

Crosbyton Clinic Hospital
Crosbyton, Texas
Community Health Needs Assessment – 2013

Durbin & Company, L.L.P.

Fall 2013

Crosbyton Clinic Hospital
Community Needs Health Assessment
For Year Ending December 31, 2013

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Executive Summary

Crosbyton Clinic Hospital, Inc. (the "Hospital"), located in Crosbyton, Texas is a not-for-profit organization that provides inpatient, outpatient and emergency care services for residents of Crosby County, Texas and surrounding communities. A Community Health Needs Assessment (CHNA) was conducted on behalf of the Hospital in October 2013 to aid in preparing for the Strategic Planning process to be undertaken and as a requirement of the Patient Protection and Affordable Care Act of 2010 (ACA) and the Regional Healthcare Partnership for the 1115 Waiver Program.

The mission statement for the Hospital is:

"We believe that life is a gift from God. Each person's life is of great value and deserves respect in all stages, from conception until death. We are committed to respecting each person as an irreplaceable member of the human community and as a unique expression of life. The purpose of Crosbyton Clinic Hospital is to provide quality healthcare services, which contribute to the well being of the hospital's rural service area. All those associated with the hospital in service are committed to treating patients, their families, and other hospital guests and each other with dignity and respect. Each patient who enters our hospital facility is serviced by competent, caring and helpful healthcare professionals. Crosbyton Clinic Hospital symbolizes quality personal care in a caring environment."

This CHNA was designed to take the mission stated by the Hospital to the community and develop implementable strategies to address the needs identified. By listening to the members of the community, and reviewing demographic and statistical data, the Hospital can gain information on health status, and on where the gaps in healthcare delivery currently exist. Further, it identifies opportunities for growth that may exist for the Hospital by asking for direct

input from community members and solidifies the Hospital's role as a partner in improving the overall health, education, and economic development of Crosby County, Texas.

This CHNA included surveys, interviews, and focus groups with representatives from the following groups:

- Business Leaders
- Healthcare Professionals
- Minority Community (Hispanic and African American)
- Senior Citizens
- School District
- City Government Leaders
- Low-Income Persons
- Hospital Administration and Governance
- Sufferers of Chronic Diseases
- Members of the Community Underserved by the Hospital

Additionally, interviews were held with current and former patients, the Hospital CEO, and the County Judge. The survey was designed to identify select members of the community who were required by the ACA to be included in this CHNA. Those who participated in the survey and volunteered to be included in a focus group were then interviewed to further develop the results of this CHNA. Although the results were broad, common needs and solutions were identified through the survey, and the focus groups were tasked with prioritizing the needs and solutions proposed.

While the purpose of this assessment was to identify the areas where the Hospital can improve, four out of five respondents from the community indicated that the services that the

hospital is already providing were good to excellent at meeting the needs of the community. The following needs were specifically identified through the survey:

1. **Physician Availability** – Not enough access to physicians and/or staff available to the public.
2. **Community Education/Chronic Disease Prevention** – Lack of community outreach and/or programs designed to address certain chronic diseases such as diabetes, obesity, and hypertension.
3. **Transportation/Specialist Referral** - Not enough access to specialists in Crosbyton or limited access to specialists in Lubbock.
4. **Indigent Population Services** - Inadequate access to healthcare services for individuals who cannot afford their medical bills or medical insurance.
5. **Equipment Upgrades** - Lack of updated equipment to fulfill needs of the community.
6. **Coordination with Other Local Facilities** - Insufficient communication between CCH and other medical facilities in the community to meet patient needs.
7. **Maintaining Existing Services** - Ensuring that the hospital, including ER and EMS services, does not reduce the services that it provides.
8. **Dental & Vision Care** - No availability of Dental and Vision service for the community.

Additionally, the survey asked respondents to propose solutions that the hospital should consider implementing to meet the needs addressed in this CHNA. These possible solutions include:

1. **Increased Physician Availability** – Adding physicians and/or staff to increase availability to healthcare services for the community
2. **Increased Clinic Hours** – Opening the clinic for extended hours of operation.

