



# YOAKUM COUNTY HOSPITAL 2022 COMMUNITY HEALTH NEEDS ASSESSMENT



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## ACKNOWLEDGEMENTS

TORCH Management Services, Inc. (“TORCH”) would like to thank Collin McLarty, Chief Executive Officer, and the Board of Directors of Yoakum County Hospital (“YCH” or the “Hospital”) for inviting TORCH to conduct a Community Health Needs Assessment (CHNA) of their service area.

Special thanks are also offered to each of the participants who volunteered their time to share their observations of the health status of Yoakum 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:

#### Yoakum County Hospital

**CHNA Period:** 2022

**Site Visit:** December 14-15, 2022

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## TABLE OF CONTENTS

<b><i>Acknowledgement</i></b>	<b>2</b>
<b><i>Executive Summary</i></b>	<b>4</b>
<b><i>Overview of Community Health Needs Assessment</i></b>	<b>6</b>
<b><i>Overview of Yoakum County</i></b>	<b>9</b>
<b><i>Profile of Yoakum County Hospital</i></b>	<b>10</b>
• <b><i>Community Contribution of Yoakum County Hospital</i></b>	<b>13</b>
<b><i>Comparison of Health Outcomes and Factors</i></b>	<b>15</b>
• <b><i>2020 County Health Rankings</i></b>	<b>16</b>
• <b><i>Yoakum County Demographic Info</i></b>	<b>17</b>
• <b><i>Social and Economic Factors</i></b>	<b>18</b>
• <b><i>Chronic Disease, Mortality, and Other Health Data</i></b>	<b>21</b>
• <b><i>Observations on Key Health Data</i></b>	<b>23</b>
<b><i>Common Challenges Faced by Rural Hospitals</i></b>	<b>25</b>
<b><i>Looking Forward: Beyond COVID-19</i></b>	<b>29</b>
<b><i>Key Findings from Community Interviews and Data Sources</i></b>	<b>31</b>
<b><i>Recommendations</i></b>	<b>35</b>
<b><i>Summary</i></b>	<b>44</b>
<b><i>Focus Group Questions</i></b>	<b>46</b>
<b><i>Major Data Sources</i></b>	<b>48</b>

## Executive Summary

This document is a Community Health Needs Assessment ... not a hospital needs assessment. Diverse constituents from the county shared insights into the primary health needs and access to care in Yoakum County. Public health data specific to Yoakum County is used as an additional source of information for this assessment.

This assessment has been prepared for Yoakum County Hospital as a resource to guide their efforts to better serve the healthcare needs of those living and working in Yoakum County. Direct feedback was received from 58 community participants in 9 focus groups over two days, supplemented by state and national health data pertaining to Yoakum County. The objective is to identify unmet local needs that impact the health and wellbeing of the community.

Based upon direct feedback from participants and public health data, the following recommendations are offered regarding community health needs and opportunities:

### **Primary Recommendations:**

- ❖ **Emergency Medical Services (EMS) - #1 Most frequent, all groups**
- ❖ **Staff Recruitment, Advancement, and Qualifications**  
- EMS Paramedic, EMT, and Hospital Nursing
- ❖ **Mental Health and Substance Abuse**
- ❖ **Community Health Outreach and Wellness Education**
- ❖ **Chronic Disease Self-Management Education**
- ❖ **Focus on Primary Care and Diagnostic Wellness Services**

### **Other recommendations:**

- ✓ *Housing availability and affordability*
- ✓ *Improved access to healthy food*
- ✓ *Partnership with schools; Reopen track to public for walking/running*
- ✓ *Assisted living and nursing home housing for the aged*

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

It is acknowledged that many of the community health needs identified in this assessment extend beyond the scope of services and capabilities of the hospital or any other single entity. The source of many of these health issues is often 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 local and area resources that can serve together as collaborative partners to improve the overall health and wellbeing of those living and working in Yoakum County.

Overall, Yoakum County ranks in the upper quartile of Texas counties for health factors, but in the third quartile for health outcomes. Pockets of opportunity are identified in this assessment that can lead Yoakum County to become an even healthier place to live and work.

## 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.

The objective of this CHNA 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 YCH.

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: Community Health Survey; Public Data Sources; and face-to-face interviews with diverse community groups.

## *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, 58 people representing diverse constituency groups from within the service area met together in 9 separate focus group sessions to offer input on the health status and needs of Yoakum County. These focus groups included:

- Mayor(s), City Council Members, City Manager(s)
- County Judge, County Commissioners, District Attorney
- Other County and City government leaders
- Public safety officers and personnel
- Emergency Medical Service (EMS)
- School District Administration
- Pharmacist
- Community non-profit organizations
- Diverse private citizens
- Business and civic leaders
- Texas A&M AgriLife Extension Agency
- Pastors and other faith leaders
- Hospital department leaders
- Hospital Board of Directors
- Hospital Medical Staff

The focus groups were well attended by enthusiastic 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 Yoakum 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 were randomly asked about for their perceptions of the local hospital and access to 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 YOAKUM COUNTY

Yoakum County is located in the western panhandle of Texas approximately 80 miles southwest of Lubbock. The western end of the county shares a border with New Mexico. The county covers 800 square miles of mostly level terrain comprised of sandy soils with prairie grasses and low-lying trees.

Large herds of buffalo once roamed these plains and served as home to Comanche, Cheyenne, and Kiowa Indian tribes. With westward expansion of the U.S., the cultural economy shifted to raising cattle and agricultural farming. Readily accessible sub-surface water has always made the area sustainable for early nomads, pioneers and settlers.

In 1939, the oil boom struck Yoakum County. Since that discovery, Yoakum County has been one of the leading oil-producing counties in the state of Texas.

Yoakum County, with a 2021 population of 7,607, is comprised of two small cities and one unincorporated town. Denver City is the largest city with a population of approximately 4,911, while Plains serves as county seat. The diverse population consists of approximately 69% Hispanic or Latino and 28% non-Hispanic white.

Source: John Leffler. Texas State Historical Association: Handbook of Texas. Yoakum County

# PROFILE OF YOAKUM COUNTY HOSPITAL

## Core Values

<b>Excellence</b>	<b>Dignity</b>	<b>Service</b>	<b>Justice</b>
<i>Our commitment to excellence influences everything we do</i>	<i>Dignity fuels our excellent quality of care</i>	<i>By serving our patients we serve our community</i>	<i>We fight for our patients' health and overall wellbeing</i>

Yoakum County Hospital has progressively served the hospital and healthcare needs of those living in its service area since 1949. Yoakum County is a rural county comprised of small diverse populations of people living in remote towns or unincorporated areas. In addition to serving local residents, the hospital provides essential emergency healthcare access to a large industrial workforce engaged in oil, gas, other mining, and agricultural activities.

YCH is a county-owned hospital governed by a board of directors appointed by county commissioners. The hospital is licensed as a 24-bed critical access hospital. The hospital is well maintained and well equipped with current diagnostic, clinical, and surgical technology.

YCH maintains 24-hour staffed Emergency, Labor & Delivery, and Acute Inpatient Departments. The hospital maintains a full line of diagnostic outpatient services. In addition, the hospital operates two medical clinics, two rehabilitation and wellness centers, home health agency, and dialysis center. The hospital maintains clinical locations in the cities of Denver City and Plains.

### Locations

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**Hospital Campus**  
Yoakum County Hospital  
412 Mustang Ave.  
Denver City

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**Medical Clinics and Physical Rehab & Wellness Centers**  
West Texas Medical Center  
415 N. Ave. F  
Denver City

Plains Clinic & Wellness Center  
 602 Hwy 214  
 Plains

West Texas Lifestyle & Wellness Center  
 608 W. 4<sup>th</sup> St.  
 Denver City

**Dialysis Center**

Dialysis Services of West Texas  
 500 W. 5<sup>th</sup> St.  
 Denver City

**Medical Providers**

- Denver City
  - Christopher Cotton, MD                      Family Medicine / Obstetrics
  - Frank Goodman, DO                         Family Medicine / Obstetrics
  - Scott Frankfather, MD                     Obstetrics and Gynecology
  - Lynda Odom, MD                             Family Medicine
  - Samuel Harden, MD                        General Surgery
  - Marlin Villegas, FNP-C                    Primary Care
  - Amanda Eudy, FNP-C                      Primary Care
  - Debra Nevarez, FNP-C                    Emergency Room
  - Gil Alvarado, PA-C                         Emergency Room
- Plains
  - Mark Anna, FNP-C                         Primary Care
  - Kari Cox, FNP-C                            Primary Care

**Service Lines**

Inpatient Services	Emergency Department / Level IV Trauma
Obstetrics & Gynecology	General Surgery
Radiology; excluding mammography	Laboratory
Physical Rehabilitation	Wellness Center
Gastroenterology	Dialysis Center
Specialty Clinic: Orthopedics; Dermatology; Cardiology; Nephrology	

***Nearest Area Hospitals***

○ Seminole	25-bed CAH	21 miles
○ Brownfield	45-beds	40 miles
○ Lubbock Covenant	830 beds	77 miles
○ Lubbock University	499 beds	78 miles

## COMMUNITY CONTRIBUTION OF YOAKUM COUNTY HOSPITAL

Yoakum County Hospital is essential to the health and wellbeing of a large remote and underserved region. YCH serves as the primary medical and emergency care provider for residents and industry located in multiple counties of the two-state region of west Texas and eastern New Mexico.

