

Falls Community Hospital & Clinic



2021 COMMUNITY HEALTH NEEDS ASSESSMENT



Bob S. Ellzey, LFACHE

ACKNOWLEDGEMENTS

TORCH Management Services, Inc. (“TORCH”) would like to thank Jessica Ford, Chief Executive Officer, and the Board of Directors of Falls Community Hospital and Clinic (“FCHC” or the “Hospital”) for inviting TORCH to conduct a Community Health Needs Assessment (CHNA) of their service area.

Sincere appreciation is also extended to Tawnya Simons for her very good job in coordinating the community focus groups and gaining participation of diverse community constituents, city and county leaders, physicians, healthcare providers, and hospital staff.

Special thanks are also offered to each of the participants who volunteered their time to share their observations of the health status of Falls County. Each participant contributed greatly to this assessment by sharing their thoughts, experiences, and diverse perspectives. The individual perspectives expressed by diverse participants are an essential component to this assessment.

Community Health Needs Assessment for:

Falls Community Hospital and Clinic

CHNA Period: **2021**

Site Visit: **October 21-22, 2021**

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Executive Summary

This document is a Community Health Needs Assessment ... not a hospital needs assessment. The findings in this assessment include many diverse factors other than medical services that contribute to community health, such as public services, education, jobs and employment, faith community, etc.

Diverse constituents from the county shared their insights into the primary health needs and access to care for those living in Falls County. Public health data specific to Falls County is used as an additional source of information for this assessment.

This assessment has been prepared for Falls Community Hospital and Clinic to help guide their efforts to better serve the healthcare needs of those living and working in Falls County. Intentional efforts were made to identify issues and unmet local needs that impact the health and wellbeing of the community.

Based upon comments by participants and supported by public health data, the following issues are recommended as significant needs and opportunities that would contribute to improved community health in Falls County:

- *Emergency Medical Services (EMS / Ambulance)*
- *Community Communication & Awareness*
- *Community Health Education, Outreach, and Collaboration*
- *Chronic Disease Self-Management*
- *Mental Health*
- *Drug Abuse*
- *Water*
- *Economic Development*

Detailed discussion of each of these recommendations can be found under the section "Key Findings from Community Interviews and Data Sources" and the following section entitled "Recommendations."

Most recommendations in this assessment extend far beyond the scope and services of Falls Community Hospital and Clinic. Community health involves much more than the hospital, clinic, or any other single entity. The source of many of these health issues is tied to complex issues that can best be met through the combined efforts of multiple and diverse community services, groups, and organizations. An effort is made in this assessment to identify various local resources that can serve together as collaborative partners to improve the overall health and wellbeing of those living and working in Falls County.

Overall, Falls County ranks in the bottom quartile in comparative rankings of Texas counties for health outcomes and factors related to health. Falls County is currently experiencing adverse effects resulting from several decades of population and economic decline.

On the favorable side, many dedicated Falls County residents were met who acknowledge the declining trends and voiced agreement that these negative trends can be reversed if the community will pull together. Numerous individuals spoke of close relationships in the community and expressed confidence that the community can become united in their efforts to move the county forward.

Efforts are made in this assessment to identify local and regional resources available that may help to improve the health and wellbeing of those who live, work, and play in Falls County. Progress cannot be made alone or by a single entity. Progress will require the conjoined efforts of individuals from diverse public and private sectors working together.

OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT

A Community Health Needs Assessment (“CHNA”) provides a systematic approach to determining the health status, behaviors, and needs of a population within a defined area based upon recorded data, a community health survey, and personal interviews. The information gathered is useful to formulate strategies to improve health, well-being, and quality of life to those living within the community.

CHNA's became a requirement of the IRS in 2014 for all 501 (c) (3) organizations that operate one or more hospital facilities. The CHNA for these organizations must be updated every three years. Other hospitals, including governmental hospital districts, have voluntarily adopted the practice because a properly conducted CHNA provides meaningful information to hospitals as they seek to meet the diverse health needs of the communities they serve. The purpose of a CHNA is to identify unmet or underserved health needs of a community regardless of financial impact to the hospital.

This CHNA was conducted for Falls Community Hospital and Clinics for the years 2021-2023. The objective is to gain a comprehensive view of the diverse needs of the community, recognize what needs are being met, identify gaps in services where community needs are not being met, and identify available resources to better meet these needs. The outcome of the CHNA should be an action plan generated to meet these identified needs that will improve the overall health of the people living in the communities served by FCHC.

A key component of a CHNA is the intentional effort to meet with diverse individuals and groups who comprise the demographic population living in the service area. Healthcare organizations cannot effectively know what the needs are nor how well they are meeting those needs without intentional efforts to listen to those living in the communities they serve. Feedback gained from these groups, combined with other public and internal data, enable the hospital to identify gaps and strengthen its strategic efforts to better meet the needs of the community.

Another objective of the CHNA is to identify partnership opportunities with other local agencies and organizations that will benefit the community in ways greater than any one of the organizations can accomplish alone. Too many times well meaning service organizations achieve limited success because they operate as silos. The Association for Community Health Improvement (“ACHI”) has pointed out that the combined efforts of these separate organizations working in partnership for common objectives can bring greater value in improving health for all citizens, from child to senior adult.

Three primary sources of information were gathered to prepare this CHNA for FCHC: Community Health Survey; Public Data Sources; and face-to-face interviews with diverse community constituents.

Community Health Survey

The Community Health Survey developed for this study gathers information from community constituents to provide a comprehensive, timely, and diverse overview of their viewpoints on the health status and behaviors of area residents.

Public Data

Vital statistics and other local demographic data is gathered from public sources and incorporated into this assessment. Comparisons of this data are made, where applicable to state and national benchmarks. This data is useful in developing this assessment and for discussion with focus groups.

Community Health Focus Groups

To gain perspective from community residents and local organizations, 26 people representing diverse constituency groups from within the service area met together in 6 separate focus group sessions to offer input on the health status and needs of Falls County. These focus groups included:

- Marlin City Mayor
- County public safety officers and fire department
- District Attorney
- Marlin Housing Authority
- Falls County Extension Agent
- Golden Years Nursing Home Administrator and staff
- AMD Emergency Medical Services (EMS)
- Heart of Texas MHMR
- Marlin Independent School District
- Community non-profit organization leaders
- Diverse private citizens
- Business leaders
- FCHC administrator and department leaders
- FCHC Board of Directors
- Advanced Practice Professionals, and other healthcare workers

The focus groups were well attended by knowledgeable and engaged representatives of various sectors of the population, including race, ethnicity, gender, income, education, employment and profession. All participants were well informed to locally-available community resources and programs, and shared a genuine interest in improving the health and wellbeing in Falls County. Residents representing the most prevalent racial and ethnic population of the county were included in the focus groups and feedback for this CHNA. In addition, some residents within the City and service area were randomly asked about for their perceptions of the local hospital and access to healthcare. All participants actively contributed to the content found in this assessment.

Data Sources

Data referenced in this report is gathered from the most recent publicly available reports that provide health statistics for the county and city. Health data referenced for this assessment was selected for its applicability to community health, not for financial or operational benefit to the hospital.

OVERVIEW OF FALLS COUNTY

Falls County lies in the Blackland Prairie region of Central Texas. The Brazos River flows through the central part of the county. The county derives its name from a stretch of low water falls on the Brazos that were once used as a shallow river crossing by pioneer travelers and cattle drives.

The City of Marlin is the largest city in the county and serves as county seat. The county has 5 incorporated towns or cities and numerous other small unincorporated communities.

The steady water supply attracted native American Indians for centuries before Texas became a Republic and future state. The rich sandy loam soil and water supply began attracting early Texas pioneers to the region and continues to be used agriculturally today for cultivated crops and pasture for livestock.

In the 1890's, hot mineral water was discovered in Marlin and was believed to have medicinal values. Numerous hotels were built over the next several decades to accommodate the many visitors who travelled to the area to enjoy and benefit from the hot mineral water baths. This lucrative business continued into the mid-1900's but has since faded and contributes little to the local economy today. Construction of railroad lines once spurred growth in the county but has contributed diminished impact in the past half century.

*** Source: Lisa Maxwell. Texas State Historical Association: Handbook of Texas. Falls County*

The population of Falls County reached a high of 38,771 in 1930 but has steadily declined since. In 2019 the census was estimated at 16,968. Population of Marlin has steadily declined each decade since 1980.

The closure or relocation of numerous businesses within the county during past decades has led to loss of local jobs and reduced income for residents. The percentage of residents without health insurance exceeds State and U.S. averages. The declining tax base has negatively impacted public services such as water supply, roads, EMS, schools, as well as capital upkeep of housing and buildings.

The 2005 closure of a VA Hospital located in Marlin continues to hurt the city and county economy. The VA Hospital and associated buildings, originally opened in 1950, continue to sit unoccupied after 16 years.

The community acknowledges that erosion of public and private infrastructure has critically impacted the health and wellbeing of those living in the county. A spirit of cooperation seems to exist among focus group participants that it will take the public and diverse private groups pulling together to improve the infrastructure and quality of life in Marlin and Falls County.

PROFILE OF FALLS COMMUNITY HOSPITAL AND CLINIC

Falls Community Hospital and Clinic has established a rich history of providing primary care and hospital services in Falls County for 125 years. In 1896, Dr. J. W. Torbett arrived in Marlin and opened the Bethesda Sanitorium and Bath House. Throughout the decades, the hospital, clinic, and services provided have continued to evolve into what is today Falls Community Hospital and Clinic.

FCHC is a 501 (c) (3) non-profit charitable organization that is open to serve all people within its scope of care. The hospital maintains 36 inpatient acute care beds, a 24-hour Emergency Department, and a full range of ancillary services to support its inpatient and outpatient service lines.

FCHC owns and operates four primary care clinics plus one specialty clinic located in 4 communities. Three of the primary care clinics are licensed rural health clinics and one is freestanding non-RHC.

Mission

*To provide compassionate, patient centered care
with a hometown feel*

TOPS Program

Teams for Optimal Patient Satisfaction

We have formed a collaborative team of healthcare professionals who: strive to focus on the quality of care given at Falls Community Hospital & Clinics; utilize the family atmosphere that sets FCHC apart from other facilities; and deliver care in a timely and compassionate manner.

FCHC is committed to improving patient satisfaction at all levels and ask you, the patient, to assist us in achieving this goal.

When an FCHC team member goes above and beyond in your care or service, please consider sending an email to info@fallshospital.com and let us know about the extraordinary service you received. Please include your name and the name of the employee you would like to recognize, along with a brief description of the service provided. Thank you!