3. Updated Facility and/or Equipment – Equipment purchases that might include a CT or dialysis machine to serve community members being referred to facilities for these services.
4. Community Outreach – Programs designed to increase healthy lifestyle choices for individuals who suffer from or are susceptible to chronic disease such as diabetes, obesity, or hypertension. Included also is marketing to underserved populations within the area of the services provided by Crosbyton Clinic Hospital.
5. Access to Specialists – Mobile services such as dental and mammography; allowing specialists to visit Crosbyton monthly or weekly so community members wouldn't have to travel to Lubbock; access to services such as dialysis in Crosbyton.
6. Dental and Vision Care – Access to Dental and Vision services either through the hospital or the clinic.

Background

The ACA enabled the Internal Revenue Service (IRS) to become an enforcing agency over 501(c)(3) hospitals and hospital organizations and implemented many new requirements of these hospitals. One of these requirements is the completion of a CHNA every three years that identifies the health needs of the community the Hospital serves. The research was designed to identify the needs of the community in which the Hospital operates. Statistical and demographic data were collected to determine target focus groups identified by the ACA requirements which include underserved populations, low-income persons (financially and medically indigent), minority groups, and those with chronic diseases. Whether or not a hospital or hospital organization is required to perform a CHNA, it is an invaluable tool for fulfilling its role in the community.

Objective

The main objective of a CHNA is to seek input from community members in identifying the gaps in healthcare delivery that may exist in the community in which the Hospital operates. In order to achieve this objective, the survey asked the following three questions from participants:

1. In your opinion, what are the health concerns and needs of your community?
2. In your opinion, how well does Crosbyton Clinic Hospital meet the needs of your community?
3. In your opinion, how could Crosbyton Clinic Hospital better serve and meet the needs of your community?

In order to maintain compliance with requirements of the ACA, the survey also sought certain demographic information from participants including age, gender, whether or not they suffered from chronic diseases, and if they identified with any of the following groups:

- a. Local Business Leader
- b. Healthcare Professional
- c. Minority Groups
- d. Low-Income Persons
- e. Underserved by the Hospital

Other objectives of a CHNA might include opportunities for growth into new patient services, inform the public of existing services provided by the hospital that individuals may already be unaware of, and solidifying a presence in the community as a partner in the overall health, education and economic development of Crosby County, Texas.

Hypotheses

Through analysis of several other rural hospitals similar in size and county statistics and demographics, three hypotheses were proposed prior to this CHNA:

1. Access to care for Indigenous populations
2. Community Health Education
3. Physician Recruitment and Retention

Literature Review

Crosbyton Clinic Hospital

After an analysis of the financial statements of the Hospital and demographics of the community, it is fair to assume one of the needs of the community that would be identified through the CHNA would include access to healthcare for indigenous persons. According to the Hospital's 2012 financial statements, \$501, 028 of deductions from gross patient services was due to charity care. (Crosbyton Clinic Hospital) The Hospital's charity care policy includes providing free care to individuals at or below 150% of the Federal Poverty Guidelines (FPG), among other qualifications. An analysis of the Hospital's patients indicates that they primarily serve individuals from the following six zip codes in Table 1:

Table 1

	Zip Codes						City	County
	79322	79357	79370	79343	79229	79256	Crosbyton	Crosby County
Population	2,049	2,303	1,889	1,571	424	319	1,741	6,059
Percentage of Age Under 18	26.7%	30.0%	19.9%	30.9%	19.3%	18.5%	28.3%	28.8%
Per Capita Income	17,709	14,658	16,817	20,157	16,972	19,534	17,890	16,953
Percentage Children Below Poverty	40.1%	48.4%	40.1%	34.5%	7.9%	23.3%	42.3%	41.5%
Percentage 65 & Over Below Poverty	21.4%	11.5%	14.0%	6.1%	5.4%	9.6%	22.6%	13.4%
Percentage Below Poverty	24.7%	35.2%	26.6%	18.9%	9.7%	10.2%	26.0%	27.4%
Percentage of Age 65 & Over	19.9%	16.8%	18.6%	14.0%	25.2%	27.9%	18.6%	17.5%
Percentage Caucasian	81.8%	76.6%	83.9%	77.8%	85.8%	95.9%	80.9%	79.0%
Percentage African American	4.9%	1.8%	4.7%	4.4%	2.6%	0.0%	5.7%	3.4%
Percentage Asian	0.0%	30.0%	40.0%	0.0%	3.3%	0.0%	0.0%	10.0%
Percentage Other	13.3%	21.3%	11.0%	17.8%	8.2%	4.1%	13.4%	17.5%
Percentage Latino Origin	51.5%	55.2%	32.6%	53.0%	14.6%	6.3%	56.3%	52.3%
Percentage 25 & Over with HS Diploma	38.1%	33.5%	33.1%	34.3%	46.1%	40.6%	38.3%	72.0%

*The percentage of persons classified under this category include: American Indian, Alaska Native, native Hawaiian and other Pacific, some other race, and/or two or more races.