YCH has a rich history of community caring, commitment, and medical advancement that dates back to its founding. All focus group participants, along with those randomly asked in the community, expressed strong support for the hospital and confidence in the providers and services. None expressed any personal concerns they would have in using or recommending the hospital.

YCH employs approximately 200 full time equivalent employees and generates an annual salary, wages, and benefits totaling \$16.9 million in this county of 7,607 population. In addition to the economic value these jobs generate in the county, the local presence of a hospital and medical services is a key asset to industrial, commercial and residential growth.

The number of Outpatient and Emergency Department patients served by the hospital in 2021 is over 24,000. The number of hospital inpatient discharges the last two years averages 465 per year. Proximity of the hospital located adjacent to a large nursing home is important to the placement and care of these residents.

The presence of Yoakum County Hospital is essential to provide local access to health services for workers engaged in agricultural, oil, gas, mining, and industrial transportation 24 hours per day, in addition to residents who live in the county.

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 randomly polled in town. The hospital system provides a service to help qualify low-income patients for various programs that provide funding assistance.

YCH is an integral part of the community and is a frequent participant at community events. YCH employees voluntarily participate in numerous activities which support the community. Employees take great pride in living in the community 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.

YCH strives to optimize and continually improve services, quality, facilities, technology, and cost-effectiveness for every member of the community. YCH 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 YCH numbers)

**Employment**

Direct Impact fte's 200  
 Multiplier 1.34  
 Secondary Impact 68  
 Total Impact 268

**Wages, Salaries, and Benefits**

Direct Impact \$16.97 million  
 Multiplier 1.19  
 Secondary Impact \$3.22 million  
 Total Impact \$20.19 million

**Average retail sales impact (.25 WSB): \$4.24 million**

*SOURCE: National Center for Rural Health Works. Research Study. October 2016. Data from National Center, Oklahoma Office of Rural Health, and IMPLAN.*

### Local Impact of Construction Activities of a Rural Hospital

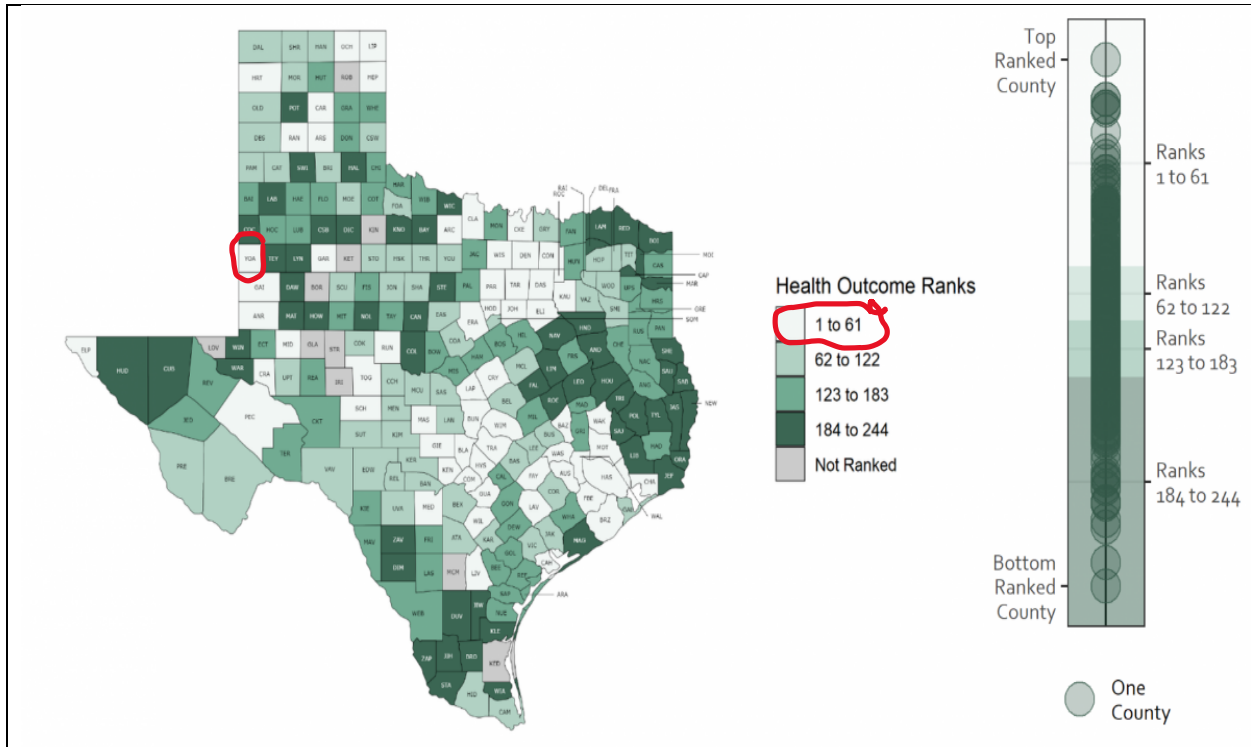
(based on research average, not YCH actual)

		<b><u>Employment Impact</u></b>			
Construction (\$ millions)	Average Employment	<u>Multiplier</u>	Secondary Impact	Total Jobs Impact	
\$1	9	1.23	2	11	
		<b><u>WSB Impact</u></b>			
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

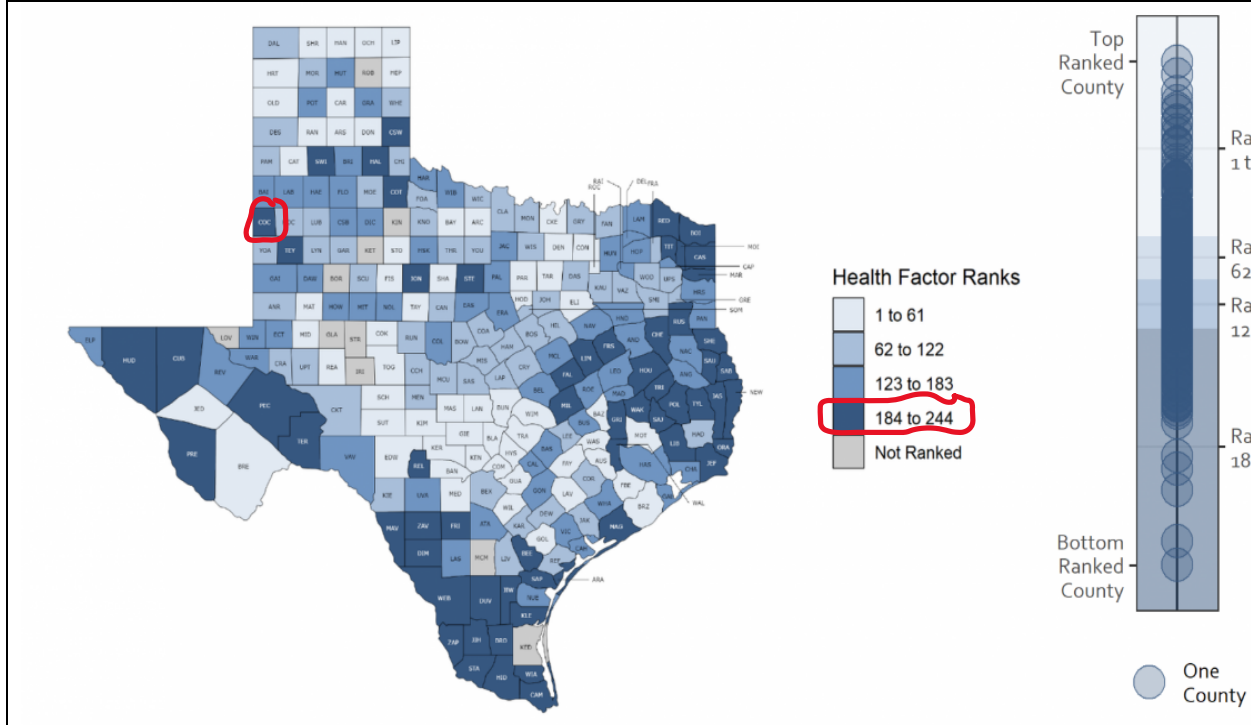
SOURCE: National Center for Rural Health Works. Research Study. October 2016. IMPLAN data [www.implan.com].