Service Lines

- 24-Hour Emergency Department
- 36 Inpatient Acute Care Beds
- Laboratory
- Radiology
- Physical Medicine/Rehab/Chiropractic
- Respiratory Therapy
- Podiatry
- Cardiology
- Dermatology
- Well Woman Care
- Bone Mineral Density Scans
- Clinical Psychology
- Dietary and Nutrition Services

FCHC Clinic Locations

- Marlin Rural Health Clinic Marlin
- Bremond Rural Health Clinic Bremond
- Rosebud Rural Health Clinic Rosebud
- Rucker Medical Clinic Mart

Source: Falls Community Hospital and Clinic Website

Medical Providers

- Robyn Argyle, FNP-C Primary Care
- David Fedro, DO Family Medicine
- Michael Capps, FNP Primary Care
- Michael Benington, MD Family Medicine
- Clorinda Zawacki, MD Internal Medicine
- Jeremy Reynolds, PA-C Emergency
- Steven Finlay, PhD Psychology
- Kelly Czajkoski, DC Chiropractic
- Russell Rowe, MD Dermatology
- Summer Johnson, FNP Primary Care
- Savannah Wetzler, PA Primary Care
- Erin Holland, FNP-C Primary Care
- Emily Witt, FNP-C Primary Care

Nearest Area Hospitals

- Waco – Baylor Scott & White Hillcrest 236 beds 31 miles
- Waco – Providence Health Center 285 beds 34 miles
- Temple – Baylor Scott & White 640 beds 39 miles
- Groesbeck – Limestone Medical Center 20 beds 28 miles

COMMUNITY CONTRIBUTION OF FALLS COMMUNITY HOSPITAL AND CLINIC

Falls Community Hospital and Clinic has a rich history of caring, commitment to the community, and medical advancement that dates back 125 years to 1896. It serves as a primary medical and emergency care provider for residents and industry located in Falls and adjacent counties. All focus group participants and those randomly asked in the community expressed reasonable confidence in the hospital and providers. None expressed any personal concerns they would have in using or recommending the hospital.

FCHC employs approximately 110 full time equivalent employees and generates an annual payroll of \$5.6 million in this county of 17,000 population. In addition to the value these jobs generate for the City of Marlin and Falls County, the local presence of a hospital and medical services is a key asset to commercial and residential growth.

The number of Outpatient registrations for patients served in 2020 is 18,987. The number of Emergency Department registrations has ranged from 5,569 in 2019 to 4,684 in 2020. The number of hospital inpatient discharges was 138 in 2019, dropping to 92 in 2020. Proximity of the hospital located adjacent to a large nursing home is important to the care of these residents and financial viability of the nursing home.

Hospital and clinic services provided by the hospital are open and accessible to all who present for care without discrimination for income, race, ethnicity, or any other qualifying factors. This claim was quickly affirmed by the diverse constituents who participated in the focus groups and those who were randomly polled in town.

FCHC is an integral part of the communities it serves and is a frequent participant at community events, often providing health information and free screenings. FCHC employees voluntarily participate in numerous activities which support the communities it serves. Employees take great pride in living in the service area and working for the local hospital that provides care for their families and neighbors. Each employee is committed to going over and above to help wherever they are needed.

FCHC strives to optimize and continually improve services, quality, facilities, technology, and cost-effectiveness for every member of the community and service area. FCHC maintains a friendly, personable environment because working in a rural hospital, employees likely know or have a personal relationship with patients in their care.

Economic Impact of Operations for a Rural Hospital
(Using Actual FCHC numbers)

Employment

Direct Impact fte's 110

Multiplier 1.34

Secondary Impact 37

Total Impact 147

Wages, Salaries, and Benefits

Direct Impact \$5.6 million

Multiplier 1.19

Secondary Impact \$1.06 million

Total Impact \$6.66 million

Average retail sales impact (.25 WSB): \$1.67 million

SOURCE: National Center for Rural Health Works. Research Study. October 2016. Data from National Center, Oklahoma Office of Rural Health, and IMPLAN. <http://ruralhealthworks.org/wp-content/uploads/2018/04/CAH-Study-FINAL-101116.pdf>

Local Impact of Construction Activities of a Rural Hospital

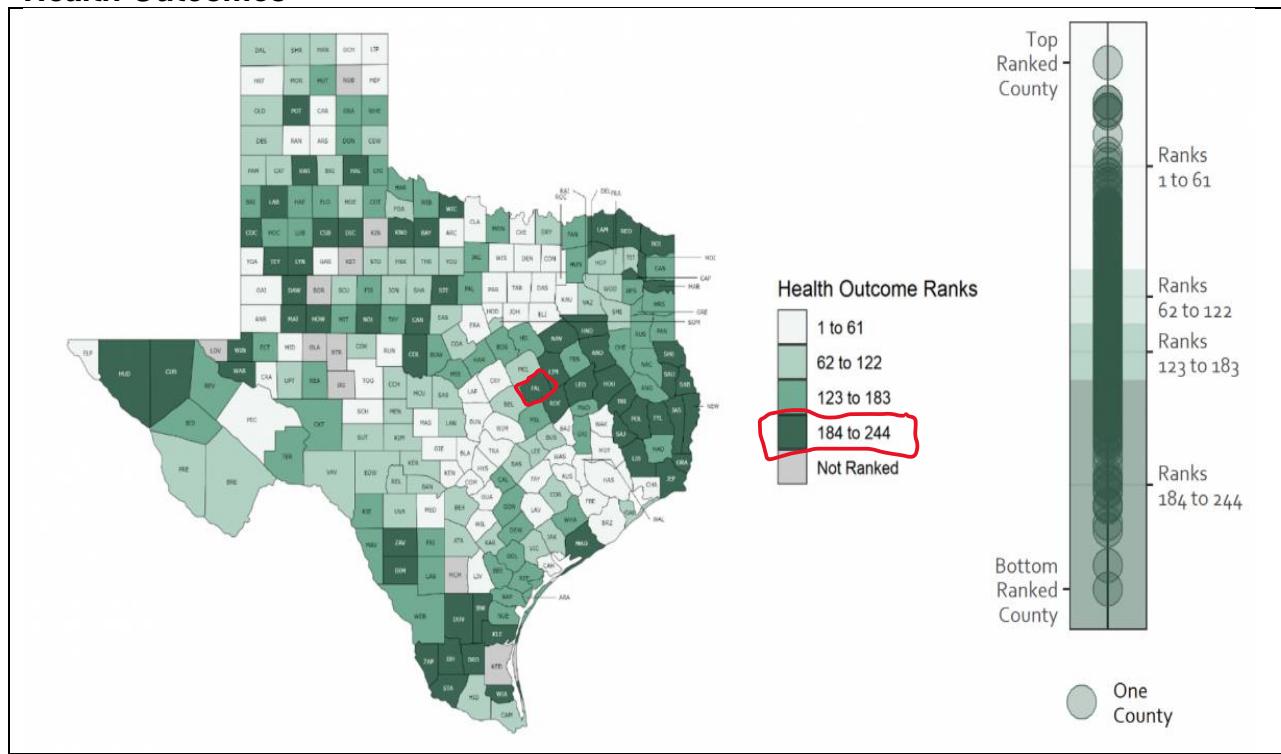
(based on research average, not FCHC actual)

		<u>Employment Impact</u>			
Construction (\$ millions)	Average Employment	<u>Multiplier</u>	Secondary Impact	Total Jobs Impact	
\$1	9	1.23	2	11	
		WSB Impact			
Construction (\$ million)s	Average Employment	<u>Multiplier</u>	Secondary Impact	Total Impact	Retail Sales Impact
\$1	\$332,551	1.25	\$80,638	\$403,189	\$100,797

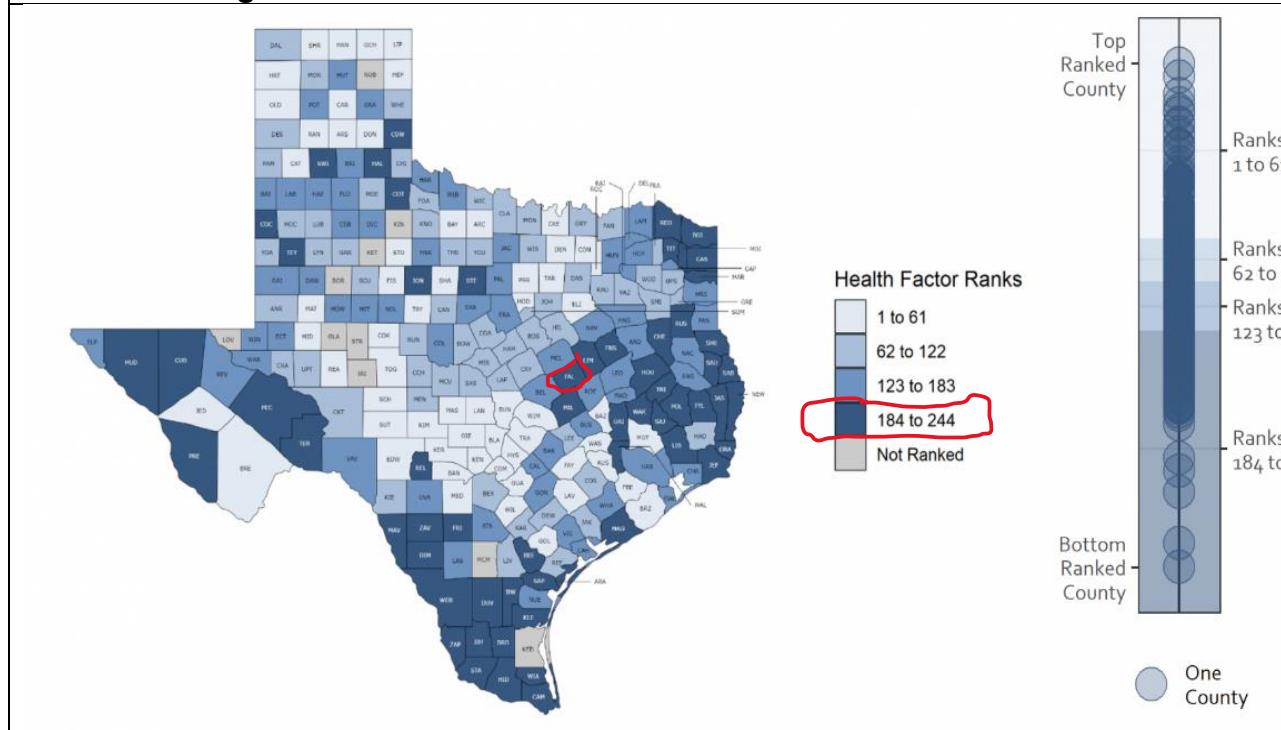
SOURCE: National Center for Rural Health Works. Research Study. October 2016. IMPLAN data [www.implan.com]. <http://ruralhealthworks.org/wp-content/uploads/2018/04/CAH-Study-FINAL-101116.pdf>

