



HASKELL MEMORIAL HOSPITAL

2020 Community Health Needs Assessment



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Executive Summary

The Haskell County Hospital District contracted with the Texas Rural Health Association to conduct the 2020 formal Community Health Needs Assessment (CHNA). A needs assessment is done to investigate the health needs of a community, list available resources, and develop and support services to better serve their community.

Purpose of this Report

This CHNA was developed to provide relevant data related to the Haskell Memorial Hospital and the communities it serves. This assessment specifically serves the following purposes:

1. Analyze new data to reveal strengths, weaknesses, and trends
2. Identify community health needs
3. Provide a basis for an implementation strategy to meet those needs

Methodology

The following steps were conducted to complete the 2020 CHNA based on IRS requirements:

1. Collection of data from communities served such as demographic and economic characteristics
2. Community input was provided through a survey available online and distributed physically throughout the communities
3. An inventory of programs and services provided by the Haskell Memorial Hospital district as well as other community resources able to serve health needs.

Data Sources

Data for this assessment was retrieved from the following places:

1. County Health Rankings & Roadmaps: a program that “provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and support community leaders working to improve health and increase health equity. The Rankings are unique in their ability to measure the health of nearly every county in all 50 states, and are complemented by guidance, tools, and resources designed to accelerate community learning and action.”
2. U.S. Census Bureau: provides data about the people and economy of the United States through survey and other data collection methods. Data includes the American Community Survey which provides information on population, housing, and workforce in the United States.
3. Department of Health and Human Services and the Center for Disease Control: these agencies provide statistical data and guidance on health care issues from the national level to a county level.
4. A community survey distributed to county residents and those with special knowledge of health care and health care resources.

Haskell Memorial Hospital

Mission Statement

To deliver loving care to all in our community: body, mind, and spirit with dignity and excellence.

Background

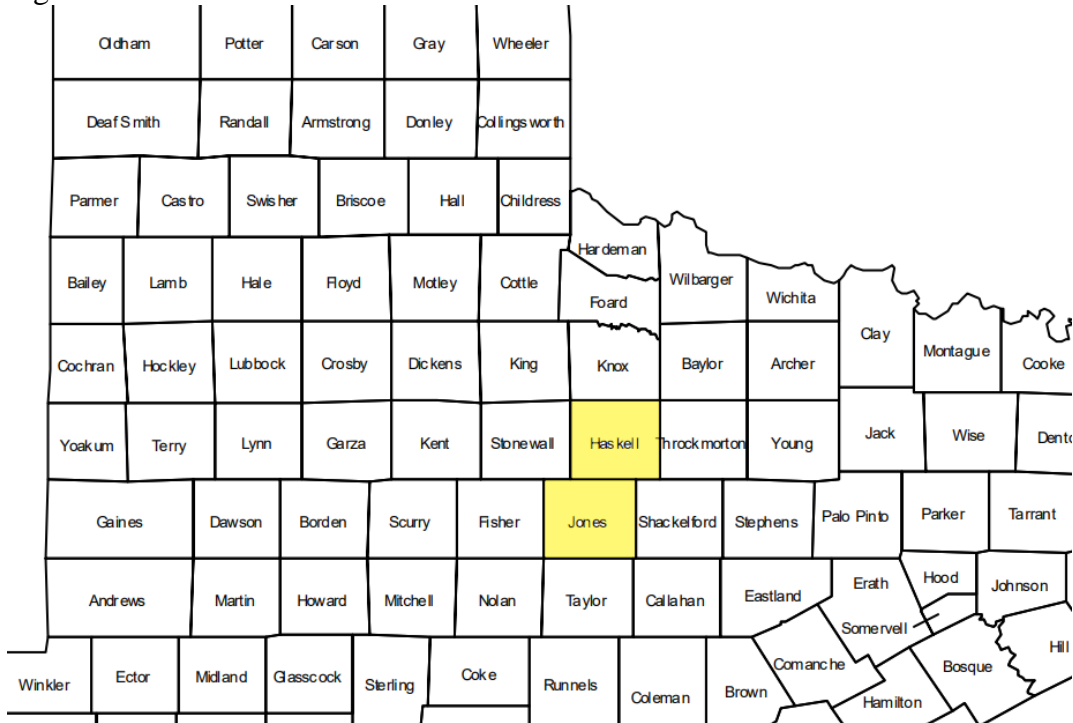
Haskell Memorial Hospital is in the city of Haskell, Texas in Haskell County. The hospital has been in operation for around 80 years. Haskell Memorial Hospital was certified as a critical access hospital in 2003 and is licensed for 25 beds. They currently have four providers, two affiliated, and have specialists visit from Abilene, Texas which is approximately 54 miles away. Their services include the Cadenhead Clinic (independent clinic), Cardiac Rehab, Dietary, Environmental Services, HMM Hospital Clinic, Laboratory, Nursing, Pharmacy, Physical Therapy, Pink Ladies Auxiliary, Radiology, and the Walk-in clinic. Haskell Memorial Hospital also partners with the Stamford Family Health Center Clinic located in Jones County. Other health services include the Headstream Mental Health Center, the Helen Farabee Headstream Haskell Physical Therapy clinic, and the Haskell County Ambulatory Services. The Cancer Services Network based in Abilene, Texas also serves Haskell.