# Comparison of Population Health Outcomes and Factors

## Health Outcomes



## Health Rankings



## 2020 County Health Rankings (244 counties reporting)

	<b>Yoakum</b>	<b>Texas</b>	<b>Top US</b>
<b>Overall Health Rank</b>	<b>94th of 254 Counties</b>		
<b>HEALTH OUTCOMES (Rank)</b>	<b>Third Quartile</b>		
Life Expectancy	75.6	78.4	77.5
Premature Age-Adj. Mortality (per 100k)	470	360	360
COVID-19 Mortality (per 100k)	273	105	85
Poor Physical Health Days	4.5	3.6	3.9
Poor Mental Health Days	4.4	3.4	3.8
Diabetes Prevalence	14%	12%	9%
<b>HEALTH FACTORS (Rank)</b>	<b>Lowest Quartile</b>		
<b>Health Behaviors</b>			
Food Environment Index	8.6	6.1	7.8
STI's (per 100k)	218	445	551
Teen Births (per 1,000)	43	29	13
Adult Obesity	39%	34%	32%
Physical Inactivity	36%	27%	19%
Access to Exercise Opportunities	79%	80%	91%
Smoking	18%	15%	16%
Excessive Drinking	18%	20%	20%
Alcohol-Related Driving Deaths	20%	25%	27%
Motor Vehicle Deaths (per 100k)	47	13	12
<b>Clinical Care</b>			
Uninsured Adults	29%	24%	13%
Uninsured Children	21%	13%	6%
Primary Care Physicians	2900:1	1630:1	1310:1
Dentists	8700:1	1660:1	1400:1
Mental Health Providers	4350:1	760:1	350:1
Mammogram Screening	26%	39%	50%
Flu Vaccinations	15%	46%	48%
<b>Social and Economic Factors</b>			
Median Household Income	67,100	\$66,000	\$67,300
Children in Poverty	15%	19%	16%
Total Residents in Poverty		21.6%	
Children Eligible Free Lunch	60%	59%	52%
Injury Deaths (per 100k)	86	60	76
Firearm Deaths (per 100k)		12	8
* Suicide (per 100k)	9.3	11.2	11
Violent Crime	182	420	386
<b>Physical Environment (Rank)</b>			
Severe Housing Problems	18%	18%	9%
Air Pollution Particulate (micr/m3)	7.4%	9.0	7.5
Drinking Water Violations	Yes		

Source: County Health Rankings and Roadmaps

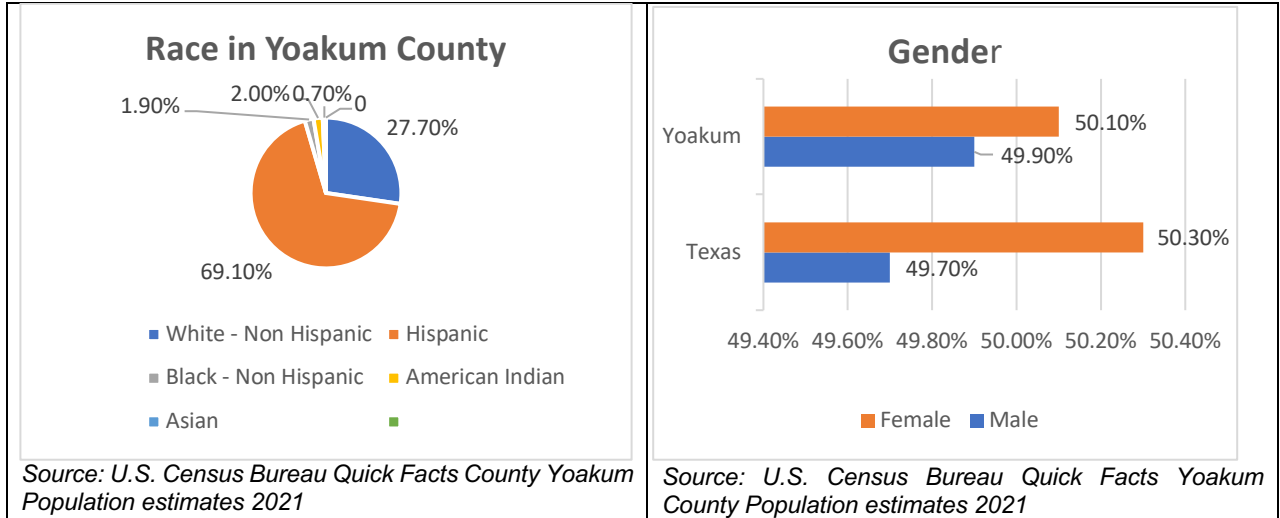
- \* Suicide - Texas Health and Human Services. As Required by House Bill 3980 86<sup>th</sup> Legislature, Regular Session, 2019. Report on Suicide and Suicide Prevention. Health and Human Services Commission 2020. Page A-27.



## Yoakum County Demographic Information

<u>Population</u>	<u>2000</u>	<u>2010</u>	<u>2021 (est)</u>	<u>Percent Change (2010-2021)</u>
Yoakum County	7,322	7,879	7,607	-3%
Texas	20.39M	25.21M	29.5M	+15%

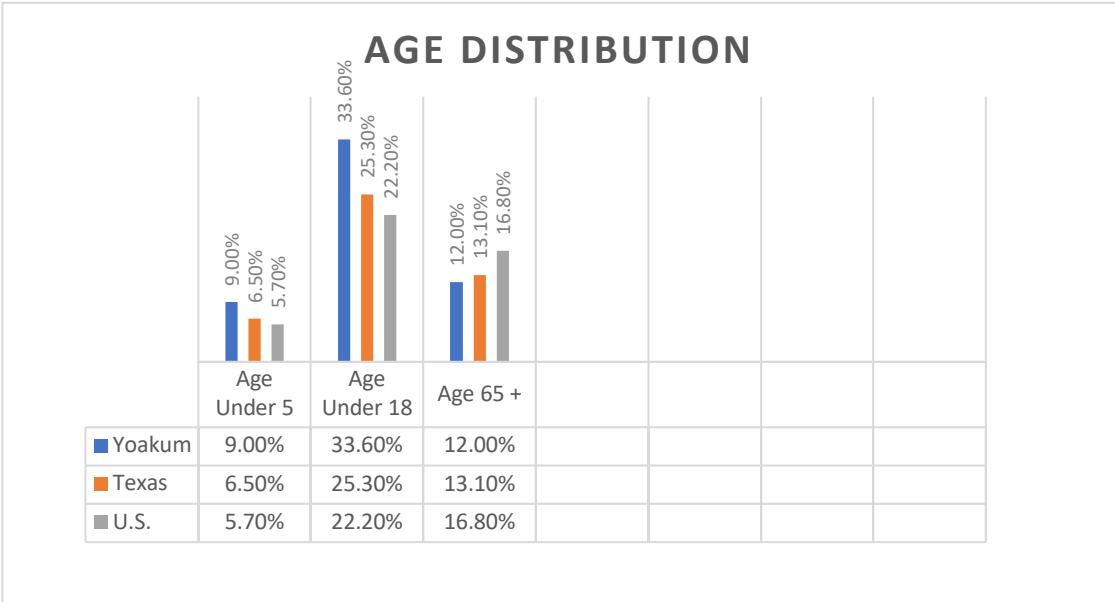
Source: U.S. Census Bureau Quick Facts Yoakum County Population estimates 2019.



