



**Falls Community Hospital
and Clinic
Community Health Needs Assessment
July, 2018**

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Table of Contents

1. Executive Summary	Page 3
2. Community Demographics	Page 5
3. Priorities Identified in Interviews	Page 12
a. Physician Access	Page 13
b. Service Needs	Page 13
c. Community Outreach	Page 14
d. Facility Needs	Page 14
4. Summary and Recommendations	Page 15
5. Appendix	Page 16
a. Focus Group Questions	Page 17
b. Major Data Sources	Page 18

Executive Summary

A Community Health Needs Assessment (Assessment) was conducted for Falls Community Hospital and Clinic (Hospital) on July 31st and August 1st, 2018, through focus groups that included community members from Marlin and Falls County. The value of an Assessment is that it allows healthcare organizations to better understand the needs of the communities they serve, with the ultimate goal of improving the overall health of the local citizens.

The mission statement of Falls Community Hospital and Clinic is: *Falls Community Hospital and Clinic is dedicated to providing high quality primary and emergency health care to the citizens of Falls County and the surrounding area.* By empowering its' staff, listening to members of the community, and understanding the community demographics, the Hospital can gain information on health status, and on where the gaps in healthcare delivery currently exist. Further, it solidifies the Hospital's role in the community as a partner in improving the overall health status, and in areas beyond health, such as in education and economic development. The Hospital identifies its' primary market area as Falls County, with its' secondary market to include small sections of surrounding counties.

In addition to Falls Community Hospital and Clinic, other hospitals in the area include:

Limestone Medical Center

- Hospital District
- 20 beds

Parkview Regional Hospital

- Investor-owned
- 58 Beds

Little River Healthcare - Cameron Hospital

- Investor-owned
- 10 beds

Little River Health Care – Rockdale

- Investor-owned
- 25 beds

Baylor Scott and White Temple

- Not-for-profit
- 732 beds

Baylor Scott and White Hillcrest

- Not-for-profit
- 576 beds

Providence Healthcare Network - Waco

- Not-for-profit
- 301 beds

The Association for Community Health Improvement (ACHI) points out that this assessment process provides help in understanding where the needs are, and where and how to spend the available health care dollars in a community. ACHI also describes the importance of the Hospital working together as a partner with other local organizations (Schools, Churches, Businesses, other Healthcare entities, etc.) to improve the health of all citizens, from the child to the senior adult.

The Assessment included focus groups with representatives of the following constituencies:

1. Nursing Home director
2. Nursing Home staff members
3. Police officer
4. Housing Authority Director
5. Hospital Board members
6. Hospital Volunteers
7. Retired citizens and young adults

The list of questions asked of each group is on page 17 in the Appendix. The focus groups and interviews were held at the Hospital. The participants included individuals of varying ages, with a variety of backgrounds. A focus group was also held with the Hospital Department Directors, and a meeting was held with the Chief Executive Officer. Topics discussed included the major health needs of the community, participants' perceptions of the Hospital, and what the Hospital needs to do to address those needs.

In addition to the focus groups, information was sought from the Texas Department of State Health Services. Martha Payne, RN, ANP, Community Health Nurse Manager, agrees with the focus groups that availability of Specialty Care is one of the needs in Falls County. Many residents of Marlin, specifically, do not have transportation and cannot travel out of town to receive specialty care. Although there are van services in Falls County, it is difficult to match their schedules with medical appointments.

Mrs. Payne agreed with the focus groups that major health needs include diabetes, cardiac disease, hypertension, and other chronic diseases. She stated that substance abuse is also a major problem in Falls County, as it is throughout the state. Teen pregnancy is also an issue, and the Health Department no longer offers a family planning service, although the local office does provide access to condoms. Beyond that, nothing is available to help with prevention or with pre-natal care.

In terms of suggestions that the Hospital might consider, Mrs. Payne believes that anything more they can do in the area of education will be very helpful to the community. The Marlin public health office provides a variety of education and screening services for the community, and participates in the Hospital's annual health fair. Additionally, the Regional office in Temple offers a number of educational and support services that can be accessed.

Mrs. Payne also believes that adding mammography services at the Hospital would be an important consideration. The rate of breast cancer is higher among African American women, and this additional service would help meet the needs of the community.

In summary, the Department of State Health Services could be an important partner to the Hospital in addressing the significant health issues in Marlin and Falls County, particularly in the area of education.

