to inpatient (\$2,740,225) services.

The Hospital in Stamford has made the important commitment to provide a robust set of outpatient and preventative medical home and walk-in services through its affiliated Health Clinic, as well as home health rehabilitation, and exercise and fitness services. Recently, the Hospital received funding through the Texas 1115 Waiver process to augment this commitment by expanding its primary care capacity and improving access to urgent care and enhanced urgent care advice.²

Nevertheless, indicators on certain behavioral risk factors, leading causes of death, and preventable hospitalizations reveal health status challenges facing the Hospital, the Primary Community in CT 204, and the General Jones County Community.

Behavioral Risk Factors

PI Kenneth Stewart conducted an analysis of selected indicators derived from the Behavioral Risk Factor Surveillance System (BRFSS) 2012 sample of adults residing in Texas Public Health Service Area 2/3. The BRFSS data was provided by the Texas Department of State Health Services.

Jones County is one of 49 counties stretching along a corridor roughly bounded on the north by a stretch of the Red River running from Wichita Falls to Sherman, Texas, and on the south by Interstate Highway 20 between Dallas and Abilene, Texas. Figure 2 provides a map depicting Jones County in the context of Texas Public Health Service Areas.

² Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and CHIP programs. The Texas plan, also known as the Texas Medicaid Transformation Waiver, is a demonstration project administered through the Texas Department of Health and Human Services. A general objective is to establish funding pools that assist providers with uncompensated care costs and promote health system transformation to improve care, increase efficiency, and reduce costs. Jones County and its hospitals are participating members of Regional Healthcare Partnership 11 under the Texas 1115 Waiver.