Social Services

Haskell County offers social services like Food Stamps & TANF, Health & Human Services, Outreach Health Services, Haskell Healthcare Center, God Loves You Ministries, Memory Lane Assisted Living, Protect & Reg Services Department, the Haskell Early Learning Center, and the Texas Department of Transportation Haskell Office.

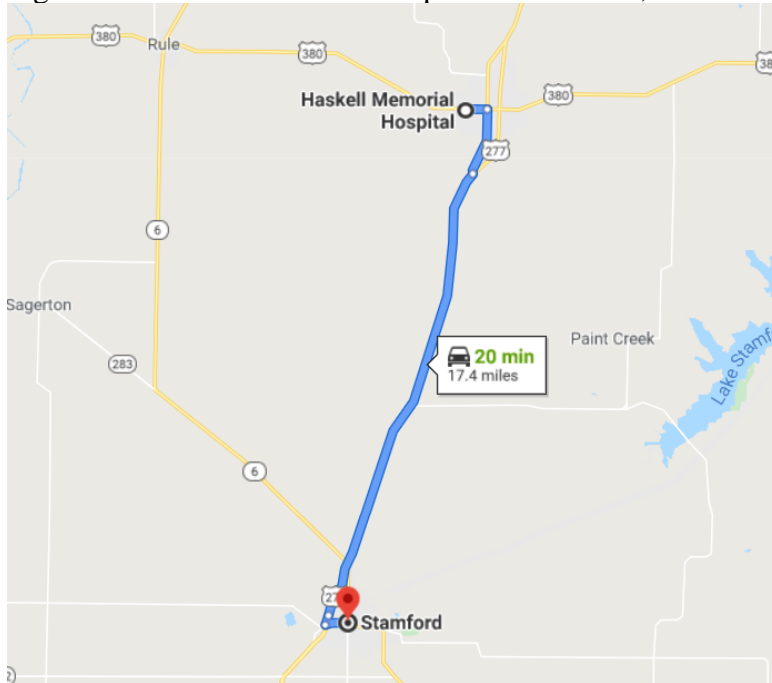
Geographic Area

Figure 1: Texas Counties



Source: Texas Association of Counties. The County Information Project.
<http://www.county.org/cip/Products/CountyMap.pdf>

Figure 2: Haskell Memorial Hospital to Stamford, Texas



Demographics

Population

Population demographics play a role in determining the health needs and social services for a community. Race, gender, and age also determine the needs and types of services that may be beneficial. Racial and cultural issues must be taken into account when determining needs as well as needs and issues surrounding an aging population. The change in population is important for determining availability of resources and providers for the population.

Haskell and Jones Counties have a higher number of males than females in the county as opposed to the overall state of Texas which has more females than males.

Table 1: Total Population by Gender, Total

Report Area	Total Population	Total Male	Total Female
Haskell County, TX	5,658	2,999	2,659
Jones County, Texas	20,083	12,602	7,481
Texas	28,995,881	14,402,702	14,593,179

Source: U.S. Census Bureau, Population Division 2019

Both Haskell and Jones Counties have a significant Hispanic population, but they both have larger white populations than the state of Texas as a whole.

Table 2: Total Population by Race, Percent

Report Area	Non-Hispanic Black	American Indian & Alaska Native	Asian	Native Hawaiian/Other Pacific Islander	Hispanic	Non-Hispanic White
Haskell County, TX	3.9%	1.1%	1.0%	0.0%	29.7%	63.3%
Jones County, TX	12.0%	1.4%	0.8%	0.0%	27.8%	58.3%
Texas	12.0%	1.0%	5.2%	0.1%	39.6%	41.5%

County Health Rankings and Roadmaps, 2020

When compared to the state of Texas, Haskell and Jones Counties have a significantly older median age.