Comparison of Population Health Outcomes and Factors

Health Outcomes



Health Rankings



2020 County Health Rankings (244 counties reporting)

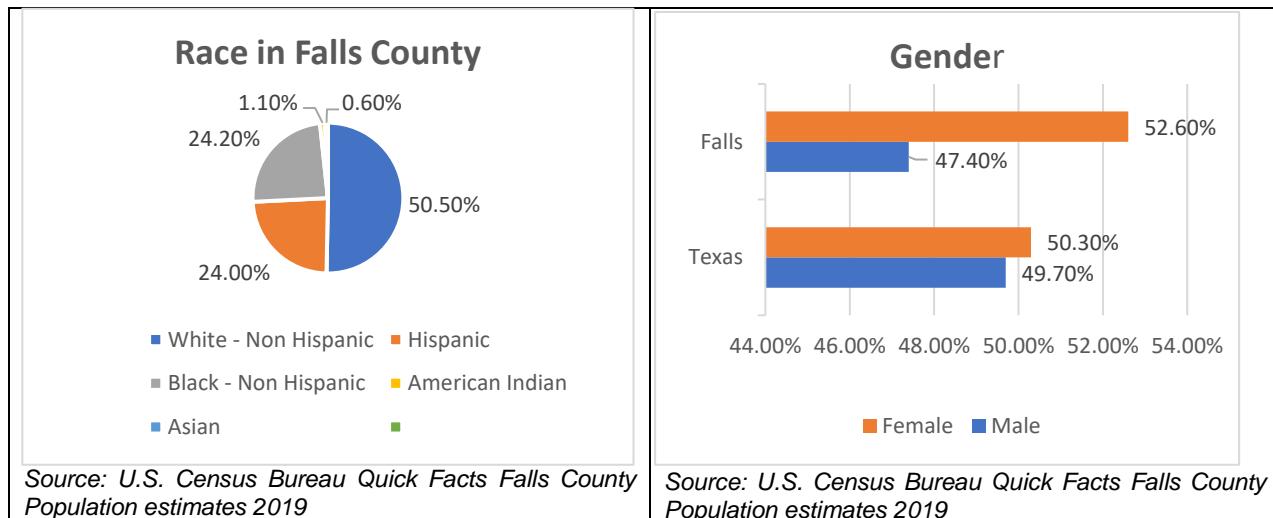
	<u>Falls County</u>	<u>Texas</u>	<u>Top US</u>
HEALTH OUTCOMES (Rank)	Lower 25%		
Length of Life (Rank)			
Life Expectancy	77	79.1	81.1
Poor Physical Health Days	4.3	3.7	3.1
Poor Mental Health Days	4.5	3.8	3.4
Diabetes Prevalence*	16%	10%	7%
Low Birth Weight	10%	8%	6%
HEALTH FACTORS (Rank)	Lower 25%		
Health Behaviors			
Food Environment Index	7.5	6.0	8.6
Alcohol-Related Driving Deaths	32%	27%	11%
STI's (per 100k)	464.5	535.4	161.4
Teen Births (per 1,000)	57	34	13
Adult Obesity	40%	30%	26%
Physical Inactivity	35%	24%	20%
Access to Exercise Opportunities	45%	81%	91%
Smoking	18%	16%	14%
Clinical Care			
Uninsured Adults	26%	23%	7%
Uninsured Children	14%	11%	3%
Primary Care Physicians	8720:1	1614:1	1030:1
Dentists	4330:1	1730:1	1240:1
Mental Health Providers	5780:1	880:1	290:1
Mammogram Screening	37%	37%	50%
Flu Vaccinations	34%	44%	53%
Social and Economic Factors			
Median Household Income	\$37,400	\$60,600	\$68,703
Children in Poverty	28%	21%	11%
Total Persons in Poverty	21.6%	13.6%	11.4%
Children Eligible Free Lunch	82%	59%	32%
Injury Deaths (per 100k)	62	57	58
Violent Crime	162	420	63
Physical Environment (Rank)			
Severe Housing Problems	14%	18%	9%
Air Pollution Particulate (micr/m3)	10.0%	8.8	6.1

Source: County Health Rankings and Roadmaps

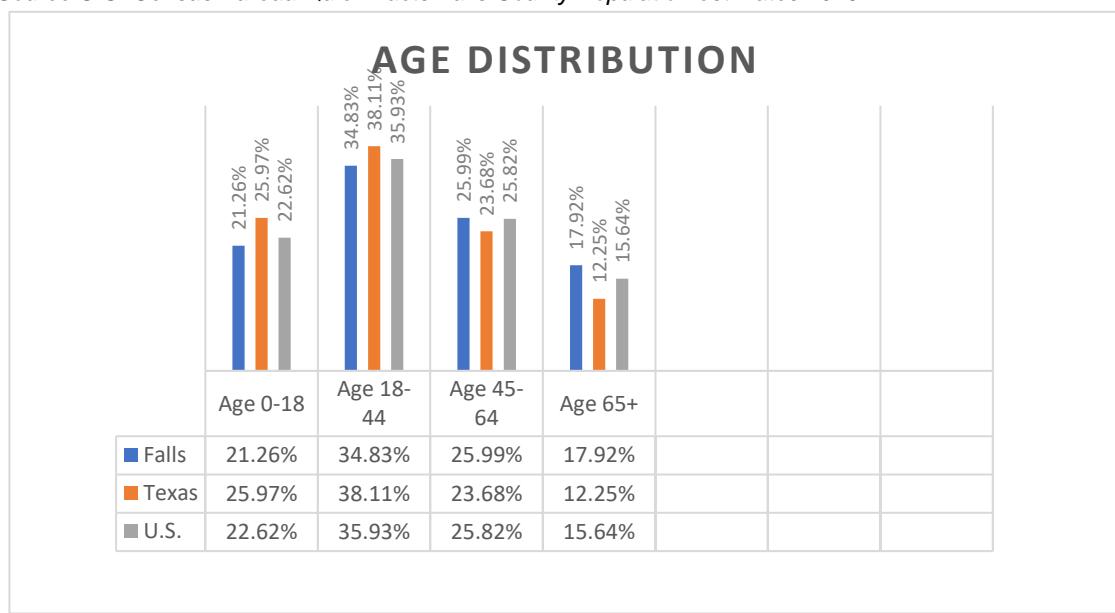
Falls County Demographic Information

<u>Population</u>	<u>2000</u>	<u>2010</u>	<u>2019 (est)</u>	<u>Percent Change (2000-2019)</u>
Marlin	6,628	5,967	5,581	-16%
Falls County	18,576	17,866	16,968	-9%
Texas	20.39M	25.21M	29M	+42%

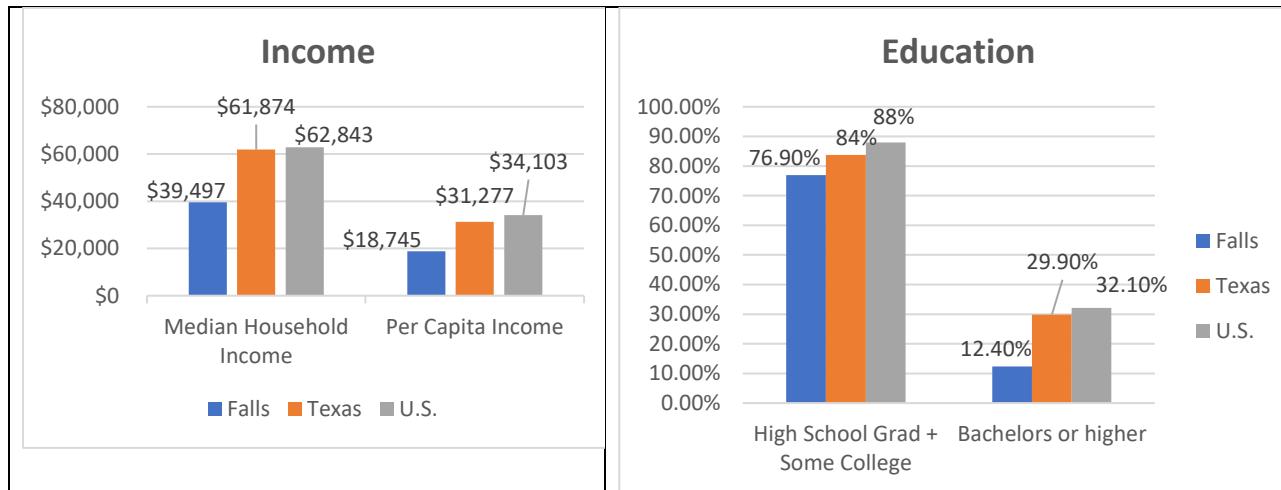
Source: U.S. Census Bureau Quick Facts Falls County Population estimates 2019.



Source U.S. Census Bureau Quick Facts Falls County Population estimates 2019



Social and Economic Factors



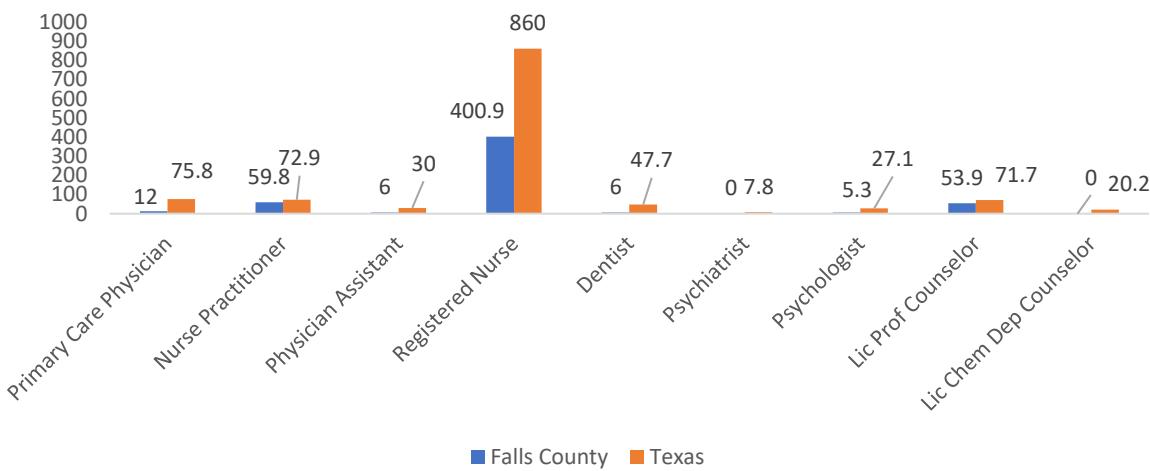
Source: Income: U.S. Census Bureau. Census.gov/quickfacts/fact/table/TX.fallscountytexas