Figure 2
Texas Public health Service Areas

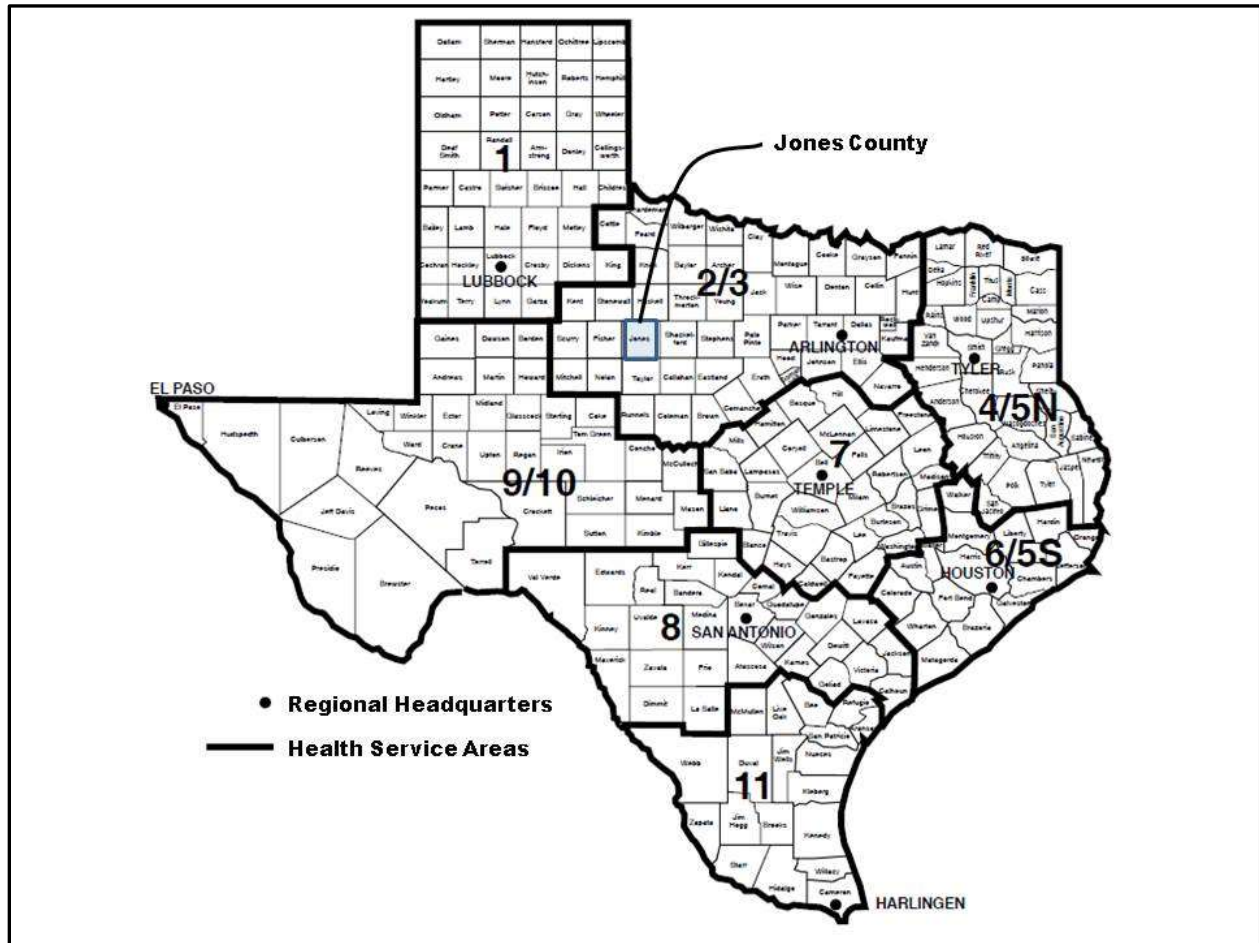


Table 10 reports the results of the analysis of BRFSS indicators as applied to Jones County. The procedures used to estimate the results are described in the column labeled “Methods.” They are statistical post-stratification procedures designed to improve the accuracy of using BRFSS results from the 49 county region of Texas (including some of the state’s most densely populated urban counties) to the particular composition of the adult population in Jones County and CT 204.

Applying the procedures for the first four selected indicators in Table 10 derived estimates for Jones County and CT 204 by applying BRFSS percentage outcomes by age group to the ACS 2008-2012 population estimates for the General and Primary Communities. The remaining two selected indicators are specific to women in particular age groups. The procedures developed estimates for these items by applying sex- and age-specific percentage outcomes from the BRFSS to the corresponding ACS age- and sex-specific populations for Jones County and CT 204.

Risk Factor	Methods	Percent at Risk in Jones County	Population at Risk In Jones County	Population at Risk in CT 204	Percent Jones County Population at Risk Living in CT 204
Could not see a doctor because of cost.	2012 Area 2/3 BRFSS percentage results by age group were applied to the 2008-2012 5 year American Community Survey adult population estimates for Jones County and CT 204 to derive age-adjusted estimates for the indicator.	17.6% of adults	1,809	424	23.4%
Have been diagnosed with diabetes.	2012 Area 2/3 BRFSS percentage results by age group were applied to the 2008-2012 5 year American Community Survey adult population estimates for Jones County and CT 204 to derive age-adjusted estimates for the indicator.	12.2% of adults	1,253	337	26.9%
BMI indicates obesity.	2012 Area 2/3 BRFSS percentage results by age group were applied to the 2008-2012 5 year American Community Survey adult population estimates for Jones County and CT 204 to derive age-adjusted estimates for the indicator.	28.3% of adults	2,907	727	25.0%
Current Smoker	2012 Area 2/3 BRFSS percentage results by age group were applied to the 2008-2012 5 year American Community Survey adult population estimates for Jones County and CT 204 to derive age-adjusted estimates for the indicator.	16.8% of adults	1,723	414	24.0%
No Pap Smear within 3 years.	The 2012 Area 2/3 BRFSS sex- and age-specific percentage result was applied to the 2008-2012 5 year American Community Survey estimate of women ages 21-29 in Jones County and CT 204 to derive estimates for the indicator.	35.1% of women ages 21-29	205	19	9.4%
No Mamogram within 2 years	The 2012 Area 2/3 BRFSS sex- and age-specific percentage result was applied to the 2008-2012 5 year American Community Survey estimate of women ages 41-64 in Jones County and CT 204 to derive estimates for the indicator.	28.9% of women ages 41-64	783	206	26.3%

The previous section on vulnerable populations highlighted the higher percentages of uninsured individuals and persons living below the poverty threshold in the Hospital’s Primary Community of CT 204 compared to the overall population of Jones County. The results in Table 10 provide evidence that the relatively greater concentration of uninsured and impoverished individuals in the Primary Community presents the Hospital with some distinctive challenges in addressing risky behaviors.

