

Regional Healthcare Partnership Region 12 Rural

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This report has been prepared for RHP-12 Rural in collaboration with the F. Marie Hall Institute for Rural and Community Health, West Texas Area Health Education Centers and the community champions of the county. The focus group and random-digit telephone survey were conducted by the Earl Survey Research Center in the Texas Tech University department of Political Science. Assessment of the vulnerable populations' health index was prepared by Angelo State University Center for Community Wellness, Engagement, and Development, Community Development Initiatives.

In 2011, Carson, Collingsworth, Dawson, Floyd, Gaines, Garza, Lamb, Ochiltree, Sherman, and Swisher Counties were part of a 25 county cohort selected by West Texas Area Health Education Center (AHEC) staff from the F. Marie Hall Institute of Rural and Community Health in the Texas Tech University Health Sciences Center to undergo community health needs assessments. The objective of the project was to assess what the communities understood about their healthcare needs and available resources and to identify what community members felt were priority health concerns.

AHEC developed the Community Health Needs Assessment Index as a check-up on the public health conditions in an individual county and to serve as resources for the county to use in their Texas Healthcare Transformation and Quality Improvement Program (1115 Waiver) Regional Health Plan, and the IRS (Form 990) required Community Health Needs Assessment for public and non-profit hospitals.

Like a personal health check-up a person might have with a physician, the best use of the index is to focus discussions between community leaders and stakeholders about improving public health. With the help of the local community, West Texas AHEC centers, and the Earl Survey Research Lab at Texas Tech University, information was gathered from local focus groups, telephone surveys, and secondary data to assess the health needs of the RHP-12 Rural counties, which include:

- Armstrong
- Bailey
- Borden
- Briscoe
- Carson
- Castro
- Childress
- Cochran
- Collingsworth
- Cottle
- Crosby
- Dallam
- Dawson
- Deaf Smith
- Dickens
- Donley
- Floyd
- Gaines
- Garza
- Gray
- Hale
- Hall
- Hansford
- Hartley
- Hemphill
- Hockley
- Hutchinson
- Kent
- King
- Lamb
- Lipscomb
- Lynn
- Moore
- Motley
- Ochiltree
- Oldham
- Parmer
- Roberts
- Scurry
- Sherman
- Swisher
- Terry
- Wheeler
- Yoakum

Vulnerable populations are groups that are not well integrated into the health care system because of ethnic, cultural, economic, geographic, or health characteristics. This isolation puts members of these groups at risk for not obtaining necessary medical care, and thus constitutes a potential threat to their health. Commonly cited examples of vulnerable populations include racial and ethnic minorities, the rural and urban poor, undocumented immigrants, and people with disabilities or multiple chronic conditions. A large section of rural America has an increased susceptibility to adverse health outcomes. The reasons for disparities are varied.

Persons with disabilities and multiple chronic conditions may find it difficult to obtain insurance coverage. Many employers of small companies cannot afford to add workers to their health plans who are likely to have high medical costs, and finding an affordable insurance plan as an individual with pre-existing conditions is very difficult. The geographic and economic isolation of some poor rural residents may make access to specialty care difficult, even if they are covered by insurance. Finally, language barriers and fear of being discovered are all factors that may keep undocumented immigrants from seeking coverage and ultimately, care.

Objectives used in the survey were established from the Healthy People 2020 benchmarks. Healthy People 2020 is a science-based, 10-year national initiative for improving the Nation's health. It is organized as four foundational health measures to include; general health status, health-related quality of life and well-being, determinants of health, and disparities. Other index indicator variables listed in the report are based on downloadable data from public access files available over the internet and originally produced by a variety of state and federal agencies such as the Census Bureau, Department of State Health Services, and Texas Department of Health & Human Services. There are no personal identifiers in any of the public access files.

Methods

Focus Groups

The first step of the project consisted of focus group meetings in 11 counties within RHP-12 Rural. Focus groups were conducted to gain a better understanding of community health needs and available resources. Subjects were recruited by West Texas AHEC staff in collaboration with the community champion. Focus group participants consisted of local government officials, local health care providers, and other community members who had a stake in public health. The focus groups were conducted by a moderator from the Earl Research Survey Lab.

Telephone Surveys

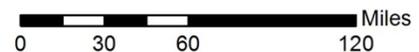
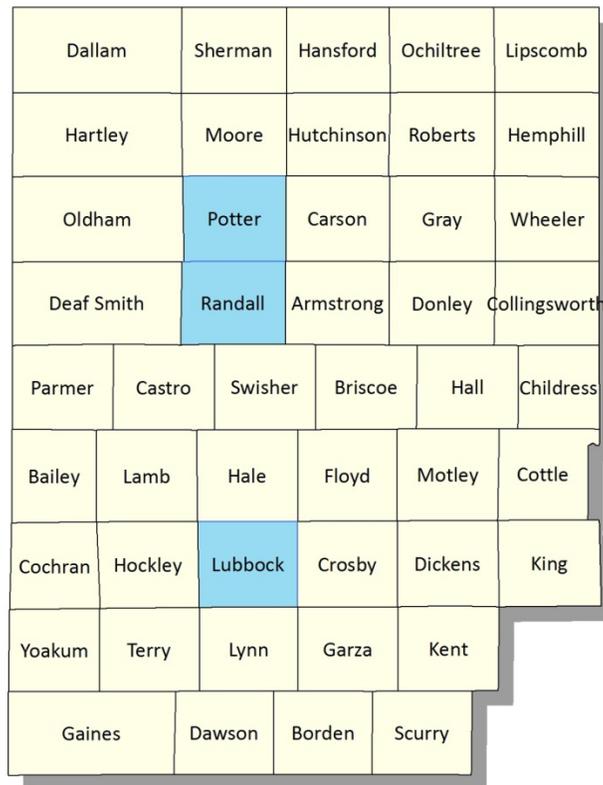
The next step of the project consisted of telephone surveys that were conducted by the Earl Research Survey Lab. The goal was to complete 100 random-digit telephone surveys, per

county, from residents living in RHP-12 Rural owning a land-line. In RHP-12 Rural 1023 telephone surveys were completed with a response rate of 11.29% and a cooperation rate of 40.67%. Surveys were conducted in Spanish and English. The survey instrument contained questions regarding basic demographics, health care access and various health and behavior indicators.

RHP-12 Rural Demographics and County Profile

Region by County

- Urban
- Rural



Geography

Regional Information: The RHP-12 Rural region consists of 44 counties: [Armstrong](#), [Bailey](#), [Borden](#), [Briscoe](#), [Carson](#), [Castro](#), [Childress](#), [Cochran](#), [Collingsworth](#), [Cottle](#), [Crosby](#), [Dallam](#), [Dawson](#), [Deaf Smith](#), [Dickens](#), [Donley](#), [Floyd](#), [Gaines](#), [Garza](#), [Gray](#), [Hale](#), [Hall](#), [Hansford](#), [Hartley](#), [Hemphill](#), [Hockley](#), [Hutchinson](#), [Kent](#), [King](#), [Lamb](#), [Lipscomb](#), [Lynn](#), [Moore](#), [Motley](#), [Ochiltree](#), [Oldham](#), [Parmer](#), [Roberts](#), [Scurry](#), [Sherman](#), [Swisher](#), [Terry](#), [Wheeler](#) and [Yoakum](#) counties . The

RHP-12 Rural region had an estimated population of 370,191 in 2010. The region consists of 42,793 square miles with a population density of 8.65 residents per square mile compared to a statewide density of 95.92.

Natural amenities of RHP-12 Rural, according to the U.S. Department of Interior, reflect an overall percent of surface water of 0.2 percent compared to 2.5 percent statewide. The land surface form topography for the RHP-12 Rural region is a variation which can be described as tablelands with moderate relief, smooth plains, plains with hills and irregular plains.

Considerably more detailed information can be found at:

<http://www.tpwd.state.tx.us/texaswater/sb1/> and

http://www.netstate.com/states/geography/tx_geography.htm.

Local Workforce Boards: The counties in the RHP-12 Rural study area are members of the following TWC local workforce board area(s). Local addresses, references to specific needs and services can be found at the following Internet address(es):

| Workforce Board | Internet Address |
|-----------------|---|
| Panhandle | http://www.twc.state.tx.us/dirs/wdas/wda01.html |
| South Plains | http://www.twc.state.tx.us/dirs/wdas/wda02.html |
| North Texas | http://www.twc.state.tx.us/dirs/wdas/wda03.html |
| West Central | http://www.twc.state.tx.us/dirs/wdas/wda09.html |
| Permian Basin | http://www.twc.state.tx.us/dirs/wdas/wda11.html |

In order to contact a board or TWC's Tele Center by phone, call 1-800-939-6631.

Population

County population estimates are updated periodically by the Texas State Data Center – Office of the State Demographer at the University of Texas at San Antonio. County estimates are primarily based on the 100 percent population counts from the latest April, 2010 decennial census and are calculated to reveal population change up to a current date, in this case April 2010. These estimation methodologies utilize information on births, deaths and elementary school enrollment to estimate population. In this method, migration of the school-age population is assumed to be indicative of migration in the total population (with adjustments being made for the historical differences between the school-age migration rate and the total

population's rate of migration). Data on public school enrollment from the Texas Education Agency and data from the Texas State Data Center's survey of private schools in Texas are used to estimate change in the school-age population. Data on institutional populations were obtained from applicable institutions, while data on other special populations, such as the elderly population were obtained from the U.S. Bureau of the Census.

According to the county-based population estimates from the United States Census Bureau, RHP-12 Rural changed in population from 369,552 in April, 2000 to an estimated 370,191 in April, 2010 by 639 residents. This reflects an increase of 0.2 percent in population. During the same time period, the state's population changed by 4,293,741 residents from 20,851,820 to an estimated 25,145,561 persons representing a comparative change of 20.6 percent. A variety of data topics for Texas and all the counties is available at:

<http://quickfacts.census.gov/qfd/states/48000.html>.

The RHP-12 Rural region's race/ethnic distribution in 2010 is estimated by the Census Bureau to be:

| Race/Ethnicity | Population | RHP-12 Rural Percent | Statewide Percent |
|-----------------------|------------|----------------------|-------------------|
| White | 293,043 | 79.3 | 84.89 |
| Black | 12,713 | 3.4 | 14.29 |
| Other | 64,435 | 17.4 | 17.8 |
| Hispanic ⁹ | 158,311 | 42.8 | 45.37 |

⁹ Hispanic count includes White, Black and other representation when reported.

Population and Age

The age distribution of an area can provide valuable insight into the region's economic composition and income potential. By national standards, Texas has a relatively young population. The 2010 Census estimates for Texas show a population composition as follows:

| Age | Population | RHP-12 Rural Percent | Statewide |
|---------|------------|----------------------|-----------|
| Under 5 | 29,648 | 8.0 | 7.7 |
| 5-14 | 56,884 | 15.4 | 15.2 |
| 15-19 | 27,958 | 7.6 | 7.5 |

| | | | |
|-------|---------|------|------|
| 20-44 | 115,217 | 31.1 | 35.3 |
| 45-64 | 89,621 | 24.2 | 24.0 |
| 65+ | 50,863 | 13.7 | 10.3 |

Population and Gender

The gender distribution of an area can provide additional insight into the RHP-12 Rural region's overall distribution in the population by male and female. Of RHP-12 Rural's population, 190,759 were male which represents 51.5 percent and 179,432 were female which represents 48.5 percent. This compares to the statewide percentage of 49.6 percent for male and 50.4 percent for female.

Special Age Groups and Gender

Youth and Older Workers: Other age cohorts may be of special interest for Workforce Development Board's summer youth programs and older worker programs. The RHP-12 Rural region has 51,310 persons age 15-24 representing 13.9 percent of the population. This compares with 14.7 percent statewide. For the potential older age cohort, 70,921 persons or 19.2 percent are 55 or over in the RHP-12 Rural region based on the 2010 Census. This compares to 20.7 percent statewide.

Ages 25-44: If the population cohort 45 and over is higher than the state average, this suggests a stable, mature population comprised of mainly "empty-nesters," retirees and the aged. When the 25-44 age cohort is higher than the state average, this is a healthy economic situation since this group contains the greatest share of the labor force. Decreases over time in this group, especially when similar changes are not occurring statewide, can be an indication that people are moving out of an area they consider to be a poor labor market. In RHP-12 Rural the total number in the age groups of 25 to 44, was 71,742 or 19.4 percent. This compares to a statewide percentage of 42.5 percent based on the 2010 Census.

Ages 18 and Older: For the population generally considered in the ages to participate in the labor market, the total population who were 18 years and over totaled 18,279,737 in Texas which represented 72.7 percent of the total population. In the RHP-12 Rural study area, the total persons in this age group was 266,403 or 72.0 percent of the total population. Within this age group in Texas the number of males in 2010 who were 18 years and over represented 8,962,031 persons or 35.6 percent of the total population while females age 18 years and over represented 9,317,706 or 37.1 percent. In the RHP-12 Rural area, males 18 and over

represented 137,547 or 37.2 percent in comparison and females totaled to 128,856 or 34.8 percent.

Veteran Status: According to the U.S. Bureau of Census, the RHP-12 Rural area had 262,420 persons in the population age 18 years and older in the year 2000. Of that number, 28,208 or 10.7 percent responded as being a civilian veteran, compared to 11.8 percent statewide. A "civilian veteran" is a person 18 years old or over who has served (even for a short time), but is not now serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or military Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps.

Disability Status: From the 2000 Census, data on Disability Status were derived when respondents reported long-lasting conditions: (a) blindness, deafness, or a severe vision or hearing impairment, (sensory disability) and (b) a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying (physical disability). Disability status was also derived if the individuals in the working age range of 21 to 64 years had a physical, mental, or emotional condition lasting 6 months or more that made it difficult to perform certain activities such as: (a) learning, remembering, or concentrating (mental disability); (b) dressing, bathing, or getting around inside the home (self-care disability); (c) going outside the home alone to shop or visit a doctor's office (going outside the home disability); and (d) working at a job or business (employment disability).

It was reported in the 2000 Census that the RHP-12 Rural area had an estimated 94,840 persons residing there between the ages of 5 to 20 years of age with approximately 6,166 or 6.5 percent with a disability. In Texas, the percent with disabilities in this same age bracket was 7.9 percent. In the working age population group - ages 21 to 64 years, the RHP-12 Rural area had approximately 182,149 persons, of which 37,988 were categorized to be in a disability status. This represented 20.9 percent compared to 19.9 percent in the state overall. For those persons in this age group that had a disability, approximately 21,448 or 56.5 percent were employed. For those who had no disability, an estimated 107,018 or 74.2 percent were employed. For the retirement age group of 65 years of age and older, 49,855 persons resided of which 22,631 were disabled. The percent of this age group with a disabled status was 45.4 percent and this compared to 44.8 percent in Texas overall.

Ages 65 and Older: For the population who are considered to be at the age of retirement or older - 65 years and older, the total number of persons in Texas was 2,601,886 or 10.3 percent of the total population in 2010. This region had a total of 50,863 or 13.7 percent in this older age group. In the same age group of 65 years and over, males in Texas represented 1,135,664

or 4.5 percent of the total population and females totaled to 1,466,222 or 5.8 percent, while in this RHP-12 Rural study area, males totaled to 22,561 or 6.1 percent of all persons in this area and females represented 28,302 or 7.6 percent of all persons. For other general and special population information from the 2010 Census as well as specific populations topics, link to <http://www.census.gov/census2000/states/tx.html>.

Population Projections

The Office of the State Demographer for the State of Texas distributes the most widely used population projections for Texas. Projection estimates in these tables and the methodology for migration scenarios have been revised as of 2008 by the Texas State Data Center and Office of the State Demographer - now housed at University of Texas San Antonio. Each projection series includes three scenarios resulting in three alternative sets of population values for the State and each county are presented in these projections. These scenarios assume the same set of mortality and fertility assumptions in each scenario but differ in their assumptions relative to net migration. The net migration assumptions made for four scenarios are derived from 1990-2000 patterns which have been altered relative to expected future population trends. This is done by systematically and uniformly altering the adjusted 1990-2000 net migration rates by age, sex and race/ethnicity. The scenarios so produced are referred to as the zero migration (0.0) scenario, the one-half 1990-2000 (0.5) scenario, the 1990-2000 (1.0) scenario, the 2000-2004 (2.0) scenario and the 2000-2007 (3.0) scenario.

The recommended scenario for most county based projection reporting used is believed to be the 0.5 scenario as most appropriate scenario for most counties in Texas. This scenario has been prepared as an approximate average of the zero (0.0) and 1990-2000 (1.0) scenarios. It assumes rates of net migration one-half of those of the 1990s. The reason for including this scenario is that many counties in the State are unlikely to continue to experience the overall levels of relatively extensive growth of the 1990s. A scenario which projects rates of population growth that are approximately an average of the zero and the 1990-2000 scenarios is one that suggests slower but steadier growth than occurred during 1990-2000 (For a more detailed discussion see <http://txsdc.utsa.edu>).