Results of the focus group interviews were shared with the Chief Executive Officer of the Hospital. The findings were very broad, but common themes were discovered throughout the interviews and from those interviews, a prioritized listing of the most important issues has been developed.

While opportunities for improvement were offered, it is important to point out that positive comments were also made. Overall, the community appreciates having a local facility where services are provided without patients having to travel out of town. Additionally, other comments included:

1. Availability of Specialists
2. Availability of mobile MRI
3. Excellent Physical Therapy program
4. Good staff, friendly and caring, providing quality healthcare services
5. Availability of Saturday and Walk-In Clinics, and outlying Clinics

Finally, the majority of participants indicated they have used or will use the Hospital or Clinic when needed. Some use a provider from outside the community, due to convenience or specialty (Pediatrician). Some are said to habitually go elsewhere due to perceived quality issues, or lack of knowledge of specific services available.

Community Demographics

The Census of 2014 showed the population of Marlin, Texas, to be 5,738, a decrease of 13.4% since 2000. Falls County showed a population of 17,845, a decrease of 4.1% since 2000. There were 1,991 households in Marlin, with an average household size of 2.54. Falls County showed 5,447 households, with an average size of 2.84. The City of Marlin land area is 4.52 square miles, with a population density of 1,269 people per square mile. Falls County land area is 769 square miles, with a population density of 23.0 people per square mile.

The median income for a household in Marlin was \$26,107, compared to \$56,565 for the Texas average. The median age was 39.7 years, compared to 34.5 years for Texas.

Specific economic measures of Falls County are indicated below:

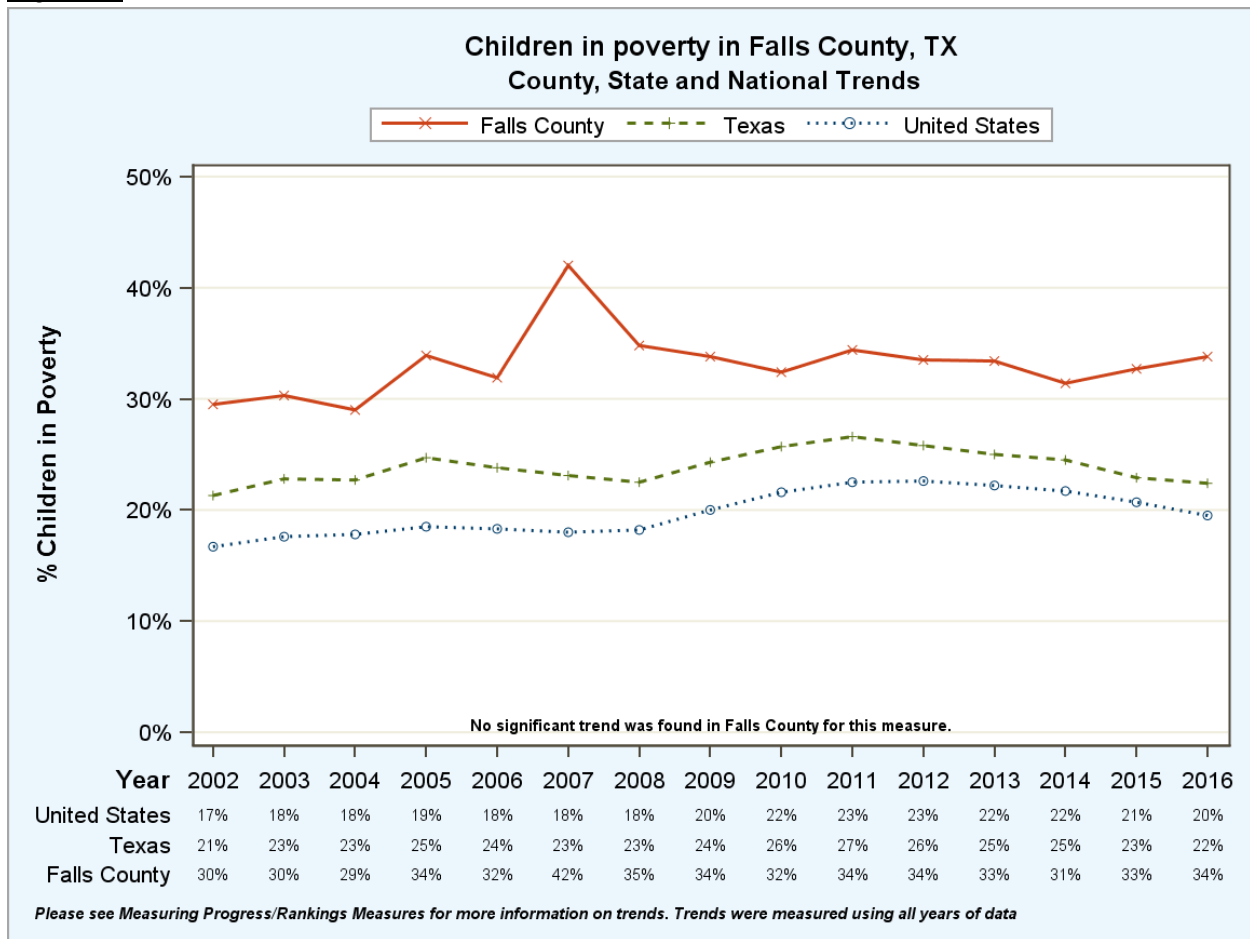
Figure 1

Measure	County	Texas
Unemployment (4/2018)	3.7%	3.8%
Uninsured Adults 2017	25.0%	23.0%
Uninsured Children 2017	12.0%	10.0%
Living in Poverty 2016, all ages	25.6%	15.6%
Children in Poverty 2017	34.0%	22.0%
Children eligible for free lunch program 2017	80.0%	59.0%

www.countyhealthrankings.org; Texas Center for Health Statistics; www.city-data.com; www.homefacts.com

The following graph, (Figure 2), from County Health Rankings, shows the trend line for children living in poverty. The percentage for Falls County has shown very little change since 2010, while the state and national levels show a slight decline in that same period. County Health Rankings indicates that poverty can result in an increase in the risk of mortality and in prevalence of medical conditions and diseases. The Hospital cannot address poverty on its' own, but as a community member, can partner with other groups on this important issue.

Figure 2



www.countyhealthrankings.org

County Health Rankings measures poverty by family, taking into consideration the number of family members and the number of children less than 18 years old. If the total family income is less than the poverty threshold, the family is considered in poverty.

The following chart, (figure 3), with information from Health Facts Profiles, produced by the Texas Department of State Health Services, shows the percentage of residents living below the poverty level, and the percentage of children living below the poverty level in 2009. It also

Figure 3

County residents below Federal Poverty Level, all ages	25.2%
County residents below Federal Poverty Level, Under 17 years of age	33.4%
County residents without health insurance, Ages 0-64 years	26.1%
County residents without health insurance, Ages 0-17 years	15.3%

Health Facts Profile, TDSHS, 2013; www.countyhealthrankings.org

Education levels for adults 25 years and over in Falls County, according to www.census.gov/quickfacts, are as follows:

- High School or greater: 75.7%
- Bachelor's degree or greater: 11.9%

Further, www.countyhealthrankings.org reports that 91% of ninth graders graduate in four years, and 41% of adults have some amount of college.

Falls County is a Health Professional Shortage Area (HPSA) for Mental Health and Primary Care Providers, and a Medically Underserved Area (MUA), as designated by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