Table 3: Median Age

Report Area	Total Median Age	Male Median Age	Female Median Age
Haskell County, TX	43.2	39.9	47.1
Jones County, Texas	38.6	37	44
Texas	35.0	34.1	36.0

U.S. Census Bureau, Population Division 2019

Examining change in population indicates that Haskell’s population has significantly declined where Texas’ overall population has exponentially grown.

Table 4: Change in Population

Report area	Population, percent change (April 1, 2010 to July 1, 2019)	Population estimate April 1, 2010	Population estimate July 1, 2019
Haskell County, TX	-4.1%	5,902	5,658
Jones County, TX	-0.5%	20,192	20,083
Texas	15.3%	25,146,091	28,995,881

United States Census Bureau 2019,

<https://www.census.gov/quickfacts/fact/table/TX,jonescountytexas/PST045219>

Social Determinants of Health

Education

The impact of education on health is significant. Enrollment and graduation rates can determine what resources are available to individuals and their level of access to care.

While Jones County has lower rates of enrollment in both Nursey/Preschool and College or graduate school than the state of Texas as a whole, they have a significantly higher rate of enrollment in high school.

Table 5: Enrollment of population 3 years and older

Report area	Nursey/Preschool	Elementary School (grades 1-8)	High School (grades 9-12)	College or graduate school
Haskell County, TX	7.2%	48.7%	23.3%	15.2%
Jones County, TX	3.5%	44.7%	35.0%	9.3%
Texas	6.0%	43.2%	21.1%	24.3%

American Community Survey, 2018

Haskell County has a significantly lower percentage of graduation rates that the state of Texas overall. Jones County has higher graduation rates than Haskell County, but lower rates than the state of Texas.

Table 6: Graduation rates—High school graduate or higher

Report area	Percent High school graduate or higher
Haskell County, TX	72.2%
Jones County, TX	78.4%
Texas	83.2%

American Community Survey, 2018

Jones and Haskell Counties have significantly lower rates of people with a Bachelor's Degree or Higher than the state of Texas as a whole.

Table 7: Graduation—Bachelor's Degree or higher

Report area	Percent with Bachelor's Degree or Higher
Haskell County, TX	13.4%
Jones County, TX	11.5%
Texas	29.3%

American Community Survey, 2018

Insurance

Access to care can be greatly determined by whether an individual has insurance and what kind of insurance they have. The percent uninsured can help determine what resources are needed to help the community.

Haskell and Jones Counties report higher rates of uninsured than the state of Texas.

Table 8: Uninsured

Report area	Percent Uninsured
Haskell County, TX	25%
Jones County, TX	20%
Texas	19%

County Health Rankings and Roadmaps, 2020

Nutrition

Nutrition is a factor in the health of a community as well as their level of access to food. Food insecurity and limited access to healthy foods represent the health needs of a community.

Tables 9 shows that Haskell and Jones Counties are somewhat more food insecure than the state of Texas. Table 10 demonstrates that Haskell has a slightly higher percent with limited access to healthy foods than the state of Texas overall.

Table 9: Food Insecurity

Report area	Percent food insecure
Haskell County, TX	16%
Jones County, TX	17%
Texas	15%

County Health Rankings and Roadmaps, 2020

Table 10: Limited access to healthy foods

Report area	Percent with limited access to healthy foods
Haskell County, TX	11%
Jones County, TX	9%
Texas	9%

County Health Rankings and Roadmaps, 2020

Economic

Economic issues like unemployment and poverty are major factors in an individual's ability to access healthcare and other social needs. This information helps determine what barriers the community may face when trying to get care.

While Haskell has a lower unemployment rate than the state of Texas, Jones County reports almost a full percentage point higher unemployment.

Table 11: Unemployment

Report area	Percent Unemployed
Haskell County, TX	3.8%
Jones County, TX	4.8%
Texas	3.9%

County Health Rankings and Roadmaps, 2020

The median household income of both Jones and Haskell Counties are significantly lower than that of the state of Texas.

Table 12: Median Household Income

Report area	Median Household Income
Haskell County, TX	\$40,900
Jones County, TX	\$43,900
Texas	\$60,000

County Health Rankings and Roadmaps, 2020

Haskell and Jones Counties both report significantly higher rates of poverty than the state of Texas. As the unemployment rate in Haskell and Jones Counties are similar to the state of Texas', we can infer from the high poverty rate that both counties have a large population of working poor. People have jobs but do not make enough money to be above the poverty line.