Using this projection scenario, the following table represents population projections for RHP-12 Rural as computed in 2008 by The Office of the State Demographer for the State of Texas:

Population Projections and Percent Change Since 2000*

| Year | Total | Pct Chg | Anglo | Pct Chg | Black | Pct Chg | Hispanic | Pct Chg | Other | Pct Chg |
|------|---------|---------|---------|---------|--------|---------|----------|---------|-------|---------|
| 2000 | 369,552 | --- | 222,479 | --- | 14,434 | --- | 129,599 | --- | 3,040 | --- |

| | | | | | | | | | | |
|-------------|---------|------|---------|-------|--------|------|---------|------|-------|------|
| 2005 | 383,048 | 3.7 | 220,096 | -1.1 | 14,977 | 3.8 | 144,857 | 11.8 | 3,118 | 2.6 |
| 2010 | 397,997 | 7.7 | 218,379 | -1.8 | 15,612 | 8.2 | 160,818 | 24.1 | 3,188 | 4.9 |
| 2015 | 412,474 | 11.6 | 216,771 | -2.6 | 16,045 | 11.2 | 176,397 | 36.1 | 3,261 | 7.3 |
| 2020 | 424,256 | 14.8 | 213,616 | -4.0 | 16,389 | 13.5 | 190,915 | 47.3 | 3,336 | 9.7 |
| 2025 | 433,314 | 17.3 | 208,772 | -6.2 | 16,521 | 14.5 | 204,619 | 57.9 | 3,402 | 11.9 |
| 2030 | 440,824 | 19.3 | 203,372 | -8.6 | 16,520 | 14.5 | 217,528 | 67.8 | 3,404 | 12.0 |
| 2035 | 447,061 | 21.0 | 197,759 | -11.1 | 16,497 | 14.3 | 229,431 | 77.0 | 3,374 | 11.0 |
| 2040 | 451,577 | 22.2 | 191,989 | -13.7 | 16,292 | 12.9 | 240,003 | 85.2 | 3,293 | 8.3 |

* Anglo, Black and Other excludes Hispanic counts.

For comparison purposes, the Texas population projections, using the same scenario methodology, are as follows:

Population Projections and Percent Change Since 2000*

| Year | Total | Pct Chg | Anglo | Pct Chg | Black | Pct Chg | Hispanic | Pct Chg | Other | Pct Chg |
|-------------|------------|---------|------------|---------|-----------|---------|------------|---------|-----------|---------|
| 2000 | 20,851,820 | --- | 11,074,716 | --- | 2,421,653 | --- | 6,669,666 | --- | 685,785 | --- |
| 2005 | 22,556,046 | 8.2 | 11,327,873 | 2.3 | 2,588,605 | 6.9 | 7,820,842 | 17.3 | 818,726 | 19.4 |
| 2010 | 24,330,646 | 16.7 | 11,533,976 | 4.1 | 2,754,751 | 13.8 | 9,080,459 | 36.1 | 961,460 | 40.2 |
| 2015 | 26,156,723 | 25.4 | 11,694,520 | 5.6 | 2,913,062 | 20.3 | 10,436,546 | 56.5 | 1,112,595 | 62.2 |
| 2020 | 28,005,740 | 34.3 | 11,796,448 | 6.5 | 3,052,417 | 26.0 | 11,882,980 | 78.2 | 1,273,895 | 85.8 |
| 2025 | 29,897,410 | 43.4 | 11,830,578 | 6.8 | 3,170,964 | 30.9 | 13,448,459 | 101.6 | 1,447,409 | 111.1 |
| 2030 | 31,830,575 | 52.7 | 11,789,274 | 6.5 | 3,268,623 | 35.0 | 15,140,100 | 127.0 | 1,632,578 | 138.1 |
| 2035 | 33,789,697 | 62.0 | 11,682,022 | 5.5 | 3,345,687 | 38.2 | 16,934,464 | 153.9 | 1,827,524 | 166.5 |
| 2040 | 35,761,165 | 71.5 | 11,525,089 | 4.1 | 3,403,163 | 40.5 | 18,804,311 | 181.9 | 2,028,602 | 195.8 |

* Anglo, Black and Other excludes Hispanic counts.

County to County Migration

Out-Migration: Using Internal Revenue Service (IRS) information regarding changes in residences between two filing years 2008 and 2009, statistics regarding moving in and out of counties can reveal patterns of migration as well as patterns of out-of-state and foreign migration to and from selected counties. During this time RHP-12 Rural reported 117,418 total tax returns were matched to tabulate outflow migration. Of these returns approximately 8.6 percent showed a change in residences by moving out from their originating county in 2008 to

another county in 2009. Of these who moved out of their original county, 76.6 percent moved to another county within Texas, while 21.4 percent moved to a different state but within the U.S. Those who moved from their originating county in the year 2008 to a foreign country in 2009 was approximately 0.1 percent.

The IRS county migration data reports income by the number of returns and the number of exemptions. The number of returns - as a unit of analysis may be used as a proxy for household income and the number of exemptions may be used as a proxy for the number of individuals in a family. Using the number of returns for household income, the RHP-12 Rural overall has an average household earnings of \$49,141. Of those households which remained in the same area, an average reported non-migrating household income of \$50,325 during the period 2008 to 2009. Total income earned by 10,150 households leaving the region was \$368,959,000 which represents an average income of \$36,351.

The top 5 counties showing the most households and their average income leaving RHP-12 Rural to other counties during 2008 to 2009 were:

| County and State | Households Moving Out | Average Income Moving Out |
|---------------------------|------------------------------|----------------------------------|
| Lubbock County, TX | 1,494 | \$32,163 |
| Randall County, TX | 665 | \$39,271 |
| Potter County, TX | 618 | \$37,108 |
| Midland County, TX | 119 | \$48,992 |
| Tarrant County, TX | 114 | \$39,702 |

In-Migration: During the period 2008 to 2009, there were approximately 118,966 total tax returns were matched to calculate inflow migration. Of these returns approximately 7.8 percent showed a change in residences by moving in from their originating county in 2008 to a county in the RHP-12 Rural study area in 2009. Of these who moved into the RHP-12 Rural study area from another county, 67.6 percent moved from other counties in Texas, while 30.3 percent moved from a county in a different state but within the U.S. Those who moved into the RHP-12 Rural study area during the 2008-2009 period from a foreign country was approximately 0.0 percent.

Using the number of returns as a proxy for household income, the RHP-12 Rural overall has an average household earnings of \$48,997. Of those households which remained in the same area, had an average reported non-migrating household income of \$50,325 during the period 2008 to

2009. Total income earned by 9,279 households entering the region was \$308,996,000 which represents an average income of \$33,301.

The top 5 counties showing the most households and their average income migrating into RHP-12 Rural from other counties during 2008 to 2009 were:

| County and State | Households Moving In | Average Income Moving In |
|--------------------|----------------------|--------------------------|
| Lubbock County, TX | 930 | \$29,376 |
| Potter County, TX | 436 | \$27,390 |
| Randall County, TX | 434 | \$36,090 |
| Midland County, TX | 64 | \$47,906 |
| Tarrant County, TX | 60 | \$33,283 |

Change in Aggregated Earnings: Gains and losses of residential earnings and buying power due to a migration can be reflected in observed differences in aggregate dollars entering and leaving an area. County to county migration information from the IRS shows a net change for the RHP-12 Rural region of \$-59,963,000.00. A positive value represents an increase in earnings for an area and a negative value represents a loss of income during the 2008 - 2009 period.

Vital Statistics: According to the Texas Department of State Health Services for vital statistics for the year 2004, the RHP-12 Rural area had a total of 5,793 live births which represents a live birth rate of 16.0 births for every 1,000 persons in the RHP-12 Rural study area compared to a statewide rate of 17.0 births per 1,000 persons in the population. The RHP-12 Rural area had a total of 3,444 deaths representing a rate of 9.5 for every 1,000 persons compared to a statewide rate of 6.8.

Employment

Civilian Labor Force (CLF): The most recent civilian labor force estimates from TWC for Texas statewide in April 2012 is 12,547,852 which is an increase in the labor force of 139,139 persons since April 2011. This represents a 1.1 percent change in Texas during this time period. These estimates are not seasonally adjusted. RHP-12 Rural had a civilian labor force of 187,016 for April 2012 which was a change of 1,745 in CLF since April 2011. This change represented an increase of 0.9 percent for the RHP-12 Rural study area. For another glimpse into TWC/LMI's Texas and County information, link to:

<http://www.tracer2.com/cgi/dataanalysis/AreaSelection.asp?tableName=Labforce>.

Employment By Major Industry Sector: The most recent employment data from TWC by major industrial sector for RHP-12 Rural compared to Texas are shown below in a table for two years. The Department of Labor calls these major categories "Super Sectors". One advantage in reviewing employment changes at broad industrial levels is that it allows for a unique snapshot of major differences in the total employment for a selected study area when compared to any larger statewide trend. When employment changes at a higher rate than the state, there may be comparative advantages in the local economy which are driving these changes. Conversely, when change is at a lower rate, then the Super Sector is showing less change in comparison to the state and may consequently have a smaller comparative change impact.

| RHP-12 Rural Industry Sector | RHP-12 Rural AREA EMPLOYMENT | | | | STATEWIDE EMPLOYMENT | | | | US EMPLOYMENT | | | |
|--|---------------------------------|-----------------|------------|------------|-------------------------|-----------------|------------|------------|------------------|-----------------|------------|------------|
| | 2010 3rd Qtr | 2011 3rd Qtr | Emp Chg | Pct Chg | 2010 3rd Qtr | 2011 3rd Qtr | Emp Chg | Pct Chg | 2010 3rd Qtr | 2011 3rd Qtr | Emp Chg | Pct Chg |
| Total, All Industries | 135,709 | 139,178 | 3,469 | 2.56 | 10,172,064 | 10,434,252 | 262,188 | 2.58 | 127,653,230 | 129,386,158 | 1,238,338 | 0.96 |
| Natural Resources & Mining | 23,254 | 25,068 | 1,814 | 7.80 | 265,882 | 298,224 | 32,342 | 12.16 | 1,942,433 | 2,038,712 | 49,203 | 2.66 |
| Construction | 6,093 | 6,612 | 519 | 8.52 | 604,529 | 606,705 | 2,176 | 0.36 | 5,913,961 | 5,914,110 | -63,755 | -1.11 |
| Manufacturing | 11,732 | 12,158 | 426 | 3.63 | 818,521 | 847,734 | 29,213 | 3.57 | 11,625,347 | 11,852,448 | 217,317 | 1.89 |
| Trade, Transport. & Utilities | 25,083 | 26,133 | 1,050 | 4.19 | 2,143,082 | 2,202,201 | 59,119 | 2.76 | 25,740,265 | 26,105,630 | 315,529 | 1.23 |
| Information | 88 | 75 | -13 | -14.77 | 202,207 | 203,238 | 1,031 | 0.51 | 2,850,053 | 2,819,004 | -31,210 | -1.09 |
| Financial Activities Group | 3,109 | 3,126 | 17 | 0.55 | 622,938 | 636,133 | 13,195 | 2.12 | 7,504,336 | 7,540,122 | 340 | 0.00 |
| Prof., Business & Other Svcs | 2,717 | 2,706 | -11 | -0.40 | 1,295,982 | 1,367,174 | 71,192 | 5.49 | 17,085,848 | 17,654,216 | 567,084 | 3.36 |
| Education & Health Svcs. | 26,886 | 26,348 | -538 | -2.00 | 2,409,110 | 2,432,847 | 23,737 | 0.99 | 28,768,729 | 29,056,521 | 220,420 | 0.72 |
| Leisure & Hospitality Group | 7,741 | 7,960 | 219 | 2.83 | 1,048,766 | 1,087,138 | 38,372 | 3.66 | 14,008,113 | 14,300,161 | 269,835 | 1.96 |
| Other Services | 2,171 | 2,347 | 176 | 8.11 | 298,005 | 305,273 | 7,268 | 2.44 | 4,442,871 | 4,495,171 | 52,466 | 1.19 |
| Public Administration | 7,552 | 7,147 | -405 | -5.36 | 457,522 | 442,736 | -14,786 | -3.23 | 7,622,849 | 7,417,090 | -432,784 | -5.54 |

Compared to Texas, the table above shows employment sectors in RHP-12 Rural changed at a higher rate for Construction, Manufacturing, Trade, Transport & Utilities and Other Services between 3rd quarter 2010 and 3rd quarter 2011. During that same time period, RHP-12 Rural area employment for Natural Resources & Mining, Information, Financial Activities Group,

Prof., Business & Other Svcs, Education & Health Svcs., Leisure & Hospitality Group and Public Administration changed at a lower rate when compared to Texas.

Occupations: The best source of occupational information at the county level is from the 2000 Census. The total number of persons 16 years of age or older who were employed in RHP-12 Rural during the 2000 Census was 147,748. The following presents a table of those employed by occupational categories for this region compared to statewide percentages:

| Occupational Categories | Count | RHP-12 Rural Percent | Statewide Percent |
|---------------------------------------|--------------|-----------------------------|--------------------------|
| Mgmt., Professional Occs. | 40,781 | 27.6 | 33.3 |
| Service Occupations | 24,874 | 16.8 | 14.6 |
| Sales and Office Occupations | 31,742 | 21.5 | 27.2 |
| Farming/Fishing/Forestry Occs. | 7,826 | 5.3 | 0.7 |
| Constr., Extraction Occs. | 17,734 | 12.0 | 10.9 |
| Production, Transport. Occs. | 24,791 | 16.8 | 13.2 |

Class of Worker: Another way to view the types of workers in an area's labor force is by class of worker. According to the 2000 Census, the RHP-12 Rural area had 103,025 employees who were private wage and salary workers representing 69.7 percent of all workers. The RHP-12 Rural region had another 26,543 persons who were government workers or 18.0 percent, 17,166 who were self-employed workers or 11.6 percent and 1,014 who were unpaid family workers representing 0.7 percent. This compares to the Texas statewide distribution of 78.0 percent for private wage and salary workers, 14.6 percent for government workers, 7.1 percent for self-employed and 0.3 percent for unpaid family workers.

Unemployment: According to TWC unemployment figures for April 2012 RHP-12 Rural had an unemployment estimate of 9,157 persons which represents a rate of 4.9 compared to a Texas statewide unemployment rate of 6.5 for the same month. For the RHP-12 Rural study area these estimates represent a decrease from April 2011 unemployment rate of 5.7 percent. The Texas statewide unemployment rate was 7.6 for April 2011. For the latest unemployment rates, see TWC's LMI website - Unemployment Rates (LAUS):

<http://www.tracer2.com/cgi/dataanalysis/AreaSelection.asp?tableName=Labforce> and for a description of methodology link to: <http://www.tracer2.com/article.asp?ARTICLEID=148>.

Reporting Establishments: The TWC indicates 11,805 business reporting units operating in RHP-12 Rural in the third quarter of 2011 with an average of 11.84 workers per unit. Average firm

size makes a difference for job hunting and job development strategy because larger firms tend to have better defined ports of entry and in-house training capabilities. Although definitions vary greatly, small business can be defined as less than 50 workers and medium sized is 250 or less. The Texas average is 17.89 workers per unit. Regions with higher than average number of workers per unit tend to be dominated economically by a few very large employers.

Commuting to Work: Commuting to work for workers 16 years and over has a number of implications for transportation and municipal services study. RHP-12 Rural had a total of 114,450 or 79.0 percent who drove their car to work alone, 21,506 or 14.8 percent who car pooled, 288 or 0.2 percent used public transportation, 2,988 or 2.1 percent who walked to work, 1,969 or 1.4 percent of regional workers who used other means to work, and 3,753 or 2.6 percent who worked at home. These methods of commuting to work compare to the Texas statewide results by: car alone (77.7%), car pool (14.5%), public transportation (1.9%), walked (1.9%), other means (1.3%), and worked at home (2.8%).

Employers by Employee Size Class: Employer contact information and employee size ranges are collected and updated by the Analyst Resource Center – Employer Database - InfoGroup/Government Division. The most current release is a product called the Employer Database 2012 2nd Edition. This product shows that the RHP-12 Rural area had approximately 3,146 establishments which employed 10 or more employees. Of these employers, approximately 0.2 percent employed over 1000 employees. 0.1 percent employed between approximately 500 and 999 employees, 4.2 percent employed between approximately 100 and 499 employees, 11.1 percent employed between 50 and 99 employees, 35.3 percent employed between 20 and 49 employees, and 49.1 percent employed between approximately 10 and 19 employees.

Top 10 Manufacturers for the RHP-12 Rural Region:

| | City | County |
|--------------------------------|--------------------|---------------|
| American Cotton Growers | Littlefield | Lamb |
| Azteca Milling Lp | Plainview | Hale |
| Cargill Meat Solutions | Plainview | Hale |
| Cargill Meat Solutions | Friona | Parmer |
| Caviness Packing | Hereford | Deaf Smith |
| Conoco Phillips Crude Terminal | Borger | Hutchinson |
| Hereford Svc | Hereford | Deaf Smith |
| Jbs Swift & Co | Cactus | Moore |
| Valero Mc Kee Refinery | Sunray | Moore |
| National Oilwell Varco | West Texas -Varies | |

Income

Personal Income: According to the most recent data released by the BEA 2005, RHP-12 Rural's total personal income, excluding farm, was \$8,250,270,000 which represented an increase of \$542,892,000 when compared to the 2004 total personal income, excluding farm, of \$7,707,378,000. For Statewide personal income, the total of \$686,943,289,000 for 2004 and \$741,099,703,000 for the year 2005, shows an increase of \$54,156,414,000. This indicates that RHP-12 Rural has a personal income showing a rate change of 7.0 percent compared to the statewide income at a rate change of 7.9 percent for the same period. Income from all government and government enterprises for RHP-12 Rural was a total of \$1,200,596,000 for the year 2005. This was an increase of 4.6 percent from the 2004 figure of \$1,147,852,000. Texas statewide had an increase of 5.7 percent for government income. Military income, excluding federal civilian income, for 2005 was \$33,078,000 compared to \$29,707,000 in 2004 for the RHP-12 Rural study area. This was an increase of 11.3 percent compared to a statewide change of no change percent for the same period. For further information link to: <http://www.bea.gov/bea/regional/reis>.