Source: U.S. Census Bureau, 2010 Census.

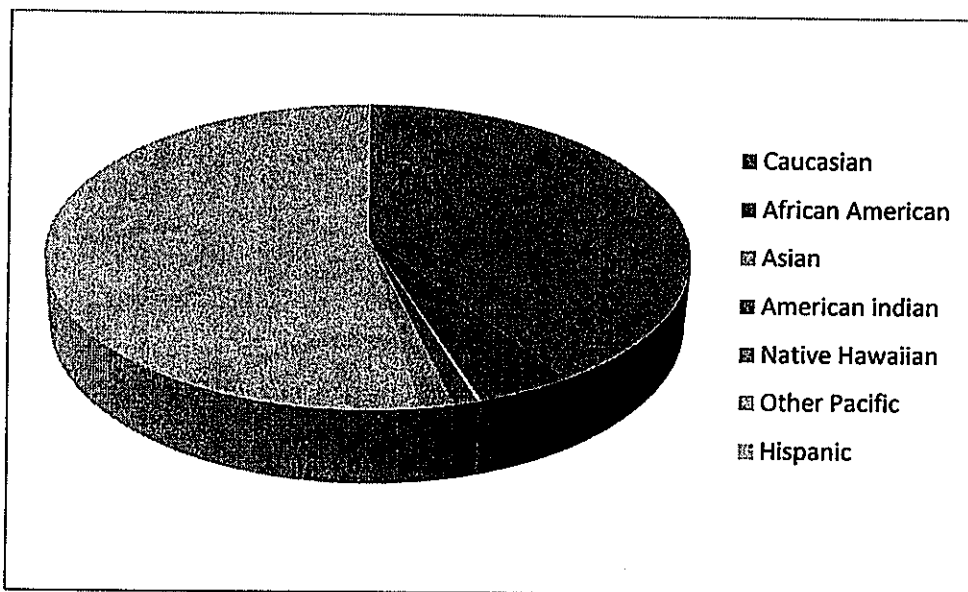
As indicated above, over a quarter of the population of Crosby County are living below the poverty threshold, let alone under 150% of the FPG.

The Community

Also indicated by Table 1 is that only 38.1% of the population age 25 and over have a High School Diploma in the zip code (79322) of the Hospital. This leads to hypothesize that

community health education would be indicated through our CHNA survey. Table 2 illustrates the demographic of Crosby County's racial mix:

Table 2



*The percentages are based off of the 2012 population estimates from the US Census Bureau State and County Quickfacts.
Source: US Census Bureau State & County Quickfacts

With just over 53% of the population as Hispanic, it is reasonable to assume that chronic diseases typically with the Hispanic population such as, diabetes, heart disease, and hypertension to be major health concerns within the community.

Other Hospitals

The American Academy of Family Physicians estimates a nationwide shortage of 44,000 adult care generalist physicians by 2025. "The availability of primary care providers remains a major concern for many small and rural organizations. About a quarter of American live in rural areas, but only a 10 percent of physicians practice there." (HHNmag) Many factors contribute to this disproportion of physicians practicing in small communities including low compensation, limited time off, and scarcity of jobs for spouses. Given this, another hypothesis for community

health needs would include access to physicians. Consistently, through analysis of several small, rural hospitals, one of the main concerns for these communities is physician recruitment and retention.

Methodology

Survey Analysis

The CHNA completed during October 2013 for the Hospital was designed to identify and include individuals from the following groups:

- Underserved Populations
- Low-Income Persons
- Minority Groups
- Those with Chronic Disease Needs

This was accomplished by including questions on the assessment survey that asked participants to identify with one of the above groups specifically. Once these were identified, focus groups were formed to include volunteers to come together if they identified with the same group and prioritize the needs and solutions categorized through initial analysis of survey results. The survey was completed by 54 respondents who represented all financial, racial, and age groups within the community. Hospital employees were asked to participate in the survey as well as individuals from around the community. The survey was taken to individuals at their place of work and participants were encouraged to distribute to their family members and friends within the community regardless of whether or not they currently use the hospital or have in the past. The survey itself, see Appendix A, was designed to identify the zip code of each respondent to further analyze the residence of participants that are in the area of the hospital at the time of the survey.