For example, the analysis in Table 10 indicates that as many as 1,809 adults in Jones County (17.6%) felt they could not see a doctor because of cost. The corresponding number indicated for CT 204 is 424 individuals. The estimates suggest that the resident population in the Hospital’s Primary community includes a distinctly large share (23.4%) of the county’s 17.6 percent of adults experiencing cost barriers to care.

Additional evidence in Table 10 indicates that the Hospital’s Primary Community includes disparately large shares of people in Jones County who are current smokers, as well as those who have been diagnosed with diabetes. In contrast, it appears that the Primary Community in

CT 204 includes a smaller share of the countywide health risk presented from young women (ages 21-29) not receiving Pap Smear screenings. Significant risks arising from obesity or from women over Age 40 not receiving mammogram screens on a timely basis are more aligned between the Hospital's Primary and General Communities served.

Leading Causes of Death

Historical vital statistics records from the Texas Department of State Health Services covering the years 2007-2012 include 1,137 incidents of death from all causes among Jones County residents. That number translates to an age-adjusted³ rate of 838.4 per 100,000 persons. This compares to a statewide rate of 775.5 per 100,000 over the same years. Jones County has had a higher overall death rate than the State of Texas in recent years. More specifically, Table 11 reports seven leading causes of death in Jones County.

Leading Causes of Death	Number of Deaths, 2007-2012	Age-Adjusted Rate per 100,000	Statewide Rate
Diseases of the Heart (ICD 9 codes I00-I09, I11, I13, I20-I51)	317	231.0	183.6
Chronic Lower Respiratory Diseases (ICD 9 codes J40-J47)	83	60.8	43.2
Cerebrovascular Diseases (ICD 9 codes I60-I69)	67	49.1	45.3
Alzheimer's Disease (ICD 9 codes G30)	53	38.0	26.6
Diabetes Mellitus (ICD 9 codes E10-E14)	32	23.5	23.2
Intentional Self-Harm- Suicide (ICD 9 codes X60-X84, Y87.0)	30	23.3	11.3
Influenza and Pneumonia (ICD 9 codes J09-J18)	23	16.5	15.6

Together, the seven causes of death in Table 11 account for 53.2 percent of all incidents for Jones County between 2007 and 2012 (605 of 1,137). They contribute to the county's higher overall death rate compared to the state, and they represent the most significant disease management challenges for the Hospital and its Communities served.

Potentially Preventable Hospitalizations

In 2011, the 82nd Texas Legislature appropriated \$2 million for the Department of State Health Services to implement a program to reduce Potentially Preventable Hospitalizations (PPHs). Under the program, PPHs are defined as hospitalizations which would likely not occur if the individual makes access to and cooperates with appropriate outpatient healthcare. As part of the statewide Initiative, the Department of State Health Services maintains data on adult PPHs for each Texas County. The data covers admissions for the nine PPH conditions in Table 12.

³ All death rates presented in this section are age-adjusted rates based on the 2000 Standard Population.

Table 12			
Jones County Potentially Preventable Hospitalizations (PPHs)*			
PPH Conditions	2007-2012 Hospitalizations	Charges per Adult Resident	Statewide Charges per Adult
Bacterial Pneumonia	88	\$192	\$535
Dehydration	47	\$62	\$99
Urinary Tract Infection	0	\$0	\$257
Angina (without procedures)	0	\$0	\$19
Congestive Heart Failure	88	\$256	\$714
Hypertension (High Blood Pressure)	0	\$0	\$83
COPD or Asthma in Older Adults	89	\$136	\$394
Diabetes Short-Term Complications	0	\$0	\$79
Diabetes Long-Term Complications	69	\$183	\$303
Total PPHs	381	\$829	\$2,481
*This data includes Jones County residents who may have been admitted to hospitals outside the county. In addition, all tabulations and calculations in this table include more than 6,000 adults housed in the two State corrections facilities in Jones County.			