Per Capita Income: Total personal income is a widely used measure of regional economic health while per capita income is generally used to compare the relative well-being of residents across areas (not accounting for differences in area cost of living). The per capita personal income for 2005 was \$27,023 in RHP-12 Rural while Texas statewide had a per capita income of \$32,460. For more information on this data, please go to <http://www.bea.gov/bea/regional/reis>.

Government Transfer Payments: The RHP-12 Rural region received over \$1,937,981,000 in transfer of payments in FY2005 which reflected a \$5,376 per capita transfer payment compared to the Texas per capita payment of \$4,194. Transfer payments include the total amount of government allocations to people who qualify for income assistance. This consists largely of supplemental security income payments, family assistance, general assistance payments, food stamp payments, and other assistance payments, including emergency assistance. For more information on this data, please go to <http://www.bea.gov/bea/regional/reis>.

Residence Adjustment: Some areas function as major employment centers and others serve as "bedroom communities". This means that residents may work in one region but live, pay taxes and spend most of their income in their resident region. The degree to which a regional area serves as a bedroom community can be measured by a "residence adjustment" to the area personal income. The residence adjustment in the RHP-12 Rural region was \$-96,277 in 2005.

By 2006 the adjustment represented an increase to \$-81,849. A negative number implies that workers commute into the region to earn income but do not reside there. Growth over time of negative residence adjustments generally implies an eroding tax base for the region. Similarly, a positive figure implies that on balance the region exports jobs and income to residents of other regions. For more information on this data, please go to <http://www.bea.gov/region/reis>.

Average Weekly Wage: TWC reported an average weekly wage during 3rd quarter 2010 for all covered wages and salaried employment in the RHP-12 Rural region to be \$705.20. Average weekly wages for 3rd quarter 2011 was \$761.01, an increase of 7.9 percent. This is compared to an increase of 6.3 percent statewide for the same period of time. The Texas statewide average weekly wage in the 3rd quarter of 2010 was \$931.50. These wage data are the result of the reported quarterly wages and salaries paid by employers divided by 13 weeks. For the most current information, link to:

<http://www.tracer2.com/cgi/dataanalysis/AreaSelection.asp?tableName=Industry>

Personal Income by Place of Residence: Personal income by place of residence, based on the 2000 Bureau of Economic Analysis (BEA) estimates was roughly \$66,610 for the RHP-12 Rural region. This compares to \$78,626 statewide. This figure is much higher than the per capita income level because it includes all wage earners living within a single household. Also, income data from BEA will be different than income data from other agencies due to that fact the BEA includes other sources of income such as farm wages, dividends, interest, rent and transfer payments. For more information on this data, please go to

<http://www.bea.gov/region/reis>.

Poverty Population: The U.S. Department of Census estimated a 2002 poverty population for the RHP-12 Rural region for people of all ages at 60,325 persons. That figure represents 16.6 percent of the non-institutional population compared to a Texas percentage of 15.4 percent for people of all ages. The estimated number of people under the age of 18 in the RHP-12 Rural study area in poverty was 24,562 in 1999. This figure was 6.4 percent of all people under 18 in RHP-12 Rural compared to Texas statewide which was 6.0 percent of all people under 18 as estimated in 1999. According to the 2000 Census, the number of families living below poverty status in 1999 were 13,745 which was 14.1 percent of all families in the RHP-12 Rural study area. This compared to 12.0 percent of all families statewide living in poverty status in 1999. The total number of individuals living below poverty status was 61,194 in 1999 which was 16.5 percent of all individuals in the RHP-12 Rural study area. This compared to 12.4 percent of all individuals living below poverty status statewide. For the most recent Poverty information, see: <http://www.census.gov/hhes/www/saippe/county.html> .

Gross Retail Sales: Income can be viewed in several ways and under different definitions. Per capita income tends to have a direct relationship with the growth of gross sales and most service sector industries in an area. Gross sales for the RHP-12 Rural region estimated by the Texas Comptroller of Public Accounts were \$818,538,021 in the 3rd quarter 2010 which represented an increase of 9.9 percent to \$899,230,882.00 by the 3rd quarter 2011. The statewide change for the same period was an increase of 9.1 percent in gross sales. The total number of reporting outlets for the same period was 3,296 in the 3rd quarter 2010 and 3,436 in the 3rd quarter 2011. This region had an increase of 4.2 percent in the RHP-12 Rural study area compared to the statewide change for the same period of an increase of 4.2 percent. For the most recent Gross Retail Sales information, please see: <http://www.window.state.tx.us/taxinfo/sales/>.

Housing

Household Units and Size: The total number of housing units in 2000 in RHP-12 Rural according to the Census was 130,287 with an average household size of 2.7 persons. The average household size for Texas was 2.7 persons for the same period. Home ownership rates for RHP-12 Rural was 73.2 percent compared to Texas statewide which had a rate of 63.8 percent. While in Texas statewide the percent of households with persons under 18 years of age in 2000 was 40.9 percent, the RHP-12 Rural study area had a percent of 40.6. The percent of households with persons 65 years of age or older was 19.9 percent in Texas statewide while 28.4 percent of RHP-12 Rural had households with individuals 65 years of age and older.

Types of Structures: While Texas had approximately 63.4 percent of the housing units in the category of one detached structures in 2000 according to the census, the RHP-12 Rural study area had approximately 80.1 percent. Mobile homes in RHP-12 Rural made up 10.9 percent when compared to a statewide percentage of 9.0 percent. More recently built housing structures in RHP-12 Rural shows new development has taken place in the region. The total number of new housing structures built between 1995 and March 2000 was 5,961 or 3.9 percent in RHP-12 Rural compared to 13.2 percent statewide.

Owner and Renter Occupied: According to the 2000 Census, the percent of owner-occupied units with a value of \$100,000 or greater in RHP-12 Rural was 10.4 percent compared to 36.7 percent for the state. The percent of renter-occupied units with rent values of \$500 per month or greater was 19.4 percent as compared to the Texas percentage of 60.4 percent. For RHP-12 Rural, the total number of renter-occupied housing units was 34,893 which represented 26.8 percent of all occupied housing units in 2000. This compares to a Texas statewide percentage of 36.2 percent for the same period.

Education

The total number of public independent school districts in RHP-12 Rural for the school year 1999-2000 was 111 according to the Texas Education Agency. The overall average daily attendance for the same year was 75,196.

Enrollment: School enrollment data from the 2000 Census showed that there were 101,328 persons in the population who were 3 years of age and older and enrolled in school in the RHP-12 Rural study area during the census collection period. Of this population, the following table shows a breakdown of what types of schools persons were enrolled compared to similar statewide information:

| Type of School | Count | RHP-12 Rural Percent | Statewide Percent |
|--------------------------------|--------|----------------------|-------------------|
| Nursery school or preschool | 5,912 | 5.8 | 6.6 |
| Kindergarten | 5,844 | 5.8 | 5.9 |
| Elementary School (grades 1-8) | 50,568 | 49.9 | 45.5 |
| High School (grades 9-12) | 26,733 | 26.4 | 21.9 |
| College or graduate school | 12,271 | 12.1 | 20.2 |

Educational Attainment: The total number of persons 25 years of age or older who responded to the level of educational attainment during the 2000 Census was 229,557. Of those persons, the following presents a table on various levels of educational attainment for RHP-12 Rural region compared to statewide percentages:

| Educational Attainment | Count | RHP-12 Rural Percent | Statewide Percent |
|-------------------------------|--------|----------------------|-------------------|
| Less than 9th Grade | 36,600 | 15.9 | 11.5 |
| 9th to 12th grade, no diploma | 36,761 | 16.0 | 12.9 |
| H.S. graduate (inc. equiv.) | 69,194 | 30.1 | 24.8 |
| Some college, no degree | 47,852 | 20.8 | 22.4 |
| Associate Degree | 9,472 | 4.1 | 5.2 |

| | | | |
|--------------------------|--------|-----|------|
| Bachelor's Degree | 21,176 | 9.2 | 15.6 |
| Graduate or Prof. Degree | 8,502 | 3.7 | 7.6 |

Another useful grouping of these statistics shows that the percent of high school graduates or higher was 68.0 percent for RHP-12 Rural compared to 75.7 percent for Texas. Also, the percent with bachelor's degree or higher was 12.9 percent as compared to 23.2 percent for Texas.

Health

Health Facilities - The number of acute and psychiatric care hospitals in RHP-12 Rural as of October 2007 was 29, with an average total beds capacity of approximately 36.2 compared to a statewide ratio of 123.1 beds per hospital according to statistical reports from the Texas Department of State Health Services. Link to <http://www.dshs.state.tx.us> for more data reporting on health care facilities. The Texas State Board of Pharmacy data for October 2007 shows there are 122 licensed pharmacies in RHP-12 Rural. The total number of licensed pharmacies statewide is 5,919. For additional information on Texas Pharmacies, link to the Texas State Board of Pharmacy at <http://www.tsbp.state.tx.us/index.htm>.

Health Practitioners - According to the Texas Department of State Health Services October 2007 report, there were 386 direct patient care and primary care physicians who practiced in the region. The ratio of total persons to each physician in the RHP-12 Rural area was 991.1 residents per each physician. This compares to a statewide ratio of 460.5 persons for each physician in Texas. Another way of reporting these figures is by showing the number of physicians as a ratio per 100,000 residents. In RHP-12 Rural, the ratio in direct patient care was 1,787.7 as compared to the statewide ratio of 638.3 in direct patient care physicians per 100,000 population as of 2007. The ratio of physicians in primary care was 2,376.1 compared to a statewide ratio of 1,472.0 physicians in primary care per 100,000 persons in the population statewide. Link to <http://www.dshs.state.tx.us> for more data.

RHP-12 Rural had a total of 1,264 registered nurses (RN) working in the study area, representing a ratio of 302.7 persons for each RN in the RHP-12 Rural area. The statewide ratio was 152.2 persons for each RN in the state. For the same time period, the ratio of RNs per 100,000 population was 330.4 compared to 657.0 per 100,000 statewide. Link to <http://www.dshs.state.tx.us> for more data.

The number of licensed vocational nurses (LVN) who practiced in the RHP-12 Rural area was 1,458 representing a ratio of 262.4 persons per each LVN in the area. This compared to 363.8

persons per each LVN statewide. The ratio of LVNs per 100,000 population was 381.1 compared to 274.9 per 100,000 population statewide. See <http://www.dshs.state.tx.us> for a wider variety of Health Professionals and related information.

The Texas Department of State Health Services information for October 2007 also reports that there were 71 dentists in the RHP-12 Rural study area, with a ratio of 5,388.2 persons for each dentist in the area. The ratio of dentists per 100,000 residents was 18.6. By comparison, there was a statewide ratio of 42.8 dentists per 100,000 residents, with a total of 10,151 dentists statewide. See <http://www.dshs.state.tx.us> for a wider variety of Health Professionals and related information.

According to data from the Texas Department of State Health Services for October 2007, there were 1,350 licensed Emergency Medical Technicians, or EMTs, for the RHP-12 Rural study area; a ratio of 352.9 licensed EMTs per 100,000 residents. The statewide ratio was 218.0 EMTs per 100,000 residents, with a total of 51,718 EMTs statewide. See <http://www.dshs.state.tx.us> for a wider variety of Health Professionals and related information.

Also, according to the October 2007 report from the Texas Department of State Health Services, there were 190 pharmacists in RHP-12 Rural, which is a ratio of 2,013.5 persons for each pharmacist. Texas has 18,138 pharmacists statewide, or a ratio of 1,308.2 persons for each pharmacist in the RHP-12 Rural area. The ratio of pharmacists per 100,000 residents was 49.7 compared to 76.4 per 100,000 residents statewide. See <http://www.dshs.state.tx.us> for a wider variety of Health Professionals and related information.

The Texas Department of State Health Services information for October 2007 shows that for RHP-12 Rural there were 18 occupational therapists; a ratio of 21,253.3 persons for each occupational therapist. The statewide ratio was 11,072.6 persons for each occupational therapist, with a total of 2,143 occupational therapists statewide. The ratio of occupational therapists per 100,000 residents was 4.7 compared to 9.0 statewide. See <http://www.dshs.state.tx.us> for a wider variety of Health Professionals and related information.

Medical & Health Services Employment*

| RHP-12 Rural | | | Statewide | | |
|--------------|--------------|------------|--------------|--------------|------------|
| 2010 3rd Qtr | 2011 3rd Qtr | Pct Change | 2010 3rd Qtr | 2011 3rd Qtr | Pct Change |
| 11,690 | 11,591 | -0.85% | 1,286,605 | 1,321,803 | 2.74% |

* Includes: Public and Private Hospitals, Medical/Health Offices; Home Health, Nursing, Elderly Residential facilities; Individual/Family, Emergency & Other Relief Svcs., Vocational Rehab. Svcs.

[NAICS: 6211,6212-19,6221-23,6231-33,6239,6241-43]

Due to confidentiality, employment for small areas may be suppressed and reported as zero.

Health Statistics - Some of the leading causes of mortality in Texas include malignant neoplasms or cancer, heart disease, and chronic lower respiratory disease. From information gathered by Texas Department of State Health Services for 2004, the study area of RHP-12 Rural had a total of 655 reported deaths from malignant neoplasm cancer. On a statewide level, Texas had 33,836 reported deaths from malignant neoplasm cancer. Texas Department of State Health Services reports that for 2004 there were 925 deaths from heart disease, and 230 deaths from lower respiratory disease in RHP-12 Rural. By contrast, Texas statewide had 40,091 deaths from heart disease and 7,387 deaths from chronic lower respiratory disease. See <http://www.dshs.state.tx.us> for a wider variety of Texas health, disease and related information.

Several state agencies collect statistics on health status indicators that can be used to assess the strengths or weaknesses of public health in a local area or community. For RHP-12 Rural, the Texas Department of State Health Services reported for August 2004 there were 43 infant deaths, as compared with a statewide rate of 2,398. See <http://www.dshs.state.tx.us> for a wider variety of Texas health, disease and related information.

The Texas Department of State Health Services reported that for August 2003 there were 410 total teen pregnancies in RHP-12 Rural. There were different teen pregnancy rates in RHP-12 Rural depending on race, with 13 for Black teens, 289 for Hispanic teens and 108 for White teens. Statewide rates for teenage pregnancy were 19,730 for total teenage pregnancies, with 3,003 for Black teens, 12,693 for Hispanic teens and 4,034 for White teens. See <http://www.dshs.state.tx.us> for a wider variety of Texas health, disease and related information.

In the Health and Human Services 2003 Data Book, figures show that the number of children under 19 in RHP-12 Rural who were not covered by health insurance is 20,564, which is 5.2% of the reported population in that age group. The number of uninsured children statewide is 885,999, or 7.1% of the reported population for children under 19. For more information, or to view or download the entire data book, see <http://www.hhsc.state.tx.us>.

Other Facts of Interest

According to the Texas Secretary of State's Office, for the November 2008 presidential election, there were 214,699 registered voters in RHP-12 Rural. The voter turnout was 120,673

representing 56.2 percent of eligible voters. The election results were 94,168 or 78.0 percent for McCain/Palin, 25,568 or 21.2 percent for Obama/Biden, and 937 or 0.8 percent for all other presidential candidates. The statewide results were 55.5 percent for McCain/Palin, 43.7 percent for Obama/Biden, and approximately 0.9 percent for all other candidates. See: <http://www.sos.state.tx.us/elections/voter/index.shtml> for other topics of interest.

Information on the three categories of child placement services from the Texas Department of Family and Protective Services for 2006 showed that the RHP-12 Rural area had 8 foster homes, 76 foster/adoptive homes and 10 adoptive homes. The total number of licensed day care facilities were 144 with a total capacity of 6,672. The total number of family homes licensed for 24-hour care was 88. Link to http://www.dfps.state.tx.us/About/Data_Books_and_Annual_Reports/2006/databook/default.asp for further information.

There were approximately 9,956 crimes reported in the RHP-12 Rural area during 2005 or a -2.1 percent change from the 10,172 crimes reported for 2004. Statewide, the total of all reported crimes was 1,117,806 for 2005 representing a -1.8 percent change from the reported totals of 1,138,346 for 2004. This information was collect from the FBI, Uniform Crime Reports, as prepared by the National Archive of Criminal Justice Data; see the U.S. Dept. of Justice site: <http://www.ojp.usdoj.gov/bjs/dtdata.htm> for the most recent reported data.

The total jail capacity for public and private jails in the RHP-12 Rural region was 1,504 as of October 1, 2006 according to the Texas Commission on Jail Standards. Jail population was at 83.6 percent capacity when compared to maximum capacity. At this same time, this compared to a statewide capacity of 90.4 percent. For more detailed information, see to: <http://www.tcjs.state.tx.us/index.php?linkid=320>.