Source U.S. Census Bureau Quick Facts. Yoakum County. Population estimates 2021

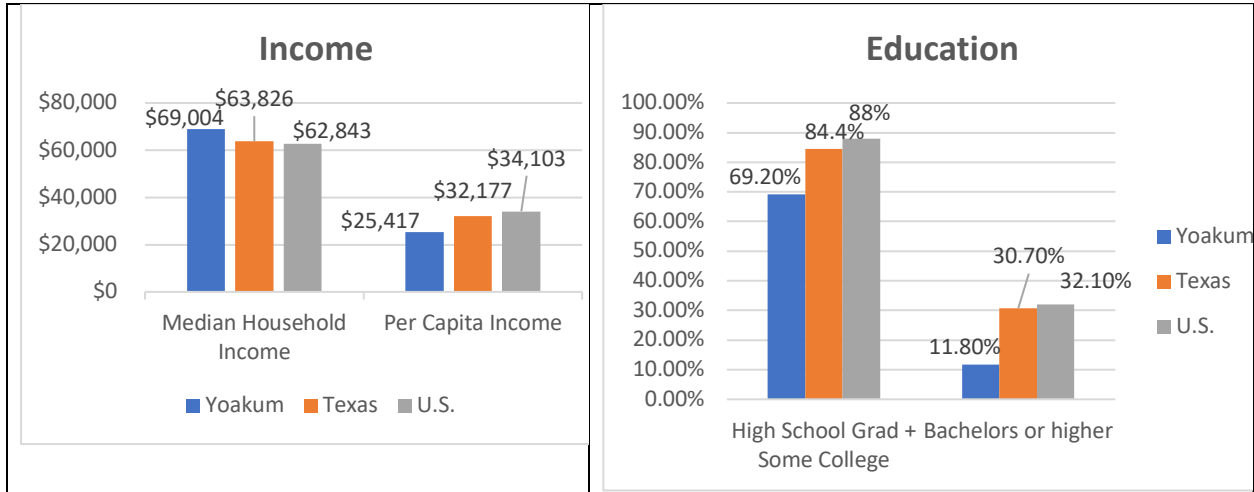
Source: U.S. Census Bureau Quick Facts County Yoakum Population estimates 2021

Source: U.S. Census Bureau Quick Facts Yoakum County Population estimates 2021

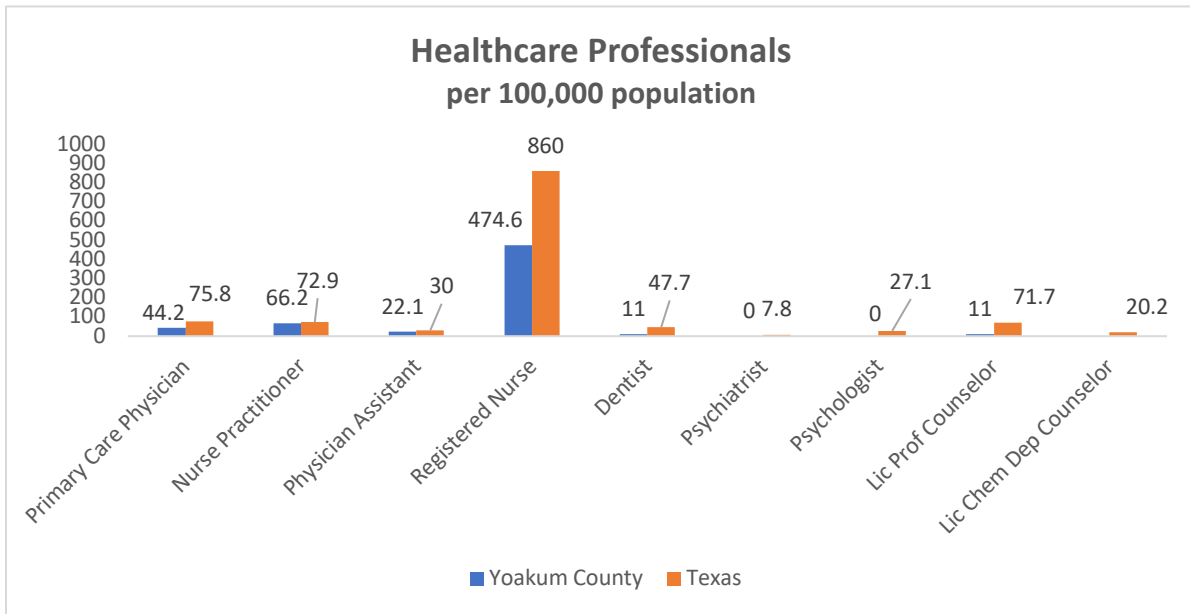


Source: U.S. Census Bureau Quick Facts. Yoakum County. Population estimates 2021

## Social and Economic Factors



Source: Income: U.S. Census Bureau Quick Facts. Yoakum County.

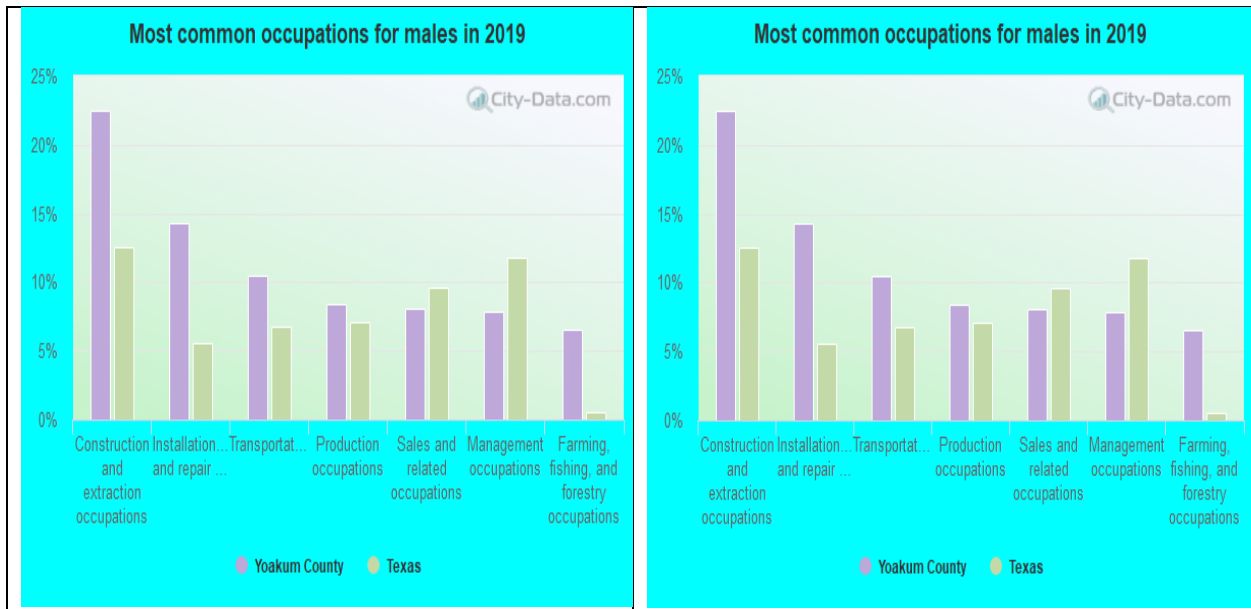
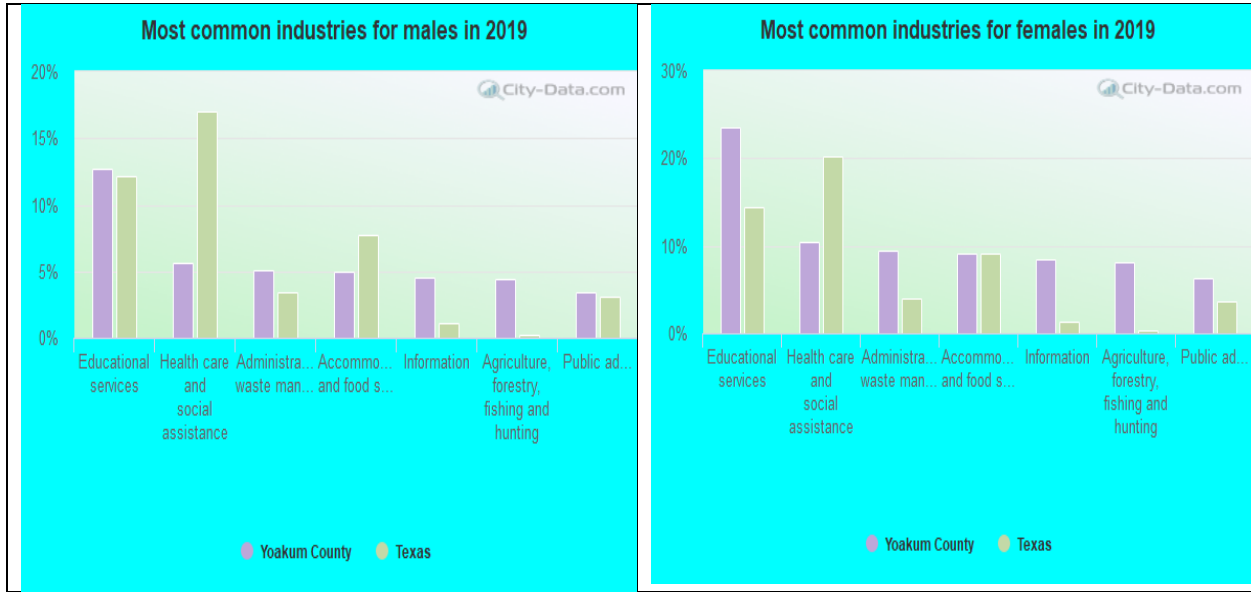