Table 13: Poverty Rate

Report Area	Population in Poverty, Percent
Haskell County, TX	23.1%
Jones County, TX	22.0%
Texas	14.9%

United States Census Bureau 2019

Haskell County has a significantly higher percentage of children in poverty than the state of Texas overall.

Table 14: Children in Poverty

Report area	Percent children in poverty
Haskell County, TX	34%
Jones County, TX	24%
Texas	21%

County Health Rankings and Roadmaps, 2020

Both Haskell and Jones Counties have a significantly higher percentage of children eligible for free or reduced-price lunches in comparison to the state of Texas as a whole.

Table 15: Children eligible for free or reduced-price lunch

Report area	Percent children eligible for free or reduced-price lunch
Haskell County, TX	75%
Jones County, TX	62%
Texas	59%

County Health Rankings and Roadmaps, 2020

Health Factors

Access to Care

The ratio of population to primary care physicians determines availability of appointments, the time it takes to schedule procedures, and how far people may need to travel to receive care.

Table 16: Clinical Care

Report Area	Ratio of Population to Primary Care Physicians	Ratio of Population to Dentists	Ratio of Population to Mental Health Providers
Haskell County, TX	1,920:1	2,910:1	1940:1
Jones County, TX	3,330:1	9,910:1	19,820:1
Texas	1,640:1	1,730:1	880:1

County Health Rankings and Roadmaps, 2020

Mortality

Mortality can indicate which issues are causing death and the life expectancy in a community. This information can show if people are dying from preventable diseases due to lack of care, unwillingness to seek healthcare, or unhealthy behaviors. According to the CDC National Center for Health Statistics, State of the States in 2018, the leading causes of death in Texas were heart disease, cancer, and stroke.

Life expectancy is somewhat lower in both Haskell and Jones Counties when compared to the state of Texas overall. However, the death rate in Jones County is significantly higher than Haskell County and the state of Texas.

Table 17: Life expectancy

Report area	Life expectancy (years)
Haskell County, TX	76.7
Jones County, TX	77.0
Texas	79.1

County Health Rankings and Roadmaps, 2020

Table 18: Death rate

Report Area	Death Rate
Haskell County	792.1
Jones County	948.9
Texas	749.2

Health Facts Profiles, 2013

Health Behaviors

Health behaviors like smoking, excessive drinking, and obesity can lead to health issues in a community. This information helps show where health education and access to care may be important.

Haskell and Jones Counties report similar percentages of adult smoking compared to the state of Texas overall.

Table 19: Adult Smoking

Report area	Adult Smoking (percent)
Haskell County, TX	16%
Jones County, TX	16%
Texas	16%

County Health Rankings and Roadmaps, 2020

Jones County reports a significantly higher percentage of adults with obesity than the state of Texas overall.

Table 20: Adult Obesity

Report area	Adult Obesity (percent)
Haskell County, TX	27%
Jones County, TX	38%
Texas	30%

County Health Rankings and Roadmaps, 2020

While Haskell County has a lower rate of diabetes than the state of Texas, Jones County has a significantly higher percentage.

Table 21: Adult Diabetes

Report Area	Percent of adults with diagnosed diabetes
Haskell County, TX	8.6%
Jones County, TX	13.0%
Texas	10.9%

CDC Diabetes Atlas, 2016

Haskell County reports slightly less excessive drinking than Jones County and the state of Texas.

Table 22: Excessive Drinking

Report area	Excessive Drinking (percent)
Haskell County, TX	18%
Jones County, TX	20%
Texas	20%

County Health Rankings and Roadmaps, 2020

Table 23: Violent Crime

Report Area	Number of reported violent crime offenses per 100,000 population.
Haskell County, TX	121
Jones County, TX	269
Texas	420

County Health Rankings and Roadmaps, 2020

Fertility

While Jones County has a higher fertility rate than the state of Texas overall, Haskell County reports a significantly lower fertility rate.

Table 24: Fertility Rate

Report Area	Fertility Rate
Haskell County	55.8
Jones County	73.3
Texas	69.8

Health Facts Profiles, 2013

Preventative Care

Tables 23 and 24 show significantly less mammography screens and flu vaccinations than the state of Texas overall. This may be due to the closures of two hospitals in Jones County in July 2018 and July 2019, or it may be that the clinics do not provide these services. These services may be provided outside of the two counties reported.