The RHP-12 Rural region had 135 commercial banks in 2007, as reported by the Federal Deposit Insurance Corporation (FDIC), with total deposits of \$5,326,000,000 and assets of \$4,887,875,000. The 2007 deposit to population ratio was \$14,708 for the RHP-12 Rural region compared to the Texas ratio of \$13,816. A ratio less than the state average generally indicates either the presence of an adjacent city or county not within the described region serving as a regional financial center, or per capita income well below the state average. These numbers do not reflect assets and deposits which are held in branch offices of banks whose headquarters are in another city or state. The most recent FDIC data for RHP-12 Rural is at <http://www2.fdic.gov/sod/index.asp>.

While all counties in Texas are served by banks, savings and loan institutions and credit unions, many counties may not show these offices directly reported in its geography by the FDIC or other governing agencies. For the 2007 reporting period in RHP-12 Rural, the number of saving

and loans was 6 which had a total of savings and loan assets of \$30,226,900 and deposits of \$24,300,000. These figures are in contrast to the statewide total of 54 savings and loans, with \$7,767,193,400 in assets and \$12,067,400,000 in deposits. For more information, please see: <http://www2.fdic.gov/sdi/index.asp>. There were 33 credit unions in RHP-12 Rural according to the National Credit Union Administration data. For 2007, the latest year of reported data, these credit unions had a total of \$476,927,986 in assets and \$371,527,527 in deposits, as compared to a total of 615 credit unions statewide, with \$48,883,686,146 in assets and \$36,648,314,014 in deposits. Credit union statistics and other information on credit unions can be found at <http://webapps.ncua.gov/customquery>.

Source: www.texasindustryprofiles.com

Results: RHP-12 Rural 11 County Telephone Survey

When asked where they typically received their health information; twenty percent said health related posters offered them useful information. Seventy-nine percent said their health care provider was a regular source. When asked about media; 51% used the internet to get health information; 23% received health information from the radio; 50% stated that they received health information from local newspapers; and 65% received health information from the television news shows. 17% of respondents received information from bulletin boards; and 41% got some health care information from various newsletters. 75% received information from friends and family. Only 13% reported getting health related information from grocery stores, but 9% stated that WIC was one of their resources for information. Thirty percent reported getting health information from their church, while social services offices provided health information to only 11% of respondents. Other resources mentioned were doctors, hospitals, magazines, and from their places of employment.

When asked which of those resources was their most trusted source of health information, their healthcare provider was cited as the number one choice at 52% , followed by friends and family at 13%, television at 7% and the internet at 9%. Newsletters, newspapers, and WIC were also mentioned by about 1% of respondents.

When asked if anyone in their household had been without health insurance at any time during the past 12 months, 23% answered yes. When asked the reason why someone in their household did not have insurance, employers not offering insurance (10%) and when offered, was too expensive to purchase (10%), were two of the main reasons mentioned. 3% of respondents also reported a household member having been dropped due to a pre-existing condition.

When asked if anyone in their household was currently having difficulty in getting medical care; cost of services was an issue for 19% and 20% stated that while having some form of insurance, their deductible was too expensive. 18% lamented a lack of information around what services might be available. Coverage denial was mentioned by 9% of respondents; 17% said their insurance coverage was inadequate to their healthcare needs, and 18% cited a lack of insurance coverage overall. The high cost of prescription drugs was an issue to 22% of the persons queried. Lack of transportation was mentioned by 6%, and 5% reported a cultural and or language barrier to their accessing medical care.

When asked where they most often go for help when they are sick or need healthcare advice, 56% went to their local clinic, doctor, or hospital and 40% went to a hospital or clinic in a town outside of the one they live in. About 4% of respondents utilized the emergency rooms of their local hospital and hospitals outside of their community.

28% of the respondents stated that they currently have children less than 18 year's old living in their household. Of this cohort 4% of the respondents reported that they had a child with developmental delays, and 3% reported a child with behavioral delays. 2% reported a child they considered overweight or obese, but only 1% had concerns about inadequate nutrition. Two percent of the parental cohort reported children with some mental health issue and 2% reported some physical limitation their child labored under. When asked about teenage sexual activity only 1% of the respondents thought their children might be sexually active, and less than 1% of cases of teenage pregnancy were cited by the parental cohort. Three percent of the parents queried mentioned a need for more screening and diagnosis resources for children in their community, and 2% utilized some form of home care for special needs children.

Around the issues of family planning; 4% of all respondents reported an unplanned pregnancy, but a lack of family planning information, an inability to receive birth control systems, and other reproductive health services, were reported by less than 3% of respondents.

When asked about chronic diseases in the household; 25% reported a household member with some form of heart disease; 7% cited someone in their household having had a stroke; and high blood pressure was cited by 56% as being prevalent in their household. Nineteen percent of respondents reported a member with asthma and 9% reported severe breathing issues. Cancer in the household was reported by 16%, and 25% stated that someone in their household was diabetic. Anecdotally, arthritis, fibromyalgia, and bronchitis were also mentioned as chronic illnesses in many of these households.

Respondents were next asked to report on mental health issues present in their households during the previous 5 year period. Twenty-two percent of respondents reported a household member affected by depression or anxiety. Almost 3% of respondents had a family member

attempt suicide. Three percent of respondents also reported a household member who had been diagnosed with a mental illness other than depression/anxiety, and over 2% stated the condition was too severe for the member to maintain employment. Stress was a mental health issue reported by 25% of persons surveyed. Three percent of respondents also reported a household member dealing with some form of eating disorder. When asked about their ability to receive help and support for these mental health issues, only 7% stated they were completely lacking a resource that would meet their needs, but 3% cited a lack of quality, affordable, accessible, mental health services in their local community, with lack of transportation affecting 4% of respondents. Less than 2% of respondents reported concerns around the perception of accessing mental health services.

Unintended injuries are a major cause of mortality and morbidity, especially in rural areas. When asked about household members being affected by certain injury precursors in a previous 5 year period; 1% cited someone receiving a DUI and 1% mentioned an episode of domestic violence. On the job injuries were reported by 7% of respondents. Fifteen percent of respondents reported an injury caused by a fall. Less than 1% of respondents reported sexual assault as a cause of injury. When queried about children's injuries, a lack of community child injury prevention programs was mentioned by less than 1% of respondents. Injuries of older children were reported by 6% as a result of some sports participation. Around 1% of respondents reported child injuries due to lack of helmet use while riding bicycles, motorcycles, or ATVs, and 1% reported a child injury due to water activities. Anecdotally, car accidents, house fires and wild fires were also mentioned as causes of injury in the households queried.

When asked about certain reportable diseases within the previous 5 year period, 2% of respondents reported a household member having had chicken pox (varicella). Four percent of respondents recounted a household member having had MRSA (Methicillin-resistant *Staphylococcus aureus*). Food and or water borne illnesses, such as giardia and salmonella had affected 3% of respondents during the period in question. Nineteen percent of respondents reported a household member having had influenza and 14% reported a case or more of pneumonia. Insect borne diseases were reported by less than 1% of respondents. Sexually transmitted diseases other than HIV were reported by 3% of the overall cohort, and HIV was reported by less than 1%. Anecdotally, staph infections (not MRSA), bacterial digestive infection, and common colds were mentioned as being health issues amongst this cohort.

Next the respondents were asked about problems relating to immunizations and household members over the past 5 years. A lack of availability of certain vaccines in the community was cited by 5% of respondents. Six percent stated that their insurance carrier did not cover the immunization. Four percent of respondents cited issues around adults having access to the vaccines, and only 7% of respondents were unaware of resources for free or reduced cost

immunizations. Two percent of respondents reported not getting a child immunized for some reason other than religious beliefs. Anecdotally, respondents mentioned allergic reactions to vaccines and forgetfulness on the part of the parents as cause for not becoming immunized.

Lack of physical activity and poor nutrition are regularly cited as early indicators of future health issues. When asked about household members and physical activity in the previous 5 year period; 36% cited an overall lack of enough physical activity among household members. Twenty-two percent reported some physical limitation as preventing a household member from getting enough physical activity. Eighteen percent of respondents reported a lack of available time for physical activity. Sixteen percent lamented a lack of community recreation programs and facilities for adults and 8% reported a lack of accessible neighborhood playgrounds for children. Twelve percent of respondents reported a need for paved trails and sidewalks in their community and 9% commented on the general overall lack of parks and open public spaces. Thirty-two percent of respondents allowed that laziness might be a factor keeping their household member dormant. Thirty-one percent of respondents reported an obese household member, but only 5% reported a general lack of knowledge about nutrition. Thirteen percent of respondents stated they did not plan meals, and 8% blamed the cost of healthier nutrition habits. 33% of respondents reported unhealthy eating habits, and 8% were concerned about the availability of junk food and soda in the school.

Many environmental issues can impact a person's overall health and quality of life. Respondents were asked about certain environmental issues during the previous 5 year period. Thirteen percent of respondents reported that poor outdoor air quality (dust, feed lot organic materials, smoke from grass fires, etc.) had been an issue, and 6% also reported poor water quality. Three percent of respondents cited some form of insect or rodent infestation. Eleven percent reported issues around sun exposure, and issues of mold and/or noise pollution were cited at less than 3% of respondents. Five percent of respondents stated that they were exposed to hazardous materials in their employment. Other quality of life issues queried included such things as a lack of transportation and affordable housing which affected over 3% of respondents, and 9% also reported trouble affording the cost for heating their home. Handicap accessibility issues were cited by 5% of respondents.

Health issues surrounding drugs, alcohol, and tobacco use are a major cause of illness and burden on the healthcare infrastructure. When asked about perceptions around tobacco use, 43% of respondents thought tobacco use was a problem, with 43% citing youth smoking as their basis, and 37% including use of smokeless tobacco and youth. Twenty-nine percent of respondents believed that the number of pregnant women who smoke is too high. Forty-six percent of respondents believed that the number of adults who smoke is too high. Lack of local enforcement of smoking bans was considered to be a problem by 24% percent of respondents

and 25% of respondents were concerned about enforcement of minors purchasing tobacco products. Forty-one percent of respondents thought that smoking in cars and homes was a health issue for members of those households. Twenty-two percent of respondents were concerned about an overall lack of education and 27% believed resources available to facilitate more smoking cessation was lacking. Sixty-eight percent of respondents believe that drugs and alcohol are a problem in their community. Fifty-eight percent of respondents blame the perception of acceptability around the use of drugs and alcohol by adults and youth, and 40% cited the rural nature of the county as being a factor. Forty-five percent of respondents thought that current drug laws were not being enforced, while 29% cited a lack of education as being a contributing factor to alcohol and drug use.

Results: RHP-12 Rural Focus Group Information

Focus groups were conducted to gain a better understanding of community health needs and available resources. Subjects were recruited by West Texas AHEC staff in collaboration with the community champion. Focus group participants consisted of local government officials, local health care providers, and other community members who had a stake in public health. These focus groups were conducted by a moderator from the Earl Research Survey Lab in the summer of 2011.

What do you feel your county needs assistance with regarding health issues?

Respondents in Carson County indicated that there was a need for the following health issues:

- A need for transportation services to Pampa, Lubbock, Pantex and Amarillo.
- The ambulance is being used to transport patients to Amarillo, Pampa and Pantex.
- Cost of personal transportation is an issue.
- Community has to rely on the church, friends and family to drive citizens to doctor's appointments outside of the county. As a result, there is a burden on caretakers.
- There is a need for Meals on Wheels or some type of nutritional services.
- High elderly population that needs medical care, "too many elderly individuals are falling through the cracks."
- A need for an assisted living facility. Panhandle does have a nursing home.
- There is a need for EMS paramedics.

Respondents in Collingsworth County indicated that there was a need for the following health issues:

- Transportation to Amarillo, TX for chemotherapy and transportation to Childress, TX for dialysis treatments.
- Panhandle Transit leaves Wellington, TX at 4:30 a.m. and returns only after all patients have been seen by their doctor.
- Cost of the Panhandle Transit puts a financial strain on the elderly population living on a fixed income (\$12.50 one way or \$25 round-trip).

- Need education on diabetes i.e. consequences of non-compliance, meal preparation, importance of medication.
- There is a need for assisted living for the elderly and adult day care/transitional center for special needs patients (specifically, children and adults suffering from mental retardation).
- There is also a need for substance abuse treatment facility.
- There is a need for a round table to discuss the consolidation of healthcare services and resources and to discuss what is and is not working within the county.
- Assistance with interpreting healthcare information to the Hispanic community.
- Assistance with providing financial/fiscal training to the community.
- Additional information/method to provide education on minimizing teenage pregnancy and substance abuse.
- Information on breaking the family cycle or chain of teen pregnancy and drug abuse.
- Additional financial funding for Charity Care which is currently funded by Collingsworth County and a local hospital.
- Need for services for mentally retarded citizens. There is a belief that there is a high occurrence of mental retardation in the county.

Respondents in Dawson County indicated that there was a need for the following health issues:

- There are issues with teenage pregnancy.
- There is a need for mental health services.
- There is a need for drug and alcohol treatment services.
- There is a need for auxiliary services because of the large elderly community.
- There is a need for transportation.
- There is a need for nurses.
- There is a lack of education on health care.
- There is a need for dialysis facilities.

Respondents in Floyd County indicated that there was a need for the following health issues:

- A participant said that there is a lack of specialized and advanced medical capabilities.
 - The hospital in Lockney has no ICU.
 - The hospital can perform ancillary treatments, such as physical therapy, CT scans, MRIs, C-sections, minor surgeries, and tonsillectomies.
- Some people do not know that the Lockney hospital can perform the ancillary capabilities.
- The hospital does not have a Neonatal Intensive Care Unit (NICU), so patients will be referred to another hospital if there is a problem.
- For specialist care, patients are referred to another hospital. Many patients will travel to Lubbock for critical care, though many will stay in Lockney.
 - Patients do seek primary care in Lockney.
 - There is a lack of dental care in the area.
 - One participant said the biggest issue is transportation.
- People rely on friends, churches, and volunteers for transportation.

- Because of the time it takes to transfer a patient from the Lockney hospital to another hospital, a patient can go from being in a stable condition to an unstable condition.
- One participant told an anecdote about a patient calling an ambulance and faking symptoms so that he/she could get a ride to the medical facilities.
- The people that staff the ambulance are allowed to bypass the Lockney hospital if they need care that the Lockney hospital cannot provide. Otherwise, they will take patients to Lockney.
- Air ambulance memberships are available but they are unaware of any subscribers. They assume this is because the hospital is in Lockney.
- People try to seek medical treatment locally in Floydada or Lockney when they can because of high gas prices.
- People may use subsidized rural transportation called Spartan, but they need to schedule 24-hours in advance. A person must schedule a ride and go to other appointments if other people that are the transportation that day.
- Another participant said that more volunteers EMTs are needed because of the age and population of the county.
- An issue with getting more volunteers is the high standards of training. The qualifications of becoming a volunteer EMT in Floyd County are the same as in a large metropolitan city, such as Dallas.
- Another need for the county is vehicles and equipment. Lockney has two ambulances but sometimes only one works.
- This problem is connected to the transportation situation.
- A participant said that there is a lack of knowledge in the community about the hospital's capabilities.
- A participant said that many people do not know about the Swing Board Program. The program is for short-term rehabilitation that is provided by skilled nurses.
- 90% of the women who give birth in Lockney are on Medicaid.
- There is a perception there are two primary groups of women who seek prenatal care differently because of their lack of knowledge about the hospital's birthing capabilities.
- One group of women stays in Lockney for childbirth and do not seek prenatal care because they believe they do not need it. These are primarily low income women.
- Because they do not seek prenatal care, it hinders the hospital when taking care of the patient because doctors lack lab work and x-rays of a pregnancy. These issues can lead to the need for specialized care, so sometimes patients are transferred.
- This is connected to the transportation problem.
- There is a perception that the middle group of women is status seeking, so they travel to Lubbock for prenatal care and childbirth.
- In addition, a participant said that people travel to Plainview for obstetrics, even though that hospital has two doctors who perform obstetrics and Lockney has five doctors who perform obstetrics.
- The marketing strategies in larger hospitals are better and can reach the Lockney area at no extra cost (Since Lockney is in Lubbock's media market). Those hospitals also have more to offer, such as luxury birthing packages. There is also a perception that the larger

hospitals and their marketing make it more undesirable for women to use the Lockney hospital for obstetrics.

- A participant said that for patients that can travel, they will sometimes bring their child to the Lockney ER even though their primary care physician may be available in Lubbock.

Respondents in Gaines County indicated that there was a need for the following health issues:

- Transportation.
- One participant noted that more transportation assistance is needed within the area for people that are on dialyses, as well as cancer patients. These people need transportation to and from the Seminole hospital for treatment.
- Transportation to Lubbock is also an issue. Residents, people who live in the nursing home, and people in assisted living care (although not as frequent), need transportation to Lubbock for treatment and care.
- Diabetes education.
- One participant suggested that there needs to be a center that deals specifically with diabetes education because diabetes is common for young people in the area.
- Also, there are three different languages – English, Spanish, and German (high and low) – that are spoken within the area so a center for diabetes education would provide more communication.

Respondents in Garza County indicated that there was a need for the following health issues:

- Drugs and alcohol are a problem in the county.
- Teen pregnancy is a problem in the county.
- An increase in the number of people who receive delivery from Meals on Wheels has put a strain on the county.
- There is a need for specialists.
- There is a need for more flexibility on federal and state regulations on how to approach health concerns.
- Transportation is an issue.
- There is a need for more doctors.
- There is a need for more trained daytime EMTs.