Cost Burdened Households

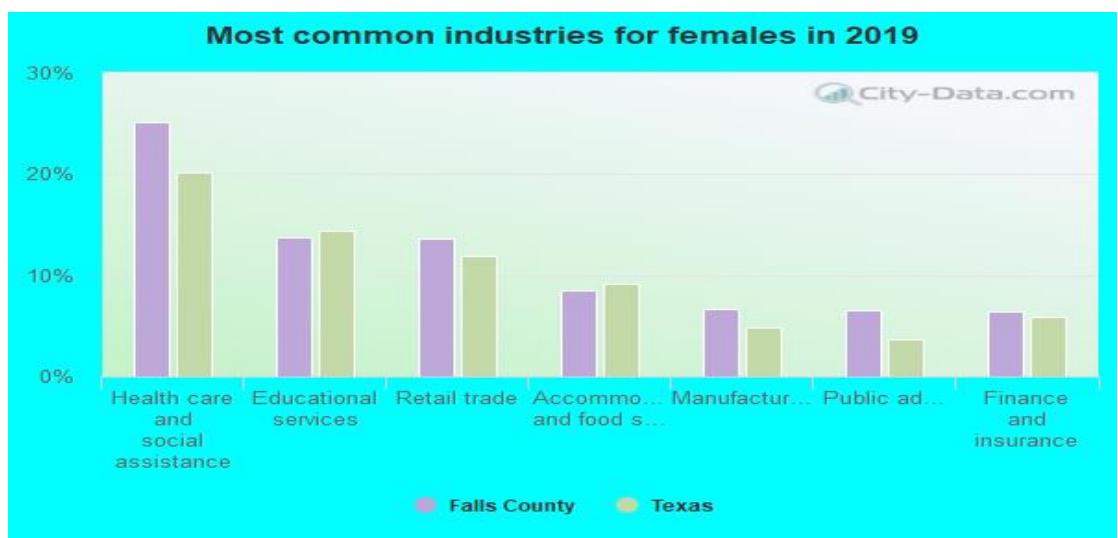
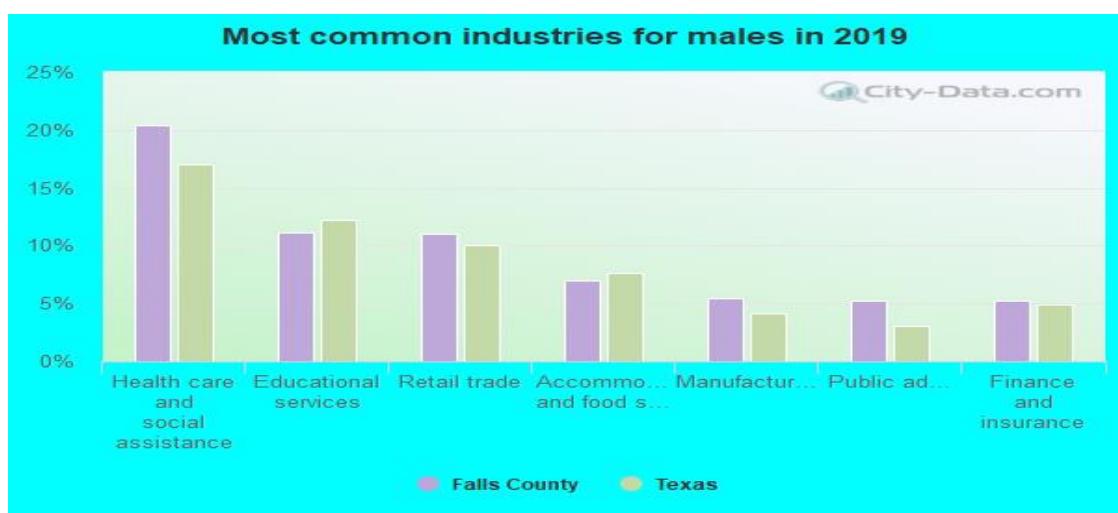
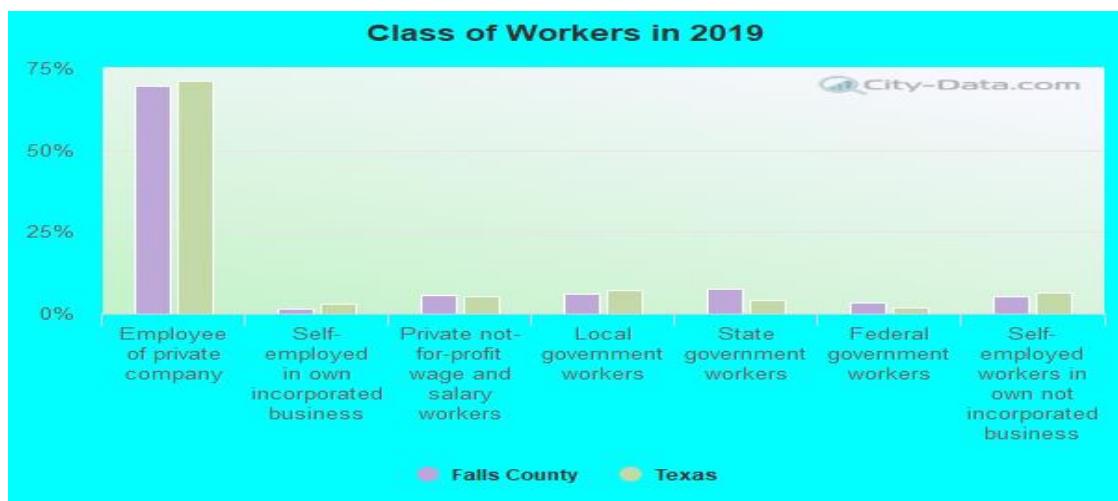
	Falls	Texas
Percentage of Rental Homes Cost Burdened	38.89%	44.33%
Percentage of Owner-Occupied Households with Mortgage Cost Burdened	38.44%	26.40%
Percentage of Owner-Occupied Homes W/O Mortgage that are Cost Burdened	15.17%	12.33%

Source: Cares HQ. SparkMap.org. Texas. Falls County. Housing and Families. Data Source: US Census Bureau, [American Community Survey](http://AmericanCommunitySurvey). 2015-19.

Healthcare Professionals per 100,000 population

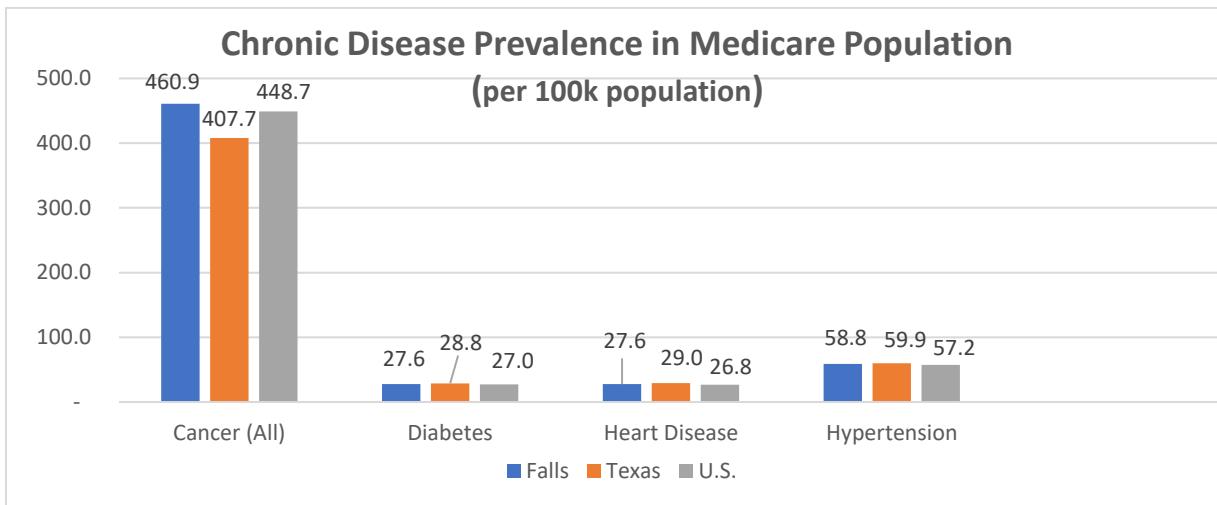


Source: Texas Primary Care Consortium



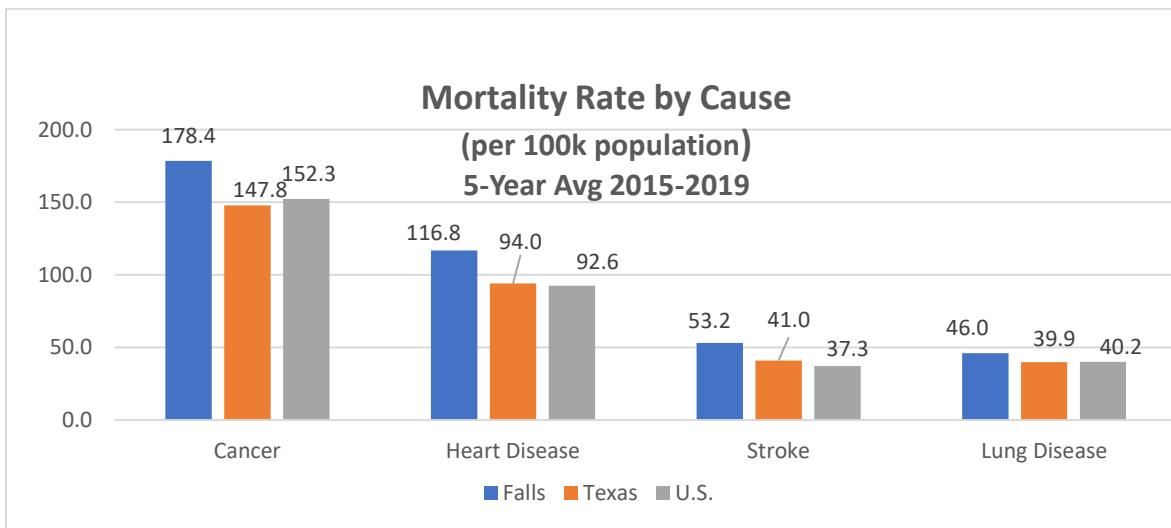
Source: City-data.com. Falls County, Texas. 2019. http://www.city-data.com/county/Falls_County-TX.html

Chronic Disease Prevalence, Mortality, and Other Health Data



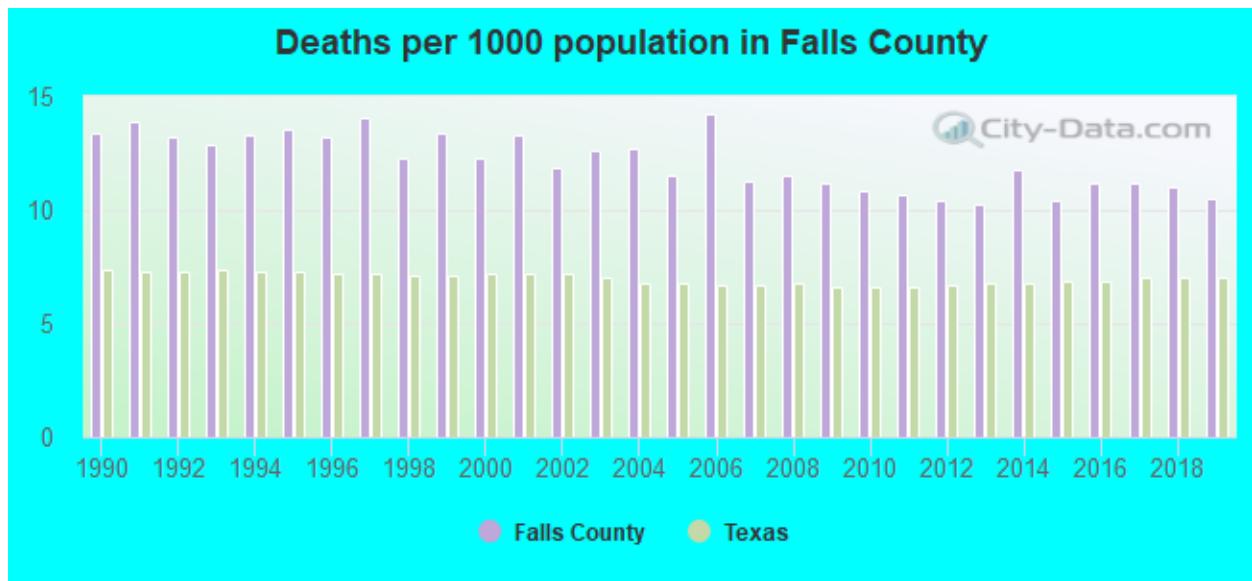
CARES Engagement Network. CHNA Report. Health Outcomes

- Depression: Data Source: Centers for Medicare and Medicaid Services, [CMS Geographic Variation Public Use File](#). 2018.
- Diabetes: Data Source: Centers for Medicare and Medicaid Services, [CMS Geographic Variation Public Use File](#). 2018.
- Heart Disease: Data Source: Centers for Medicare and Medicaid Services, [CMS Geographic Variation Public Use File](#). 2018.
- Hypertension: Data Source: Centers for Medicare and Medicaid Services, [CMS Geographic Variation Public Use File](#). 2018.
- Falls: Data Source: Centers for Medicare and Medicaid Services, [CMS Geographic Variation Public Use File](#). 2018.