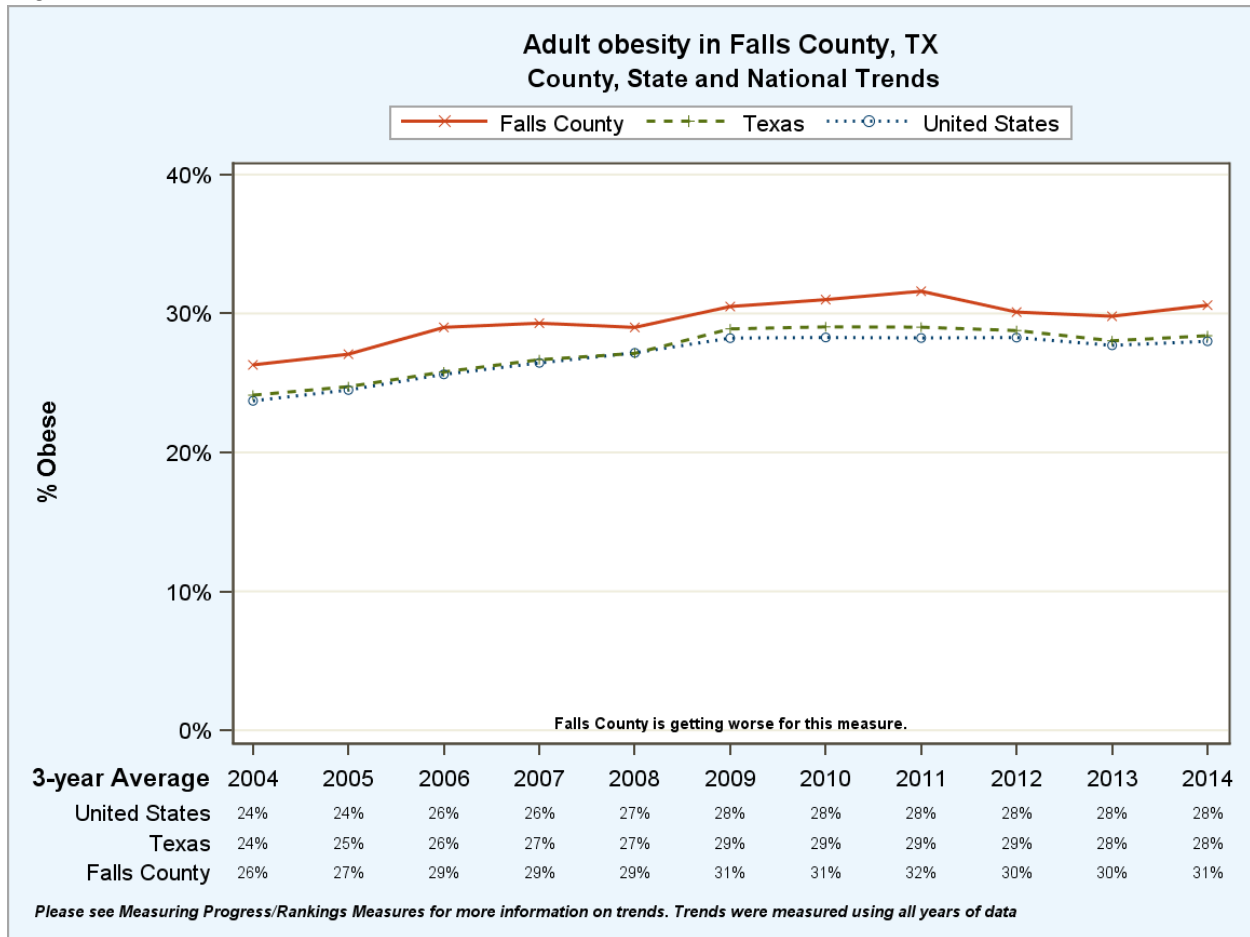
County Health Rankings (www.countyhealthrankings.org) shows the following measures for Falls County for adult diabetes and obesity. Additionally, City-data.com (www.city-data.com) shows the 2016 rate for low-income pre-school obesity:

1. Adult Diabetes rate: 13.0% (10.0% in Texas)
2. Adult Obesity rate: 31.0% (28.0% in Texas)
3. Low-income pre-school obesity rate: 16.7% (15.7% in Texas)

These rates are comparable to other rural counties throughout Texas, and like most other counties, the rates are increasing in Falls County over time. These issues contribute significantly to the cost of health care, and the overall health of the community. Diabetes was brought up in several of the Focus Groups as participants discussed major health issues in the community. For Falls County, exercise and education can be utilized in many areas to address this issue, both for adults and children. There has to be a willingness on the part of the community to address obesity and diabetes, in order for the health providers to have an impact. Continuing to provide education, and to promote a healthy lifestyle, are ways in which the Hospital can address these issues.

Figure 4 shows the trend line for the adult obesity rate in Falls County, according to County Health Rankings. The rate is increasing in Falls County, and has shown an increase over ten years at the state and national levels.