Respondents in Hutchinson County indicated that there was a need for the following health issues:

- A need for assisted living and a nursing home.
- Borger is currently losing “productive citizens” to Amarillo because of the lack of assisted living facilities.
- In other cases citizens are moving to Amarillo to be in closer proximity to cancer and dialysis centers.
- Perryton currently has an assisted living model that Borger may be able to implement.
- There was dialogue that suggested that Borger is in discussions with a firm about building an assisted living facility with 58 beds.

- There is a need for an adult day care/transitional center for special needs patients.
- The county has a high incidence of children and adults suffering from autism and Asperger's disease.
- There is a high rate of cancer and diabetes in the area resulting in a need for cancer and dialysis treatment centers.

Respondents in Lamb County indicated that there was a need for the following health issues:

- There is a need for bilingual services. There are more language barriers now than in the past.
- There is a lack of acute care resources.
- There is a need for more volunteer EMTs and first responders.
- There is a need for specialists.
- There is a need for allied health services on an outpatient basis.
- There is a need for transportation.

Respondents in Ochiltree County indicated that there was a need for the following health issues:

- Healthcare providers and the hospital's emergency room struggle with language barriers.
- There is a need for allied health services.
- There is a need for Lamaze and birthing classes.
- There is a lack of knowledge on nutritional education and information.
- There is a need for sex education because there are problems with teenage pregnancy.
- There is a need for mental health services.
- There are problems with substance abuse.
- There are very limited specialist services.
- There is a need for transportation.
- There is a need for a psychiatric treatment facility.
- Patients are currently routed to Amarillo for psychiatric assistance, but the Amarillo facility is a for-profit organization and will not accept indigent patients.
- In indigent cases, the Sheriff houses inmates at a local incarceration facility or transports patients to psychiatric facilities in Vernon, Big Spring and San Antonio.
- Incarceration facilities are starting to be utilized as mental health facilities, burdening law enforcement agencies.
- Commitment hearings for mentally ill patients are held in Amarillo, thus prolonging the burden on law enforcement to care for this sector of inmates.
- Assistance with interpreting healthcare information to the Hispanic community.
- There is a need for EMS paramedics.
- Additional education on minimizing teenage pregnancy.
- Providing adequate information to the Hispanic community regarding diabetes and hypertension.
- There is a great deal of frustration with rules governing training for emergency personnel (paramedics, EMT), changes in rules governing advising and registering for

Medicaid and what is perceived as a lack of understanding of the demands on small, rural hospitals.

Respondents in Sherman County indicated that there was a need for the following health issues:

- A need for transportation services to Dumas, Dalhart, Lubbock and Amarillo.
- Dumas has a dialysis facility and Amarillo has a chemotherapy facility.
- Panhandle Transit has a limited schedule and some patients are too ill to be on the transit for an entire day.
- Cost of the Panhandle Transit puts a financial strain on the elderly population living on a fixed income; there was some discussion on whether Medicaid or Medicare actually subsidizes a portion of the transit fees patients pay.
- Cost of personal transportation is an issue.
- There is a need for identifying citizens with special needs in the community. There are many farmers and elderly people who may need assistance, but the county has no way of identifying them.
- There is a high rate of cancer and diabetes in the area resulting in a need for cancer and dialysis treatment centers.
- There is a need for EMS paramedics.
- There is a need to educate citizens about Alzheimer's disease.
- Additional education on minimizing teenage pregnancy.
- Need assistance with language barriers for the Hispanic, Burmese and Somalis population in the county and nearby counties
- Need to re-institute telemedicine via TTUHSC.
- There is a need for healthcare information, but there is concern as to who will provide the education, who will attend and who will pay for the education.
- The Veterans Clinic left and citizens would like it back.

Respondents in Swisher County indicated that there was a need for the following health issues:

- Lack of knowledge and education of healthcare services is the main issue.
- Home Health attempts to spread information on health care.
- Church services discuss where people can receive health information but people do not ask the church about health information.
- Swisher County Hospital distributes a quarterly newsletter about hospital information to Hart, Kress, Happy, Wayside, and Tulia.
- Kress had an independent newspaper but has now combined with Swisher. A suggestion was made that a phone number should be printed in the newspaper for people to call to receive health information.
- A participant mentioned 211, the Texas Health and Human Services hotline, which offers information on non-emergency resources such as community programs, counseling services, donations and volunteering, financial assistance, and shelter.
- Many people in the focus group did not know about 211 service and there is a perception of a lack of availability for seniors and families to the 211 service.

- Retired Services Volunteer Program (RSVP) is useful to the community and they could help with distributing the 211 information.
- There used to be a health fair but there has not been one in a long time.
- Social services receive many phone calls for health information.
- Some participants did not know mammograms were available at the hospital.
- There is a strong and active elderly community.
- There is a perception that senior citizens need knowledge and education on the services that are available.
- A participant said they receive information on health facilities and services from the hospital.
- In Happy, there are several ways of obtaining information.
- People with children do not know what health services are available. There is a perception that doctors' offices will not explain what services are available. Also, if people are told which services are not available, they will believe those services are unavailable.
- A participant said there should be more information sharing between households and the schools. For example, when a child repeatedly comes to school sick, the entire household needs to be educated on the health issues and the school needs to be informed because it affects other students at the school.
- Swisher County has one of the highest rates of teen pregnancy in Texas.
- Parents need education on teen pregnancy.
- Pregnant teenagers do not receive prenatal care.
- There are no educational classes for teen pregnancy.
- Teens do not understand the responsibility of raising children.
- Teenagers with children have no resources or services on how to care for children.
- There is a perception that teens do not know that adoption is available.
- Children are becoming pregnant between the ages of 10 and 12.
- Children need sex education before they are 13 years old.
- There is a perception that parents do not understand when to provide their children with sex education.
- There is a perception the cycle starts with parents before their children become pregnant.
- The church discusses sex education in one confirmation class.
- Planned Parenthood gave a talk on abstinence but parents complained of the group's stance on abortion.
- There were ongoing discussions among the participants about ways to raise awareness of services.
- Transportation is an issue.
- Traveling deters people from going to see a doctor.
- For example, a parent may drive to Plainview for a child to see a pediatrician and drive to Lubbock to see an allergy specialist. For emergencies, it depends on the issue, but going for treatment will almost always involve traveling.

- People will not travel for health care because Medicaid and Medicare will not pay for gas.
- Patients sometimes call an ambulance for doctor's appointments. If it is the only way for the patient to get to an appointment, an ambulance will transfer the patient to and from the appointment.
- The emergency room (ER) is used for after-hours care for low-income families.
- Patients must travel to Amarillo or Plainview for dialysis.
- The hospital provides certain services so patients must travel for other services.
- Patients believe that they are entitled to ER care.
- There are ER regulations for vaccinations. If the patient is not having a true emergency, the ER does not have to treat the patient. They are referred to the Texas Health Department for vaccinations.
- The air care helicopter comes from Amarillo for emergencies.
- It is a choice to live in a rural city, and then some participants agreed to this statement.
- People that live around Amarillo must travel to see doctors in their area, so it is no different that traveling in the Swisher County area.
- The county needs access to resources and health care. Lubbock and Amarillo have more resources than the Swisher County area. Medical equipment for the elderly and the lower economic population are easier to access in Lubbock and Amarillo.
- The aging community has particular needs.
- Kress is shrinking every 10 years because younger people are moving or working in Plainview.
- It is good to have hospital services for the aging community.
- Families could benefit more from resources in Lubbock and Amarillo than Plainview.
- There is a need for obstetrics care.
- Swisher hospital no longer delivers babies because of malpractice lawsuits.
- Patients must travel to Lockney or Plainview to receive prenatal care.
- The hospital is expanding their capabilities.
- Every Tuesday people can get their MRIs taken care of.
- CT scans are provided at the hospital.
- Services for rheumatoid arthritis are available at the hospital.
- The hospital provides physical therapy services.
- Mammograms are available, but patients must travel if additional care is needed.
- The hospital is hoping to create a new facility to bring in doctors for outpatient procedures, such as colonoscopy and GIs. People must travel for these procedures.
- There are issues affecting first responders. There should be some incentives for the respondents because responders and patients must travel.
- Volunteers are the first responders. The first responders attend training at Texas A & M but it is hard to keep up with the training. The state requires a large number of training hours and the EMS chief must keep up with the training for everyone. The chief tries to get others certified to become instructors for training.
- There is a perception that some of the training is paid for.

- Swisher County has the best EMS personnel ever, but they need the right equipment.
- A participant said there is a concern for vehicle equipment. There are two ambulances and sometimes they do not work properly.

What do you feel are the primary health concerns in your area? These can be structural, fiscal, or related to specific health issues.

Respondents from Carson County said:

- The primary concern for this community is the lack of medical resources to care for the elderly population.
- Not enough is being done to educate citizens on when to call 911.
- Urgent care facility is needed.
- The city is very pleased with its Nurse Practitioner
- Medicaid is not an issue in this county.
- Less than 5% of the population is on Medicaid.
- The Medicare system
- Most patients are enrolled in Medicare.
- Prescriptions are reimbursed through Medicare A and B. The local pharmacist and nurse practitioner are instrumental in assisting clients with Medicare paperwork.
- The lack of personal health insurance does not seem to be an issue in the county. Most community members are either enrolled in Medicare or are employed in neighboring communities where healthcare benefits are offered. Residents work at Pantex, the Phillips Plant and Valero.

Respondents from Collingsworth County said:

- The primary concern for this community is the lack of EMS personnel.
- EMS personnel are volunteers.
- Employee turnover is extremely high.
- Unable to recruit qualified candidates.
- High cost associated with training qualified candidates.
- Firefighters are being asked to fill EMS gaps.
- As a result of the lack of EMS personnel, helicopter services based out of Amarillo and Lubbock are used to transport critical patients.
- Prior attempts to pool paramedic resources between Wellington, Wheeler and Sherman have not worked.
- Possible solution to EMS shortage would be for the federal government to set-up military medical evacuation exercises in rural communities; in this case, medical evacuation services would be provided to citizens residing between I-40 and Highways 287 and 83

Respondents from Dawson County said:

- There are issues with teenage pregnancy.
- There is a need for mental health services.

- There is a need for drug and alcohol treatment services.
- There is a need for auxiliary services because of the large elderly community.
- There is a need for transportation.
- There is a need for nurses.
- There is a lack of education on health care.
- There is a need for dialysis facilities.
- The county has a primary health care clinic that is based out of Levelland.
- There are jobs available but the problem is making the public aware of the opportunities.
- There are issues with teenage pregnancy.
- The schools have renovated exercise services, and offer mammography and stress management for educators.
- There is a need for mental health services.
- There are not many options for those not on Medicaid or Medicare.
- Some counselors are private pay only.
- Dawson County has a local Mental Health Mental Retardation (MHMR) facility.
- MHMR is suffering from budget cuts.
- The county judge has the authority to take people to the facility involuntarily.
- There are difficulties in qualify for MHMR.
- There is a need for drug and alcohol treatment services.
- There are problems with drugs, alcohol, and prescription medication in the county.
- If a person overdoses, insurance companies will not cover the medical treatment and terminate the insurance coverage.
- There is no detoxification facility. This is problematic for people without insurance. People must travel to Abilene and used to travel to Stanton detoxification.
- There are two nursing homes and one assisted living facility.
- The facilities previously used the hospital's physical therapists, occupational therapists, and speech therapists.
- Some therapists come to the facilities for in-patient care.
- These allied health services are available for outpatient care, but more room and providers are needed.
- Home health is affiliated with the hospital and people come to the county from home health agencies in Lubbock. o These agencies travel to Denver City, Borden County, and other sounding areas.
- Private pay is expensive at approximately \$7,000 a month.
- Home health is short-staffed.
- There is an RN on call 24 hours a day.
- Finding a sitter with a CAN is difficult.
- Specialist services are available.
- Electronic images or lab work can be sent to specialists outside of the community.
- Doctors have latched onto the services at the hospital. They used to send people outside of the community for medical treatment.

- The hospital can perform bone density tests.
- Specialist care includes orthopedics, dermatology, cardiology, and neurologist.
 - Cardiologists oversee 12-15 stress tests each week.
- Gynecological services are available and there are two family practitioners who perform obstetrics.
 - The hospital has birthing facilities and dedicated delivery.
- There are plans to have a visiting oncologist and chemo treatment.
- Patients travel to Lubbock, Houston, and Midland for chemo treatment.
- There is a need for auxiliary services because of the large elderly community.
- There is a need for rehabilitation facilities.
- There is a need for water therapy.
- There is a need for exercise services.
- There is a need for transportation.
- A large population would benefit from more transportation services.
- Most of the transportation services are within Lamesa.
- Sometimes the elderly have a difficult time getting to the clinic.
- There are TRACK services available but patients must wait for other people's appointments.
- The Senior Citizens Center can transport the elderly.
- Home health will provide transportation.
- The poverty rate makes it difficult for people who need to go to Lubbock and Midland because of the cost of gas.
- People on Medicare and the public need transportation on Saturday.
- There is transportation for people on Medicaid for each day of the week.
- Someone who is not on Medicaid but in a great need of medical care can go on Saturdays.
- There is a need for nurses.
- The hospital needs 3-4 nurses and one CNA.
- The county has the workforce development to support those services such as LVNs, CNAs, administrations, and technicians.
 - Howard College can provide CNA and LVN education and can fund high school students for 2 years with dual credit for a CAN to pursue an LVN.
 - Students are transported to Big Spring for classes but clinic work is done in Dawson County.
- There is a lack of education on health care.
- There is a need to educate the elderly because some do not know where to go for care.
- The school is bringing in people and resources to educate parents on the availability of resources in the county.
- Medical facilities and schools need to partner to educate children so they will bring that information home to the parents.
- Head Start makes children get physicals, take parenting classes, take nutrition classes, and offers parent meetings.
- Educating adults is best on a one-on-one basis because it is difficult to change habits.

- The hospital advertises information on the radio, at speaking engagements, in newspapers, and at health fairs.
- Catholic Family Services is a possible avenue for education.
 - The service offers intervention on eating habits, abuse, quality of life, and education for everyone.
- The hospital can meet the needs of the community.
- Two prisons are contracted with the hospital for health services.
- A hospital is beneficial and the service is better.
- The hospital has level 4-trauma care.
- There emergency room provides 24-hour service.
- The waiting time is short.
- The hospital district is in the county, but no funding comes from the county because of the district.
- EMS is not part of the hospital district and is funded partly through the co-commissioners and Levelland.
 - The EMTs are paid.
 - The ambulances have MLS abilities. To replace a unit can cost \$180,000.
 - Transfers are a combination of an air ambulance or ambulance, depending on the patient's medical needs.
- The hospital can provide CAT scans and will soon have MRI capabilities.
- Nuclear medicine diagnostic capabilities are offered, which helps many patients from traveling.
- There are no mammogram services because a registered mammographer is needed.
- There is a need for dialysis facilities.
- There are no facilities because of the costs, space, and special staff associated with running a dialysis treatment facility.
- Patients must travel to Lubbock, Midland, Odessa, and Big Spring. Each location is about 1 hour away.
- One in 800 Texans are in the renal stage, while 1/180 is in Dawson, which is more than 4 times the number of Texans.
- Diabetes in the county is caused by lifestyle, genetics, and lack of education.
- The county is treating its 4th generation of brutal diabetes.
- The mortality of the county is one of the highest in the state across all groups, which is measured by the total age adjusting.
- Participants wanted to know why so many people have diabetes and why they are more likely to die.
- The hospital and foundations are trying to answer these questions and figure out what resources are needed for the county.
- Sponsorship of care/insurance. Includes Medicare, Medicaid, and private health issues.
- Many parents provide no health care for their children.
- Parents do not take care of low cost insurance.
- People with low incomes do not take advantage of CHIPs.
- The hospital separates indigent care and uncollectable patients.

- There is a process for indigent care patients to qualify for charity.
- The charity does not apply to EMS services.
 - This causes difficulty with EMS services and people who need care because they do not understand why they cannot use the EMS service.
 - People who are dual recipients of Medicaid and Medicare can use the ambulance service for non-emergencies.
 - There have been times when EMS has taken a small fee so they transport the person to the hospital.
- People with no sponsorship go to the emergency room for medical treatment.
- Doctors do not turn away sick patients.
- Doctors try to educate people to go to the local clinic for non-emergencies.
 - Before the clinic was open, people would go to the emergency room because of long wait times and being unable to get a doctor's appointment.
- The hospital offers a prescription assistance program through drug companies.
- Patients must provide paperwork for the process
- Every company has a different process.
 - One drug company has helped with \$460,000 worth of prescriptions and a lot of it is insulin.
- The county has a high poverty rate.
- Seventy-two percent of the school district has lower socio-economic status.
- Nutrition outside of school is an issue.
- Many people receive free/reduced cost lunch.
- The school offer breakfast in classrooms through the 5th grade.
- The Boys and Girls Club approximately feeds 150 children during the summer.
 - There are no other programs.
- This is linked to diabetes and bad eating habits.