- Sources:

- All-Cause Mortality Rate: Texas Primary Care Consortium
- SparkMap Community Health Assessment. Health Outcomes. Mortality Rate by Cause. SparkMap.org. Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2015-2019. Source geography: County



Source: http://www.city-data.com/county/Falls_County-TX.html

Observations on Key Comparative Health Data for Falls County

Falls County ranks in the lower quartile for both health outcomes and health factors among 244 Texas counties reporting health data.

- **Health Outcomes** - The overall rankings in health outcomes represent how healthy counties are within the state. The outcome ranks are based on two types of measures: how long people live and how healthy people feel while alive. Falls County ranks in the lower 25% of Texas counties for health outcomes.
 - **Negative Health Outcomes Outliers**
 - *Life Expectancy* – Below Texas average by almost 3 years.
 - *Poor Mental Days* – Unfavorable to Texas and U.S. counties
 - *Poor Physical Health Days* – Unfavorable to Texas and U.S.
 - *Low Birth Weight* – Unfavorable to Texas and the U.S.
 - *Diabetes Prevalence* – Unfavorable to Texas and U.S.
 - *Cancer Prevalence* – Unfavorable to Texas and U.S.
- **Health Factors** - The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors. Falls County ranks in the lower 25% for health factors among counties in Texas.
 - **Positive Health Factors**
 - *Violent Crime* – Favorable to Texas counties
 - **Negative Health Factor Outliers**
 - *Alcohol-Related Driving Deaths* – A disproportionate number of driving deaths are alcohol related.
 - *Teen Births* – Greatly exceeds average for Texas and U.S. counties
 - *Adult Obesity* – Exceeds average for Texas and U.S. counties
 - *Physical Inactivity* – Unfavorable to average for Texas and U.S. counties
 - *Access to Exercise Opportunities* – Significantly below others
 - *Smoking* - Unfavorable
 - *Uninsured* – Unfavorable to Texas and U.S. for adults and children
 - *Healthcare Professionals in the County* – Shortage of primary healthcare professionals among all specialties.
 - *Flu Vaccinations* – Unfavorable to average for Texas and U.S. counties
 - *Income and Poverty* – Number of low income residents and children in poverty exceeds averages for Texas and U.S. counties.

COMMON CHALLENGES FACED BY RURAL HOSPITALS

Rural hospitals in Texas and the U.S. are increasingly threatened with survival. A 2019 study by Texas A&M University reported that 41% of rural hospitals operate at negative financial margins, with more than 20% of those facing closure. Since 2010, 130 rural hospitals have closed nationally, including 26 in Texas. Texas leads the nation in rural hospital closures, with that number expected to continue to go up in Texas and the U.S. (Bolin, Watzak, Dickey)

The average person living in rural America is growing increasingly older and sicker as younger people move to urban areas for better jobs and wages. Rural hospitals struggle to maintain a workforce of doctors, professional providers, and other trained staff to provide care to the community. Over 60% of hospital revenue in rural communities is from Medicare and Medicaid which most often fails to cover the cost of providing services. Many of the remaining population are largely uninsured or underinsured.

Three common factors threaten all rural hospitals: 1. Lack of primary care physicians, advanced practice providers (APP's), nurses and other specialized staff; 2. Outmigration to larger urban or regional hospitals; 3. Lack of financial resources to maintain technology and facilities necessary to keep up with medical practice standards of care. With the population of rural communities becoming increasingly older, this creates real hardships on those living in these areas.

In Texas, 170 of 254 counties are rural. More than 3 million people, comprising almost 20% of the state's population, live in rural Texas. Another report by Texas A&M Rural and Community Health Institute (ARCHI) and the Episcopal Health Foundation entitled, "What's Next? Practical Suggestions for Rural Communities," stated that 35 Texas counties have no physician; 58 counties have no general surgeon; 147 counties have no obstetrician/gynecologist; and 185 counties have no psychiatrist. (Hancock, Sasser)

So how does Falls County stack up in these comparisons? Falls County faces the same challenges of all rural counties listed above. Declining population, loss of local employers, low per capita and household income, and high uninsured population make it difficult to attract or sustain local healthcare professionals. Relatively close proximity to Waco and Temple disqualifies FCHC from operating as a critical access hospital and certain other programs to benefit rural health hospitals. FCHC offers convenient access to primary medical care through four (4) rural health clinics located in communities throughout their expanded service area. A team of dedicated providers and staff continue to sustain its acute care hospital and Emergency Department, but each year becomes more challenging.

Physicians and Advanced Practice Providers (APP): The number of physicians per population in Falls County is below the state average (see above table). Effective use of Advanced Practice Providers (Nurse Practitioners and Physician Assistants) helps to close this gap. FCHC has recently had two new primary care physicians join its medical

staff as hospital and clinic providers. One established local physician has established a successful practice focusing on housecall visits.

Community Networks: Rural communities must begin thinking beyond the local hospital as the centerpiece of community health or trying to adopt urban health care solutions to work in rural Texas. Communities must begin thinking of “healthcare” more broadly than merely “hospital.” Rural hospitals must become actively engaged with their community greater than ever before in seeking innovative ways to sustain operations and fulfill their mission to improve health and wellbeing.

Community health involves much more than the presence of a hospital or any single medical provider. For many years local rural hospitals tried to operate as a “one stop shop” for all things considered health. The cost of staffing, equipping, compliance and other factors necessary to sustain this comprehensive range of low volume services is financially unsustainable.

Rural hospitals are beginning to see benefit in establishing collaborative networks involving other area health providers, social and service resource groups, public services, faith communities, and others to collectively meet local health needs. This is much more effective to truly improve the wholistic health and well-being of a community. Health issues are rarely single dimensional. They typically include intertwined wholistic factors involving body, mind, social, and spiritual components. Efforts to improve community health are much more effective through collaborative networks. (Hancock, Sasser)

Health and well-being involve much more than the absence of illness and disease. Collaborative networks of local community groups and service providers can be more effective in improving the health and well-being of a community than waiting for an adverse event to occur that causes a hospital admission.

Many dangerous public safety events that police respond to are related to health, and social events that develop over periods of time, long before problems escalate to threatening behavior. There is growing support that improving social factors that impacts health and wellbeing of a community can lead to reduced crime and violence. Police departments are now actively seeking ways to interact with other social services to create safer communities.

Falls County is fortunate to have collegial and positive informal networking relationships already in place among various civic, business, charitable, faith, private, and other public organizations within the county. This places FCHC in an advantageous position to establish collaborative networks working together to improve health and well-being.

Information Technology and Data Access: Access to sound, analytical data needed for hospital leadership to make informed strategic decisions has historically been a weakness for rural community hospitals. This is much improved today through the

electronic health record and internet access to multiple sources of data analytics. This enables hospitals today to make better, safer, more informed decisions than in the past.

FCHC has adopted CPSI as its electronic health record system. CPSI is certified by CMS and positions the hospital well for future growth, changes in healthcare delivery, and access to vital patient health data.

Governance: Stability of a local hospital board that is focused on governance while empowering an accountable senior leadership team is and has always been a key factor in achieving ongoing success. One of the top long-term success indicators for rural hospital survival is effective board governance led by capable and engaged community board members. Conversely, hospitals that are led by boards focused on personal agendas or micro-managing rather than policy and accountability are the ones most likely to fail. Indeed, this was the direct case of one Texas hospital that permanently closed in 2019. (Toney, Becker)

FCHC is a 501 (c) (3) non-profit hospital governed by a five-person voluntary board of directors. These directors serve voluntarily to ensure that the hospital is operated by competent and accountable leadership so that the health and wellness needs of Falls County are well served. The hospital governance and leadership team has earned the continued support of their constituency who utilize the local services for their personal health needs. The community recognizes the challenges faced by the hospital and greatly supports the essential services, health, and economic benefits the hospital provides to those living, working, and travelling in the county.

LOOKING FORWARD: BEYOND COVID-19

There is no doubt that COVID-19 and the years 2020 - 2021 will be looked back upon as a major transformational period in healthcare, all of America and the entire world. The foundations of these transformations have been evolving for at least the last decade but have now escalated into full force. As the United States eventually comes through this pandemic, many of the innovations and alternate methods of delivering healthcare and other services will remain permanent. Many of these changes, though challenging during transition, will bring added value to healthcare access and delivery.

Following is a summary of some innovative practices using new ideas or more developed methods that have potential to improve access and quality of care to rural communities.

Technology: *Telehealth and other digital* technology to support virtual and remote patient care is rapidly becoming accepted as the new norm. Advanced uses of telehealth are expanding exponentially. New digital applications are being introduced almost daily to provide face-to-face virtual patient care visits. Numerous healthcare apps for chronic care conditions are available to be downloaded onto personal devices such as watches and phones, monitored 24/7 by your provider. Many of these are beginning to interface with the patient's personal medical record. (Harrison)

This technology can present a range of new options and opportunities for rural communities. Technology is being effectively used to bring primary and specialty medical consultations to small rural communities that cannot attract or support physicians. In communities that have basic primary care coverage, diagnostic equipment can be placed in the local clinic or hospital that will transmit results to a specialist located elsewhere.

Technology and alternate care models will continue reducing demand for hospital beds as patients are able to be treated at home, outpatient centers, or other non-hospital sites.

Prevention and Reduction of Social Disparities: Health delivery in the U.S. is slowly shifting from sick care to healthcare. Healthcare in the U.S. has historically been built around an episodic model where people seek access to care only after an adverse event happens. Delivery now is shifting toward a focus on prevention by maintaining health and wellbeing. It has been estimated that approximately 60% of health conditions in the U.S. are determined by behavioral lifestyle and environmental factors, 30% by genetics, and approximately 10% to 20% to actual medical conditions.

It has been determined that the greatest single determinant of health in the U.S. is the zip code in which a person lives. Focusing on social determinants of health leads to the formation of community networks involving medical providers including the hospital, school district, city, county and state services, social and mental health services, faith communities, and others. These community networks work collaboratively to reduce the

incidence of illness, disease, accidents, violence, drugs, malnutrition, and other factors that impact health. (O'Neill Hayes, Tara and Rosie Delk)

Integrate Mental Health with Primary Care: The national shortage of mental health providers and services is multiple times worse in rural populations than urban across Texas and the U.S. This is true for Falls County which shows the availability of local mental health providers to be much worse than the Texas state average for counties.