Focus Groups

After data were collected from the survey, volunteers for further analysis were categorized in the following groups:

- Business Leaders
- Healthcare Professionals
- Minorities
- Low-Income
- Chronic Disease

Representatives from these groups were asked to complete a questionnaire together to prioritize the needs of the community and rank the proposed solutions in order of urgency. This was accomplished through in-person interviews, teleconferencing, and email exchanges between the researcher and the participants. Of the 54 survey participants, 22 volunteered to participate in the focus groups with 100% of the volunteers responding to the additional questionnaire. This was crucial to the CHNA in order to develop a prioritized list of needs and solutions to build an implementation strategy for the Hospital as a response to this assessment.

Analysis

Survey

The first information requested on the survey was the zip code of the respondent. This information was needed in order to ensure that the participants resided in the areas that the patients of the hospital also resided. Table 3 summarizes the results of this question on the survey:

Table 3

		ZIP CODE					
		79322	79370	79357	79229	79244	79414
Non-Focus Group	32	24	0	7	0	1	0
Focus Group	22	17	1	1	1	1	1
TOTAL	54	41	1	8	1	2	1

Tables 4 through 8 summarize the remaining demographic data collected by the survey:

Table 4

		GENDER	
		MALE	FEMALE
Non-Focus Group		2	30
Focus Group		7	15
TOTAL		9	45

Table 5

		AGE GROUP				
		0-25	26-40	41-55	56-70	70+
Non-Focus Group		1	9	14	7	1
Focus Group		0	7	9	6	0
TOTAL		1	16	23	13	1

Table 6

		YEARS IN CROSBY COUNTY			
		0-5	6-15	16-25	25+
Non-Focus Group		10	1	3	18
Focus Group		4	4	5	9
TOTAL		14	5	8	27

Table 7

		HOSPITAL USE		USE IN LAST 24 MONTHS	
		YES	NO	YES	NO
Non-Focus Group		25	9	25	9
Focus Group		20	2	21	1
TOTAL		45	11	46	10

Table 8

	CHRONIC DISEASE									
	DIABETES	ASTHMA	OBESITY	HEART DISEASE	CANCER	STROKE	HIV	OTHER	NONE	
Non-Focus Group	5	2	3	0		2	0	0	7	19
Focus Group	1	2	0	1		0	0	0	2	17
TOTAL	6	4	3	1		2	0	0	9	36

After reviewing the data collected by the survey, even though the sample was small, it was deemed consistent with the data analyzed through other resources mentioned in the Literature Review in identifying the population served by the hospital. The objective of the survey, however, was not to gain demographic information, but to use the input of the community to develop an understanding of the health needs of the community. That was accomplished with the three questions listed above under Objective. The results of those questions are summarized in Tables 9 – 11 below:

Table 9

In your opinion, what are the health concerns and needs of your community?	
Physician availability	8
Community Education/Chronic disease prevention	5
Transportation/Specialist Referral	4
Indigent population services	3
Better equipment	2
Coordination with other local facilities	2
Maintaining existing services	1
Dental & Vision services	1

Table 10

In your opinion, how well does Crosbyton Clinic Hospital meet the needs of your community?	
Good - Excellent	18
Poor	3
Physician Availability	2
Patients must travel to Lubbock for routine labs	1
Not Answered	1

Table 11

In your opinion, how could Crosbyton Clinic Hospital better serve and meet the needs of your community?	
Increased physician availability	5
Increased clinic hours	4
Updated Facility & Equipment	3
Community Outreach	3
Access to specialists	3
Mobile services	1
Specialist visits	1
Dialysis access	1
Dental & Vision care	2

Focus Group Analysis

After categorizing the needs in the Table 9, the focus groups were asked to prioritize the needs in order from 1 to 8, with 1 being the highest priority and 8 being the lowest priority need.