Respondents from Floyd County said:

- The participants noted many health concerns in the Lockney area.
- The biggest issue is transportation.
- There is a need for volunteer EMTs.
- There is a need for vehicles and equipment for the Emergency Medical services.
- There is a lack of medical capabilities.
- This is connected to the transportation problem because people must travel to see a specialist.
- There is not retail pharmacy in the hospital. Lockney and Floydada each have one pharmacy.
- An unfunded medication assistance program is managed by the hospital. Hospital staff helps patients who qualify for free or reduced cost medicines with paperwork for pharmaceutical companies so they can receive a discount on their medication.
- A participant said the hospital does not do a lot of marketing because it is a funding issue. If the hospital does more marketing, it would probably make a difference.

- Lack of knowledge about the hospital's medical capabilities that are mentioned in question one.
- A participant said that there are emerging cardiac issues in young people, though this is not unique to the community.
- A participant said there is a perception that there are many upper respiratory issues due to the aging population and farming. Also, there is a perception that there are above normal rates of pneumonia and flu.
- A participant said there is a perception of seasonal allergies that are related to agricultural production. Sometimes these allergies can aggravate pneumonia. As another aggravating factor, Lockney has two cotton gins.
- A participant said that there is a perception that a segment of the population do not or cannot take care of their homes properly, so this is conducive to many types of health issues.
- Another participant said that for a while chronic pneumonia among babies and children was prevalent.
- Another participant noted that a few years ago there were high rates of cancer.

Respondents from Gaines County said:

- Diabetes is a major health concern, especially because a diabetes center is needed.
- There are certain places where young people are diagnosed with the same type of cancer.
 - For example, there is a group of women in the same area that have the same type of cancer, and a group of men that have the same type of kidney cancer.
 - Perhaps, some research can or should be done on that issue.
- A high incidence of congestive heart failure in younger people.
- Sponsorship of care/insurance. Includes Medicare, Medicaid, and private health issues.
 - There is a concern with upcoming cuts with Medicare and Medicaid that may shift people to indigent status.

Respondents from Garza County said:

- There is a need for more health care resources but there is an understanding why there is not. The county has a district, clinics, mobile units, a health department, and a health and wellness center.
- Home health is available locally and people come to the county from home health agencies in Lubbock. Home health is very positive and utilized.
- There is a pharmacy but it is not open on the weekends; however, the pharmacist will do call-outs if necessary.
- Drugs and alcohol are a problem in the county.
- Teen pregnancy is a problem in the county.
- There are programs available but they do not seem to be effective in preventing teen pregnancy. It was noted that the programs provide too much assistance, which reduces the incentive for mothers to go off assistance.

- The county has a local Mental Health Mental Retardation (MHMR) facility and it is really needed.
- MHMR provides assessment for mental health patients.
- MHMR provides services for the surrounding counties.
- The county provides space for the MHMR facility.
- Mental health patients cannot be taken by ambulance to True Point, a mental hospital, so they must be diagnosed in an ER.
- An increase in the number of people who receive delivery from Meals on Wheels has put a strain on the county.
- There are 70 home deliveries now while there were only 15 home deliveries 4 years ago.
- There is a need to make sure people qualify for Meals on Wheels.
- There is a local nursing home and it is privately owned.
- The nursing home has an occupational speech therapist and a physical therapist that comes in from Lubbock. There are in and out patients.
- CNAs at the nursing home are given a raise after three months as an incentive to stay.
- There is a need for specialists.
- Health and Human Services provides mobile dental work.
- The local school nurse brings in mobile eyesight examinations and mammogram examinations to the community.
- An optometrist comes to Post once a week.
- There is a local dentist.
- There is a need for more flexibility on federal and state regulations on how to approach health concerns.
- The ambulance must go to the ER and not to the local clinic. The closest ER is in Tahoka that is 25 miles away. The ambulance will transfer more traumatic health emergencies to Lubbock or call for an airlift.
- The nursing home deals with many falls from the elderly. The local doctor can provide stitches but ambulance rules do not allow for that. The local doctor should be able to make a judgment call on whether to go to the ER in Lubbock.
- Transportation is an issue.
- Many people drive to Lubbock for medical care.
- Some people will not go to the doctor until it is critical.
- Dialysis patients must go to Lubbock for dialysis.
 - The nursing home tried to qualify for a dialysis wing for the community but realized there would be issues with staffing, abilities for coding patients and getting patients to Lubbock if they need medical care.
- Spartan provides transportation but people cannot afford the fare, and even if they can and the bus is sometimes unreliable, especially on weekends.
- The County provides a van for transportation to Lubbock once a week medical appointments. The van will take to 3 to 4 people and they are in Lubbock from 9:00am to 3:00pm because they must wait for all medical appointments.
- Volunteers and churches help with transportation by taking people to their medical appointments.

- Lack of transportation affects people without insurance and the elderly community.
- There is a need for doctors.
- There is an active search for a second doctor. (Participants were unsure whether the community or the clinic is looking. The Physicians Network Services (PNS) keeps up with the needs for the doctor and the clinic so they may be taking care of the search.)
- There is 1 doctor and 1 physician's assistant in the clinic.
- The doctor takes care of medical needs for people in jail and makes house calls. It is estimated that he has approximately 3,000 patients
- The doctor will refer people to Lubbock when necessary.
- Some participants said that there have been problems getting an appointment with the doctor but others participant said there have been no problems.
- The clinic in Post is open only Monday through Friday. The clinic is relatively new at 3 years old. The clinic provides general procedures, x-rays, lab work, and other electronic health resources. The clinic can send results to Lubbock to reduce the need for travel.
- There is a need for more trained daytime EMTs. EMTs are volunteers who have daytime jobs.
- There are good requirements in place to become trained EMTs, but it is hard for the county to find people to fill those requirements.
- The county has 1 EMT and 1 driver. The county had to get a waiver to have a volunteer driver.
- There are 3 ambulances available if they run properly.
- There is no air ambulance available to the county. EMS will call an airlift in Lubbock under extreme circumstance.
- People in the community drive themselves for to receive emergency medical care because they are afraid EMS will not be available.
- The nursing home will call Lubbock for trauma care because the EMTs have daytime jobs. The nursing home trains the staff on when to provide basic first aid and when to call an ambulance.
- Sponsorship of care/insurance. Includes Medicare, Medicaid, and private health issues.
- There are a fair number of indigent care patients and people who are uncovered that cannot seek service.
- There is a perception that this does not cause a strain on the community like it does in Lubbock, though there are a number of people who will not seek health care until it is an emergency.
- Many children are on Children's Health Insurance Program (CHIP) and they are covered better than their parents are.
- Local nursing home cannot provide insurance to its nurses because of the cost.
- Some people feel entitled to health care. It is an enabling society and those who feel entitled behave as though cost is not a factor.

Respondents from Hutchinson County said:

- Mental Health issues
- The primary concern for this community is the lack of EMS personnel.

- Employee turnover is extremely high.
- Unable to recruit qualified candidates.
- High cost associated with training qualified candidates.
- There is a tendency for candidates to begin the qualification process, but mid-way through the process candidate's drop-out of the program.
- State certification requirements continue to increase making it difficult for candidates to financially afford on-going training.
- Medicaid is extremely problematic for the district hospital.
- District hospital will have to absorb an 8% decrease in Medicaid funding.
- The decrease in Medicaid funding is problematic for the district hospital because 60% of babies born in the community are funded through Medicaid.
- The hospital is working with the State to get a local Medicaid representative.
- The hospital currently receives .27 cents on the dollar for Medicaid patients.
- There will also be a slight decrease in Medicare funding, but not at a level comparable to the Medicaid reductions.
- There is a need for a mental health facility.
- 10% of every emergency room visit is psychiatric related.
- Psychiatric beds and nurses are needed as soon as possible at the local hospital.
- There is only one psychologist in the area that is known to provide mental health services.
- In 2010, 9% of patients who sought care in the emergency room needed to be transferred to outside facilities because of psychiatric issues. However, in order for a patient to be transferred to a mental health facility in Amarillo the patient must have insurance and must be drug free and non-suicidal.
- MHMR contracts out some psychiatric services for mentally ill patients, but the State will disqualify any patient who tests positive for drugs. Those patients that do qualify through MHMR are treated via telemedicine.

Respondents from Lamb County said:

- Lamb County has a local Mental Health Mental Retardation (MHMR) facility. Telemed is available at the facility and it is utilized.
- Several home health agencies are available locally and people come to the county from home health agencies in Lubbock.
- The Family Medical Leave Act (FMLA) only allows people to leave work for 12 weeks for medical issues. People who need more time to take of medical issues could lose their job and insurance.
- There are two dentists in the available in the county.
- There is a need for bilingual services. There are more language barriers now than in the past.
- There is a need for Spanish-speaking aids in home health agencies.
- Several dairies in the area have a majority of Spanish-speaking employees.
- There is a need for German-speaking aids because of the Mennonite community.
- There are several nursing homes in Littlefield, so there is no shortage on availability.

- The nursing home in Olton stays full and there is usually a waiting list.
- A physical therapist comes to the nursing home once a week.
- There are 3 physicians and 1 nurse practitioner at the Lamb County Hospital.
- The Lamb County Hospital has Level 4 trauma care.
- There is an in-house doctor in the emergency room 24/7.
- People can be brought to the hospital for stabilization, and then transferred to Lubbock.
- The hospital has community health fairs and has safety fairs at local schools.
- The health fairs have approximately 500 people in attendance.
The hospital collaborates with the local electric company, police, and extension service to present a safety fair to 1,200 students. They teach safety on issues such as tobacco, snakes, and the internet.
- The hospital had partnered with another organization to teach young mothers how to care for their babies, but when funding ran out the hospital could no longer have the class.
- There is a lack of acute care resources.
- There are long waits in clinics and people cannot afford to take off work.
- Most people who need urgent care go to the hospital.
- Many people will wait several days to go to a doctor, so they are in need of acute care.
- There is a lack of preventative care that cycle among parents who work manual labor and their children.
- The largest employer in Littlefield would like to collaborate with a health care entity to establish a mid-level care facility that provides a physician 3 days a week.
- The factory has brought in a mobile mammogram unit.
- There is a need for more volunteer EMTs and first responders.
- Rural communities have fewer trained EMTs and first responders than urban cities.
- There are issues with financial assistance for funding EMTs and first responders.
- There is a need for specialists.
- There are no OB specialists.
- There are no oncologists.
- There is no optometrist.
- People must travel to Lubbock or Levelland.
- There is a need for allied health services on an outpatient basis.
- There is one physical therapist but outpatient care is unavailable.
- The hospital contracts with Lubbock for in-patient occupational therapy and speech therapy; and outpatient care is not available.
- There is a need for transportation.
- People have the option to use Spartan for transportation. Spartan provides out-of-town transportation and people must schedule transportation 24 hours in advance.
- Some people do not want to drive so they remain at home instead of seeking health care.
- Some people do not seek health care because they lack transportation.

- The lack of transportation affects the elderly because they must depend on their personal support system.
- People must travel to Lubbock for dialysis treatment.
- The process of funding for a dialysis center in Lamb County is more expensive for outpatient care. Specially trained nurses would be needed, but there are enough people in the county that would benefit.
- Nutritional education is needed.
- The extension service provides diabetic counseling and teaching. In the beginning, only 3 people took advantage of the service, now over 20 people get nutritional education
- Sponsorship of care/insurance. Includes Medicare, Medicaid, and private health issues.
- There is a perception that the dairy workers are uninsured and go the emergency room and pay on a cash basis for medical treatment.
- High deductibles make people with insurance feel they are no better than people without insurance.
- Health insurance is lower if an employer provides it, while private insurance is twice as much.
- When applying for private insurance, having pre-existing issues and not having health insurance previously will count against a person.
- The largest employer use to cover insurance for their employees 100%, but now employees must pay a partial amount for insurance.
- Older employees and people who need chronic care want insurance, but younger people do not want it until they need it.
- The new health care law prohibits denial based on pre-existing conditions. Because of that, the factory has heard comments like "If I get sick, I'll just enroll next year."
- Children whose Medicaid eligibility has lapsed are at risk.
- Medicaid has an immunization program for which children must continue their shots to remain eligible for Medicaid. The problem is that when children get off the program, they do not continue with their shots.
- People with low-incomes use their funds for housing and food so they do not have money for health care.
- The cost of nutritional foods is an issue.
- People who cannot afford to take off work will not seek health care.
- People who are uninsured will not seek health care.
- The county hospital spends 3-5 million dollars each year on unfunded patients, especially those that need chronic treatment.
- There is an indigent care program sponsored by the county for people who have no funding.
- The hospital has a charity care program. There are income guidelines and residence restrictions, but the problem is getting people to return the paperwork. Once people meet all of the requirements, they are usually accepted to the program.
- The hospital cannot turn people away from the emergency room even if they are not going to pay for treatment.
- The hospital will reduce a person's medical bill by 30% if they pay cash up front.

- The hospital has challenges providing better services with small reimbursements.
- The hospital makes \$0.30 of each \$1 with Medicaid. Insurance companies will only pay the allowable charge, which again results in cents on the dollar reimbursements.
- It has been difficult to provide health insurance because the premium increased 23%.
- As a result, hospital employees pay \$17 of their paycheck insurance to help cover the increased cost.

Respondents from Ochiltree County said:

- Several home health agencies are available locally and people come to the county from a home health agency in Amarillo.
- A hospice program is available locally.
- There have been health fairs provided by Frank Phillips College and the local Area Health Education Center.
- Frank Phillips College can train EMTs.
- Healthcare providers and the hospital's emergency room struggle with language barriers.
- The Guatemalan population cannot understand Spanish or English.
- Some doctors can speak Spanish.
- A patient who does not speak English cannot be admitted to the hospital without someone to translate.
- There is a need for allied health services.
- There are two physical therapists. One is from a home health agency and one is from the hospital.
- A speech therapist comes to the county from Booker.
- In-patient and outpatient care are offered for these services.
- There is no occupational therapist.
- There are an adequate number of nursing homes and assisted living facilities.
- There are other nursing facilities adjacent to other counties.
- There are enough beds for patients in the nursing homes and assisted living facilities.
- One of the nursing homes has an Alzheimer's unit.
- There are Medicaid beds with CVA beds in one of the assisted living facilities, in which Amarillo does not have.
- There is one nursing home with skilled nursing.
- There is a need for Lamaze and birthing classes.
- Liberal, Kansas is the closest birthing class and it is one hour away.
- There is a lack of knowledge nutritional education and information.
- This is a need for diabetes, disease management, and self-management education.
- There is a wide range of people affected by a lack of nutrition, such as parents with obese children who do not know how to care for themselves or their kids, and the elderly.
- People want to be properly education on how to take care of themselves but they do not know how.

- People do not understand how to interpret food labels.
- People ask for information on nutrition at the local activities center.
There have been issues with people trying to sell a nutritional product, and people believe that it is the only source of nutritional information.
- A nutritional class was organized but there was no participation.
- There is no extension agency in the county.
- People cannot afford to attend a nutritional class, but other resources could be helpful on nutritional information, such as pamphlets and other resources.
- Some people would use written material but others would not.
- There is a need for sex education because there are problems with teenage pregnancy.
- Ochiltree County's teen pregnancy rate is 26%, which outranks all 26 panhandle counties.
- The Worth the Wait program and the Infant Adoption program had low participation.
- Education is needed for preventing STDs, unplanned pregnancies, and for a better perspective on what it is like to be teenage parents.
- Birth control and family planning services are available.
- The United States created the Migrant Worker Program, which recruited people to come to the U.S. for work. They were given legal status, but their children were not. These children are now adults and have no legal status. Because they have no legal status, they are not allowed to work legally. Estimates are that approximately 26% have illegal social security numbers so they can work illegally. There is some state money that can be used to educate these young adults because they are considered Texas residents, but because they cannot work legally, there is limited usefulness. Because they have no legal status, they are unable to qualify for government benefits unless they have children, which many do at a young age. There is some concern about the strain on the health care system because they do not have legal status.
- Seven of the nine panhandle counties have a large Hispanic population.
- There is a need for a parenting class.
- The county has the potential of a parenting class but does not know how to begin the process of starting one.
- The crisis center used to offer cooperative parenting classes and people would attend the class by court order because there is no other option.
- Teenagers do not know basic care such as changing diapers. Once the baby is born, the parents are by themselves without the basic knowledge of how to care for the child.
- School officials, parents, and the community do not want sex education classes taught in school. The only form of sex education that is offered in schools is abstinence education.
- There is a perception that teenage pregnancy is a social issue or it is because of the way teens are raised by their parents.
- Blue Cross Blue Shield insurance does not cover teen pregnancy. Medicaid will look at the parent's income to determine the eligibility so the teenager may not qualify. If the teenage does not qualify, the only option is to leave home and then apply for Medicaid or pay cash.
- There is a need for mental health services.