Table 25: Mammography screening

Report area	Percent of population received mammography screens
Haskell County, TX	35%
Jones County, TX	27%
Texas	37%

County Health Rankings and Roadmaps, 2020

Table 26: Flu Vaccinations

Report area	Percent of population received Flu Vaccinations
Haskell County, TX	37%
Jones County, TX	30%
Texas	44%

County Health Rankings and Roadmaps, 2020

Hospital Data

The following data was collected and submitted by the Haskell Memorial Hospital. As of August 28th, 2020, Haskell Memorial Hospital had 19,867 patients registered with addresses. Tables 25 and 26 show the majority of patients at the Haskell Memorial Hospital have a zip code in the city of Haskell and in Haskell County. The city of Stamford and Jones county are the next most common places of residency. As of the time of assessment the hospital does not provide colorectal screening, mammogram screens, pap smears, or well-women’s services. However, the hospital is looking at ways to provide these services as well as more immunizations.

Table 27: City of Residency

City of Residency	County of Residency		Number of Patients	Percent of patients
Haskell	Haskell		11324	57%
Stamford	Jones		1468	7.4%
Rule	Haskell		1101	5.5%
Munday	Knox		702	3.5%
Knox City	Knox		601	3.0%
Rochester	Haskell		508	2.5%
Abilene	Taylor		413	2.1%
Aspermont	Stonewall		289	1.4%
Weinert	Haskell		224	1.1%
Throckmorton	Throckmorton		136	0.7%
Sagerton	Haskell		121	0.6%
Anson	Jones		104	0.5%
Goree	Knox		101	0.5%
Lueders	Jones		99	0.5%
O’Brien	Haskell		99	0.5%
Hamlin	Jones		98	0.5%
Seymour	Baylor		82	0.4%
Benjamin	Knox		76	0.4%
Old Glory	Stonewall		62	0.3%
Avoca	Jones		56	0.3%
Hawley	Jones		43	0.2%
Breckenridge	Stephens		33	0.1%
Albany	Shackelford		30	0.1%
Crowell	Foard		30	0.1%
Clyde	Callahan		26	0.1%

Table 28: County of Residency

County of Residency	Percent of patients
Haskell County	67.2%
Jones County	9.4%
Knox County	7.4%
Taylor County	2.1%
Stonewall County	1.7%
Throckmorton County	0.7%
Baylor County	0.4%
Stephens County	0.1%
Shackelford County	0.1%
Foard County	0.1%
Callahan County	0.1%

Table 29: Patients on Medicare/Medicaid

Total Patients	Number of patients on medicare/medicaid	Percent patients on medicare/medicaid
21,129	1,575	7.45%

Table 30: Emergency Room Visits

Year	Total ER Visits
2013	2,068
2014	2,027
2015	1,966
2016	2,142
2017	2,370
2018	2,269
2019	2,648

The Combined Daily Census shows the average number of patients each day for the hospital, clinic, and swing bed program.

Table 31: Combined Daily Census

Year	Combined Daily Census
2013	3.40
2014	3.42
2015	3.53
2016	3.87
2017	3.42
2018	7.11
2019	3.25

Table 32: Deaths

Year	Number of Deaths
2013	24
2014	21
2015	18
2016	21
2017	13
2018	9
2019	17

The top three most common diagnoses made were hypertension or high blood pressure, long term drug therapy, and hyperlipidemia or high cholesterol. Data on the most common diagnoses is shown in Table 33.

Table 33: Most Common Diagnoses

Diagnosis	Percent of Reported Total Diagnoses
Essential (primary) hypertension	5.3206
Other long term (current) drug therapy	4.5072
Hyperlipidemia, unspecified	4.2102
Hypothyroidism, unspecified	3.4836
Type 2 diabetes mellitus without complications	2.8149
Encounter for general adult medical exam w/o abnormal findings	1.2947
Gastro-esophageal reflux disease without esophagitis	1.2125
Fever, unspecified	1.0937
Long term (current) use of anticoagulants	1.0526
Personal history of nicotine dependence	1.016

Haskell Memorial Hospital Survey Findings

A community survey was created and disseminated through Survey Monkey and other online channels like email and Facebook. Hard copies were made available at clinics and the hospital. Out of 92 total survey respondents, 71 surveys were completed online, and 21 surveys were filled out by hand and then manually entered through third-party representatives into Survey Monkey.

