

Community Health Needs Assessment

January 2022

Contents

General Background.....	3
Demographics	3
Community Healthcare Needs.....	5
Lack of Specialists or Services and Physician Availability.....	6
Lack of Reliable Transportation	6
Lack of Usable Insurance for Low Income Households.....	7
Other Health Insurance Issues	7
Chronic Diseases	7
Healthy Living.....	8
Sex Education.....	8
Alcohol and Substance Abuse.....	8
Mental Health Needs	8
Recommendations	9
Increasing Specialists and Services and Physician Availability.....	9
<i>Specialists and medical services</i>	9
<i>Transportation</i>	9
Education	9
<i>Chronic Diseases and Healthy Lifestyles</i>	9
<i>Financial Assistance</i>	9
<i>Use and access of the Emergency Room Department</i>	9
<i>Teen pregnancy</i>	10
<i>Alcohol and Substance Abuse</i>	10
<i>Mental Health</i>	10
APPENDIX.....	11

General Background

Crosbyton Clinic Hospital (“CCH” or “the Hospital”), located in Crosbyton, Crosby County, Texas, Primarily serves the Crosby County area. CCH also serves residents of dickens County (immediately east of Crosby County) and a few from Lubbock County(immediately west of Crosby County). CCH’s mission is a community-oriented health care system dedicated to providing the highest standard of care for residents of its community. The Hospital provides general medical services for inpatient, outpatient and emergency room patients which includes a twenty-four-hour emergency department, swing-bed unit, physical therapy, and diagnostic testing. CCH accepts private insurance and participates in Medicaid and Medicare programs. For those residents of Crosby County who qualify, CCH is pleased to offer financial assistance through its indigent and charity care programs.

Licensed for two beds. Other hospitals within a forty-five-mile radius:

- Covenant Medical Center (Lubbock, Lubbock County), licensed for 977 beds.
- University Medical (Lubbock, Lubbock County), Licensed for 412 beds, organized as a hospital district.
- W.J. Mangold Memorial Hospital (Lockney, Floyd County), licensed for twenty-five beds, organized as a hospital district.

Demographics

The Hospital, located at 710 West Main Street, Crosbyton, Texas, in Crosby County, Texas, is located thirty-nine miles east of Lubbock, Texas. The city has an estimated population as of 2022 of 1,442. This city is currently declining at a rate of 1.70% annually and its population has decreased by -3.35% since the 2010. The populations of Crosby and Dickens counties have decreased while the population of Lubbock County has increased. Overall, the negative growth rates are comparable to other rural cities and counties in Texas.

Crosbyton has a similar percentage of females (50.9%) to Lubbock (50.75%) County and the State of Texas (50.3%). Dickens County (44.55%) has significantly lower percentage of females. While Crosbyton has a higher percentage of people over sixty-five (17.7%) compared to Lubbock County and the State of Texas, it has a lower percentage compared to Dickens and Crosby counties. Crosbyton’s population of children under eighteen (24.4%) is the second highest compared to Dickens, Crosby and Lubbock Counties, and the State of Texas at 22.3%).

Category	Crosbyton (a)	Crosby County (b)	Dickens County (b)	Lubbock County (b)	Texas (b)
Female	50.9%	50.4%	44.5%	50.7%	50.3%
Children under 18	24.4%	26.1%	18.2%	23.7%	22.3%
Persons over 65	17.7%	18.9%	23.7%	12.7%	16.5%
Households (c)	701	2,044	842	112,185	119,730,128
Persons per household (c)	2.73	2.83	2.48	2.58	2.63
White, not Hispanic/Latino	37.5%	38.9%	61.7%	52.7%	41.2%
Hispanic/Latino	56.3%	56.6%	30.3%	36.3%	39.7%
African American	5.5%	4.0%	5.7%	7.9%	13.4%
Foreign born (c)	3.8%	3.0%	5.4%	6.0%	17.0%