Some 381 Jones County adults were admitted to Texas Hospitals (not limited to the three hospitals in the county) for PPH conditions between 2007 and 2012. Total charges for these admissions mounted more than \$13.7 million. The charges average out to \$829 per adult resident of the county in 2012 (in this instance the county's more than 6,000 adults in state corrections facilities are included).

These charges are by no means excessive compared to statewide PPH charges of \$2,481 per adult resident of Texas. Nevertheless, it is noteworthy that \$12.7 million (93%) of the total \$13.7 million in charges for Jones County PPHs were tied to only four conditions: Bacterial Pneumonia, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease or Asthma in Older Adults, and Diabetes Long-Term Complications. The data challenges the Hospital and the Communities served to connect and adhere to outpatient care toward reducing PPHs associated with these conditions.

FOCUS GROUP

Big Country Area Health Education Center hosted a focus group on August 26, 2014 to gather input from champions of Jones County as part of the Hospital's community health needs assessment. The focus group was facilitated by Principal Investigator Kelly D. Cheek. The group convened at 10:00 a.m. and completed discussions at 2 p.m.

The focus group included participants representing the broad interest of the Hospital's General and Primary communities served. Additional members holding special knowledge of the public health in Jones County also participated. Table 13 identifies the 15 focus group participants by position and organization.

Table 13 Focus Group Participants	
Position	Organization
Administrator	Anson General Hospital, Anson, Texas
Administrator	Hamlin Memorial Hospital, Hamlin, Texas
Administrator	Haskell Memorial Hospital, Haskell, Texas
Board Chairman	Anson General Hospital, Anson, Texas
CEO	Stamford Healthcare System, Stamford, Texas
CEO	Critical Access Healthcare, Austin, Texas
CFO	Stamford Healthcare System, Stamford, Texas
COO	Hamlin Memorial Hospital, Hamlin, Texas
Concho Valley Coordinator	West Texas AHEC – Concho Valley
Consultant	Texas Organization of Rural & Community Hospitals
County Judge	Jones County
Director	EMS, Stamford, Texas
District Director	District 71, Texas House of Representatives
President	Texas Organization of Rural & Community Hospitals
Vista Coordinator	West Texas AHEC – Big Country Region

PI Kenneth Stewart opened the focus group session by presenting a statistical profile of Jones County including basic demographic characteristics, vulnerable populations, behavioral risk indicators, health status, and health care resources. Following the presentation, focus group members discussed the following key community health issues

- 1) The need to better educate the community, especially the vulnerable populations.
 - a. Focus group members recognized the behavioral risks factors evident in the community and its vulnerable populations. The need to better educate the community was identified as a root problem.
 - b. Most participants agreed that a key barrier to improved public education is reimbursement. The mechanisms and resources to compensate providers and health educators are insufficient.
 - c. The potential for the State of Texas to expand resources for community outreach and education through participation in Medicaid expansion was briefly discussed. Most group members agreed that Texas participation is unlikely.

- 2) Underutilization of existing health care resources.
 - a. Underutilization of the existing hospital facilities and health care resources in Jones County was discussed. Focus group members reported a growing mismatch between costs and revenues at facilities and shared several examples of reduced work schedules and layoffs.
 - b. Alternative approaches to combining or reorganizing the health care resources and capacities in Jones County were discussed by members of the focus group.

KEY INFORMANT INTERVIEWS

PI Kelley D. Cheek conducted eight key informant interviews with community stakeholders. The purpose of the interviews was to assess perceptions of the health status and unmet needs in the Hospital's Communities served. The interviews solicited opinions from individuals likely to be knowledgeable about the communities and influential over the viewpoints of others. The following stakeholders were interviewed during September and October, 2014.