Demographic data was collected on age, gender, and ethnicity. Of 92 respondents, 70 people reported their ages as 35-44, 55-64, and 65-74. Data collected on age is shown in Table 34.

Table 34: Age of Survey Respondents

Answer Choices	Response Percent	Responses
0 to 17	0.00%	0
18 to 24	1.09%	1
25 to 34	10.87%	10
35 to 44	21.74%	20
45 to 54	8.70%	8
55 to 64	30.43%	28
65 to 74	23.91%	22
75 or older	3.26%	3

Data on gender is shown in Table 35. Of 92 respondents, the majority (n=70) reported their gender as female, 19 reported as male, and three preferred to not answer.

Table 35: Gender of Survey Respondents

Answer Choices	Response Percent	Responses
Female	76.09%	70
Male	20.65%	19
Prefer not to answer	3.26%	3

The majority (n=81) of survey respondents chose their ethnicity as White/Caucasian. Survey respondents were able to choose more than one ethnicity.

Table 36: Ethnicity of Survey Respondents

Answer Choices	Response Percent	Responses
American Indian or Alaskan Native	2.17%	2
Asian or Pacific Islander	0.00%	0
Black or African American	2.17%	2
Hispanic or Latino	9.78%	9
White / Caucasian	88.04%	81
Prefer not to answer	1.09%	1
Other (please specify)	0.00%	0

When asked for their city of residence, the majority (n=73) of survey respondents were from Haskell or Stamford. Nineteen respondents specified other cities including Rule, Munday, Lueders, Rochester, Aspermont, Knox City, and Sagerton.

Table 37: Survey Respondents' City of Residence

Answer Choices	Response Percent	Responses
Haskell	48.91%	45
Stamford	30.43%	28
Other (please specify)	20.65%	19

Survey respondents were asked to identify their role in their communities. Answers included residents, health care providers, church leaders, business owners, educators, and retired.

When asked to rank health issues by importance, survey respondents chose Access to Care as the most important issue followed by Diabetes. Each issue and its score are shown in Table 38.

Table 38: Most Important Health Issues

Answer Choices	1	2	3	4	5	Total	Score
Access to care	62	6	2	0	12	82	4.29
Obesity	8	14	21	17	23	83	2.6
Diabetes	10	31	18	19	8	86	3.19
Substance abuse	3	12	16	26	21	78	2.36
Mental health	4	18	20	18	20	80	2.6

Survey respondents were asked to agree or disagree with several statements regarding access to care. The data shown in Table 39 indicated that survey respondents felt that

there is not a sufficient number of mental health providers or medical specialists readily accessible.

Table 39: Access to Care

Answer Choices	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
Residents in the area are able to access a primary care provider when needed (Family Doctor, Pediatrician, General Practitioner)	31	34	6	16	3
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.)	19	22	17	27	7
Residents are able to access a dentist when needed	28	29	9	15	9
There is a sufficient number of providers accepting Medicaid/Medical Assistance in the area	13	21	36	16	2
There is a sufficient number of bi-lingual providers in the area	6	11	48	21	3
There is a sufficient number of mental/behavioral health providers in the area	6	8	30	31	14
Transportation for medical appointments is available to area residents when needed	15	25	32	15	3

Survey respondents were asked to rank barriers to health care from most significant to least significant. Survey respondents chose Inability to Pay out of Pocket Expenses as the most significant barrier to health care followed by Lack of Health Insurance Coverage and Inability to Navigate Health Care System. Table 40 shows each barrier and its score.

Table 40: Most Significant Barriers to Health Care

Answer Choices	1	2	3	4	5	6	7	8	9	10	Total	Score
Inability to Pay out of Pocket Expenses	33	20	7	8	4	2	3	2	0	2	81	8.35
Inability to Navigate Health Care System	5	11	17	7	15	8	7	0	4	1	75	6.68
Lack of Health Insurance Coverage	16	22	18	7	4	6	1	2	0	4	80	7.74
Language/Cultural Barriers	3	0	2	10	8	13	11	8	8	11	74	4.38
Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)	3	12	10	17	10	9	1	8	5	4	79	6.13
Lack of Transportation	1	2	7	5	10	13	19	9	6	7	79	4.63
Availability of Providers/Appointments	13	5	6	11	9	11	14	5	4	2	80	6.13
Basic Needs Not Met (Food/Shelter)	1	2	5	3	5	8	13	22	11	6	76	4.01
Lack of Trust	9	2	6	5	6	5	3	14	22	10	82	4.39
Lack of Child Care	0	0	2	3	6	3	7	10	15	33	79	2.65

Eighty-nine survey respondents were asked if they felt there were specific populations in their community that they felt were not being adequately served by local health services. A majority (n=49) of survey respondents answered that there were.