(a) 2017 estimates

(b) 2019 estimates, except as noted

(c) 2014-2018

The ethnic composition of Crosbyton and Crosby County also differ greatly from the surrounding counties as well as the State of Texas. They have a much higher Hispanic/Latino (56.3%/56.6%) percentage and significantly lower white, not Hispanic/Latino percentage (37.5%/38.9%). African Americans make up a smaller percentage of the population in Crosbyton (5.5%) and Crosby (4.0%) and Dickens (5.7%) County than either Lubbock (7.9%) County or the State to Texas (13.4%). Dickens (5.4%) and Lubbock (6.0%) Counties and the State of Texas (17.0%) have higher population of foreign-born residents than either Crosbyton (3.8%) or Crosby County (3.0%). Roughly two-thirds of the Crosbyton residents speak English and one-third of the residents speak Spanish.

Crosbyton's unemployment rate (4.7%) is comparable to Crosby (4.7%) and Dickens (4.6%) Counties. This is significantly higher than Lubbock County (2.9%) and the State of Texas' (3.6%) unemployment rates. The median family household and per capita income in Crosbyton is on the lower end of the spectrum in comparison to the households of the subject counties and State of Texas. Median household incomes for Crosbyton (\$36,659), Crosby (\$37,899) and Dickens (\$41,618) are significantly lower than the median household income for Lubbock County (\$50,473) and the State of Texas (\$60,293). Compared to Dickens County (\$23,432), Lubbock County (\$27,089) and the State of Texas (\$30,143), residents of Crosbyton (\$24,579) and Crosby County (\$19,155) earn less money on a per capita basis.

Category	Crosbyton (a)	Crosby County (a)	Dickens County (a)	Lubbock County (a)	Texas (a)
Unemployment, 16 years old and over	4.7%	4.7%	4.6%	2.9%	3.6%
Median household income	\$36,659	\$37,899	\$41,618	\$50,473	\$60,293
Per capita income	\$24,576 (b)	\$19,155	\$23,452	\$27,089	\$30,143
Persons living in poverty	28.6%	20.7%	17.2%	18.9%	15.5%
Persons living in poverty, White, not Hispanic/Latino	17.3%	9.8%	11.8%	14.2%	8.7%
Persons living in poverty, Hispanic or Latino	31.5%	27.3%	27.8%	23.9%	22.1%
Persons living in poverty, Black or African American	59.3%	33.1%	46.7%	26.9%	20.3%
Persons living in poverty, other	56.2%	45.0 %	49.1%	21.4%	22.3%

(a) 2018 - 2019 estimates

(b) 2017 estimate

The percentage of residents of Crosbyton living in poverty (28.6%) significantly exceeds Crosby (20.7%), Dickens (17.2%) and Lubbock (18.9%) Counties and the State of Texas (15.5%). Across all races, the percentages of those living in Crosbyton exceeds those living in Crosby, Dickens and Lubbock Counties and the State of Texas. A contributing factor to the lower levels of income and the poverty levels may be explained by the level of education of Crosbyton residents. Crosbyton and Crosby County have the lowest percentage of residents over 24 years old with a high school diploma or equivalent (75.6% and 80.0%, respectively) compared to Dickens (84.9%) and Lubbock (90.0%) Counties and the State of Texas (89.2%). The Crosbyton and Crosby County also has the lowest percentage of residents over 24 years old with a Bachelor’s degree or higher (12.2% for each) compared to Dickens (16.7%), and Lubbock (29.1%) Counties and the State of Texas (29.3%). Compared to Crosby (19.9%), Dickens (21.6%) and Lubbock (15.6%) Counties and the State of Texas (20.8%), Crosbyton has a higher percentage of residents under sixty-five years old who do not have health insurance. This mirrors the poverty and education levels of Crosbyton compared to the subject areas.