There is a movement to use primary care practitioners to detect mental health issues in patients during routine medical exams, hopefully before harmful events occur.

Telehealth is now being used to effectively expand the reach of mental health professionals into rural populations. It is further believed that the reduction of social disparities through the collaborative efforts of community networks discussed above can lead to improved mental health in rural areas. (Carpenter-Song, Snell-Rood)

Accelerated Innovation: The speed at which new innovations in healthcare delivery is being introduced will continue at an even faster rate. Besides new technology and community networks mentioned above, new models for healthcare delivery are being introduced almost daily. CVS, Walgreen, and Walmart are all beginning to offer primary care services. Amazon has created a healthcare division that they claim will revolutionize the delivery of healthcare the same way they have redefined retail purchasing. Innovative methods of providing home visits to check on patients following discharge from the hospital or Emergency Department are becoming common.

Consumer Centric: The role of the consumer has become a significant driver of changes in health delivery over the past decade and will only become more dominant. In the past doctors mostly determined the care plan of action and patients mostly followed their doctor's recommendations. Today, through internet access to information, satisfaction surveys, new technologies, etc., consumers are more aware of options and expressing their opinions for new courses of action. This trend will continue.

Consolidation of Healthcare Providers: The consolidation of healthcare providers and systems is expected to continue in the future. The current COVID-19 pandemic has shown that large systems have a stronger supply chain and access to other resources, deeper cash reserves, greater flexibility with staff, more adaptable facilities, greater clout with payor sources, and other tangible benefits. (Toney, Becker)

Hospital Alternative Delivery Models and Options: Community health is in a current state of transition. Despite best efforts, many rural communities will not be able to sustain their hospital into the future. There are viable alternatives for communities that are threatened with losing their hospital to consider.

- CHART Model: “Community Health Access and Rural Transformation”
 - CHART represents a new CMS model introduced in 2021 for healthcare delivery and reimbursement aimed at addressing disparities that exist among rural hospitals and communities.

- CMS is providing funding for rural communities to build systems of care through a Community Transformation Track and is enabling providers to participate in value-based payment models where they are paid for quality and outcomes, instead of volume, through an Accountable Care Organizations (ACO) Transformation Track. The Model aims to:
 - Increase financial stability for rural providers through the use of new ways of reimbursing providers that provide up-front investments and predictable, capitated payments that pay for quality and patient outcomes;
 - Remove regulatory burden by providing waivers that increase operational and regulatory flexibility for rural providers; and
 - Enhance beneficiaries' access to health care services by ensuring rural providers remain financially sustainable for years to come and can offer additional services such as those that address social determinants of health including food and housing.

To achieve these goals, the CHART Model will test whether upfront investments, predictable capitated payments, and operational and regulatory flexibilities will enable rural health care providers to improve access to high quality care while reducing health care costs.

Source: Centers for Medicare & Medicaid Services. CMS.gov. *CHART Model*.
<https://innovation.cms.gov/innovation-models/chart-model>

- Micro-Hospital – A “micro-hospital” is a downsized hospital, maintaining an emergency department with radiology, lab, telehealth and a few patient rooms for observation and short stay. (Bolin, Dickey, Watzak)
- Clinic Model - Maintaining an urgent care clinic with radiology, lab, and reliable access to local Emergency Medical Services (EMS). (Bolin, Dickey, Watzak)

KEY FINDINGS FROM COMMUNITY INTERVIEWS AND DATA SOURCES

This section provides an account of feedback, perceptions, and other key findings received directly from community constituents related to access and availability of local healthcare services. It includes comments about services that are currently available or lacking but needed. Community focus groups were asked to comment about other categories of community health: Social and Physical Environment; Chronic Illness and Disease; Mental Health and Drug Abuse; and Lifestyle Behaviors. This section includes ideas from the general public on opportunities to improve community health and their perception of top priorities. Following are the most recurring responses by community participants pertaining to issues and opportunities.

- **Describe current access to local primary healthcare services**
 - Generally good access to primary care services for all who need care
- **What do you consider to be the most critical health needs in the county?**
 - Diabetes
 - Hypertension
 - Obesity
- **What hospital or medical service lines do you consider to be most critical to be maintained locally in the community?**
 - Primary Care Clinics
 - Emergency Department
 - Radiology
 - Lab
- **What medical specialty services do you consider most needed in the community?**
 - Cardiology
 - Optometry
 - Podiatry
 - Wound Care
 - Dentistry
 - Mental Health
 - Drug Rehab
- **What are the unhealthy aspects of Falls County?**
 - Reliable, safe public water source
 - Drugs
 - Housing conditions
 - Social divisions based on race and other assorted factors

- **What are other community health needs?**
 - **Social and Physical Environment**
 - Water – Safe, reliable source for households and business
 - Housing – Safe conditions
 - Generational Poverty
 - Jobs – Local availability
 - **Chronic Illness & Disease**
 - Diabetes
 - Hypertension
 - Cancer
 - **Mental Health and Substance Abuse**
 - Mental health
 - Drugs – Methamphetamines
 - **Lifestyle Behaviors**
 - Recreational activities after finishing high school
 - Teen pregnancy education
 - Smoking and Vaping
- **Most Frequently cited opportunities to improve health for Falls County:**
 - *EMS response time and reliability*
 - *Mental health access & intervention*
 - *Community awareness & communication of locally available services*
 - *Community health outreach & education*
 - *Water*
- **Other opportunities to improve health identified as important**
 - *Access to Select Specialty Care Services*
 - *Housing*
 - *Drug Abuse*
 - *Transportation*
 - *Local Jobs*
 - *Generational Poverty*
 - *Community Social Worker*
- **Health services identified as most critical to the community** (no rank order)
 - Primary Care Clinics
 - Emergency Department
 - Local Access to Lab and Radiology
 - EMS
 - Dental
- **Top priority issues listed by community focus groups**
 - EMS
 - Community health awareness and communication
 - Community health education, outreach, and collaboration

- Mental health
- Drug abuse
- Water
- Economic improvement – Jobs, per capita income, etc.

Discussion of Key Findings from Community Interviews

- Emergency Medical Services (EMS) – The timeliness of response to 911 emergencies by EMS was repeatedly cited as a major safety concern within the county. Falls County outsources its EMS service through an annual contract with a proprietary EMS company that provides services throughout the region. This company operates one ambulance to provide service within the entire county. Individual communities typically maintain a team of first responders who are first to arrive at an emergency scene and provide initial support until the ambulance arrives. According to numerous accounts, response time for an EMS unit to arrive at a scene may commonly take 45 minutes to an hour to arrive. This slow response time is widely viewed as a critical safety issue that is unacceptable for the health and safety of the community.

Falls County is divided into three Emergency Service Districts (ESD's) by the County government. The Brazos River runs from north to south to bisect the county into "east side" and "west side". It was proposed by some that two EMS units be maintained for the county, with one stationed on the east side of the river and one on the west side.

One alternative for consideration proposed by an EMT who works with the emergency responders was that the county establish a paramedicine program to make home visits to people known to frequently call 911 for non-emergent calls. Frequent non-emergent calls tie up the ambulance which delays the EMS response time for real emergencies.

In summary, County budget constraints limit the ability to provide more EMS units in the county at this time. All agree that EMS is a critical need in the county and that the slow response times are not acceptable. All seem to understand the financial constraints that limit current availability of services. No one has a strong solution, but all agree that a solution needs to be found.

- Mental Health – The prevalence of mental health disabilities was repeatedly cited in each focus group as a significant issue need in Falls County. County Health Rankings affirms the percentage of poor mental health days prevalent among residents in Falls County to be substantially higher than the average for Texas and U.S. counties. Public data sources support that the county ranks far below other counties in the availability of local mental health providers.

Source: County Health Rankings and Roadmaps

Tangible problems associated with mental health are experienced by the hospital, law enforcement, schools, general public, families, and other sources throughout the county. Limited resources are available in the county. Law enforcement officers routinely transport individuals with threatening behavioral health issues to facilities located outside the county.

The Heart of Texas MHMR Center serves as the regional mental health authority for Falls plus 5 other surrounding counties. The nearest office is conveniently located in Marlin across the street from the hospital. The Center provides services under contracts with federal, state, and other entities to individuals with a mental illness and/or a developmental disability identified as priority population. The Center also serves developmentally delayed children. Access to services has been adversely impacted due to COVID-19 protocols.

Patients who are identified with mental health disabilities are often referred to the local MHMR Center. However, like all state funded MHMR authorities across Texas, professional staff serve offices in multiple cities throughout the region. Budget constraints limit the resources, availability, and effectiveness to offer timely intervention and follow up into the needs of the communities they serve. Crisis management services are available 24 hours per day via telehealth and on-site visits.

A representative for the Marlin Independent School District reported that the KLARAS Children's Center in Waco offered helpful resources for school children and families dealing with mental health and drug abuse issues. Likewise, the Twin City Mission in Bryan offers services to students and families for drug abuse and other domestic issues. Falls County is in the service area for both organizations.

A need for geriatric behavioral health services among nursing home residents, as well as other segments of the population, was reported.

- *Community Awareness, Communication, & Collaboration* – The need for more effective communication among community entities was cited, and actually demonstrated, within focus groups as a priority need. Despite efforts, people from all segments of the population lack awareness of local services available to the community. This was true among the hospital, clinics, and multiple public and private service organizations. Lively discussion spontaneously sprung up among focus group participants about collaborative opportunities as they learned for the first time what others are doing! Following are observations offered directly by focus group participants:
 - FCHC offer services that segments of the county and service area are not aware of, leading many to travel to other communities for services that are available locally.
 - Declining newspaper circulation has diminished its effectiveness to reach widespread and diverse sectors of the population.

- Various social media platforms were suggested as contemporary sources for hospital messaging and communication to reach more widespread and diverse population sectors. Twitter, Tik Tok, and Facebook were specifically mentioned to target different age groups.
 - A periodic newsletter to the public informing of hospital events, service lines, providers, achievements, and other activities was recommended.
 - Pamphlet listing hospital services to place in strategic places
 - Speaking engagements presented by hospital leaders and providers to civic, community, and faith groups on specific health topics were recommended. Box lunches or other refreshments often attract audiences.
 - Collaborative opportunities were recognized and discussed among various community agencies and organizations. Representatives from the hospital, County Extension Agency, Nursing Home, School District, and other groups agreed that greater impact could be achieved through collaborative efforts.
- Community Health Outreach and Education - The need for expanded outreach into the community providing health education was repeatedly mentioned in each focus group. Opportunities for outreach into communities where clinics are located were noted and considered doable. Diabetes was mentioned in each group as a significant health issue. This observation is supported by public data. Each group spoke of the need for educational opportunities for patients to better understand, manage and reduce the incidence of diabetes, hypertension, and other chronic illnesses. Health education targeted on nutrition and behavioral lifestyle was cited as a local need to help patients manage existing disease and reduce growth of future occurrences. It appears that there is a lack of coordinated education for personal health and nutrition. As various community health topics were discussed among focus group, participants representing separate organizations were excited to learn for the first time about resources available to address common issues. Enthusiastic conversation ensued among various participants who pledged to continue the dialogue about working together to solve common issues. The Falls County Extension Agent spoke of resources available through her agency and enthusiastically offered to become more involved.
- Water – The reliable supply and distribution of safe water into homes and businesses in Marlin was repeatedly mentioned as a critical issue. This issue is well known among City leaders and the community. A new water treatment facility has been completed in recent years, but problems persist in delivering water to customers. Public water supply pipes are reported to be very old and need replacement. The City is aware of the multiple issues and is taking incremental steps to improve water safety and reliability.
- Specialty Care Services – FCHC maintains a specialty clinic for visiting specialty physicians from larger communities to see patients in Marlin. The community

understands limitations of being able to attract and support full-time sub-specialists locally.