Source: Texas Primary Care Consortium

### 2019 Medicaid Population

	<b>Yoakum County</b>	<b>Texas</b>
Medicaid % Under 18	<b>26%</b>	<b>38.2%</b>

Source: Datacenter.kidscount.org. <https://datacenter.kidscount.org/data/tables/8528-medicaid-enrollment-0-18#detailed/5/6562,6678/false/1729,37,871,870,573,869,36,868/any/17213,17214>



Source: City-data.com. Yoakum County, Texas. 2019. [http://www.city-data.com/county/YoakumI\\_County-TX.html](http://www.city-data.com/county/YoakumI_County-TX.html)

### Cost Burdened Households

	<b>Yoakum</b>	<b>Texas</b>
Cost Burdened Households (Housing costs exceed 30% income)	14%	29.5%
Substandard Housing	18.5%	31.7%
Housing Age – Median year built	1976	1987

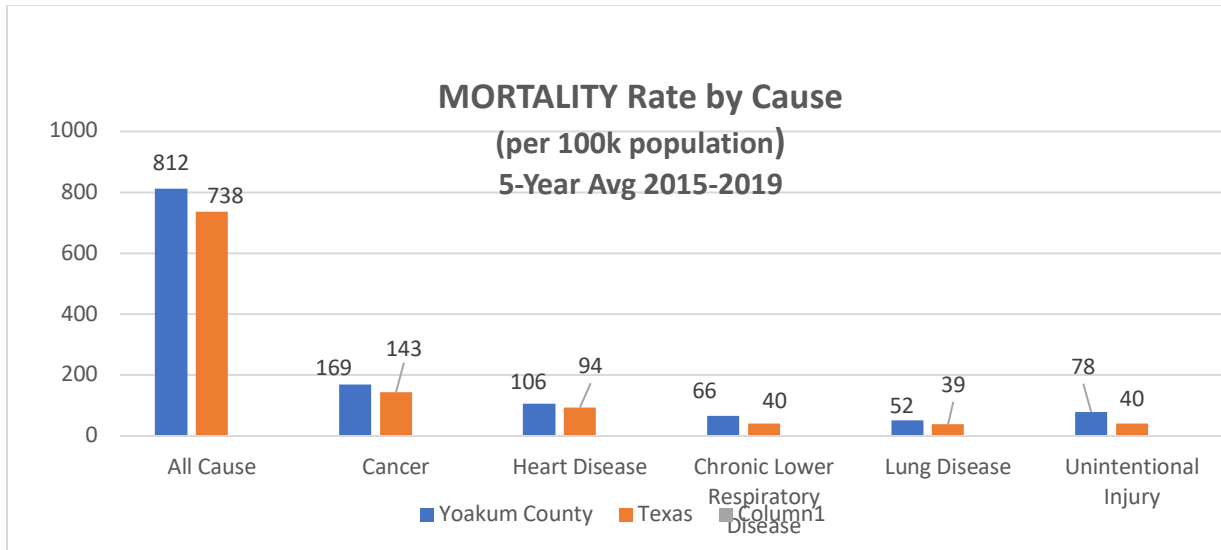
Source: Cares HQ. SparkMap.org. Texas. Housing and Families. Data Source: US Census Bureau, [American Community Survey](#). 2015-19.

### Other Social Data

	<b>Yoakum</b>	<b>Texas</b>
Food Stamps in the last 12 months	5%	12.2%
Internet Access	73%	79%
Violent Crime (per 100k pop)	182	420
Victims of Crime Abuse (per 100k pop)	4.2	9.1
Overcrowded Housing	8.3	4.8
Mean Travel Time to Work	19.9	26.4
Air Quality	6.2	7.4

Source: Texas Primary Care Consortium

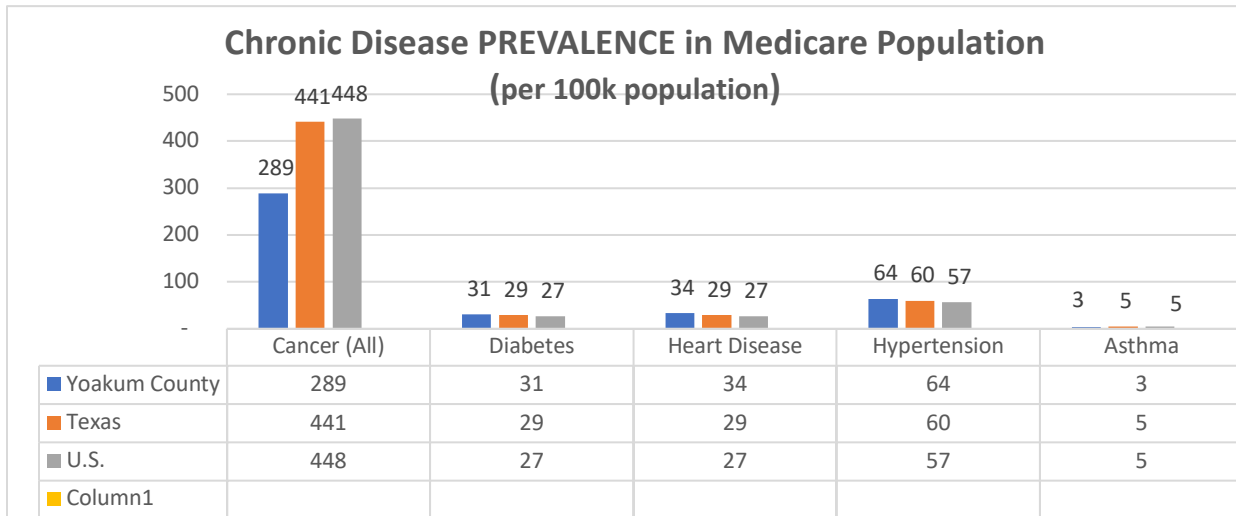
## Chronic Disease Prevalence, Mortality, and Other Health Data



• **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



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.

Data Source: Centers for Medicare and Medicaid Services, [CMS Geographic Variation Public Use File](#)

### Top Causes of Emergency Department Utilization

<u>Yoakum County Hospital</u>	<u>Texas</u>
Unspecified Abdominal Pain	Urinary Tract Infection, Site not specified
Fever, Unspecified	Acute Upper Respiratory Infection, Unspecified
Cough	Other Chest Pain

### Health Factors (Stand Out)

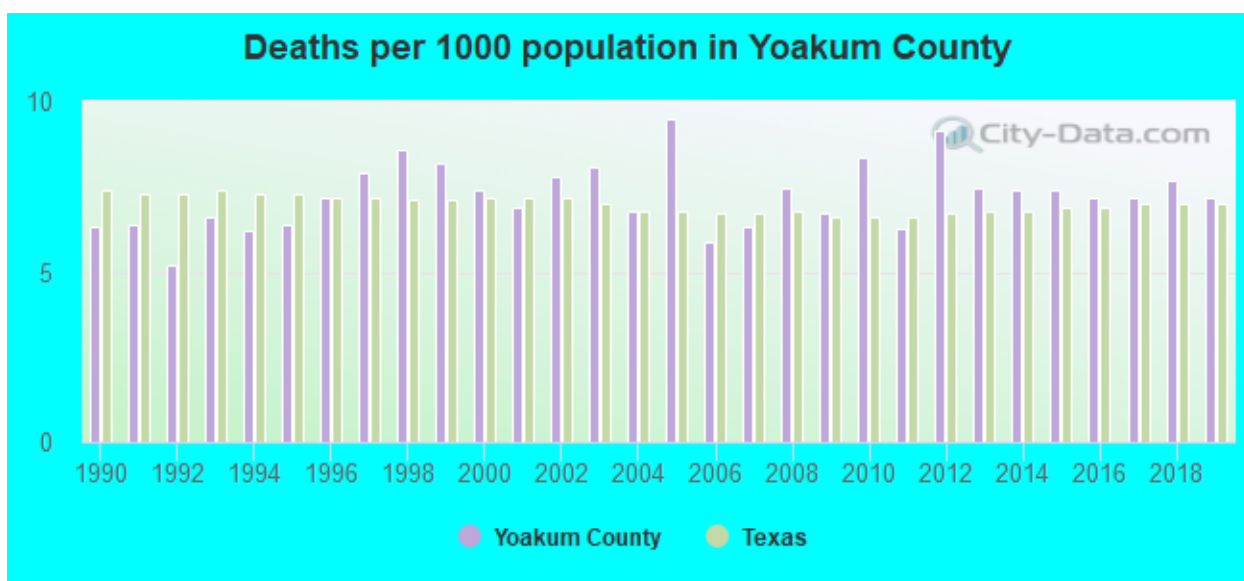
	<u>Yoakum County</u>	<u>Texas</u>
<b>Diabetes</b>	11.5%	10.9%
<b>Obesity</b>	29.5%	33.6%