- There is a local MHMR facility.
- There is once licensed professional counselor for private pay and another professional counselor will be available soon.
- To receive assistance from MHMR, a person must be categorized as having bipolar disorder, schizophrenia, or depression. If a person does not meet one of the criteria, there are no options for mental health services.
- The Pavilion in Amarillo no longer accepts indigent care patients.
- Indigent care patients must travel to Big Spring, Vernon, or Wichita Falls.
- Using a law enforcement officer for escorts takes the officer away from the county for the day. The law enforcement officer does not leave the site for the safety of the patient and the nurse.
- If the patient is a female, a female law enforcement officer must accompany the patient on the transfer.
- There are problems with substance abuse.
- Alcoholics Anonymous and Narcotics Anonymous are available.
- Mother Against Methamphetamines is available for support.
- There is only one counselor for private patients.
- There is an understanding that the county is not large enough for a treatment center.
- Some mental health providers will not accept Medicare.
- There are no detoxification facilities.
- The hospital does not have enough staff for a detoxification area.
- People used to go to North West for detoxification, and then they went to the Pavilion, which no longer accepts indigent care patients.
- There are very limited specialist services.
- There are 4 doctors and 1 nurse practitioner.
- There will be one more doctor and several LVNs that are homegrown.
- Dental, orthodontist, and optometrist services are available.
- Advanced diagnostics are brought in weekly; such as portable MRIs and mammograms.
- The only surgeries available are cesarean sections, dilation and curettages, and tonsillectomies. Patients must commute at least one hour for other medical services in Liberal, KS or Pampa, TX.
- People on Medicare can travel over state lines but people on Medicaid cannot.
- The hospital has Level 4 trauma care.
- People can be brought to the hospital for stabilization, and then transferred to a facility for further treatment that is not available in the county.
- There is a need for transportation.
- People must travel to Amarillo, Oklahoma City, Houston, or Wichita, Kansas for cancer treatment. Pampa has some limited cancer services.
- Patients who need dialysis treatment must travel to Pampa, which is one hour away.
- Road to Recovery provides transportation for cancer patients.
- The Panhandle Transit will provide transportation.

- American Cancer Society provides training on how to transport cancer patients for people who volunteer transportation.
- Many volunteers are church or family members.
- Shuttle transportation used to be available.
- Sponsorship of care/insurance. Includes Medicare, Medicaid, and private health issues.
- There is a clinic that helps with payment arrangements for indigent care patients.
- The process for becoming an indigent care patient is that a person must be denied Medicaid, and the hospital board decides whether the person attains indigent care status.
- There is a perception that there is a separation between unfunded and indigent care patients at the hospital.
- There is a perception that most of the elderly community is on Medicare and that pregnant teens have Medicaid.
- There is a perception that the majority of pregnant women are on CHIPS if they are not teenagers.
- A fair number of employers offer insurance.

Respondents from Sherman County said:

- The primary concern for this community is the lack of EMS personnel.
- Employee turnover is extremely high.
- Unable to recruit qualified candidates.
- High cost associated with training qualified candidates.
- There is a tendency for candidates to begin the qualification process, but mid-way through the process candidate's drop-out of the program.
- State certification requirements continue to increase making it difficult for candidates to financially afford on-going training.
- EMS classes are offered in Stratford in conjunction with Frank Phillips College in Borger. However, candidates must still travel to Amarillo for clinicals.
- A secondary concern is that the telemedicine center sponsored by TTUHSC is not currently being utilized.
- Stratford was used as a pilot program to launch telemed; it was used in the media announcement of the service.
- Now the county says they are unable to get doctors or specialist to respond via telemed.
- Telemed services are contingent on providers accepting Medicaid patients. There is a belief that patients other than those on Medicaid should be able to use telemed. The county and city are quite perturbed about telemed.
- The county will probably re-apply for its Medicaid license.
- TTUHSC was supposed to absorb costs, but since telemed is not being utilized all the healthcare cost are being shifted back to the hospital district.
- Medicaid is an issue since the county lost its Medicaid license.
- Difficult to get patients enrolled in Medicaid.
- For patients that are enrolled in Medicaid and receive medical services, it is an issue getting Medicaid to reimburse.

- There was a situation in which the hospital did have its Medicaid license, but was not accepting Medicaid patients; the Department of Health and Human Services warned the hospital that denying medical care to Medicaid patients was considered discrimination.
- The Medicare system is not as problematic as the Medicaid system.
- Medicare reimburses at a faster and higher rate.
- Paperwork is problematic for some seniors to understand.
- Some seniors are not aware of what types of services Medicare will cover.
- Personal health insurance is sporadic throughout the county. Some self-employed individuals and some farmers do have health insurance. Large corporations located outside of the county do offer health benefits to employees, but not all employees enroll for benefits.

Respondents from Swisher County said:

- The Swisher hospital has three physicians, and two physician's assistants. Three grew up in the Swisher County area.
- There is a pharmacy in Tulia.
- There is not a full time doctor in the ER but one is always on call.
- There are nurses and nurse practitioners.
- There are high rates of teenage pregnancy in the state.
- Swisher County has the highest rate of teen pregnancy in the region.
- There is perception that teen pregnancy is related to culture, but not with a specific group.
- A participant said there are no educational classes on teen pregnancy.
- It was suggested that pregnant teenagers should be placed in an Alternative Learning Program. The local schools should handout contraceptives.
- There is no access to birth control.
- There is a perception that teen pregnancy is a political issue.
- A participant said there is a perception that there is an increase of Medicaid, food stamps, and welfare after teens are having babies. In addition, some grandparents believe that grandchildren are a means of income.

Perception of infrastructure: How would you deal with a particular health concern?

Respondents from Carson County said:

- The perception of the infrastructure in this community is that there are not enough healthcare resources in the county. Traveling to and from neighboring cities is costly and time consuming for caregivers and patients.
- The city recruited a nurse practitioner by offering incentives. The nurse practitioner is considering increasing the size of her practice.
- There are a very high percentage of elderly citizens in Panhandle. Those citizens live at home and officials worry that they may overlook some in need of assistance. The nurse practitioner,

pharmacist and police chief routinely look in on elderly citizens they know of if they have not seen that citizen in a while.

- The community would like to establish a registry for citizens and the types of medical needs the citizens require. This would be a preliminary effort to coordinate when and how patients travel to medical appointments; a program where citizens can sign-up to either transport patients or register their personal medical needs, but the issue of funding is a concern.
- The county is very supportive. The local EMS is paid. There also is ambulance and EMS in other localities within the county.
- If a particular health concern is minor citizens rely on the local clinic, but for any specialized services citizens make decisions based on the distance traveled and the costs associated with traveling. A more efficient transportation system would be helpful. Also, if there was a way to bring specialty personnel into the county periodically, it would be helpful.
- Many believe a transitional living facility would address many concerns, particularly those of transportation.
- There is a belief that because Panhandle is relatively close to Amarillo, that transportation and other issues are not viewed by the state as important. Officials emphasize that getting to and from Amarillo is difficult for elderly citizens regardless.

Respondents from Collingsworth County said:

- The perception of the infrastructure in this community is that there are too many healthcare needs and not enough resources within their own county.
- Transportation and costs associated with transportation to Amarillo and Lubbock are ongoing issues for both caregivers and patients. Traveling distance does affect when and how patients receive treatment, there are times when patients with limited incomes cannot financially afford to travel or to purchase their daily medications.
- A perception also exist that the current healthcare system in some cases invites abuse of services by citizens. For example, citizens who visit the emergency room because they know they will receive faster medical attention than they would if they had gone to the local clinic. In most cases these same citizens do not have the financial resources to pay for a clinic visit.
- The county has two physicians.
- If a particular health concern is routine (i.e. flu or stitches) citizens rely on the local hospital, but for any specialized services such as dialysis or chemotherapy patients travel to Amarillo, Lubbock or Childress.
- The emergency room is busy with patients seeking routine care.
- Patients with urgent needs are transported via helicopter to other towns. The helicopter comes there often.

Respondents from Floyd County said:

- Participants agree that they will seek care locally unless they need to see a specialist, in which case they must travel.

- There is a lack of knowledge in the local community about the hospital's capabilities.
- People seek primary care in Lockney or Floydada but travel for specialists.
- There is a perception that how patients are treated will make a difference on where they seek care.
- There is a perception that the ER services in Lockney has less waiting time and has a faster triage than the larger hospital in Plainview.
- A participant said that when people cannot receive the proper care in Lockney, they travel to Lubbock or Amarillo, but it mostly depends on where they are in the county and which is in closer proximity.
- Another participant said that where people travel for care depends on the level of care needed. For example, Lubbock has a Trauma 1 facility and Amarillo does not, but Amarillo has more capabilities than Lockney. In addition, Lubbock has the only burn centers in the region.

Respondents from Gaines County said:

- The hospital does not have an MRI service, so they deal with the issue by having an MRI and a technician commuting from Abilene to the Seminole hospital once a week on Tuesdays. If someone needs an MRI quickly at another time during the week, the person has to be sent to another facility for the test. If the hospital could expand the services, they would not need to send as many people to other facilities for MRIs.
- There is a local nurse practitioner that many know and trust for health issues. If the issue is a bit more serious, they are referred to a local physician that works in the same clinic. If it is much more serious they go to a larger medical facility in Midland or Lubbock.
- People who come through the JP offices and local courts end up getting recommendations for how to deal with different issues (medical, personal, etc.) by way of the court system. These recommendations often come because people are not knowledgeable about how to receive those services otherwise.
- There is, in general, a lack of awareness in the community regarding what services are available locally.
- Local hospice care is a tremendous help to the community.
- If an issue is critical, they will call the local EMS.
- People receive as much help as they can until they must go elsewhere where treatment is provided. There are no orthopedics or specialists for some health concerns (i.e. ear, nose, and, throat specialist), so people will not leave the community until it is needed. The local hospital and medical facilities play a part in this by helping people to understand what is available locally and what is not.

Respondents from Garza County said:

- There is a need for more flexibility on federal and state regulations on how to approach health concerns.

- Participants said they use the local doctor as much as possible. Some participants said they use a family doctor that is not in Post.
- People must travel to Lubbock to receive specialist care.
- People go to the clinics at United Supermarkets in Lubbock. o The supermarkets have programs in which a person can receive free prescriptions by spending a certain amount on groceries.
- Grace Clinic in Lubbock is good for immediate needs because it is one-stop shopping and walk-ins are welcome.

Respondents from Hutchinson County said:

- The perception of the infrastructure in this community is that there are not enough resources geared towards the elderly population. There is a lack of assisted living facilities, transitional facilities, adult day care centers and adult mental health facilities.
- Because of this gap in facilities, citizens are moving to Amarillo to have access to transitional facilities and acute care facilities. 20% of Pampa and Borger residents move to Amarillo for healthcare reasons.
- A perception also exists that the current healthcare system in some cases invites abuse of services by citizens. For example, citizens who visit the emergency room because they know they will receive faster medical attention than they would if they had gone to the local clinic. The perception is that these citizens are also aware that there is no co-pay for seeking medical services through the emergency room. In addition, the perception exists that patients on Medicaid are not actively attempting to pay for any of their medical costs. As a result the hospital has begun to tighten its MSE requirements.

Respondents from Lamb County said:

- People travel to Lubbock for treatment they cannot receive in Lamb County.

Respondents from Ochiltree County said:

- People see their primary care physicians in Perryton and travel for medical services they cannot receive elsewhere in the county.

Respondents from Sherman County said:

- The perception of the infrastructure in this community is that there is not enough healthcare education available to citizens.
- There is also a perception that rural communities lack a full time school nurse.
- A perception also exists that children “are falling through the cracks because of a lack of personal insurance and Medicaid.”
- There is also a concern about the influx of “refugees” from Burma and Somalia into neighboring Moore County. The Burmese and Somalis work at a meat plant. These workers do not always speak English, straining the health care systems. Also, there is concern about their acclimation into American culture. Although few of these workers have accessed the health care or education services in Sherman County, there is a belief that they will.

- If a particular health concern is routine, citizens rely on the local clinic, but for any specialized services such as dialysis or chemotherapy patients travel to Amarillo or Dumas for care. The county does have a visiting doctor from Sun Ray. There is a difference of opinion about how travel influences citizens. Some in the community believe it is not a problem and that Panhandle Transit addresses what problem there is. Others are concerned that distance is a causal factor in older citizens opting to move.
- There also is a perception that information is needed on fitness programs. Citizens young and old are inactive and this contributes to health care risks in the county.
- Respondents from Swisher County said:
Patients must drive Lubbock, Amarillo, Lockney, or Plainview for treatment that is not offered at the Swisher hospital.
- Traveling deters people from going to see a doctor, but other participants said that it is expected if living in a rural area.

How does distance affect the decision to deal with a particular health concern, and does it vary based upon condition – routine physical v. broken leg?

Respondents from Carson County said:

- As a result of the lack of healthcare services and resources in the county patients do travel to Amarillo, Pampa or Pantex to receive medical treatment. However, traveling is problematic for those patients on a fixed income and patients lacking personal transportation.

Respondents from Collingsworth County said:

- As a result of the lack of healthcare services and resources in the county patients will travel to Amarillo, Lubbock, Childress and Altus, OK to receive medical treatment. However, traveling is problematic for those patients on a fixed income and patients lacking personal transportation.
- There have been instances where an elderly patient who can no longer drive will not want to burden a caretaker and will not keep a scheduled medical appointment in a neighboring city because of the traveling distance to the appointment.

Respondents from Dawson County said:

- Lack of transportation is a concern because people will put off health care.

Respondents from Floyd County said:

- There is a lack of knowledge in the community about the hospital's capabilities.
- People seek primary care in Lockney or Floydada but travel for specialists.
- There is a perception that how patients are treated will make a difference on where they seek care. In some cases the perception is that Lockney will provide better care than Plainview and some other area hospitals.
- Geographical proximity and the level of care will depend on where a patient will seek care outside of Floyd County.

Respondents from Gaines County said:

- Many people in the community will go without treatment or go see a local “chiropractor.” These “chiropractors” are not trained medical professionals (nor are they licensed chiropractors who treat pain/back injuries). These untrained individuals give recommendations on how to treat injuries and dispense medicine that can sometimes cause great problems – one example given was a young man who had an untreated broken leg because one of the “chiropractors” gave him medicine and told him he was fine.
- The increase in fuel prices are a concern and can affect decisions to drive for health issues.
- There is a lack of health awareness and knowledge so many people do not seek treatment. It is not usually a money issue, although that is a factor, but it is the level of knowledge that people have. If people knew that they needed help with their health, they would get treatment. Also, the local culture is a factor.
- If people knew they needed to be treated and had a means of transportation, they would seek treatment.
- If people were more knowledgeable about their diabetes situation, they would be more likely to travel to get treatment. Even more so if more transportation was provided.
- This question was raised: Is diabetes in the area higher than typical rates, or is there a higher proportion?
- A participant said they Home Healthcare used “finger-sticks” to test children in the afternoon. Many children’s sugar levels were too high. The participant is unsure of the diabetes are Type I or Type II because they remain undiagnosed.
- Also, younger people come to the hospital with headaches and tested positive for high sugar levels.

Respondents from Garza County said:

- Lack of transportation is a concern because people will put off health care until it is critical.
- This affects people without insurance and the elderly community.

Respondents from Hutchinson County said:

- As a result of the lack of healthcare services and resources in the county patients will travel to Amarillo or Dumas to receive medical treatment. However, traveling is problematic for those patients on a fixed income and patients lacking personal transportation. The Panhandle Transit can be expensive for those patients that need to travel to Amarillo multiple times a week and are on a fixed income. There was some debate on whether Medicaid subsidized a portion of the fee charged by the Panhandle Transit.
- There was dialogue within the focus group that suggested that Borger was attempting to obtain both chemotherapy and dialysis treatment facilities.

Respondents from Lamb County said:

- People travel to Lubbock for treatment they cannot receive in Lamb County. People will stay in Lamb County until they need services that cannot be provided, for which they travel to Lubbock.
- Lack of transportation is a concern because people will put off health care.

Respondents from Ochiltree County said:

- Lack of transportation is a concern because people will put off health care.
- Money is an issue for transportation.
- Some people are so sick that it becomes too difficult to travel.
- People will stay in Ochiltree County until they need services that cannot be provided, for which they travel to other Texas cities or Kansas. o Some people travel to Pampa while some people go to other places for medical care.
- For some people it is closer to cross state lines.

Respondents from Sherman County said:

- As a result of the lack of healthcare services and resources in the county patients will travel to Amarillo or Dumas to receive medical treatment. However, traveling is problematic for those patients on a fixed income and patients lacking personal transportation. The Panhandle Transit can be expensive for those patients that need to travel to Amarillo multiple times a week and are on a fixed income. There was some debate on whether Medicaid subsidized a portion of the fee charged by the Panhandle Transit.
- For routine care patients rely on the local clinic, but patients will travel to Amarillo and Dumas for acute conditions.

Respondents from Swisher County said:

- Patients must drive Lubbock, Amarillo, Lockney, or Plainview for treatment that is not offered at the Swisher hospital.
- Traveling deters people from going to see a doctor, but other participants said that it is expected if living in a rural area.

What is the most prevalent or problematic health issue in your area? Top 5 (heart disease, cancer, stroke, trauma, diabetes/metabolic syndrome)

Respondents from Carson County said:

- Age
- Diabetes
- Cancer
- COPD
- Asthma
- Heart Disease

Respondents from Collingsworth County said:

- Diabetes (adults and children)
- Cancer
- Hypertension
- Obesity (adults and children)
- Asthma
- COPD
- Teenage pregnancy

Respondents from Dawson County said:

- Diabetes
- Heart disease (related to diabetes)
- Obesity
- Cancer
- Alzheimer's disease.