Table 12 summarizes the results of the focus groups:

Table 12

	BUSINESS	HEALTH CARE	MINORITY	LOW-INCOME	UNDERSERVED	AVERAGE
Physician availability	1	2	1	4	2	1
Community Education/Chronic disease prevention	3	1	4	2	6	2
Transportation/Specialist Referral	7	3	5	3	1	3
Indigent population services	4	5	3	1	8	4
Better equipment	6	4	8	8	4	7
Coordination with other local facilities	5	8	6	7	5	8
Maintaining existing services	2	6	7	6	7	6
Dental & Vision services	8	7	2	5	3	5

The other question addressed by the focus groups was to list in order of urgency the proposed solutions that might address the needs identified and summarized in Table 12. The following table summarizes those results:

Table 13

	BUSINESS	HEALTH CARE	MINORITY	LOW-INCOME	UNDERSERVED	AVERAGE
Increased physician availability	1	3	4	4	3	3
Increased clinic hours	2	5	1	3	2	1
Updated Facility & Equipment	5	2	6	6	5	6
Community Outreach	3	1	5	2	6	4
Access to specialists	4	4	3	1	1	1
Dental & Vision care	6	6	2	5	4	5

Conclusion

After thorough analysis of the population, surveying a sample of the community, and understanding the Hospital's existing assets that would enable change as a result of this assessment, the following needs must be met first.

1. **Physician availability** – The Hospital currently has only one physician that is not available 5 days each week. There are two physician assistants that help with ER and clinic coverage, however, in the physician's absence. The solutions proposed by the community listed increased clinic hours as the most urgent solution. While physician recruitment and retention are needs for every rural hospital, this survey indicates that more might be needed to invest in obtaining provider coverage for the hospital. Many surveyed indicated that they take their routine needs to other facilities due to the inability to be seen at the Hospital by a physician.
2. **Community Outreach** – The Hospital is currently not actively promoting community education for those suffering from chronic disease in the community. The results from this survey, and a study of the population, indicate that at a minimum the Hospital should be offering resources to members of the community on diseases such as diabetes and the impact of a healthier lifestyle to promote prevention of this disease.
3. **Transportation/Specialist Referrals** – The focus groups proposed three different solutions to this need. The first is to address the transportation to specialty hospitals in Lubbock where the majority of these patients have to travel to see a specialist. Currently, for individuals who cannot drive or feel uncomfortable driving into the city, their only option is a CapTrans bus. This passenger carrier runs a route around all of the outlying towns to pick up and drop off patients daily. If a 65+ woman has a 10:00 am appointment with her

physician, she must catch the bus in the morning at 6:00 am in order to allow the three hour ride picking up other patients in outlying areas, go to her one-hour appointment, wait for all the other patients to finish their appointments by 5:00 pm, and ride the three-hour bus ride back home, making for a 14-hour day. This is inefficient. An additional route would be welcomed, but other ideas were also proposed. The most obvious might include allowing a specialist or two privileges to practice at Crosbyton Clinic Hospital and organizing a bi-weekly or even monthly opportunity for that doctor to visit Crosbyton and schedule all appointments then, rather than being forced to take the bus. The other proposed solution is to purchase dialysis equipment and hire qualified staff to perform dialysis in Crosbyton, so the large diabetic population wouldn't need to travel for dialysis appointments.

While there were eight needs identified through the CHNA performed, these three address the most immediate needs and the most urgent solutions proposed by the focus group.

Appendix A

**Crosbyton Clinic Hospital, Inc.
Community Health Needs Assessment Survey 2013**

Zip Code: _____

The purpose of this survey is to gather input from the community on how Crosbyton Clinic Hospital could better serve and meet the health needs of the community. Your insight into the needs of the community is valued, and your responses will be considered in the Community Health Needs Assessment for Crosbyton Clinic Hospital.

Answer the following questions by circling the answer choices that apply to you. On questions where there is space provided for you, write in your response to the questions, if applicable.

1. What is your gender?
 - a. Male
 - b. Female

2. What is your age?
 - a. _____

3. How many years have you resided in Crosby County?
 - a. _____

4. Do you or your family use Crosbyton Clinic Hospital to serve your health needs? If you answer no, which hospital does you or your family use?
 - a. Yes
 - b. No _____

5. Have you or your family used Crosbyton Clinic Hospital within the last 24 months?
 - a. Yes
 - b. No

6. Do you suffer from any chronic diseases? (Ex: diabetes, asthma, obesity, heart disease, cancer, stroke, HIV, etc...)
 - a. Yes
 - b. No

