



# Hereford Regional Medical Center Community Health Needs Assessment

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## Executive Summary

A Community Health Needs Assessment (Assessment) was conducted for Hereford Regional Medical Center, (Hospital) on January 19-21, 2016, through focus groups that included a number of community members from Hereford and Deaf Smith 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. Whether or not an organization is required by regulation or statute to conduct a Community Health Needs Assessment, it is an extremely valuable tool for fulfilling its role in the community.

The Mission of the Hereford Regional Medical Center is to improve the health and quality of life of the individuals and communities we serve, and the vision is to give back to the community and make the area a healthier, safer place to live, work, and raise a family. By listening to members of the community, and by 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 Deaf Smith County, with its secondary market to include small sections of surrounding counties-

In addition to Hereford Regional Medical Center, which has an average daily census of 8.1 patients, other hospitals in the area include:

### Parmer Medical Center

- Not-for-profit
- 25 beds

### Plains Memorial Hospital

- Hospital District
- 25 beds

### Baptist St. Anthony Health System

- Investor-owned
- 312 beds

### Northwest Texas Hospital

- Investor-owned
- 414 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 Vision Statement indicates that the Hospital recognizes its' role in the community.

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

1. Business Leaders
2. Ministers
3. County Sheriff, Chief of Police
4. Elected officials, city and county
5. Hospital District Board members, Medical Staff member
6. Auxiliary members
7. School Board member
8. Senior Citizens Center representatives
9. Representatives of Federally Qualified Health Center
10. Representatives of County Crisis Center
11. Public Health representative, Hereford office, Texas Department of State Health Services

The list of questions asked of each group is on page 19 in the Appendix. The focus groups were held at the Hospital, with a variety of participants in each one. Each group had individuals of varying ages and races, with a variety of backgrounds. Focus groups were also held with the Executive Team and the Hospital Department Managers. 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.

Results of the Focus Group interviews have been 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. The community appreciates the improvements that have been made in the last several years, particularly the new physical plant. Appreciation was also expressed for the leadership provided by Greg Reinart, CEO. Additionally, other comments included:

1. Good care provided
2. Good physicians and mid-level providers
3. Good staff
4. Excellent care in Physical Therapy
5. Excellent care in Obstetrics, Surgery, and Inpatient

Finally, participants in general indicated they have used or will use the Hospital when needed. The primary hesitancy expressed by any of them had to do with use of the Emergency Room.

## Community Demographics

The Census of 2014 showed the population of Hereford, Texas, to be 15,216, a 5.1% increase since 2000. Deaf Smith County showed a population of 19,177, an increase of 4% since 2000. There were 4,781 households in Hereford, with an average household size of 3.14. Deaf Smith County showed 6,191 households, with an average size of 3.07. The City of Hereford land area is 5.93 square miles, with a population density of 2,585 people per square mile.

The median income for a household in Hereford was \$39,650, compared to \$51,714 for the Texas average, and the estimated per capita income was \$16,317. The median age was 30.0 years, compared to 34.0 years for Texas.