Respondents from Floyd County said:

- A participant said that there are emerging cardiac issues in young people, but this is not unique to the community.
- There is a perception that there are many upper respiratory issues due to the aging population and farming. Also, there are normal rates of pneumonia and flu.
- There is a perception of seasonal allergies that are related to agricultural production. Sometimes these allergies can aggravate pneumonia. For example, Lockney has two cotton gins.
- There is a perception that many people do not or cannot take care of their cleanliness of their homes, so this is conducive to many types of health issues.
- A participant said that for a while chronic pneumonia among babies and children was prevalent.
- A participant noted that a few years ago there were high rates of cancer.

Respondents from Gaines County said:

- The most common or problematic health issue is psychiatric care for all ages. For example, there have been 7 suicides in a short period of time in the county, which has a total population of approximately 15,000 people.
- Some women from the local area go to the hospital in Midland to seek care for sexual assault.

Respondents from Garza County said:

- Diabetes is prevalent in the community.
- Many people in the community have heart issues.
- There are many cancer patients but the percentage is unknown.

Respondents from Hutchinson County said:

- Diabetes (adults and children, especially amongst Hispanics)
- Cancer
- Hypertension (adults and children, especially amongst Hispanics)
- Obesity (adults and children)
- Respiratory issues
- Asthma
- COPD
- Teenage pregnancy
- Autism / Asperger's

Respondents from Lamb County said:

- The two most prevalent health concerns are diabetes and congestive heart failure.
- Asthma, pneumonia, and obesity are health concerns.
- There is a perception that there are high rates of cancer in young people.
- People who wait to seek health care until it is critical have multiple health issues.
- There is a perception that men are more at risk than women are.

Respondents from Ochilree County said:

- Diabetes is the most prevalent health issue.
- Cancer, diabetes, and heart disease are the top three problematic health issues.
- There are high rates of cancer in young women and it is not specific to one group.

Respondents from Sherman County said:

- Diabetes
- Cancer
- Obesity (adults and children)
- Teenage pregnancy
- Alzheimer's
- Sedentary lifestyle
- There was a concern that physical activity was no longer a priority for some citizens in the community.
- Also, there is some concern about teenage pregnancy, although there is disagreement about that topic.

Respondents from Swisher County said:

- High cancer rates in the past few years.
- Many heart attacks.
- There are high rates of teen pregnancy.

What are the priorities regarding health care compared to other needs such as housing, transportation, education, and jobs in your area?

Respondents from Carson County said:

- Healthcare is a priority in the community.
- Panhandle is not equipped to absorb any additional healthcare changes in adjacent rural counties.

Respondents from Collingsworth County said:

- Healthcare is less of a priority in our community, housing and everyday living are our priorities. If someone's home life is not stable, kids will fall through the cracks and their needs will not be addressed. "Surviving day-to-day" is the top priority.
- The most pressing issue identified was the lack of free birth control for teenagers.

Respondents from Dawson County said:

- All quality life issues such as health care, employment, education, transportation, and housing are ordered.
- The priorities depend on the make-up of the community.
- The elderly and aging community will make health care a top priority.
- Health care in the county is good except for diabetes and cancer because those illnesses cannot be treated locally.
- Treatments for major chronic illnesses are not good.
- The community has improved throughout the years with more services provided.
- The hospital provides more medical services.
- For many years, women could not deliver their babies and no surgeries were performed in the county.

Respondents from Floyd County said:

- A participant said that there is a perception that people do not have health as a top priority, even if they have Medicaid.
- There is a perception that some women believe prenatal care is not necessary. The hospital has a reputation for being a birthing center. Floyd County and its neighbor Briscoe County have high rates of women that lack prenatal care.
- 90% of the women who give birth at the hospital in Lockney are on Medicaid.
- A participant said there is a perception that some people are too old to receive health insurance through their parents so they do not have insurance, but health is not a priority because they are more concerned with housing a food.
- A participant said there is a perception at the community level that the hospital is a large contributor to the economy because of the jobs it provides.
- A participant said there is a perception that health is viewed as important to the elderly community.
- A participant said there is a perception that people feel entitled to health care.
- There is another perception that the sense in the community is that everyone will help each other.

- A participant said there is a perception that some people must take care of their children and elderly parents. These people may not speak English, they have limited or no transportation, and they must work, which makes it difficult to take children to doctors' appointments. They do not see a doctor or take their children to doctors because it would require missing time from work, which they feel they cannot afford. Often elderly parents take care of the children for them, but often times their elderly parents may have health issues that cause them to become a burden and they end up needing to take care of both their children and their parents medical needs, which is difficult given their limited resources.

Respondents from Gaines County said:

- A participant said that some of the community and people outside of the community do not hold health care as a top priority because they do not know what is available.
 - For example, because people do not know what treatment is available they turn to the previously mentioned "chiropractors." These "chiropractors" do not know how to properly treat medical issues but will dispense medical advice and medicines regardless. This often leads to the patient's condition worsening until they are forced to seek medical care.
- Another participant said that Family Coaching in Lubbock helps and direct people to the right place for treatment. Seminole needs this type of communication because people may not make the best decisions when under pressure and they may not always need a doctor. They need someone to listen.
 - For example, a Missionary delivers food to approximately 271 children in the local area. Those people most likely have medical needs but they do not seek treatment or preventative care from the local community. Very few people have received medical services.
- The first care needed is immunizations for children then they will probably need additional care. The question is how do you reach them and let them know what resources available?

Respondents from Garza County said:

- Financially, the county is doing everything they can for health care and it is a high priority.
- Many indigent care and uncovered patients do not get check-ups or general health care because they use their funds for food and bills.
- More people would live in the county if there was adequate housing. There are many oil wells on the land so no houses are built.
- The county tax rates are cheaper because of the oil wells.
- The community is good with helping people if they know who is in need.
- The community has had benefits for families in need.
- Sometimes the nursing home will provide health care for the elderly pro bono.
- The elderly are the most at risk in the community but they are too proud and do not want help or assistance.

- The older generation is too independent but they need health care more, and the younger generation will get health care when it is free.

Respondents from Hutchinson County said:

- Healthcare is a major issue for this community. The following statement was made, “without healthcare and education you don’t have a community, we need elder care, assisted living and day care for both adults and children.”
- The most pressing issue identified was the lack of elder care services.

Respondents from Lamb County said:

- Many participants agreed that health care is a high priority in the community.
- The hospital performed a needs assessment and found that because of the economic downturn, health care was ranked 3rd or 4th on the list compared with housing, food, and other concerns.
- The older generation is more concerned about health care, while the younger generation does not understand that the burden of health care falls on them.
- The younger generation does not understand the value of money or life insurance.
- The elderly are at risk in the community because they believe they are too independent and that the government should not take care of them.

Respondents from Ochiltree County said:

- Health care is where it should be and it is a high priority.
- The hospital board is very progressive and involved.
- Medical services are as good as they can be because of the rural nature of the surrounding area. The medical services must be good because of the location.
- The hospital absorbs a lot of the rural area.

Respondents from Sherman County said:

- The lack of housing is the most pressing issue in the county. There are not enough rental properties in the county to attract prospective employees who might consider moving to the area.
- A second pressing issue is a concern for public health. Participants expressed concern over the cultural adversity in the community and the inability to get community members to want to educate themselves about a healthy lifestyle. After some probing, participants stated that JBS a meat packing plant in neighboring Cactus (Moore County) has recently started employing refugees from Burma, Somalia and Guatemala. The following quote was made: “refugees are bringing in diseases that we have not seen in decades and we are afraid we might not be able to treat the diseases in this rural community; some came in with worms.” There is a language barrier when trying to provide healthcare services for refugees; there are currently 22 different languages and dialects that are being spoken by the refugees.
- Stratford is not equipped to absorb any additional healthcare changes because of state and county budgets.

Respondents from Swisher County said:

- There is a perception that patients believe that they are entitled to ER care.
- Health care is closely related to where a person or family is in life.
- Education is a concern.
- A participant said there is limited housing availability.
- There is a perception of community awareness.
- A family may be more comfortable with the local schools because they are aware of their child's chronic health issues. A larger school may be unable to give the proper attention to their child's chronic health issues.
- People are always thinking about healthcare.
- The biggest problem is people's attitudes, adding it is a "911 society." No matter how much healthcare information and education is distributed, people must make the decision for healthcare.
- There is a perception that children have parents who want resources, but some parents want to be benefited by the resources.
- Money is an issue. No matter how much healthcare education people, they may not be able to afford it.
- Whether to obtain healthcare is culture related.

What else do we need to be aware of? Is there anything we have not discussed?

Respondents from Carson County said:

- The trend is for the elderly to move to Amarillo in order to be in closer healthcare facilities and their physicians /or specialist. These are people who would otherwise stay in Panhandle.
- There is some concern over drug abuse; most drug users travel outside of Panhandle to purchase drugs.
- There is a local clinical staffed with a nurse practitioner.

Respondents from Collingsworth County said:

- The trend is for the elderly to move to Amarillo in order to be in closer proximity to their physicians and/or specialist.
- There is a lack of education in several areas: diabetes, teen pregnancy, drug abuse and healthy living. The county does participate in health fairs, but the citizens who would benefit the most from the fairs do not participate due to numerous personal reasons.
- There is a need for nutritional services: some children receive their only meal at school. Many times children arrive at school without having breakfast because of the difficult economic conditions at home. Costs of providing fruits and vegetables to school aged children are extremely high and at times unaffordable.
- Local churches attempt to provide meals for the indigent, but there are instances where individuals will take advantage of the program by "double and triple dipping."

- Personal pride is an ongoing issue in the elderly population. Many times an elderly citizen will not ask for medical or financial assistance because of pride, thus, resulting in not obtaining up to date medication, traveling to doctors' appointments, and receiving routine exams.
- A large portion of the elderly who live on a fixed income cannot afford air conditioning, running water, or heating for their homes, they must decide on whether to pay utilities or buy medications.
- Focus group participants would like ideas on how to address the issues in the community. What programs actually work? Who can they bring in to speak to teens about teenage pregnancy? How are citizens from "all walks of life" falling through the cracks? How does the community get citizens to buy into personal responsibility and healthy living?

Respondents from Dawson County said:

- All quality life issues such as health care, employment, education, transportation, and housing are ordered.
- The priorities depend on the make-up of the community.
- The elderly and aging community will make health care a top priority.
- Health care in the county is good except for diabetes and cancer because those illnesses cannot be treated locally.
- Treatments for major chronic illnesses are not good.
- The community has improved throughout the years with more services provided.
- The hospital provides more medical services.
- For many years, women could not deliver their babies and no surgeries were performed in the county.

Respondents from Floyd County said:

- A participant said that there is a perception that people do not have health as a top priority, even if they have Medicaid.
- As stated previously, there is a perception that some women believe prenatal care is not necessary. The hospital has a reputation for being a birthing center. Floyd County and its neighbor Briscoe County have high rates of women that lack prenatal care.
- As stated previously, 90% of the women who give birth at the hospital in Lockney are on Medicaid.
- A participant said there is a perception that some people are too old to receive health insurance through their parents so they do not have insurance, but health is not a priority because they are more concerned with housing a food.
- A participant said there is a perception at the community level that the hospital is a large contributor to the economy because of the jobs it provides.
- A participant said there is a perception that health is viewed as important to the elderly community.
- A participant said there is a perception that people feel entitled to health care.

- There is another perception that the sense in the community is that everyone will help each other.
- A participant said there is a perception that some people must take care of their children and elderly parents. These people may not speak English, they have limited or no transportation, and they must work, which makes it difficult to take children to doctors' appointments. They do not see a doctor or take their children to doctors because it would require missing time from work, which they feel they cannot afford. Often elderly parents take care of the children for them, but often times their elderly parents may have health issues that cause them to become a burden and they end up needing to take care of both their children and their parents medical needs, which is difficult given their limited resources.

Respondents from Gaines County said:

- Different cultures treat medical issues differently. It is unclear if the Mennonite community does not know what type of medical care to seek or they do not want medical care. They do not use medication properly, such as giving one dose of Tylenol to their child and do not understand why the fever is still present more than 24 hours later. Many in the Mennonite community still use home remedies, such as sweating a fever, rather than seeking conventional medical care.
- In addition, the Mennonite community has pockets of three different languages (German, English, and Spanish), are very knowledgeable about business, and perform well at school but they seem uninformed about health issues. Some of the children are integrated into public schools, and others are home schooled or attend a Mennonite schools. A notable portion of the Mennonite community stops education after about the 8th grade, though that is changing somewhat.
- Many of the households are very traditional – the children are taught how to work like the father or take care of the house like the mother, depending on the gender of the child.
- Depending on the type of school a child attends (or whether he or she is home schooled), education on health awareness varies.
- Some people in the Mennonite community have said that free screening would help but they have no insurance (also an issue with the Hispanic community). Some do not know that Medicaid is an option and that they can qualify for it.
- Another participant noted that a sexual assault victim that went to Midland for treatment needed psychological treatment too. A nurse helped to provide both types of treatments, so there is an issue on how far a health care provider has to go for one patient. Perhaps both a medical and psychiatric provider is needed.
- The Mennonite community, while insular, is not completely isolated from the larger community. Many Mennonites in the area own small businesses and have a role in the larger community. The question is how to reach out to them to raise awareness on healthcare in the area.
- A participant said that the cultures that are most at risk and that are seen the most in the emergency room are elderly Hispanics and young Germans.

- Not all Germans in the Community are Mennonites.

Respondents from Garza County said:

- Financially, the county is doing everything they can for health care and it is a high priority.
- Many indigent care and uncovered patients do not get check-ups or general health care because they use their funds for food and bills.
- More people would live in the county if there was adequate housing. There are many oil wells on the land so no houses are built.
- The county tax rates are cheaper because of the oil wells.
- The community is good with helping people if they know who is in need.
- The community has had benefits for families in need.
- Sometimes the nursing home will provide health care for the elderly pro bono.
- The elderly are the most at risk in the community but they are too proud and do not want help or assistance.
- The older generation is too independent but they need health care more, and the younger generation will get health care when it is free.

Respondents from Hutchinson County said:

- The trend is for the elderly to move to Amarillo in order to be in closer proximity to their physicians and/or specialist. This costs Borger residents who could still be productive and contributing citizens.
- Care Flight currently transports trauma 3 patients to Amarillo; patients above a trauma 3 are transported to Lubbock.
- Stinnett has a large elderly population and they are in need of a satellite clinic; patients currently call EMS to be transported to Borger for treatment. Stinnett residents must travel to Borger or Dumas for routine medical services. Patients requiring chemotherapy or dialysis treatments must travel to Amarillo. For residents of Stinnett, traveling distance to neighboring cities does play a significant part in when and how patients receive medical care.
- Drug abuse and drug manufacturing is a serious problem in the county. o Most drug over doses end-up in the emergency room.
- Emergency room is tasked with extracting teeth with abscesses due to drug abuse; in these cases, methamphetamines are usually the drug of choice.
- Prescription drug abuse is also an issue for the county.
- As a result of the high volume of drug addiction, there is a need for recruiting dentist to the county.
- Frank Phillips College is critical to the community; it educates and provides local nurses and EMS technicians to the surrounding community.
- There is a lack of a pain clinic for patients. Patients are currently routed to Amarillo for treatment.

- There is also a need for a mentally handicapped or mental disability facility for youth. The Texas Panhandle Center (TPC) facility was transitioned from a youth facility to an adult facility which leaves a gap for the youth population.
- Another concern was the lack of proper educational training at the high school level for those students who are being guided towards a healthcare career. There is a lack of basic math and science skills and a lack of an overall understanding of what is required in the healthcare field (the types of hours nurses work, proper hospital attire, unacceptable body piercings and tattoos).

Respondents from Lamb County said:

No response on this question.

Respondents from Ochiltree County said:

No response on this question.

Respondents from Sherman County said:

- The trend is for the elderly to move to Amarillo or Dumas in order to be in closer healthcare facilities and their physicians /or specialist. In the past ten years 152 citizens have moved away from Stratford because of a lack of healthcare providers and facilities.
- Dumas and Sun Ray have qualified primary physicians and specialists (two internal medicine doctors and one OBGYN). Patients travel to Dumas for MRIs and mammograms.
- There is a lack of Alzheimer's education in the Hispanic and African American communities. "The culture of these two groups keeps them from providing the necessary care for aging family members." a. Teen pregnancy is an issue because of a lack of adequate education in the schools and at home. Most pregnant teens do receive prenatal care, but most are on Medicaid.

Respondents from Swisher County said:

No response on this question.

Community Health Needs Assessment Index Data Sources

Texas Health and Human Services Commission, Research and Statistics:

Online: <http://www.hhsc.state.tx.us/research/index.html>.

Texas Department of Family and Protective Services, 2010 Annual Report and Data Book:

Online: http://www.dfps.state.tx.us/About/Data_Books_and_Annual_Reports/default.asp.

US Census Bureau, 2006-2010 American Community Survey 5-Year Estimates: Online, American

FactFinder: <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>.

US Census Bureau, Small Area Health Insurance Estimates, 2009 Health Insurance Coverage Status for Counties and States, Interactive Tables:

Online: <http://www.census.gov/did/www/sahie/data/2009/tables.html>.

Texas Department of State Health Services, Center for Health Statistics:

Online: <http://www.dshs.state.tx.us/chs/datalist.shtm>.

Texas Department of Public Safety, Crime in Texas, The Texas Crime Report for 2010:

Online: http://www.txdps.state.tx.us/administration/crime_records/pages/crimestatistics.htm.

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