Source: Texas Primary Care Consortium

### Health Behaviors (Stand Out)

	<u>Yoakum County</u>	<u>Texas</u>
Excess Alcohol Consumption	18%	20%
Binge Drinking	18%	18%
Physical Inactivity	19%	22%
Smoking	19%	16%

Source: Texas Primary Care Consortium



Source: [http://www.city-data.com/county/Yoakum\\_County-TX.html](http://www.city-data.com/county/Yoakum_County-TX.html)

## Observations on Key Comparative Health Data for Yoakum County

Yoakum County ranks 94<sup>th</sup> for overall health among 244 Texas counties reporting health data. The county ranks slightly in the upper half of counties for health outcomes but in the bottom quartile for factors related to health among the 244 counties.

- **Health Outcomes** - The overall rankings in health outcomes represent how healthy counties are within the state. The rankings range from 1 to 244, with 1 being best and 244 worst. The outcome ranks are based on two types of measures: how long people live and how healthy people feel while alive.
  - *Negative Health Outcomes Outliers*
    - *Life Expectancy* – Ranks below Texas by almost 2 years
    - *Premature Age Adjusted Mortality* – Exceeds Texas by 30%
    - *Poor Physical and Mental Days* – Exceeds average for Texas and U.S. counties
    - *Mortality for Cancer, Heart, Lung, Respiratory Disease, and Unintentional Injury exceeds averages for Texas counties*
    - *Prevalence of heart disease, diabetes, and hypertension exceeds Texas counties*
- **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.

**NOTE: SUPPLY OF DENTISTS AND MENTAL HEALTH PROVIDERS MORE THAN 4X BELOW (Unfavorable) TEXAS**

- *Positive Health Factor Outliers*
  - *Primary Care Physicians and Practitioners* – Ranks favorable to Texas
  - *STI's* – Ranks much favorable to Texas
  - *Household Income* – Equivalent with Texas and top U.S.
  - *Children in Poverty* – Favorable to Texas and top U.S.
  - *Food Environment Index* – Favorable to Texas and top U.S.
  - *Excessive Drinking and Alcohol Related Deaths* – Favorable to Texas and top U.S.
  - *Suicide* – Favorable to Texas and top U.S.
  - *Violent Crime* – Favorable to Texas and top U.S.
- *Negative Health Factor Outliers*
  - *Dentists* – The number of dentists is over 4 times fewer than Texas counties and top U.S. performers.

- *Mental Health Providers* – The number of mental health providers is almost 5 times fewer than Texas and U.S.
- *Registered Nurses* – Unfavorable to Texas and top U.S.
- *High School Graduation Rate* – Ranks unfavorable to Texas. Education is a known determinant of health and wellbeing.
- *Obesity* – Unfavorable to Texas and top U.S.
- *Physical Inactivity* – Unfavorable to Texas and top U.S.
- *Smoking* – Higher than Texas and top U.S.
- *Uninsured Adults and Children* – Unfavorable to Texas (which leads the nation in percentage of uninsured)
- *Mammograms* – 33.3% unfavorable to Texas and almost half of top U.S.
- *Flu Vaccines* – Less than 1/3 of Texas and top U.S.
- *Injury Deaths (per 100k)* – Significantly higher than Texas and top U.S.
- *Motor Vehicle Deaths* – Significantly higher than Texas and top U.S.
- *Overcrowded Housing* – Significantly higher (73%) than average for Texas 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 21 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 Yoakum County stack up in these comparisons? Yoakum County faces the same challenges of all rural counties listed above. However, residents in the county are in a favorable position compared to many other rural counties in Texas and the U.S. Access to primary medical care appears to be available to all who are in need through dedicated practitioners, two primary care clinics, and other services provided Yoakum County Hospital and Clinics. Limited access to specialty physicians is available in Denver City, but much greater access can be gained by traveling 90 minutes to Lubbock.

*Physicians and Advanced Practice Providers (APP):* The number of physicians per population in Yoakum County is actually favorable to the state average (see above table). Effective use of Advanced Practice Providers (Nurse Practitioners and Physician Assistants) further extends the coverage of primary care physicians. YCH has had recent success in attracting some new providers, including one general surgeon, and maintaining a dedicated team of primary care physicians and advanced practice providers.

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 impact 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.

Yoakum 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 YCH 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.

YCH has adopted Paragon as its electronic health record system for the hospital and eMD for the Clinics. These systems meet industry standards for meaningful use and position and enable the hospital to meet challenges 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)

YCH is a public hospital district that is governed by a six-person 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 Yoakum 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.

*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.

It is recommended that hospital leaders engage the outside consult from the firm that conducts their annual Medicare Cost Report to project and compare the impact the CHART model would have on hospital reimbursement and net income over expenses.

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

- Rural Emergency Hospital (REH) – A Rural Emergency Hospital has no licensed inpatient beds but maintains an emergency department with radiology, lab, telehealth and a few patient rooms for observation and short stay occupancy not to exceed an annual average of 24 hours per patient. Reimbursement is paid at the Medicare OPPS rate plus 5%, plus an additional monthly facility payment. (Department of Health and Human Services. National Advisory Committee on Rural Health and Human Services)
- Clinic Model – Maintains an urgent care clinic with radiology, lab, and reliable access to local Emergency Medical Services. (EMS). (Bolin, Dickey, Watzak)

## LOOKING FORWARD: BEYOND COVID-19

There is no doubt that COVID-19 and the year 2020 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.

*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. (Hayes, 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 Yoakum 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. The YCH Health Clinics incorporate a mental health assessment as a part of their patients' primary care visit. 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 Alternatives:* 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. One model to consider is maintaining an urgent care clinic with radiology and lab. Another is to downsize to a "micro-hospital", maintaining an emergency department with radiology, lab, telehealth and a few patient rooms for observation and short stay. These models combined with a solid local EMS can sometimes fill the gap while maintaining local access to primary and emergency care for the community. (Bolin, Dickey, Watzak)

## KEY FINDINGS FROM COMMUNITY INTERVIEWS AND DATA SOURCES

This section provides an account of direct feedback, perceptions, and other key findings from focus group participants and impromptu interviews regarding access and availability of healthcare services provided by Yoakum Community Hospital. The following topics present the most recurring issues that community participants identified as the highest priority issues.

- **Assessment of YCH and Current Health Services (no rank order)**
  - Community Perception of YCH - Yoakum County Hospital is consistently described by all participants as high quality, open, and accessible to all who need healthcare regardless of demographic or ethnic background. Non-emergency services may be harder to attain for those without insurance, but the hospital maintains a charity program to qualify ones without insurance for free or discounted services. YCH receives a large migration of patients from the State of New Mexico for its quality reputation and proximity of services. When asked to subjectively rank the quality of services between 1 to 10 (1 being low and 10 high), most responded between 8 to 10.
  
- **Currently Available Health Services Identified as Essential (no rank order)**
  - Primary Care Services – Local access to primary care providers was repeated by each group as vitally important. Strong confidence was expressed in the clinics, local practitioners and services provided.
  - Emergency Department – The Emergency Department is considered of highest importance. Driving distance to the next nearest hospital is 21 miles, but 77 miles to next hospital offering a higher level of care. Hazardous occupational industries in Yoakum County make 24-hour Emergency Department access essential. Oil and gas production and processing, agricultural work, major highway transportation, as well as resident populations make the ED critical to treat unexpected accidents and injury.
  - Emergency Medical Services (EMS) – EMS services are considered by each focus group as critical to the health and safety of those living and working in the county. The rapid response to emergency events by trained paramedics or EMT's, the safe transport of emergency patients to higher level of care, and the safe return of patients from distant hospitals is considered a critical service that must be maintained.