- The President of the First Bank Texas
- The Superintendent of Stamford Independent School District
- A Parent and Teacher at Stamford Independent School District
- The President of the Rotary Club
- A Practicing Family Nurse Practitioner
- The Mayor of City of Stamford
- The Pastor of St John's United Methodist Church
- The Executive Director of the Stamford Chamber of Commerce

The PIs selected the interviewees based on their knowledge of the community's public health; their leadership and civic engagement with local government, schools, and industry; and their knowledge of and involvement with vulnerable populations.

PI Cheek contacted interviewees to provide a preview of the interview topics and procedure, and to attain their consent. Subsequently, each respondent received a 13 item interview questionnaire via e-mail for return upon completion. The following section of the report includes the questions with analysis of the responses.

Questions, Responses, and Analysis

Question 1: If we were able to interview everyone in Jones County today, we think that about 16-20% of the people would tell us, based on what we've learned about the county, that they have trouble seeing a doctor or getting treatment because of cost or lack of insurance. Does that seem about right to you?

Six of the eight key informants perceived the cost or insurance barrier to care to be higher than the 16-20% indicated in the question. One respondent perceived the barrier indicated in the question to be "probably right." Another respondent did not directly address the magnitude of the barrier.

Question 2: Do you think substantial numbers of people have transportation issues or any other problems accessing health care?

Four of the eight respondents affirmed that there are transportation barriers to care in the community. The poor and the elderly were cited as vulnerable groups to this barrier. Two informants asserted that the available community transportation facilities are sufficient. One respondent claimed that the people are able to rely on family and friends for transportation. The other maintained that transportation is not a barrier because one of the county's three hospitals is "not far" from most people.

Question 3: Did you know that Jones County has slightly higher death rates than the overall state because of heart disease, cancer, respiratory problems, and conditions related to diabetes? Can you think of any reasons why Jones County folks have a somewhat bigger problem with these diseases than other Texans?

Five of the eight informants cited behavioral factors including obesity, diet and exercise, smoking, and substance abuse. Five respondents also noted environmental factors including drinking water, exposure to farm pesticides and chemicals, and air quality. Six of the eight respondents associated high death rates with vulnerable groups including the poor, the elderly, and the uninsured. All eight key informants cited at least one of these factors.

Question 4: Given the population size, suicide also appears to occur somewhat more often in your community than many other places in Texas? Any reasons you can see for that?

Six of the eight stakeholders connected suicide to behavioral factors including drug and alcohol abuse, mental health issues, stress, lack of work. Six informants associated the suicide rate with vulnerable groups including the unemployed and the poor. One respondent cited the lack of mental health care in the county. One respondent could not “think of any reason.”

Question 5: Are there other diseases that you see people really struggling with in your community?

All except two (6 of 8) informants named at least one disease or condition including COPD, cancer, clinical depression, asthma, respiratory problems, and obesity.

Question 6: Estimates exist that suggest about 16% of Jones County high school students are overweight and about twice that percentage of adults have weight problems. Can you think of any steps the communities could take to help with weight problems in the population?

Five of the seven stakeholders suggested steps to help with obesity including education, promoting the local workout facilities, closing fast food restaurants, cooking or nutrition classes, community garden, and obtaining diabetic educators or licensed nutritionists. One respondent pointed out the community has two affordable health clubs and a nice walking sidewalk around the park that is free. Another commented that the problems may reflect the “aged population” or “ethnic mix.” Still another stakeholder saw the obesity problem as a national one.

Question 7: Existing estimates also say that about 20-25% of people in Jones County who need to be getting basic screenings (cholesterol checks, pap smears, mammograms) are not getting them. Do you have any suggestions about how communities could improve on these types of checkups?

One stakeholder hoped the Hospital's recent opening of a walk-in clinic would suffice to provide needed screens. Seven of the eight informants suggested additional step including free or reduced cost screens, delivery at health fairs, obtaining and using mobile screening equipment, and public education.