When asked about single specialties that they felt would be most in demand locally, those specialties most cited were (no rank order):

- Cardiology (Already provided)
- Podiatry
- Optometry
- Wound Care
- Mental Health
- Dentistry
- Housing – Multiple concerns were expressed about the structural condition of residential housing in the City of Marlin and other parts of the county. It was reported that a large number of homes appear to be substandard, contributing to poor health among the occupants. This also adversely impacts opportunity for new people to move into the city.
- Drug Abuse including Tobacco and Vaping – Drug abuse was mentioned repeatedly as an ongoing problem in Falls County. Methamphetamine is a large problem, as it is in other communities, due to its low cost and ease of production in homemade labs. Tobacco use and vaping are also acknowledged to be harmful issues. Due partly to a lack of education many people do not know that vaping is harmful to personal health.

Very few resources to educate, treat, and provide ongoing rehabilitation for substance addiction are available within Falls County. The Felony Substance Abuse Program (FSAP) was cited as an alternative detention for drug offenses provided by the State of Texas. Ones who have already been arrested of drug crimes may be given an option to receive drug rehab in a six-month lock down program followed by 3-month aftercare program in a structured environment.

A lack of access to affordable drug rehabilitation programs was repeatedly mentioned as an ongoing issue. This is a commonly cited issue in communities all across Texas and the U.S.

- Transportation – Transportation to and from doctor appointments for those who do not drive was frequently cited as a local need. Public transportation service is available, but transportation is by appointment with scheduled times often difficult to coordinate with patient needs or preferences.

- *Local Jobs and Employment* – The loss of local business and industry over the past decades has adversely impacted employment, family income, availability of health insurance and local services, the public school system, etc. Per Capita and family income in Falls County is significantly lower than averages for the State of Texas, while the percentage of people living in poverty is much higher than the state average.
- *Community Social Worker* – The benefit of hiring a community social worker was brought up by participants in focus groups. Stories were told about people and needs that “fall through the cracks” on a frequent basis. It was believed that an experienced social worker with knowledge of available resources could be useful in coordinating needed services for qualified persons. The churches, city, police, hospital, civic groups, and others attempt to help as they can, but all with limited effectiveness.
- *Generational Poverty* – Generational poverty was cited as a long-standing problem among many families in Falls County. Focused and coordinated efforts to break this cycle was recognized as a major need that needs to happen in order for health and wellbeing of the county population to improve.
- **Assessment of FCHC and Current Health Services (no rank order)**
 - *Community Perception of FCHC* - Community perception of the Falls Community Hospital and Clinics ranges between fair and good. On a scale of 1 to 10 (1 being lowest and 10 highest), those who were asked typically rated the hospital and clinics between 6 to 8, with some scoring it a 9 or 10. It was consistently noted that the hospital is utilized mostly by the older Medicare population, while younger adults and children travel to Temple or Waco for hospital services. The four Clinics were viewed as the most essential and valued asset by people living within the county. All who were asked expressed confidence in the hospital and providers. There were no personal concerns about utilizing or recommending the hospital expressed by focal group participants or randomly approached community residents. EMS is confident to deliver patients to FCHC that meet the hospital’s scope of care.
- **Most Critical Local Health Services Cited for the Community**
 - *Primary Care Clinics* – Local access to primary care clinics and providers was most often repeated as significantly important to the community. Strong support and satisfaction were expressed for each of the four Primary Care Clinics and the providers. The Clinics are recognized for accepting anyone who presents for medical care. Maintaining local access for those with travel difficulties as well as the general population is considered of primary importance.

- *Emergency Department* – The Emergency Department is considered of high importance to the community. Local access for emergencies and other unplanned or after hour medical events is considered critical.
- *Physical Therapy & Rehab Services* – High quality service, well utilized. Eliminates hardship of travel for extended physical therapy.
- *Lab* – Beneficial to community and hospital to provide lab services locally.
- *Radiology* – Recognized for high quality and convenient access
- *EMS* – Essential within county for rapid emergency response to accidents, unplanned medical events, and transfer to an appropriate hospital.
- *Dentistry* – Local access to dental care was cited as a critical need for the community. A shortage of dentists exists according to both county constituents and public data sources.

Local Area Resources Identified for Collaborative Community Health Network

The City of Marlin and Falls County is a small, close-knit community with numerous dedicated local services and organizations. Each contributes significantly to the well-being and cultural lifestyle of the community, but there is opportunity to have a greater impact through collaborative efforts. Below is a partial list of dedicated organizations identified to collaboratively review community needs and determine how they might have a greater impact through coordinated efforts.

- *Falls Community Hospital and Clinic (FCHC)*
- *Falls County Agricultural Extension Agency and Texas A&M AgriLife*
- *Marlin Independent School District*
- *Golden Years Nursing & Rehabilitation Center*
- *Marlin Chamber of Commerce*
- *Falls County EMS & First Responders*
- *Falls County Boys & Girls Club*
- *Faith Hope Charity – Meals distribution*
- *Klaras Center for Families*
- *Twin City Mission*
- *Churches and other Faith Community, Ministerial Alliance*
- *City of Marlin*
- *Other leaders and organizations*

Recommendations

The following are recommendations for community health improvement in Falls County that are based upon a combination of recurring feedback from community focus group participants and validated with public data pertaining to community health.

- Emergency Medical Services (EMS / Ambulance)
- Community Communication & Awareness
- Community Health Education, Outreach, and Collaboration
- Chronic Disease Self-Management
- Mental Health
- Drug Abuse
- Water
- Economic Development

- **Emergency Medical Services (EMS / Ambulance)**

Timely response is critical in emergency situations. The single biggest need echoed throughout the county is faster EMS response to emergencies. One EMS unit is not considered sufficient to provide timely response within the 774 square mile scope of Falls County. When the ambulance is responding to one emergency or transporting a patient, response time to another emergency may be delayed while waiting for an alternate ambulance to arrive from outside the county.

Recommendation: It is recommended that representatives from the County, Cities, EMS, and First Responders meet together to identify options and opportunities to expand EMS coverage within the county to improve response time.

- **Community Communication, Awareness, & Collaboration**

The City of Marlin and Falls County offers dedicated people, local businesses, and groups who are actively engaged in providing good services. Like most communities, however, these groups often work independently with little interaction, collaboration, or joint planning among each other. As a result, overall impact to the community is limited to the resources and efforts of each individual group.

Enthusiastic discussion broke out during the community focus group sessions as participants began learning from each other about resources that each offered. A desire was created to continue these discussions and collaborate on ways that they may collectively engage in efforts to improve the life, health, and wellbeing of those living in Falls County. Informal networks for collaboration can be very effective.

One formal strategy used in some rural communities is for a collaborative network to organize as a 501 (c) (3) organization with a defined mission of addressing unmet social needs that impact community health and wellbeing. Grant funds can be applied for and administered. Operating costs can potentially be shared by member participants, such as City, County, Hospital and other member participants. This organization could consider hiring a community social worker as some have suggested.

Recommended Action:

- Establish informal collaborative networks among local groups to identify needs and opportunities to better utilize local resources to improve community health and wellbeing.
 - Utilizing a collaborative approach to prioritize the needs presented in this community health needs assessment and develop a collective plan of action would be recommended.
 - Public school districts conduct community needs assessments similar to this hospital community health needs assessment. Rather than addressing in “silos” it is recommended that hospital and school leadership compare assessments and work together on common needs and opportunities.
 - Identify contemporary methods, such as social media sources, that can be effective for communicating information to the community about health and resources available. (see ideas listed under the above Key Findings section)
 - Identify public and private grant opportunities that can be applied for to pursue community health improvement projects
- **Community Health Education, Outreach, and Collaboration**

Community health education and expanded outreach is offered as a primary recommendation. Below are some ideas of what other hospitals and communities are doing to promote health outreach and collaboration.

- Posting links to contemporary health topics from reputable sources on the hospital website
- Offering health education programs locally at places where people congregate, such as Senior Centers, churches, etc.
- Offering public presentations on health topics presented by local providers. Lunch is often a popular venue to attract an audience. Programs may also be offered virtually to a potentially wider audience using Zoom or comparable virtual meeting technology.

- One Texas rural city offers an online forum called “Ask a Doctor” in which local medical providers respond to health questions presented by the public
- Develop focused education on self-management of chronic health issues that impact the community, like diabetes, hypertension, COPD, CHF, nutrition, and obesity.
- FCHC partner with other community groups such as Marlin ISD, Falls County Extension Agency, Golden Years Nursing & Rehab, churches, etc. to provide focused education to targeted groups.
- Hospital partnerships with independent school districts has become common in Texas to provide on-site health fairs, education, physicals, vaccinations, career planning, and other services. In some cases, the hospitals provide a medical clinic on campus for the benefit of students, teachers, and staff. This model helps to reduce absenteeism of both students and teachers, with potential to establish a provider relationship for families.
- *Gardens on the Go* is an easy and innovative concept to improve community access to affordable vegetables and fruit while also achieving cost savings and goodwill for the hospital. The idea is for the hospital to purchase boxes of vegetables and fruit from its regular food service distributor, retain what it needs for its patient and cafeteria use, and sell the remainder to the public at a price not to exceed its purchase price. Typically, 20 or more pieces of assorted vegetables and fruits can be bagged and sold for \$5. It is common for local civic organizations and churches to purchase entire shipments from the hospital and distribute as a civic project. The cost savings to the hospital results from paying lower cost complete case pricing and having no spoilage. (*It is recommended that legal advice be received prior to starting to ensure the charitable distribution program does not violate any IRS tax laws.*)

Recommended Action:

- Identify methods to offer community education that will be effective to targeted populations (age, disease, gender, etc.) in Falls County.
- Provide periodic healthcare education programs and outreach
- Seek collaborative opportunities to join with or include other service organizations.
- **Mental Health**

Based upon community response and public data, mental health ranks as a priority health need in Falls County. The number of mental health providers in the county

ranks far below other counties and poor mental health days exceeds the state average.

Issues of mental health are complex and typically linked to environmental factors beyond the scope of the hospital, medical providers, or any single organization. Mental health is a community issue and would be a good task for individuals from the community to collaboratively review the problem, attempt to identify underlying causes, and offer recommendations.

The root causes or results of mental health issues are often linked to social issues like unemployment, poverty, nutrition, drug abuse, family dysfunction, education, housing, and other factors. Mental health, regardless of causes, impacts the physical health and wellbeing of individuals. Mental health is a wholistic issue involving mind, body, social, and spirit. Addressing one aspect without addressing others is incomplete; best progress can be made when a consortium of multiple stakeholders, such as the hospital, city, county, school district, faith community, civic groups, MHMR and others, work together toward a common goal.