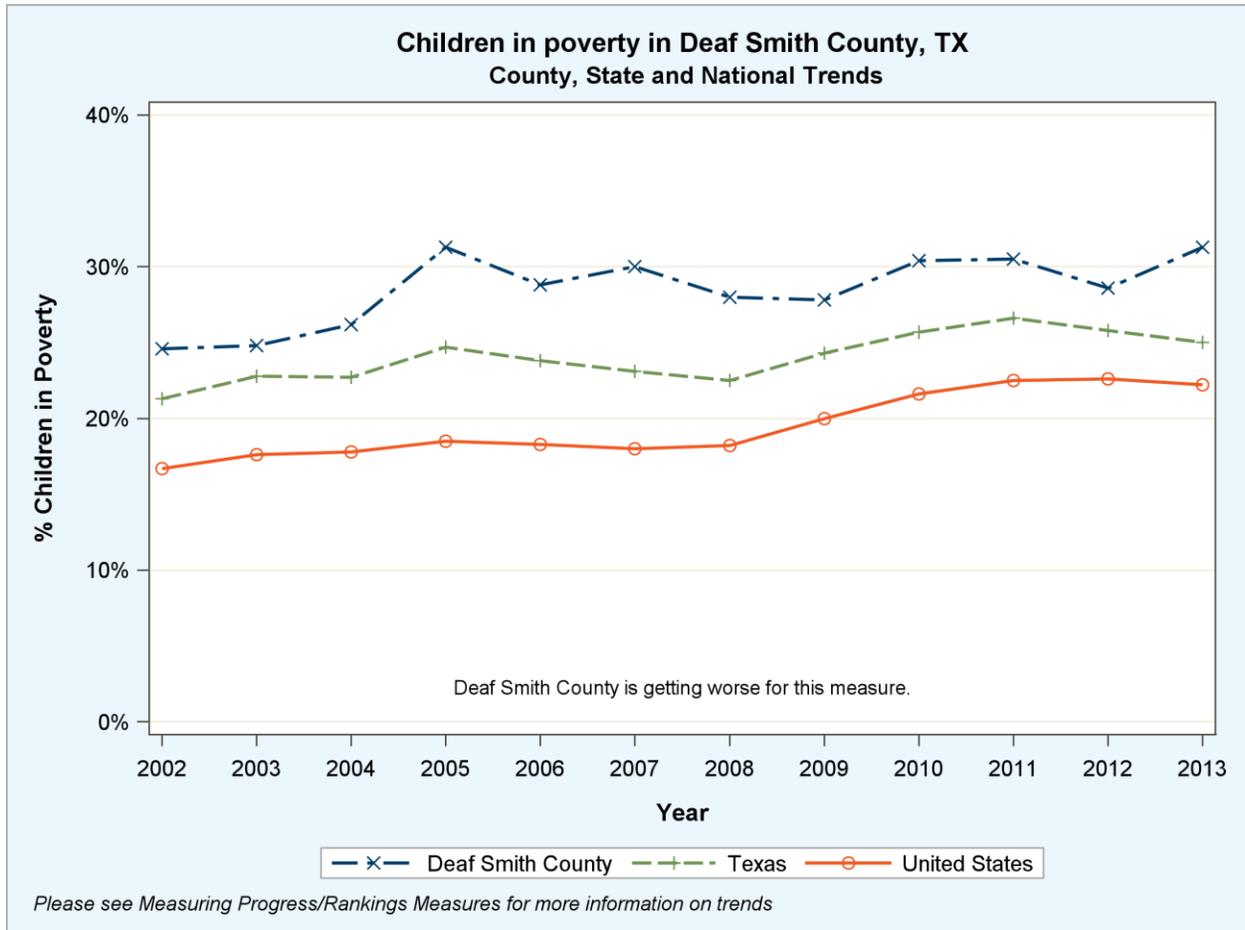
Specific economic measures of Hereford County are indicated below:

Figure 1

<b>Measure</b>	<b>Hereford</b>	<b>Texas</b>
<b>Unemployment</b> (11/2015)	3.2%	4.4%
<b>Uninsured Adults</b>	39.0%	31.0%
<b>Uninsured Children</b>	15.0%	13.0%
<b>Living in Poverty</b>	18.9%	17.6%
<b>Children in Poverty</b>	31.0%	25.0%
<b>Children eligible for free lunch program</b>	74.0%	44.0%

The following graph, (Figure 2 on page 6), from County Health Rankings shows the trend line for children living in poverty. Although the percentage was fairly steady from 2005 to 2013 for Deaf Smith County, the percentage in Texas and in the United States is increasing. 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](http://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, 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 2013. It also shows percentages of residents without health insurance.

The additional measures are based on an article published by The Texas Tribune in 2011, giving a breakdown of those over 18 and over 65 in poverty, as well as by race, during that time period.