Figure 4



www.countyhealthrankings.org

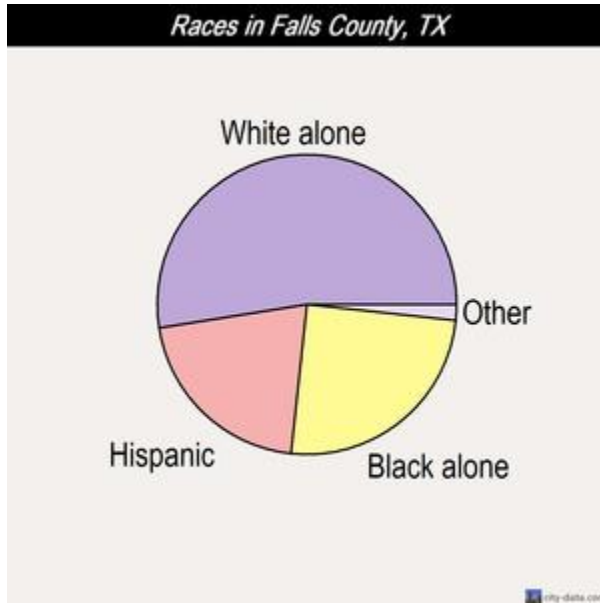
Obesity is an area of concern, both in adults and in children, as it can lead to Diabetes, Coronary Artery Disease, Circulatory Disease, and many other chronic conditions, as well as premature death. According to the Texas Diabetes Council, in 2015, 11.4 % of Adults in Texas who are age 18 and above had been diagnosed with Diabetes (approximately 2.0 million people).

The Council reports that while there is no significant difference between males and females in the prevalence of Diabetes, the rate increases with age, impacting the elderly.

Further, the Council reports that 26,000 Texas youth (less than 18 years of age) have been diagnosed with Diabetes. Approximately one in every 400-600 children and adolescents in Texas has Type I Diabetes. Additionally, though it is rare, there is an increasing number of children and adolescents who have Type II Diabetes, or are pre-diabetic. Historically, Type II has been most common among adults 45 years and older. This is a major area of concern for healthcare providers and School Districts throughout the State and Nation.

Of significance to Falls Community Hospital and Clinic, the Diabetes rate among African Americans and Hispanics is higher than among other ethnic groups. Additionally, the incidence of hypertension tends to run high among both populations. The U.S. Census (www.quickfacts.census.gov) reported in 2015 that the population in Falls County of White (non-Hispanic or Latino) citizens was 51.2%. The African American population in Falls County was 24.5%. By ethnicity, 23.3% of the population in Falls County is of Hispanic or Latino origin. See figure 5 for another source of information on population. Although the sources are not exactly the same, and are from different years, the percentages are comparable.

Figure 5



Races in Falls County, Texas:

- **White Non-Hispanic Alone** (50.9%)
- **Black Non-Hispanic Alone** (24.4%)
- **Hispanic or Latino** (22.9%)
- **Two or more races** (1.2%)

Read more: http://www.city-data.com/county/Falls_County-TX.html#ixzz5OActHy2F

Additional chronic diseases being treated in Marlin and Falls County include Cardiovascular and Respiratory illnesses, along with Congestive Heart Failure, Hypertension, and others. According to County Health Rankings, www.countyhealthrankings.org, Falls County ranks number 156 of 243 Texas Counties in terms of Health Outcomes, which is indicative of length of life and quality of life. In looking at Health Factors, which includes health behaviors, clinical care, socio-economic measures, and physical environment, Falls County ranks number 220 of 243 Texas Counties.

The following table from County Health Rankings shows the incidence of certain behaviors, and how Falls County compares to best performers in the United States as well as all counties in Texas. Physical inactivity is related to obesity, diabetes, and other health issues.

Figure 6

Health Behaviors	Falls County	Top US*	Texas
Physical Inactivity	32%	20%	24%
Access to Exercise	20%	91%	81%
Teen Births**	62	15	41
Adult smoking	18%	14%	14%
Adult obesity	31%	26%	28%

*Best performers in US

**Teen births per 1,000 population of ages 15-19

www.countyhealthrankings.org

According to the Texas Department of State Health Services, their most current report on teen births is from 2015. In that year, they show the pregnancy rate for ages 13-17 as 16.9 per 1,000 population of that age group. They also reported that there were 474 females in that age range during that year.

The Hospital can use the information from County Health Rankings to view a variety of measures, including those above, and compare Falls County to other counties in Texas. The website also provides information on programs that others are using to address such health needs as these.

2015 Action Plan based on Community Health Needs Assessment, June 2015

Before considering the results of this assessment, it is important to look at the last assessment, completed in 2015, and review the progress the Hospital has made. Based on that assessment, the Hospital initiated an action plan to address the recommendations that were made. The recommendations and resulting actions were as follows:

1. Market the availability of Smiles on Wheels for March, 2016.
 - a. The event was a great success, with over 200 patients treated by the volunteer dentists. The Hospital hopes to bring the service back again.
2. Increase awareness of wellness checks for women in the community.
 - a. The clinics continue to provide well woman checks, and market the service using a variety of methods.
3. Continue to strengthen services for chronic diseases, and pursue partnership opportunities, particularly in addressing the Mental Health needs of the community.
 - a. Educational events such as Stomp Out Stroke, Go Red, and Falls County Health Fair have been held. The Hospital also provides free screening for cholesterol, blood pressure, and glucose. The Health Fair always includes other resources in the community, such as nursing homes, hospice care, health insurance providers, and local businesses such as banks.