Table 41: Underserved Populations

Answer Choices	Response Percent	Responses
Yes	55.06%	49
No	44.94%	40

Survey respondents were asked to identify which populations they felt were underserved. Survey respondents chose Uninsured/Underinsured as the most commonly underserved population followed by Low-Income/Poor and Seniors/Aging/Elderly. Survey respondents were able to choose more than one response. Those who specified other populations as underserved identified them to be mentally ill people and the middle class.

Table 42: Identification of Underserved Populations

Answer Choices	Response Percent	Responses
Low-income/Poor	48.84%	42
Uninsured/Underinsured	50.00%	43
Hispanic/Latino	6.98%	6
Homeless	12.79%	11
Immigrant/Refugee	3.49%	3
Seniors/Aging/Elderly	33.72%	29
Black/African American	3.49%	3
Disabled	18.60%	16
Young Adults	12.79%	11
Children/Youth	13.95%	12
None	17.44%	15
Other (please specify)	8.14%	7

Survey respondents were asked **where most uninsured and underinsured individuals living in the area go when they are in need of medical care.** Responses included the Emergency Room, Abilene, a walk-in clinic, or they do not seek care.

Survey respondents were asked to rank resources from most needed to least needed. Survey respondents chose Free/Low Cost Medical Care as the most needed resource followed by Primary Care Providers and Prescription Assistance. The resources and their scores are shown in Table 43.

Table 43: Most Needed Resources

Answer Choices	1	2	3	4	5	6	7	8	9	10	11	Total	Score
Free/Low Cost Dental Care	10	14	10	4	11	7	7	6	4	1	5	79	7.2
Mental Health Services	7	5	13	11	6	10	9	8	4	3	1	77	6.88
Free/Low Cost Medical Care	21	10	14	10	6	1	3	9	1	2	0	77	8.35
Health Education/ Information/ Outreach	2	4	2	15	7	9	8	10	9	5	6	77	5.53
Bi-lingual Services	1	1	0	5	5	5	6	9	16	15	13	76	3.72
Prescription Assistance	2	8	19	10	11	13	3	4	3	3	0	76	7.29
Transportation	1	1	2	1	3	6	17	10	12	17	11	81	3.83
Substance Abuse Services	2	7	1	4	6	9	8	7	14	14	5	77	4.83
Primary Care Providers	29	8	2	4	6	7	5	2	12	3	3	81	7.54
Health Screenings	3	4	7	9	10	10	4	7	2	13	9	78	5.47
Medical Specialists	4	15	7	6	8	1	8	7	2	1	20	79	5.86

Survey respondents were asked **what challenges people in the community faced in maintaining a healthy lifestyle and/or managing chronic conditions like diabetes or heart disease.** Answers included a lack of healthy food available/affordable, lack of willingness to change unhealthy habits, lack of education, lack of places to exercise, no insurance, no providers nearby, and the cost of prescriptions and/or medical care.

Survey respondents were asked **what was done well in the community in terms of health and quality of life.** Answers included both the Haskell and Stamford clinic, Emergency Room facilities, and community support.

Survey respondents were asked **what recommendations or suggestions they had to improve health and quality of life in the community.** Answers included more education on conditions such as diabetes and heart disease, community outreach, more primary care providers and specialists, ability for children to get vaccines, mental health,

extended clinic hours, healthier food options at local restaurants, telehealth options, and more affordable care

Survey respondents were asked **to share any additional comments**. The following comments were shared:

- “School age children should have the option to be vaccinated at school otherwise they might not get their vaccines at all.”
- “Only allowing vaccines with Medicaid is a huge barrier”
- “Elderly people want to have the same provider that they can trust for years. With managements handling of providers in the past year people are worried about the future existence of HMM. People do not currently trust the current management or board of directors.”
- “Concerned that doctors are leaving. Our community needs to retain medical personnel”
- “I can see that the hospital district is trying to improve and grow and evolve and I can also see that change is hard for some to handle. But keep moving forward.”

Summary of Data

Data collected from both survey respondents and the County Health Rankings and Roadmaps show a gap in service of mental health providers. Table 16 indicated a higher ratio of population to mental health provider for Haskell and Jones county than that of the state of Texas. Survey respondents also disagreed with the statement that there was a sufficient number of mental health providers in their areas shown in Table 39.