7. Do you identify with any of the following groups? (Check all that apply)

- a. Local Business Leader (Organization) _____
- b. Health Care Professional (Title) _____
- c. Minority Group (Describe) _____
- d. Low-Income Persons (Gross Household Income) _____
- e. Underserved by Crosbyton hospital (Describe) _____

8. In your opinion, what are the health concerns and needs of your community?

9. In your opinion, how well does Crosbyton Clinic Hospital meet the needs of your community?

10. In your opinion, how could Crosbyton Clinic Hospital better serve and meet the needs of your community?

11. Is it okay for a researcher from Durbin & Company, L.L.P. to contact you with follow-up questions? If so, please provide a good phone number and/or email address below:

- a. Phone _____
- b. Email _____

Appendix B

**Crosbyton Clinic Hospital, Inc.
Community Health Needs Assessment Survey 2013**

The purpose of this survey is to gather input from the community on how Crosbyton Clinic Hospital could better serve and meet the health needs of the community. Your insight into the needs of the community is valued, and your responses will be considered in the Community Health Needs Assessment for Crosbyton Clinic Hospital.

In order to better understand the items listed on the following questions, a detailed explanation of the terms is on the back of this page.

After conducting the first stage of our research process, you volunteered to be contacted by our researcher to answer a few additional questions:

1. Upon review of the responses we received, we have broken down the following health concerns in your community. Would you please rank the following needs, in order, from 1 through 8 of priority? (1 being the highest priority and 8 being the lowest priority).
 - a. Physician availability _____
 - b. Community Education/Chronic Disease Prevention _____
 - c. Transportation/Specialist Referral _____
 - d. Indigent Population Services _____
 - e. Better Equipment _____
 - f. Coordination with Other Local Facilities _____
 - g. Maintaining Existing Services _____
 - h. Dental & Vision Service _____

2. Our research also asked respondents to propose possible solutions to meeting the health needs identified through our survey. Upon review of the survey, we categorized the solutions proposed by community participants into the following groups. Please list, in order, the following solutions proposed through the survey. (1 being the first solution implemented and 6 being the last implemented). Note: These are only suggested solutions identified through the survey. A formal implementation strategy will be agreed upon by the Board of Directors that may or may not include every solution on this list.
 - a. Increased Physician Availability _____
 - b. Increased Clinic Hours _____
 - c. Updated Facility and/or Equipment _____
 - d. Community Outreach _____
 - e. Access to Specialists _____
 - f. Dental and Vision Care _____

Question #1 addresses health needs identified through our survey. The following is a more comprehensive definition of each item on that list:

- a. Physician Availability – Not enough access to physicians and/or staff available to the public.
- b. Community Education/Chronic Disease Prevention – Lack of community outreach and/or programs designed to address certain chronic diseases such as diabetes, obesity, and hypertension.
- c. Transportation/Specialist Referrals – Not enough access to specialists in Crosbyton or limited access to specialists in Lubbock.
- d. Indigent Population Services – Inadequate access to healthcare services for individuals who cannot afford their medical bills or medical insurance.
- e. Better Equipment – Lack of updated equipment to fulfill needs of the community.
- f. Coordinating With Other Local Facilities – Insufficient communication between CCH and other medical facilities in the community to meet patient needs
- g. Maintaining Existing Services – Ensuring that the hospital, including ER and EMS services, does not reduce the services that it provides.
- h. Dental & Vision Services – No availability of Dental and Vision service for the community.

Question #2 identifies solutions that were proposed by the community through our survey. The following is a description of each of the proposed solutions:

- a. Increased Physician Availability – Adding physicians and/or staff to increase availability to healthcare services for the community
- b. Increased Clinic Hours – Opening the clinic for extended hours of operation.
- c. Updated Facility and/or Equipment – Equipment purchases that might include a CT or dialysis machine to serve community members being referred to facilities for these services.
- d. Community Outreach – Programs designed to increase healthy lifestyle choices for individuals who suffer from or are susceptible to chronic disease such as diabetes, obesity, or hypertension. Included also is marketing to underserved populations within the area of the services provided by Crosbyton Clinic Hospital.
- e. Access to Specialists – Mobile services such as dental and mammography; allowing specialists to visit Crosbyton monthly or weekly so community members wouldn't have to travel to Lubbock; access to services such as dialysis in Crosbyton.
- f. Dental and Vision Care – Access to Dental and Vision services either through the hospital or the clinic.

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