**Figure 3**

County residents below Federal Poverty Level*	21.5%
Under 18 years of age*	31.3%
County residents without health insurance, Ages 0-17 years*	15.7%
County residents without health insurance Ages 0-64 years*	29.3%
Below poverty level 18-64 years of age**	13.5%
Below poverty level 65+ years of age**	11.3%
White, non-Hispanic/Latino**	6.0%
Black**	36.6%
Hispanic/Latino**	23.3%

\*Health Facts Profile, Texas Department of State Health

\*\*American Community Survey, US Census Bureau, The Texas Tribune 12/15/11

Education levels in Deaf Smith County, according to [www.quickfacts.census.gov](http://www.quickfacts.census.gov), are as follows:

- High School or greater: 70.0% (81.2% Texas)
- Bachelor’s degree or greater: 14.8% (26.7% Texas)

Further, [www.countyhealthrankings.org](http://www.countyhealthrankings.org) reports that 85% of ninth graders graduate in four years, and 39% of adults 25-44 years of age have some amount of college.

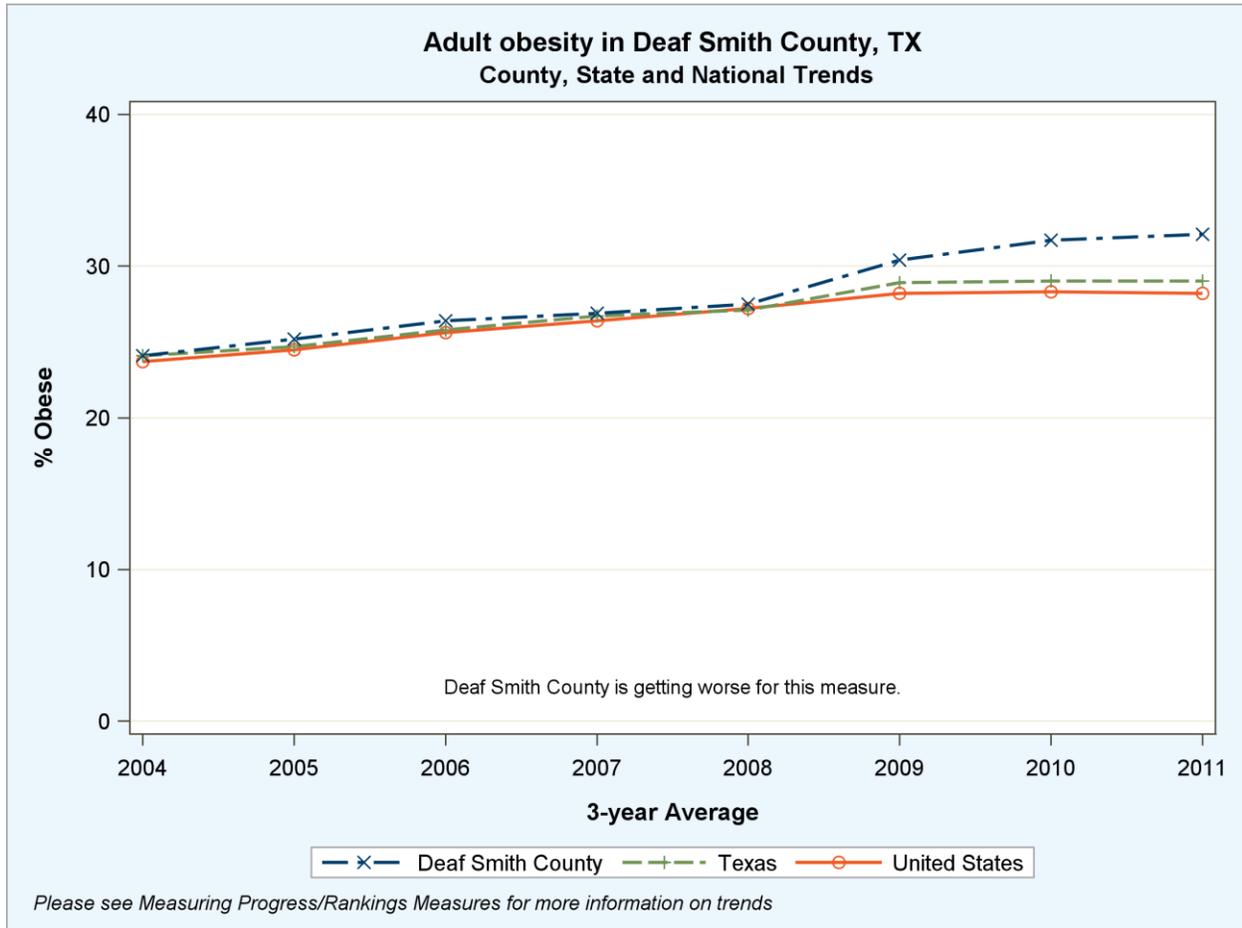
Deaf Smith County is a Health Professional Shortage Area (HPSA) for Primary Care, Dental Care, and Mental Health Providers, and a Medically Underserved Area (MUA), as designated by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