Question 8: It seems that things are very peaceful in Jones County with low levels of violent crime or family violence. Are we overlooking any types of trauma or trauma events that are special health problems here?

Three of the eight stakeholders could add no other types of trauma that represent a health problem. Two informants disagreed with the question item assertion that violent crime or family violence is low, asserting instead that these must be more frequent than records indicate. Two other respondents would add elder abuse, farm and work related accidents to the list of significant traumas. One respondent thought more support groups, other than hospice services, are needed in the community.

Question 9: Jones County is an officially designated health professional shortage area, not only for primary care professionals, but also for dentists and mental health workers. What do you think about the need for health professionals in the county?

Seven of the eight respondents highlighted the need for a dentist in the community. Four respondents asserted a need for additional Doctors or PAs. Two informants noted the need for mental health professionals, and one mentioned an optometrist. One stakeholder doubted that the community could support more professionals.

Question 10: Suppose you could use Aladdin's lamp to get one health professional from the Genie. Which would it be: primary care, dentist, mental health? Why?

The most frequent priority choice "from the Genie" was to get a dentist. This was the first priority for five of the eight key informants. Two stakeholders gave priority to a primary care physician; one assigned priority to a mental health professional.

Question 11: Do you have any suggestions about how the local communities could improve their ability to attract good health workers?

Stakeholder opinion was more diverse on this item. There was no common theme in a majority of the responses. Three of the eight informants suggested initiatives for community beautification and improvement as a means to attract candidates. Three also argued that some way of providing competitive pay would have to be packaged. The idea of adding incentives such as paying off student loans or housing incentives was advanced by three respondents. Two stakeholders suggested intensifying recruitment by working with medical schools to recruit at both the school and individual student level. One respondent noted potential regulatory barriers associated with "Obamacare." One also noted the need to increase utilization at the Hospital in order to attract workers. One responded, adding no suggestions, simply lamented, "The opportunities are here, just many want to stay in the metroplex & larger cities."

Question 12: As you know, Jones County is fortunate to have three hospitals located in Anson, Hamblin, and Stamford. However, people in the county appear to under-utilize the hospitals compared to average utilization levels across the state. Are you aware of any reasons for this?

In different ways, the majority (6 of 8) of the key informants focused on the capacity of the hospitals to deliver quality service across the continuum of primary care to specialties. One of these simply commented, "Lack of confidence in quality healthcare vs. the larger city hospitals," while another responded, "I personally do not have a primary care physician I use specialists in Abilene." One respondent commented on the lack of primary care providers in the community, and regulatory barriers. One stakeholder did not comment.

Question 13: Is there anything you can think of that the hospitals can do to better reach out to the people and improve utilization while addressing some of the health needs we've discussed? Do you have any ideas to share along those lines?

Four of the eight key informants had no ideas to share, saying only, "we are all struggling to make the most of what we have," or "our hospital is making a maximum effort to provide a comprehensive health care environment as we best can in rural America." One of the remaining four respondents thought the hospitals should be combined to establish one inpatient and emergency department facility with satellite clinics. Another thought that recruitment of quality providers would help utilization. Two stakeholders thought that more outreach and community engagement by the hospitals could help. One respondent suggested that local doctors are not utilizing the hospitals, possibly because of "Obamacare."

PRIORITIZATION OF HEALTH NEEDS

Table 14 lists 15 community health needs detected in the assessment along with sources of evidence which identify the needs. More detail on each need is available in the previous sections of the report covering the respective sources of evidence.

Need	Demography	Health Care Resources	Behavioral Risk Factors (BRFSS)	Leading Causes of Death	Potentially Preventable Hospitalizations	Focus Group	Stakeholder Interviews
Alcohol, tobacco & other drug use			X				X
Alzheimer's disease				X			
Cancer			X				X
Community outreach & education					X	X	X
Barriers - uninsured, transportation	X		X			X	X
Diabetes			X	X	X		X
Environmental hazards							X
Health professional shortages		X				X	X
Heart & vascular diseases			X	X	X		X
Hospital underutilization		X				X	X
Mental health		X					X
Obesity			X				X
Respiratory diseases			X	X	X		X
Suicide				X			X
Violence & trauma							X

Table 15 lists the community health needs in priority order. The prioritization of community health needs in Table 15 is an independent finding by the PIs. As such it does not reflect either the Hospital's priorities or its capacities to address the needs. The Hospital's priorities, capacities, and implementation strategy are addressed in a separate document accompanying this report.