Data collected from both survey respondents and the County Health Rankings and Roadmaps show a gap in service of health specialists. Survey respondents mentioned that people seeking care often must go to Abilene or they may not receive care at all. The hospital also does not provide women's wellness visits, and people must also go to Abilene if they want that service. Table 25 shows a low rate of mammography screenings for Jones County in comparison to the state of Texas.

Data from the hospital and survey respondents show a high use of the Emergency Room. Survey respondents listed the emergency room as a place people commonly go to when seeking care, and Table 33 showing the hospital's data on emergency room visits per year supports this.

Data from both survey respondents and the County Health Rankings and Roadmaps show that people have trouble maintaining a healthy lifestyle and have a high rate of diabetes. Jones county has an especially high rate of diabetes and a higher death rate than the state of Texas. Survey respondents listed education on conditions like diabetes as well as better access to healthier food options as their recommendations on how the community's health could improve.

The hospital, survey respondents, and County Health Rankings and Roadmaps show a need for more immunizations in an accessible way. Survey respondents noted specifically that they are taking their children to Abilene for immunizations and requested for them to be provided at school. It was also noted that the clinic only provides immunizations for people on Medicare or Medicaid and not for those with private insurance. Table 25 also shows a lack of flu shots in the community.

Appendices
Haskell Memorial Hospital Needs Assessment Survey

Figure 3: Survey Questions

Haskell Memorial Hospital Needs Assessment

Community Needs Assessment Survey

Haskell County Hospital District is asking residents and key stakeholders to complete a short 5-8 minute survey to gauge the needs of the Haskell and Stamford community. The feedback from this survey will be a key factor in our continued strategic planning process. All responses are completely anonymous.

1. What is your age?

- 0 to 17
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

2. What is your gender?

- Female
- Male
- Prefer not to answer

3. What is your ethnicity? (Please select all that apply.)

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- White / Caucasian
- Prefer not to answer
- Other (please specify)

4. What city are you currently living in?

- Haskell
- Stamford
- Other (please specify)

5. What is your role in the community? (Ex: business owner, church leader, health care provider, resident)

6. Please rank the following health issues from most important (1) to least important (5)

☰	▾	Access to care
☰	▾	Obesity
☰	▾	Diabetes
☰	▾	Substance abuse
☰	▾	Mental health

7. Access to Care

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
Residents in the area are able to access a primary care provider when needed (Family Doctor, Pediatrician, General Practitioner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residents are able to access a dentist when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a sufficient number of providers accepting Medicaid/Medical Assistance in the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a sufficient number of bi-lingual providers in the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a sufficient number of mental/behavioral health providers in the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation for medical appointments is available to area residents when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please rank the following barriers to health care from most significant (1) to least significant (10)

		Inability to pay out of pocket expenses
		Inability to Navigate Health Care System
		Lack of Health Insurance Coverage
		Language/Cultural Barriers
		Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
		Lack of Transportation
		Availability of Providers/Appointments
		Basic Needs Not Met (Food/Shelter)
		Lack of Trust
		Lack of Child Care

9. Are there specific populations in this community that you think are not being adequately served by local health services?

Yes

No

10. Identify which populations you think are underserved.

- Low-income/Poor
- Uninsured/Underinsured
- Hispanic/Latino
- Homeless
- Immigrant/Refugee
- Seniors/Aging/Elderly
- Black/African American
- Disabled
- Young Adults
- Children/Youth
- None
- Other (please specify)

11. In general, where do you think most uninsured and underinsured individuals living in the area go when they are in need of medical care?

12. Please rank the following resources from most needed (1) to least needed (11)

☰	▾	Free/Low Cost Dental Care
☰	▾	Mental Health Services
☰	▾	Free/Low Cost Medical Care
☰	▾	Health Education/Information/Outreach
☰	▾	Bi-lingual Services
☰	▾	Prescription Assistance
☰	▾	Transportation
☰	▾	Substance Abuse Services
☰	▾	Primary Care Providers
☰	▾	Health Screenings
☰	▾	Medical Specialists

13. What challenges do people in the community face in maintaining a healthy lifestyle and/or managing chronic conditions like diabetes or heart disease?

14. In your opinion, what is being done well in the community in terms of health and quality of life?

15. What recommendations or suggestions do you have to improve health and quality of life in the community?

16. Please share any additional comments.