County Health Rankings ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)) shows the following measures for Deaf Smith County for Adult diabetes and obesity. Additionally, City-data.com ([www.city-data.com](http://www.city-data.com)) shows the 2012 rate for low-income pre-school obesity:

1. Adult Diabetes rate: 10.0% (9% in Texas)
2. Adult Obesity rate: 32.0% (29.0% in Texas)
3. Low-income pre-school obesity rate: 13.1% (15.7% in Texas)

These rates are comparable to other rural counties throughout Texas. While the numbers are not particularly higher for Hereford and Deaf Smith County, these three issues contribute significantly to the cost of health care, and the overall health of the community. All three were brought up in the Focus Groups as participants discussed major health issues in the community. The rate of Obesity among adults is growing in Deaf Smith County, as well as across the United States, as indicated in Figure 4. Exercise and education are being 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 and Clinic can help.

Figure 4



[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

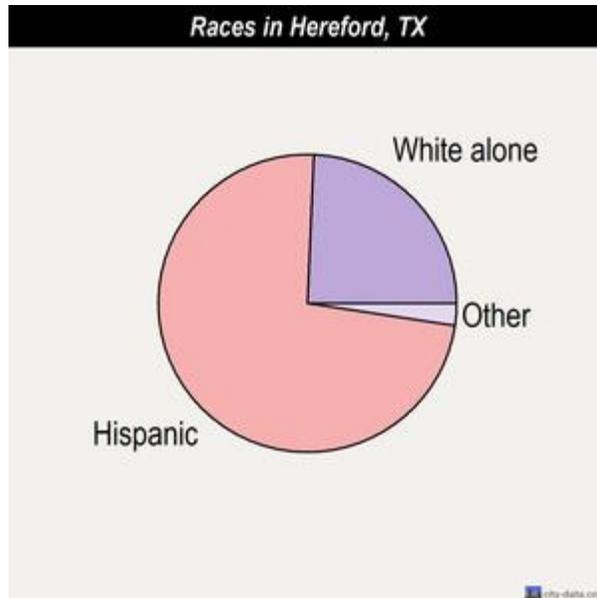
Obesity is an area of concern, both in Adults and in Children, as it can lead to Diabetes, Coronary Artery Disease, Circulatory Disease, and many other chronic conditions, as well as premature death. According to the Texas Diabetes Council, 9.7% of Adults in Texas who are age 18 and above have been diagnosed with Diabetes (approximately 1.8 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. This is a major area of concern for Healthcare Providers and School Districts throughout the State and Nation.

Of significance to Hereford and Deaf Smith County, the Diabetes rate among Hispanics is higher than among other ethnic groups. Additionally, the incidence of hypertension tends to run high among Hispanics. The U.S. Census ([www.quickfacts.census.gov](http://www.quickfacts.census.gov)) reported in 2013 that the

population in Deaf Smith County of White (non-Hispanic or Latino) citizens was 27.0% and in Hereford, 26.3%. The African American population in Deaf Smith County was 2.0%, and in Hereford, 1.4%. By ethnicity, 70.6% of the population in Deaf Smith County is of Hispanic or Latino origin, and in Hereford, 71.7%.