Need	Priority Score*	Population Impact	Consequence	Vulnerable Populations	Importance	Common Themes
Hospital underutilization	13	3	3	3	2	2
Health professional shortages	12	3	2	2	3	2
Barriers - uninsured, transportation	11	2	2	3	2	2
Obesity	10	2	3	2	2	1
Diabetes	9	1	3	1	2	2
Heart & vascular diseases	9	1	3	1	2	2
Respiratory diseases	9	1	3	1	2	2
Community outreach & education	9	1	2	2	2	2
Environmental hazards	8	3	2	1	1	1
Cancer	7	1	2	1	2	1
Mental health	6	1	2	1	1	1
Alcohol, tobacco & other drug use	6	1	2	1	1	1
Suicide	6	1	1	1	2	1
Alzheimer's disease	5	1	1	1	1	1
Violence & trauma	5	1	1	1	1	1

*Possible range of scores is 5-15.

Table 15 lists community health needs in order of the magnitude of the Priority Scores reported in the second column from the left. The PIs developed the Priority Scores by assigning five different rating scores to each health need using the following methods:

- Score 1, Population Impact: An estimate of the percentage of the community population impacted by the identified need. Score of 1 = an estimate of less than 10 percent; 2 = an estimate between 10 and 50 percent; 3 = an estimate over 50 percent of the population.
- Score 2, Consequence: An estimate the consequences on chronic diseases or leading causes of death which may result from not addressing the need. Score of 1 = low impact; 2 = moderate impact; 3 = high impact.
- Score 3, Impact on Vulnerable Populations: An estimate the impact of the need on vulnerable populations. Score of 1 = low impact; 2 = moderate impact; 3 = impact.
- Score 4, Importance to the Community: An estimate the extent of concern in community population. Score of 1 = low level of concern; 2 = moderate level; 3 = high level.
- Score 5, Common Themes: Number of sources (demography, health resource data, leading causes of death, potentially preventable hospitalization, behavioral risk factors, focus group, stakeholder interviews) which identified the need. Score 1 = 1-2 sources; 2 = 3-4 sources; 3 = 5 or more sources.

The Priority Scores in Table 15 are the sum of the rating scores for Population Impact, Consequence, Impact on Vulnerable Populations, Importance to the Community, and Common Themes.

The top two priority needs are clearly interrelated factors concerning healthcare economics, financing, and marketing in the Hospital's Primary and General Communities. It is critical for the Hospital and the Communities served to work together toward solutions in these areas. Both the Primary Community in Stamford and the General Community in Jones County may face a future of fewer health care resources in the absence of progress on the top two priority needs.

Apart from these considerations, the Communities also face formidable health risk factors as well as disease prevention and management challenges as reflected in the prioritization of community health needs in Table 15.

SOURCES

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Texas Health & Human Services Commission, Texas Medicaid Transformation Waiver, Most Recent Project Narratives: <http://www.hhsc.state.tx.us/1115-recent-project-narratives.shtml>.

U.S. Census Bureau, 2008-2012 American Community Survey: <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>.

U.S. Department of Health & Human Services, Health Resources & Services Administration data Warehouse, Shortage Areas: <http://datawarehouse.hrsa.gov/topics/shortageAreas.aspx>.

The logo for Stamford Healthcare System is centered on a white rectangular background. It features a blue stylized cross with a horizontal bar that curves to the right. Below the cross, the word "STAMFORD" is written in a bold, black, serif font. A thin horizontal line is positioned below "STAMFORD", and the words "HEALTHCARE SYSTEM" are written in a smaller, black, sans-serif font below the line.

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