Category	Crosbyton (a)	Crosby County (a)	Dickens County (a)	Lubbock County (a)	Texas (a)
High school graduate, over 24 years old	75.6%	80.0%	84.9%	90.0%	89.2%
Bachelor’s degree or higher, over 24 years old	12.2%	12.2%	16.7%	29.1%	29.3%
Residents under 65 years old and not covered by health insurance	29.1%	19.9%	21.6%	15.6%	20.8%

(a) 2014 - 2018 estimates

The United States Department Health and Human Services (“US-HHSC”), Health Resources and Service Administration (“HRSA”) division has designated the area where the hospital is located in Crosby County a Medically Underserved Area (MUA) and a Health Physician Shortage Area (HPSA) for Primary Care, Dental Health, and Mental Health capacity. The MUA and the HPSA designations are based on a combination of factors, including physician to patient population ratios, the poverty level, the age of the population, and the infant mortality rates within the target area. Each classification of an MUA and HPSA qualification is compiled, measured, and graded based on the respective qualifying criteria for that classification and the MUA or HPSA is awarded based on the respective grade. The hospital regularly monitors its qualification factors for both the MUA and the HPSA to determine any changes in status and necessity for change in application.

Community Healthcare Needs

This Community Healthcare Needs Assessment identifies the healthcare needs of the community CCH serves regardless of CCH’s ability to meet these needs. Information about the community healthcare needs for Crosbyton and Crosby County was obtained through interviews, surveys and focus groups. Individuals interviewed or surveyed consisted of members of various ages (twenty to eighty-three), races, income levels, education levels and household statuses. Participants included members of the CCH administrative staff, Crosbyton city officials, Crosby County representatives, employees of the South Plains Community Action Association, local business leaders, local school officials, and local citizens representing seniors, low income households, Hispanics/Latinos and African Americans.

Lack of Specialists or Services and Physician Availability

Many residents still want to see more specialists in the community. Specialists mentioned include obstetricians, pediatricians, cardiologists, rheumatologists (arthritis), neurologists, otolaryngologists (ear, nose and throat), ophthalmologists, and geriatric physicians. Currently, CCH does not employ or contract with any obstetricians or pediatricians providing specialty care in these areas. While pregnant women can receive pre-natal care, they need to go outside Crosby County (generally Lubbock County) for delivery. The small number of pregnancies in Crosby County makes it cost prohibitive to provide delivery services at CCH. Residents also felt that the need for physicians who could focus more on the medical requirements of the elderly rather than the physicians who provide standard adult medical care. CCH does not currently employ or contract any cardiologists, otolaryngologists and ophthalmologists.

The need for dialysis services continues to rank as a top priority in new services residents felt the hospital should contemplate providing. The community members with the need for dialysis services tend to be the elderly. Currently, residents needing dialysis services travel to Lubbock for those services. Many of these elderly residents have limited access to reliable transportation and find it difficult to make the commute to Lubbock for their dialysis treatment.

The hardship in availability of specialty practitioners and services is an area in healthcare where most all rural and small community hospitals struggle, largely because of the cost of such specialty services in comparison to the amount of need. As mentioned, while the hospital does recognize the need for specialty services in the community, and provides measures to address where they are able, many times the cost of providing these specialty practitioners and services exceeds the level of need due to the smaller populations.

CCH has a full-time physician who covers the hospital's clinic and from time to time the hospital's emergency room department ("ER"). Many residents expressed their frustrations at the lack of physician availability due to the long wait times and appointment backlog at the clinic. Some residents stated they, family members or friends use the ER for non-emergency reasons due to the long wait times at the clinic and the inability to schedule appointments sooner than a week or two. Generally, residents who use the ER for non-emergency purposes were uninsured or underinsured.

Lack of Reliable Transportation

Due to the lack of specialists and services mentioned above, several elderly and lower income residents have to travel to Lubbock to obtain such services. However, many do not have reliable transportation to travel to Lubbock and would miss appointments or avoid making appointments. They often relied on family members or friends to take them to their medical appointments and dialysis treatments.

The South Plains Community Action Association (SPCAA) operates SPARTAN Transportation, a transportation service covering seventeen counties in the South Plains region of Texas including Crosby County, and is available for residents of Crosbyton to use as a means of transportation to Lubbock for medical appointments with specialists and dialysis treatments. SPARTAN asks passengers to make reservations at least twenty-four hours in advance for all trip requests at a cost of \$6 for a one-way trip. It is a shared ride public transportation service, but it also has a demand response service (door-to-door and curb-to-curb service with a twenty-four hour advance reservation) at a higher cost.