Figure 5

Races in Hereford, TX (2013)



White alone	24.7%
Hispanic/Latino	74.5%
Black alone	.8%

Read more: [http://www.city-data.com/city/Hereford -Texas.html#ixzz3g42f8fnY](http://www.city-data.com/city/Hereford-Texas.html#ixzz3g42f8fnY)

Additional chronic diseases being treated in Hereford and Deaf Smith County include Cardiovascular and Respiratory illnesses, along with Congestive Heart Failure, Hypertension, and other diseases. According to County Health Rankings, [www.countyhealthrankings.org](http://www.countyhealthrankings.org), Deaf Smith County ranks number 69th of 237 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, Deaf Smith County ranks number 176th of 237 Texas Counties.

The following table from County Health Rankings shows the incidence of certain behaviors, and how Deaf Smith 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, and is common in most communities, particularly rural communities, where opportunities for exercise are limited.

Figure 6

Health Behaviors	Deaf Smith County	Top US*	Texas
Physical Inactivity	27%	20%	23%
Access to Exercise	80%	92%	84%
Teen Births**	99	20	55
Adult smoking***		14%	17%
Adult obesity	32%	25%	29%
Alcohol-impaired driving deaths	35%	14%	33%

\*Best performers in US

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

\*\*\*Not reported

[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

The Texas Department of State Health Services (TDSHS) reports teen pregnancy based on actual births, showing that in 2013 there were 26 teen births in Deaf Smith County, a rate of 7.7% of total births. Additional information is available from TDSHS.

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

## Priorities Identified in Interviews

Much of the information presented from the focus groups is based on the perceptions of the members of the community, most of whom have had some experience with Hereford Regional Medical Center and its services and staff. Even if a comment made was only perception and not based on actual experience, perception is reality to those individuals, and needs to be considered. Additionally, information shared in focus groups and/or interviews is often what gets repeated within the community, and therefore becomes the basis for what people believe about the Hospital.

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 developed.

### 1. Medical Staff

- a. Increase number of Primary Physicians/Mid-level Providers
  - i. Access issues
  - ii. Retention issues
- b. Increase number of and access to Specialty Providers
  - i. Cardiology, Orthopedics, Podiatry, Dental, Urology
  - ii. Additional Internist
- c. Update recruitment plans to account for current gaps in coverage as well as for future growth
- d. Review stability issues; causes of turnover

### 2. Major Health Issues Identified

- a. Diabetes
- b. Hypertension
- c. Obesity
- d. Mental Health
- e. Cancer
- f. Allergies, Dental, Dermatology
- g. Preventive medicine/healthy living
- h. Care for Seniors
  - i. Liaison person to assist in finding resources

### 3. Patient services

- a. Issues with Emergency Department
  - i. Long waits, perceived errors in diagnosis and treatment
  - ii. Lack of communication with patients/families
  - iii. Complaints about Physicians, lack of trust in them
    1. Need to not be dependent on contract services
- b. Difficulties in getting timely appointments
  - i. Physician shortage

- ii. Calls not always returned
    - iii. Add weekend and/or walk-in clinics
  - c. Customer service issues
    - i. ER clerks
    - ii. Appointment clerks
    - iii. Some staff are very good while others could use this training
  - d. Issues with Billing Department
    - i. Improvements have been made but more can be done
  
- 4. Marketing of services and educational offerings
  - a. Increase involvement in community, through sponsored programs, speakers
  - b. Seek opportunities to partner with Schools, Churches, other organizations
  - c. Increase patient education opportunities
    - i. Diabetes, nutrition in general
    - ii. Healthy life style/preventive health
  - d. Hold health fairs and other educational offerings off site, to draw in participants
    - i. Churches
    - ii. Schools
    - iii. Businesses
  - e. Consider variety of methods to communicate to the public
    - i. Newspaper, social media, community meetings
    - ii. Consider use of Mexican radio stations to broaden the audience
    - iii. Promote providers, services, programs

### **Medical Staff Services**

Participants in the interviews spoke about the need to add specialists, and/or to increase the frequency of visits of current specialists. It was suggested that any increase in the frequency of specialty visits would be helpful in reducing the need to travel out of the community. For many, trips to Amarillo and Lubbock are becoming more challenging, due to age or expense.