- Swing Bed Hospital Services – Swing Bed was recognized as one of the most needed programs to support the hospital and community. The ability for patients to receive extended hospital care and rehab locally was considered of vital importance to the Yoakum County resident population.
- Labor & Delivery Services – YCH maintains an active L&D service line that attracts patients from a large geographic area covering multiple Texas panhandle counties and New Mexico. Due to the remote populations living throughout this rural 2-state region, the provision of obstetrical services is considered to be of high importance.
- Local Access to Diagnostic and Preventive Services – The local provision of Lab, Radiology, and Physical Rehab services was considered to be a priority for the community. Colon and endoscopy procedures were also included.
- **Other Specialty Services Currently Available**
  - Cardiology
  - Orthopedics
  - Dermatology
  - Pain Management
  - Nephrology
- **Specialties that Residents are Most Likely to Travel Out of Town**
  - Cardiology
  - Ophthalmology
  - Mental Health
  - Vascular
  - Neurology
  - Urology
  - Chiropractic
- **Services Lines Not Available Locally that are Most Needed in the Community?**
  - Mammography
  - Podiatry
  - Mental Health
  - Education for Diabetes and other Chronic Diseases
  - Nutrition Education
  - Assisted Living and Nursing Home
- **Hospital Services Most Recognized for High Quality**



- Labor & Delivery
  - Swing Bed
  - Physical Rehabilitation
- **Hospital or Medical Service Lines Identified Most in Need of Improvement**
    - EMS
    - More Paramedics and RN's
    - Extended Hours at Clinic(s)
    - Community Health Education
    - Community Awareness of Hospital Services
- **Top Priority Needs Most Frequently Cited to Improve Health in Yoakum County:**
    - Emergency Medical Services (EMS) - #1 Most frequent, all groups
    - Staff Recruitment - EMS Paramedic, EMT, and Hospital Nursing
    - Mental Health and Substance Abuse
    - Community Health Outreach and Wellness Education
    - Chronic Disease Self-Management Education
  - **Other Needs Expressed as Important to Improve Health in Yoakum County:**
    - *Access to select specialty care services*
    - *Housing availability and affordability*
    - *Improved access to healthy food*
    - *Partnership with schools; Reopen track to public for walking/running*
    - *Establish a collaborative network of local service organizations*
    - *Transportation*
    - *Assisted living and nursing home housing for the aged*
- ❖ **Local Area Resources Identified for Collaborative Community Health Network**

Below is a partial list of Yoakum County organizations identified for collaborative networking to identify community needs and strategically plan how they might work together to have a greater impact.

- *Ministerial Alliance of Churches and Faith Organizations* - Yoakum County has a ministerial alliance of churches that join together to plan and support programs to serve the needs of low income and underserved segments of the population.
- *Texas A&M AgriLife Extension Offices* – Texas A&M AgriLife Extension Agency is a good (and often underutilized) resource to provide consumer health education to families, communities, and organizations. AgriLife Extension Agencies maintain active locations in both Concho and Menard Counties.
- *Local School Districts* in the County.

- *Learning Center* - Provides bi-lingual language education and high school classes for adults
- *Senior Citizen Center* – A well-respected resource providing meals, social activities, and other services to the community.
- *Alcoholics Anonymous* – Two AA chapters operate within Yoakum County: one English speaking and another in Spanish language
- *Salvation Army Food Pantry*
- *West Texas MHMR*
- *Judy Brandt* – Local community chaplain
- *Hope Harbor Counseling Center operated by Dawn Irons, MA, LPC*
- *Linda March* – Dietician
- *Karen Tovar* – Prescription Drug assistance
- *Yoakum County Hospital, including the Denver City and Plains Lifestyle and Wellness Centers*
- *Yoakum County leaders*
- *City leaders*
- *EMS representatives*
- *Other local service organizations identified*

## Recommendations

The following recommendations are derived from a combination of the most recurring feedback from community focus group participants and supported by public health data extracted from public sources.

### **Primary Recommendations:**

- ❖ **Emergency Medical Services (EMS) - #1 Most frequent, all groups**
- ❖ **Staff Recruitment, Advancement, and Qualifications**  
- EMS Paramedic, EMT, and Hospital Nursing
- ❖ **Mental Health and Substance Abuse**
- ❖ **Community Health Outreach and Wellness Education**
- ❖ **Chronic Disease Self-Management Education**
- ❖ **Focus on Primary Care and Diagnostic Wellness Services**

### **Other recommendations:**

- ✓ *Housing availability and affordability*
- ✓ *Improved access to healthy food*
- ✓ *Partnership with schools; Reopen track to public for walking/running*
- ✓ *Assisted living and nursing home housing for the aged*

### **RECOMMENDATION: Emergency Medical Services (EMS)**

- ❖ ***It is recommended that collaborative community efforts be made to establish a highly reliable EMS system capable to serve the emergency response and medical transportation needs throughout the county.***

EMS consistently ranked as the #1 community health concern and need for improvement within the county. This concern was equally shared by private citizens,

public officials, and hospital leaders. Funding for EMS services is provided through a hybrid of sources from the county and cities of Denver City and Plains. Public efforts to identify resolutions to improve the consistency, reliability, and sustainability of Emergency Medical Services throughout the county were already actively underway during the site visit for this community health needs assessment.

**Action Items for Consideration:**

- Continue with a high degree of urgency public and private efforts that have already begun to improve consistency and sustainability of highly reliable EMS services throughout the county.
- Explore models used in other remote, rural counties for funding and service delivery options.

**RECOMMENDATION: Staff Recruitment, Advancement, and Qualifications**

- ❖ ***It is recommended that a plan be made to recruit and provide educational opportunities leading to advancement of Registered Nurses (RNs), Paramedics, and Advanced Emergency Medical Technicians (EMTs)***

The shortage of RNs, Paramedics, and Advanced EMTs is at a critical stage that dangerously hinders the ability of Yoakum Community Hospital and EMS to consistently provide safe and reliable care. The hospital and EMS are served by dedicated personnel who work over and above to deliver quality care. The shortage of RNs and Paramedics, however, creates gaps in coverage that can lead to inconsistent delivery of care. At the time of this survey there were no Paramedics employed by EMS, limiting their ability to provide maximum emergency response and safely transport patients.

**Action Items for Consideration:**

- Continue steadfast and creative efforts underway to actively recruit RNs, Paramedics, and Advanced EMTs
- Invest in educational opportunities to encourage efforts of current employees and other county and surrounding residents in advancing their health profession careers in these critically shortage occupations
- Consider ways to offer housing assistance to help attract critical shortage healthcare providers and workers to Yoakum County

**RECOMMENDATION: Mental Health and Substance Abuse**

- ❖ ***It is recommended that issues contributing to mental health behavioral disorders and substance abuse be identified and addressed along with improving access to mental health services.***

Mental health and substance abuse ranks as a priority health need in Yoakum County according to public health data and feedback from community focus groups. The number of mental health providers in Yoakum ranks far below other Texas 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 holistic issue involving mind, body, social, and spirit. Addressing one aspect without addressing others is incomplete. Progress can best 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.

Drug abuse, though a separate disorder from mental health behaviors, is often related and is identified as a problem in Yoakum County. Local resources to assist with drug rehabilitation are lacking within the county.

A need exists for both improved awareness of and local access to mental health counseling services and drug rehabilitation within the county. While there is a shortage of mental health providers across the State of Texas, the shortage in Yoakum County is even more acute.

West Texas MHMR is a state funded mental health resource that maintains a local office in Denver City at 104 W. 2<sup>nd</sup> St. West Texas MHMR covers Yoakum County plus 22 other counties located across a large region of west Texas. MHMR's offer mental health counseling, programs for substance abuse and addiction, and services for intellectual development and disabilities. Specific services available vary by location. Like all MHMR's across Texas, West Texas MHMR is a good resource but limited by financial and staffing constraints.

Other local resources focused on mental health and substance abuse identified in Yoakum County are:

- *Alcoholics Anonymous* – Two AA chapters operate within Yoakum County: one English speaking and another in Spanish language
- *Judy Brandt* – Local community chaplain
- *Hope Harbor Counseling Center operated by Dawn Irons, MA, LPC*

Telehealth is being used effectively in counties across Texas to expand access to psychiatry, licensed professional counseling, 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.