4. Develop an action plan to address community education needs.
 - a. The Hospital is partnering with the Area Agency on Aging to hold free classes on site for diabetes, wound care, pain management, and other topics. The classes meet once a week for six weeks.
5. Consider ways to increase promotion of Physical Therapy and Chiropractic Care.
 - a. The Hospital runs ads in local newspapers to advertise these services.
6. Develop and implement a marketing plan to promote services.
 - a. The Hospital's website has been upgraded and a Facebook page has been created. Additionally, an LED sign is now available at the Hospital. All these methods are being used to advise the community about providers and services, available classes, and financial assistance programs.

Priorities Identified

In reviewing the information in the 2018 assessment, it is important to remember that many of the comments made are based on perception. Most of the participants have had at least some experience with the Hospital. Even if a comment was only perception and not based on experience, it is reality to that individual and needs to be considered.

The following topics were most often repeated by a significant number of participants, and are listed as priorities for the Board and Administration to consider as future planning is being done.

1. Physician access
 - a. Add specialty clinics, including Neurology, Orthopedics, Ob/Gyn (for pre-natal care, Ophthalmology, Wound Care
 - b. Continue providing essential primary care services
2. Service needs
 - a. Chronic disease issues
 - i. Diabetes and Obesity
 - ii. Cardiac rehab
 - iii. Mental health
 - iv. Hypertension
 - v. Other health needs of the elderly
 - b. Mammography
 - c. SANE program
3. Community outreach
 - a. Nutrition issues and Obesity
 - i. Dietician is available for patients, but not all participants were aware
 - b. Patient education options
 - i. Accessing care
 - ii. Caring for themselves
 - iii. Accessing Medicaid
 1. Nursing Home willing to help
 2. Social Worker will be able to assist
 - c. Offer classes in community as well as on site

- i. Schools, civic center, churches
 - ii. Housing Authority willing to host educational sessions
 - iii. Health Fair is good, but can reach more people by taking it into the community
 - d. Partner with community organizations on major issues and topics
 - e. Social Worker
- 4. Facility needs
 - a. Exterior appearance
 - i. Assign responsibility
 - ii. Employee/community work day
 - b. Security staff

Physician Access

Many participants in the focus groups spoke highly of the physicians and mid-level providers in the Clinics, as well as most of the specialists who are now coming to the Clinic. Some expressed concern with the length of time it takes to get an appointment for primary care, and the length of time spent in the waiting room once they arrive for their appointment. The availability of the Walk-in Clinic is seen as a good alternative, as is the Saturday Clinic.

There were a few suggestions about additional specialists, particularly Orthopedics, Neurology, Mental Health, and Wound Care. Some were not aware of the level of specialty services being offered, or which specialists are visiting the community. Some choose to seek care out of the County if they can, but participants also pointed out that additional specialists would be helpful in reducing travel time for patients, many of whom are elderly and/or lack transportation.

The most important reason to address Physician Access is, of course, to meet the needs of the community. Beyond that, supplementing Primary Care with a good mix of Specialty Clinics is also important for keeping community members in Marlin and in Falls County.

Service Needs

While there was an overall appreciation for the Hospital from most participants, there was also a concern for addressing chronic diseases in Marlin, including Diabetes, Heart, Hypertension, and Mental Health. As noted earlier, the rate of Diabetes in Falls County is 13.0%, and Obesity in Adults is 31.0%. These two conditions can lead to many other issues related to the Heart and Vascular systems, as well as other major health issues. The health needs of an aging population were discussed in several groups, specifically relating to chronic diseases. According to the Centers for Disease Control, one in two senior adults has a chronic disease, and one in four has two or more. 86% of health care dollars are spent on treating chronic diseases.

The issue of Mental Health needs was expressed in every focus group, by several individuals. It was generally agreed that the availability of tele-psych services was helpful in the past, but is not currently operating. There is a visiting psychologist who comes to the community, but even with those services, there is still a great need for follow-up counseling services. Law enforcement also has concerns about the need to transport patients who require hospitalization,

with a severe shortage of beds across the state. It was stated that the Hospital previously staffed a Geri-psych program, but that is no longer available.