Additionally, many expressed the frustration in getting timely appointments and in long waits once in the Clinic. The need for additional Primary Care providers was spoken of in practically every focus group. While, according to staff, there are now extended evening hours, and a mechanism to help with walk-ins during the day, the members of the community who participated in the groups did not seem to be aware. There were also several who stated that a weekend clinic is needed in order to ease the access issue.

The Hospital is fortunate to have a strong group of Physicians and Mid-level providers available, but some are in the later stages of their careers. It will be important for the Administration and Board to maintain a proactive Medical Staff Management plan that clearly defines the on-going needs in the community for both primary and specialty care.

## **Major Health Issues Identified**

While there was a strong appreciation for the Hospital from many participants, there was also a concern for the impact of chronic diseases in Hereford, including Diabetes, Cardiovascular, Cancer, Hypertension, and issues of particular importance to the elderly population.

As noted earlier, the rate of Diabetes in Deaf Smith County is 10.0%, and Obesity in Adults is 32.0%. These two conditions can lead to many other issues related to the Heart and Vascular systems, as well as other health issues.

The Hospital cannot solve all community health issues by itself, but there may be opportunities to partner with other organizations on the issues of Mental Health. The Hospital could work with others to help address this issue, perhaps through grants or other sources. There are some limited resources in the community, but there are still gaps in the level of care provided for adults and children, as there are in every community.

In general, several participants spoke of the needs of an aging population, stressing the importance of addressing chronic health issues as well as the importance of a proactive healthy lifestyle.

## **Patient services**

The most consistent topic discussed in the Focus Groups was the Emergency Room. Concerns revolved around long waits, lack of communication with patients and families, and Physicians who are not part of the community and do not show compassion to patients. Although there was usually an appreciation for the fact that the most critical patients receive care first, many participants felt that the waits in general are excessive.

Comments were also made about misdiagnosis of patients in the ER, and a lack of trust in the Physicians. The issue of misdiagnosis appears to be a perception that is continually floating around the community. Examples included patients being seen and released, only to return later with a major illness. Others spoke of being told nothing was wrong, and then going to Amarillo where they were diagnosed with an illness. In fairness, several participants spoke of good experiences in the ER, including one whose family member's life was saved. However, there is a lack of confidence in the ER among many in the community.

As an alternative to the ER, several suggested a weekend clinic. It is understood that the Hospital is considering a walk-in clinic as alternative to the ER, and this could help deal with the issue of long waits. One participant spoke of a walk-in clinic that will be opening in Southwest Amarillo, which could result in community members leaving for care outside of Hereford,

The issue of customer service came up several times, and while some think there has been improvement, others believe that more needs to be done. In general, participants were very complimentary of the Nursing staff and other departments, but felt that customer service in

general should be addressed throughout the organization. A focused training program on customer relations, if not already in place, should be considered.

### **Marketing of services and educational offerings**

It was acknowledged that the Hospital participates in activities in the community, and people would like to see an increased participation through sponsored activities, presentations to community organizations, and other activities, thereby increasing the Hospital's visibility to the people of Hereford. It was also suggested that partnerships with other organizations, such as the Schools, the City and County governments, Churches, and other agencies should be considered.

As noted earlier, the major health issues in the community that were most frequently mentioned, and which provide opportunities for education, are:

- a. Diabetes and Obesity
- b. Hypertension
- c. Mental health
- d. Cardiac issues
- e. Cancer
- f. Care for Seniors
- g. Dental care, especially for children

Diabetes and Obesity are considered by the community to be serious issues, and are admittedly a matter of culture and ethnicity to a great extent. However, additional teaching and counseling on these two related issues will be favorably received by the community, and there is an opportunity for the Hospital to take the lead in how the community addresses these issues.

The Hospital is in a unique position to provide such education, both among the adult population as well as with those under 18 years of age. The rate of Diabetes in children in Hereford appears to be stable, according to several participants, but the rate of Pre-school Obesity for low-income children is at 13.1%, and addressing nutrition and healthy living at an early age is important. Educating the children can be an important first step in educating their parents.

Participants expressed the need for education on healthy living, to include nutrition and exercise, and preventive care. Several commented that the Hospital is doing a good job of being in the community, while others thought there is less participation than in the past.