**Action Ideas for Consideration:**

- Engage collaborative discussion among diverse local and regional stakeholders to identify core contributors to mental health behavior and drug abuse, prioritize issues, identify available resources, and develop a community plan of action. Participants should include local health professionals, school leaders, city/county/sheriff officials, MHMR, faith leaders, leaders from civic and youth organizations, etc.
- Increase awareness of local resources available, such as Alcoholics Anonymous, West Texas MHMR, Hope Harbor Counseling, and other resources.
- Identify grant funds that might be available to support local efforts.
- Utilize practitioners at the YCH Clinics to identify patients with mental health issues and treat if able within their primary scope of practice or refer for specialty follow-up.
- Visit with leaders from West Texas MHMR about creative ways to use their state-provided funds to improve access to services within Yoakum and other counties located in their service region. A need exists for West Texas MHMR to increase awareness of services available.
- Advocate for increased state funding for MHMR or other mental health services.
- Explore telehealth as a viable source to offer local access to psychiatry and other professional counseling services. Val Verde Regional Medical Center in Del Rio maintains an active psych telehealth program as a model for consideration.

**RECOMMENDATION: Community Health Education, Outreach, and Collaboration**

- ❖ ***It is recommended that YCH seek creative methods to expand outreach and community health education to encourage healthier lifestyles and improved wellness for those living in Yoakum County***

The need for expanded outreach into the community providing health education was repeatedly mentioned in focus groups. Diabetes was mentioned in each group as a significant health issue. 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.

**Action Ideas for Consideration**

Below are some ideas of what other hospitals and communities are doing to promote health outreach, education, and collaboration.

- Posting links to contemporary health topics from reputable sources on the hospital website
- Offering health fairs was suggested by several participants in focus groups. Health fairs can provide a good venue to distribute health information, offer personal health screening, and identify health issues, gaps, and opportunities.
- Offering health education programs locally at places such as the Senior Center, churches, community organizations, etc.
- Utilize the YCH Wellness Centers in Denver City and Plains as a wellness component to promote healthy lifestyle and chronic disease management
- Request the Denver City School District open access to the high school track for walking and exercise
- Offering virtual health programs on contemporary topics using Zoom or other virtual meeting technology
- Develop community education focused on self-management of chronic health issues like diabetes, hypertension, COPD, CHF
- Collaborate with local supermarkets and convenience stores about promoting healthy food choices through more visible and impulse locations.
- *Establish Local Community Collaborative Networks.* The need and opportunity for successful outreach extends far beyond the scope of the hospital, involving other health, educational, social, spiritual, public, and private organizations. Collaborative efforts that join diverse organizations together presenting a unified effort to improve the wellbeing and lifestyle of communities have been shown to make the biggest impact. The combined effort to achieve mutual goals is likely to be more impactful than the exclusive efforts of the hospital or any individual organization acting alone.

See the list of local area resources in the section above to identify prospective participants to consider for participation in a collaborative network. Other leaders and community organizations that have interest should be considered for inclusion as well.

An effective collaborative network comprised of diverse community citizens and organizations can begin identifying root causes of social issues that impact

health and develop action plans. Collaborative networks can be formal or informal organizations.

- ✓ Issues cited by forum participants such as *mental health, substance abuse and vaping, housing, transportation, food insecurity*, etc. transcend beyond the scope or resources of any single community organization. Collectively the network can work together and make a greater impact.
- ✓ One formal strategy for organizing a collaborative network is 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 could be applied for and administered. Operating costs could potentially be shared by participants, such as City, County, and other local participating sources.

▪ *Examples of Collaborative Network Success*

- ✓ *A time-tested Texas model to consider is The Community Health Improvement Coalition (CHIC) in Del Rio. CHIC was organized by Val Verde Regional Medical Center in 1996 as an independent 501 (c) (3) community organization whose mission is to enlist the combined services of individuals and organizations for community health improvement projects. CHIC has been successful through the years in securing grants and supporting collaborative efforts for community health projects. CHIC is recognized as an “independent, non-competitive” organization that can include leadership from diverse community organizations to achieve common goals.*
- ✓ *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.*
- ✓ *One rural hospital hosts an annual community “fun” event that draws many from the community together to promote wellness, healthy lifestyle, and education. The event, patterned after the American Cancer Society’s Relay for Life, attracts diverse participants, raises healthcare awareness, generates positive energy, and promotes wellbeing. The hospital invites other community organizations and businesses to help sponsor the event.*
- ✓ *Hospital-sponsored luncheons or evening events featuring local physicians or practitioners offering health education on meaningful health topics. These programs promote health awareness, healthy lifestyle, goodwill, and often generate referrals for clinical wellness checkups.*



- ✓ *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.)*

## **RECOMMENDATION: Chronic Disease Self-Management**

- ❖ ***It is recommended that YCH seek ways to offer a Chronic Disease Self-Management (CDSM) program.***

*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.

The hospital primary care clinics offer well-recognized site, 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 to Consider:*
  - ✓ *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)*

### **Action Ideas for Consideration:**

- YCH work with local providers and staff to develop a model for a Chronic Disease Self-Management Program that would work for Yoakum County.
- Determine the best venue to offer a CDSM program, perhaps as a part of the rural health clinics or elsewhere in the hospital organization. Consult with financial advisors to determine potential Cost Report implications based on where the program is offered.
- Utilize the YCH Wellness Centers in Denver City and Plains as a wellness component to promote healthy lifestyle and chronic disease management
- Work with local grocery stores to improve access and promotion of fresh fruit, vegetables, and other healthy food choices
- Gather information and/or consult with other CDSM Programs
- Seek collaborative opportunities among local organizations to improve social conditions that impact mental health.

## **RECOMMENDATION: Focus on Primary Care and Diagnostic Wellness Services**

- ❖ **It is recommended that YCH maintain its priority focus on offering high quality primary care and diagnostic wellness services.**

Yoakum County Hospital is widely respected as a quality provider for primary care and diagnostic wellness services. The general consensus of focus group participants was that YCH should maintain its focus on being a trusted provider of primary care and diagnostic wellness services. Maintaining the rural health clinics, primary care providers, and local access to diagnostic services is considered essential.

Mammography was repeatedly mentioned as a diagnostic wellness service that should be provided locally. Colonoscopy screening and endoscopy were considered important diagnostic procedures to maintain locally. The Dialysis Center is considered a good service line to have locally for those who need the service, but secondary to other primary care services if financial sustainability becomes an issue.

## SUMMARY

Yoakum County Hospital is a vital and essential resource serving Yoakum County as well as a large 2-state surrounding area. The area is comprised of remote communities, diverse population, and local industry. The hospital provides local primary and emergency medical services essential to maintaining the health and wellbeing of citizens, as well as emergency services for those working in the oil, gas, mining, and agricultural industry.

YCH is well maintained and equipped with current medical and diagnostic technology. The hospital facilities have been renovated in recent years and are well maintained. Services are provided by competent providers, skilled workers, and dedicated staff. A good number of employees choose to drive long distances from other cities with larger hospitals to work at YCH. 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 Yoakum County as presented by community focus groups indeed are community issues, not merely hospital issues. YCH 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 Yoakum County reflect a proud “can do” attitude in solving problems, looking after each other, and providing for themselves and community. Positive energy permeates among diverse segments of the community in their desire to improve the environment of living and working in the county. Yoakum County is a small county comprised of small close-knit towns and rural areas well-served by various civic, charitable, churches, and public services.

This “can do” and cooperative culture provides a good framework for the community as it seeks ways to bring tangible improvement to the issues identified in this assessment.

### *Next Steps:*

- *A next step will be to present this CHNA to the hospital Board of Directors and hospital leadership team.*
- *It is recommended that this CHNA be shared with all focus group participants who contributed to this assessment and be posted on the hospital website for public access. Sharing this assessment with the focus group participants and community will likely create synergy leading to combined strategic efforts focused on improving the health and wellbeing of people living in Yoakum County.*
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- *It is recommended that a link to this CHNA be posted on the hospital website for the public to gain easy access.*
- *These recommendations, formulated through feedback gathered directly from local community focus groups and supporting data, should be prioritized, and used as a basis for preparing a community health strategic action plan.*

Thank you to all who contributed to this Community Health Needs Assessment. The YCH leadership team, hospital staff, Medical Staff, and Board of Directors, are to be commended for maintaining a well-run and successful community hospital. Special thanks to the volunteers who participated in the community focus groups. The recommendations in this report are intended to serve as a platform to promote concerted efforts, identify solutions, and overcome obstacles leading to improved community health.

**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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