A need exists for both improved awareness of and local access to mental health counseling services in Marlin. FCHC does provide office space to a licensed professional counselor to provide local counseling services. Heart of Texas MHMR maintains an office across the street from the hospital. Klaras Family Services and Twin Cities Ministries provide regional services. Each of these are good resources to engage collectively to examine underlying issues and identify a community plan of action.

FCHC has a large amount of vacant space in the hospital that could be considered for converting into mental health services. This would require a significant investment of capital construction dollars but is worth consideration if a qualified mental health provider was found to be interested opening a new unit.

Telehealth is being used effectively in counties across Texas to expand access to psychiatry and other mental health services. Consultative services can be accessed locally by patients while linked to remote providers. Expansion of telehealth should be considered as an option for expanding local access to mental health.

Recommended Action:

- Engage a group of local health and public service providers to collaboratively review mental health issues in Falls County and offer recommendations.
- Consider the possibility of converting unused space in the hospital for inpatient mental health services such as geriatric psychiatry. It is common for geriatric psych companies to partner with local hospitals to operate mental health units within acute care hospitals.
- Explore telehealth as a viable source to offer local access to psychiatry and other professional counseling services.

- Visit with Heart of Texas MHMR about local services needed and creating greater awareness of services available.
- Advocate for increased state funding for MHMR services

- **Chronic Disease Self-Management**

It is recommended that FCHC seek ways to offer a Chronic Disease Self-Management (CDSM) program. The rural health clinics provide infrastructure already in place for space and staffing.

Chronic Disease Self-Management (CDSM) programs seek to teach patients to take charge of their own health through education, active monitoring, and behavioral adjustments. Many who suffer from chronic disease such as diabetes, hypertension, COPD, CHF, and other illnesses have low income and lack insurance to afford a personal primary care practitioner or purchase medication. This leads them to frequently utilize the Emergency Department to control their disease. The hospital then suffers large financial write-offs for the ED and does little to help improve the health condition of the patient. Neither party benefits.

An established CDSM program provides a medical home for chronic disease patients. Each new patient receives a baseline evaluation with an Advanced Practice Provider (Nurse Practitioner or Physician Assistant) and a “medical home” place to return for monitoring and check-up. The program provides the patient with nutritional consults and personalized education on how to manage their specific disease. Group classes are provided by an RN, Dietician, Respiratory Therapist, or other professional to multiple patients who have the same disease. The goal is to engage the patient in improving their overall health and wellbeing and provide a meaningful continuum of care with an established provider. An added benefit is to reduce unfunded utilization of the ED for chronic care visits that can be more appropriately managed in a lower cost setting.

Some CDSM programs contract with a local pharmacy, optometrist, dentist, and mental health counseling service for reduced prices to those who participate in the program. Some hospitals will even pay for these added services needed for the low income based upon financial qualifications. The cost for the hospital to provide these services is commonly offset by the reduced cost of charge write-offs for unpaid hospital and Emergency Department visits.

FCHC's primary care clinics offer well-recognized sites, easy access, and established practitioners to host this program. Existing staff could serve as providers for the program with minimal need to hire new employees. The facility and manpower pieces are mostly already in place. It is advised, however, to consult with the preparer of the hospital's CMS Cost report to determine the impact a CDSM program might have on the clinic's reimbursement and status. This will help

determine if the clinic or another venue, such as the hospital, is the best source to provide the program.

Several Texas hospitals have been successful in having their CDSM programs approved for Medicaid funding through the 1115 Waiver program.

- Successful Model in Rural Texas:

One Texas program that has been recognized by the American Hospital Association for its successful CDSM program is Texas Health Harris Methodist Hospital in Azle. The program is known as HELP, which stands for "Healthy Education Lifestyle Program". Texas Health Azle is a 30-bed limited-service non-urban hospital. This is a program to consider contacting for more information. Source: (AHA Case Studies. Texas Health Harris Methodist Hospital Azle)

Recommended Action:

- FCHC work with local providers to develop a model for a Chronic Disease Self-Management Program that would work for Falls County.
- Consult with advisors who prepare the hospital's Medicare Cost Report to determine if best to operate as a service line of the Rural Health Clinic or separate organization.
- Gather information and/or consult with other CDSM Programs
- Seek collaborative opportunities to involve other provider organizations such as optometry, mental health, pharmacists, dentists, etc.

- **Drug Abuse**

Drug abuse is widely recognized as a major problem in Falls County, as well as the State of Texas. Illegal drug usage adversely impacts the entire county, both the public sector and private sector. It is recommended that diverse factors that contribute to drug usage be closely examined, such as education, mental health, employment, sustainable wages, recreational activities, housing, etc. As such, there is no single source solution to reducing illegal drug usage. The problem must be addressed as a community problem and receive input from multiple sectors of the county.

Recommended Action:

- Establish a multi-sector community task force to collectively review the problem, identify contributing factors, and recommend action steps.
- Identify local or regional resources that may be available to help provide ongoing rehab, such as Alcoholics Anonymous, MHMR, public and private treatment programs, etc.
- Consider drug rehabilitation as a potentially new service line that could be provided in surplus space of the hospital. Multiple scenarios exist by which FCHC could lease the space to an outside provider or outsource under a

contractual arrangement. Heart of Texas MHMR affirmed drug rehab as a significant regional need and offered to assist with identifying options and potential providers.

- **Water**

Supply and distribution of safe household water should be continued for improvement by the City of Marlin. Access to safe water is a basic essential to community health.

- **Economic Development and Social Infrastructure**

What does economic development and social infrastructure have to do with community health and wellbeing? Community health is heavily impacted by social and economic factors such as jobs, income, housing, education. It is recommended that leaders from the public and private sectors assess needs, resources available, and opportunities together in an effort to expand jobs, local employment, and tax base.

Falls County lies within close proximity to Baylor University to the north and Texas A&M University to the south. Baylor maintains a nationally recognized graduate program in Social Work. Both universities maintain recognized graduate programs in healthcare administration. Texas A&M is nationally recognized for its focus on rural health. It is possible that Marlin might provide attractive opportunities to engage students and faculty from these universities to identify needs and facilitate improvement in ways that benefit both the community and university.

Creating jobs and improving economic development will help to improve the social infrastructure, reduce generational poverty, and increase local tax revenue that will enable the City and County to afford to provide more services.

Recommended Action:

- Engage local leaders, hospital, school district, and constituents with diverse backgrounds to consider economic development opportunities that would benefit Falls County.
- Consider opportunities to “ride the coattails” and capitalize on residual opportunities created from the economic growth in Waco and Temple.
- Consider how the availability of low-cost property in Falls County, close proximity to Waco and Temple, good highway and rail transportation, available labor, local healthcare providers, and schools can be used to attract new businesses and residential development?
- What intermediary sources can be approached to help attract potential businesses to occupy the former VA hospital?

- Would Baylor University and Texas A&M have interest in engaging with Marlin and perhaps Falls County to engage students and faculty in identifying needs and facilitating ideas for social and community health improvement?
- Other ideas to identify and utilize local resources to gain improvement ...

SUMMARY

Falls Community Hospital and Clinic is a vital and essential resource for healthcare services in Falls County and surrounding area. The area is comprised of remote communities and diverse population. Employment is mostly agricultural and small business. Highway 6 serves as a heavily traveled major state highway. A busy railway provides 24-hour passage for trains carrying chemicals and other industrial products. The hospital provides local access to acute medical, emergency, and clinic services.

The hospital is equipped with current diagnostic medical technology. Services are provided by competent providers, skilled workers, and dedicated staff. Hospital staff have opportunities to work in nearby larger hospitals but choose to work at FCHC. Hospital staff reflect a healthy “this is a calling more than a job” attitude in their work as they recognize the importance of service to this community and region.

This is a Community Health Needs Assessment ... not a hospital needs assessment. The primary issues impacting the health and wellbeing of Falls County as presented by community focus groups indeed are community issues, not merely hospital issues. FCHC can provide leadership and resources to lead improvement efforts, but sustained improvement will take the combined efforts of others in the community working together.

The citizens of Falls County reflect a proud “can do” attitude in solving problems, looking after each other, and providing for themselves and community. This “can do” and cooperative culture provides a good framework for the community to come together to seek ways to bring tangible improvement to the issues identified in this assessment.

Next Steps:

- *Present this CHNA to the hospital Board of Directors and hospital leadership team.*
- *Share this CHNA with all focus group participants who contributed to this assessment.*
- *Post this CHNA on the hospital website for public access. Sharing this assessment with the community is required and often creates synergy leading to combined strategic efforts of individuals and groups.*
- *Prioritize the recommendations of this CHNA based upon urgency, impact, and available resources.*
- *Invite collaborative partners from other service providers to join in reviewing and responding to recommendations*
- *Prepare an action plan and timeline to implement these recommendations.*

Thank you for inviting TORCH Management Services, Inc. to conduct this Community Health Needs Assessment on behalf of the hospital and community. A special thanks is extended to all of the participants who took their time to meet and contribute to this

assessment. The recommendations in this report are a direct result of their input and are intended to serve as a platform to promote concerted efforts, identify solutions, and overcome obstacles leading to improved community health for all who live and work in Falls County.

END OF REPORT

FOCUS GROUP QUESTIONS

Community Health Needs Assessment

From your perspective:

- How would you describe the current access and availability of health services in this area?
- What do you consider to be the most critical health needs in your county?
 - How well are these needs being met by the hospital and other providers or resources in the area?
- What service lines provided by your local hospital do you consider to be most critical to this community?
 - What would the impact be if those services were not available?
- What service lines that are NOT available do you think are most needed in the community?
- What physician specialties that are NOT available locally do you consider to be most needed?
- What medical services are local residents most likely to travel out of town to receive?
- How much confidence do you (and the community) have in the services provided by this hospital?
 - On a scale of 1 to 10 (10 being highest) how would you and/or the community rank the hospital for the services provided?
 - What hospital service lines do you consider to be high quality?
 - What hospital service lines do you think need improvement?

Community Health

- When I speak of “community health” or “healthy community,” what is the first thing that comes to your mind?
- What do you consider to be “healthy” or “unhealthy” about your community?

- In describing health and wellbeing, what aspects other than illness and disease do you consider?
- “Other” Categories of Community Health
 - Social and Physical Environment (*Nutrition, Housing, Transportation, Violence, Domestic Abuse, etc.*)
 - What are the 2 biggest issues in this category?
 - What area resources are available?
 - Chronic Illness and Disease (*Diabetes, Hypertension, COPD, CHF, etc.*)
 - What are the 2 biggest issues in this category?
 - What area resources are available?
 - Mental Health and Substance Abuse
 - What are the 2 biggest issues in this category?
 - What area resources are available?
 - Lifestyle Behaviors (*Teen pregnancy, STI's, Obesity, Smoking, Exercise, Recreation, etc.*)
 - What are the 2 biggest issues in this category?
 - What area resources are available?
- How aware do you think people in your community are of the availability of services for the above issues?
- Of every issue or need expressed today, what would you say are the “Top 3” priority issues?

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