There is the belief that many do not know the "story" of the Hospital from the standpoint of what services it can offer, what its capabilities are, and the importance of its role in stabilizing critically ill patients. A "State of the Hospital" could be an annual program, and could be offered in a variety of venues.

It was suggested that health fairs and other educational or screening services should be held off site, in order to draw more people into the activities. A participant stated that some will be more likely to take part in free screenings and related activities if they are offered in the community rather than at the Hospital. It was suggested that Churches, businesses, and/or community centers would be appropriate locations to reach many of the residents of Hereford.

In terms of communicating information, it was suggested that the Hospital will have to be creative, since fewer people read the newspaper or listen to the radio. Social media is widely used in every community today, and has some applications for marketing, but cannot be the only means used, since not all people use it. The various media are a good resource to promote the Providers, the services, such as the Walk-in Clinic, if it is developed, and other new programs that are established.

As with every community in the State, Hereford and Deaf Smith County have individuals who are dealing with one or more major health issues. The Health Fairs and other screening activities that have been held in the past were described as very important by many, and participants want to see these continue, especially out in the community. The fact that they were brought up in several focus groups points to the value of some form of community education. Again, as with every community, the growing number of senior citizens presents a special need for education on disease prevention, education, and counseling on specific diseases. The Hospital is encouraged to seek opportunities to partner with other organizations to continue and expand educational offerings.

Finally, and equally important, the marketing of services and people, including the Providers as well as other staff, can be designed to address the perceptions within the community. It was suggested that the Hospital promote the successes it has by telling the story of Hereford Regional Medical Center. There are those in the community who base their perceptions on what they have heard, and there is always a tendency to hold on to stories that may be decades old. Telling the story of the Hospital as has been mentioned previously can be an antidote for those old perceptions that continue to circulate.

## **Summary and Recommendations**

In summary, the feedback from the various participants can be very beneficial to the Hospital, as the future needs of the Hospital are considered. The level of services currently being provided by the Hospital, and its modern, attractive physical plant, are a prime example 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.

Hereford Regional Medical Center is indeed a community-based entity, by virtue of the services it offers, and as reflected in the Mission Statement. 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 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. Based on the federal requirements for 501c3 organizations, both the Community Health Needs Assessment and the Implementation Plan, after Board approval, are to be shared with the Community, either by posting on the website and/or distributing by other means. Following those same guidelines would be effective for Hereford Regional Medical Center

Recommendations are as follows:

1. Maintain an up-to-date Medical Staff Management Plan to insure availability of Primary and Specialty Care providers, commensurate with the needs of the community.
2. Review the Hospital's ability to address the major health issues in the community, particularly Diabetes and Obesity, through adequate staffing, programs, equipment, and space. Consider partnerships as appropriate.
3. Review and implement plans to address the perceptions and any existing issues in the ER, including the potential need for customer service training there as well as throughout the organization.
4. Review and modify the marketing plan as needed, to insure on-going marketing of services throughout the community, to include educational offerings being held in the community, aimed at educating as well as addressing perceptions.

TMSI, Inc. is appreciative of Greg Reinart and his team, especially Meri Killingsworth and Dee Salinas, for assistance in scheduling the participants for the interviews. We also appreciate all the individuals who took time to share their insights into the health needs of Hereford and the surrounding area. Hereford Regional Medical Center is recognized as a vital part of the community, and shows a strong commitment to its' needs. It has been a pleasure to assist you in conducting this Community Health Needs Assessment.

# Appendix

## **Focus Group Questions**

1. What is healthy/unhealthy about Hereford/Deaf Smith County?
2. What are the major health issues in your community?
3. What are your perceptions of Hereford Regional Medical Center?
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](http://www.city-data.com)
2. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)
3. [www.quickfacts.census.gov](http://www.quickfacts.census.gov)
4. [www.hrsa.gov](http://www.hrsa.gov)
5. [www.dshs.state.tx.us/diabetes/](http://www.dshs.state.tx.us/diabetes/)
6. [www.dshs.state.tx.us/CHS](http://www.dshs.state.tx.us/CHS) p