The issue of Mental Health services is a major problem for rural communities everywhere, and it cannot be solved by Hospitals and providers alone. It is a community issue, and requires support of community organizations and leaders in order to be resolved.

Because of the shortage of mental health professionals and the issues of reimbursement, the majority of counties in Texas, and throughout the nation, are facing the same issue. Some are beginning to look to telemedicine as Falls Community Hospital and Clinic has done previously, and this is one of the most promising options for communities. The Hospital cannot solve all community health issues by itself, but there may be opportunities to partner with other organizations on these important issues. The Hospital could work with others to help address these needs, perhaps through grants or other sources.

Community Outreach

It was noted that the Hospital currently offers education in the community, either through the Health Fair, periodic classes that are offered, or other means. Community members stated that they would like to see more offered on major health topics, such as diabetes awareness, both on site and in the community. There are members of the community who are less likely to attend activities at the Hospital, due to transportation, language barriers, or other reasons, but may be more likely to participate if offered in their neighborhood churches or activity centers.

Many participants encouraged the Hospital to seek opportunities to partner with community organizations, such as the city, county, businesses, churches, and school system. Partnership efforts could include education and screening, and access to active lifestyle options for all ages. The Director of the Housing Authority indicated a willingness to host education and screening activities on site.

Facility Needs

It was suggested in two of the groups that work should be done to improve the outside appearance of the facility. Specifically, cleaning up leaves, flower beds, and other areas around the facility. Several participants stated that no one has the responsibility to do that work, and therefore it doesn't get done. Additionally, there was concern about recent security issues, and again it was stated that no staff are trained to meet the security needs of the facility, staff, and patients. It was suggested that a close partnership with the City of Marlin Police Department would be helpful, whereby the City could supplement the Hospital services by periodically walking through the interior and exterior.

Summary and Recommendations

In summary, the feedback from the various participants can be very beneficial to the Hospital, as the Board and leadership plan for the future needs of the Hospital. The level of services currently being provided by the Hospital and the improvements that are being planned for the future are prime examples of what can be done when the Board, Administration, Providers, and Staff work with the community to provide the right services in the right location, at the right time.

Falls Community Hospital and Clinic is indeed a community-based entity, by virtue of the services it offers, and its current status in the community. Building on what exists today, listening to the community and to the staff, and seeking innovative ways to deliver care will benefit the community for years to come. The sharing of the findings from this report, (which is a requirement of the IRS), with members of the community is a very important step, as it shows not only that the Hospital sought out their input, but that it is listening and willing to address that input. Once this report and an implementation plan have been approved by the Board, it can be posted to the website. For community members who may not see the website, other means should be considered for dissemination of the findings, as practical.

Recommendations are as follows:

1. Continue to assess the needs for specialty care in the community, adding services if needed and feasible, and maintain necessary levels of primary care.
2. Determine ways to further address the chronic health needs of the community, to include diabetes, mental health, and specific needs of the geriatric population.
3. Consider partnerships with the School District, Churches, and Region 7 of the Texas Department of State Health as well as other organizations to address health needs.
4. Review the feasibility of adding mammography services, and SANE program.
5. Continue to provide educational offerings in the community, particularly the work that is already being done with diabetes education, as well as other chronic diseases.

I want to thank Jeff Lyle for inviting TMSI, Inc. to return to Marlin and conduct this Community Health Needs Assessment. I also offer my thanks to Tawnya Simons for scheduling the participants, and for support and hospitality while I was at the Hospital. I also appreciate all the individuals who took time to share their insights into the health needs of Marlin and the surrounding area. Falls Community Hospital and Clinic is recognized as a vital part of the community, and shows a strong commitment to its' needs.

Appendix

Focus Group Questions

1. What is healthy about Marlin/Falls County?
2. What are the major health issues in your community?
3. What are your perceptions of Falls Community Hospital and Clinic ?
4. Do you use the Hospital? If not, why not?
5. What can the Hospital do to address the health issues in the community?

Major Data Sources

1. www.city-data.com
2. www.countyhealthrankings.org
3. www.quickfacts.census.gov
4. www.hrsa.gov
5. www.dshs.state.tx.us/diabetes/
6. www.dshs.state.tx.us/CHS
7. www.homefacts.com