Several residents said they liked the idea of this service, however, they thought it to be a very inefficient service. A trip to Lubbock for medical treatment often took an entire day. Since SPARTAN is a shared ride service, residents ride the bus as they pick up other passengers in outlying areas, travel to Lubbock, attend their appointments, wait for the other passengers to finish their appointments, and make the trip back to their respective homes.

Lack of Usable Insurance for Low Income Households

The Patient Protection and Affordable Care Act of 2013 (PPACA) was intended to increase the quality and affordability of health insurance, lower the rate of uninsured individuals by expanding public and private insurance coverage and reduce the healthcare costs for individuals and the government. While the PPACA had good intentions, many residents found they could not afford the monthly insurance premiums even when purchasing insurance through the Marketplace. In addition, they stated if they bought the health insurance coverage, either the deductibles or co-pays were so high, they could not take advantage of the insurance. Furthermore, they could not find healthcare providers who accepted their insurance plan or found it extremely difficult to get pre-authorizations for services.

Other Health Insurance Issues

Due to the lack of insurance or not having adequate insurance, some residents said that they delayed seeking medical care for chronic diseases and other health issues because they felt they could not afford the care, their insurance policy did not provide adequate coverage or they did not qualify for charity or indigent care programs.

Chronic Diseases

The most common chronic diseases mentioned included

- Diabetes (adult)
- Obesity (child and adult)
- Hypertension
- Kidney disease
- Arthritis
- Allergies

Many individuals suffer from more than one of these diseases. CCH offers several health fairs and health screenings throughout the year as well as education presentations. Most people interviewed or surveyed said they were aware of the fairs and screenings, but many did not attend because they forgot, did not have the time, did not have transportation, did not feel they would benefit, had other obligations or thought they could not afford the screenings. Many expressed a desire to see more education presentations and in contrast, there were also those residents who did attend health screenings or education that were not interested in hearing more about health education at that time.

As with every community, some Crosbyton and Crosby County residents do not seek care for illnesses or chronic diseases and need to be hospitalized. The reasons for not seeking care included the inability to afford routine healthcare visits or medications, the inability to take time off from work and the lack of transportation. The Texas Department of State Health Services collects data on potentially preventable hospitalizations (See Appendix) for nine diseases and illnesses. The information reported here was for CCH. Potentially preventable hospitalizations are hospital admissions that could have been potentially prevented if the person had access to appropriate outpatient healthcare and followed the healthcare

providers' instructions. For the 2008 to 2013 time-period, the average inpatient hospital charge for Crosby County was \$46,070. The highest hospital charges were for congestive heart failure (\$56,025), long term complications of diabetes (\$54,919), bacterial pneumonia (\$44,109), and chronic obstructive pulmonary disease or asthma in older adults (\$37,325). In preparation of this report, we should note that while these amounts represent the reported hospital charges for Crosby County, the hospital actually receives significantly lower amounts from third party insurance companies, Medicare, and Medicaid, and other payer sources.

Healthy Living

As noted earlier, childhood and adult obesity is a chronic problem for the community. Members of the community again expressed that they would like to have more education offerings of living healthy lifestyles which included nutrition and exercise for both children and adults. By living a healthier lifestyle, many residents feel they can avoid or control many chronic illnesses such as obesity and diabetes, which often lead to hypertension and cardiovascular, kidney and other diseases.

Sex Education

Residents expressed a lack of sex education for the youth of Crosbyton. Sex education is essentially no longer taught in the public schools and many parents are uncomfortable or unaware of how to bring up the issue of sex education with their children. Parents are also not aware of how early children are aware of sexual issues. Some children become aware of them as early as the second or third grade. CCH has tried to partner with the school district and other organizations in the past to help educate teens but have not had much success in conducting presentations. The issue of sex education was brought up in some focus groups. The consensus was to help educate the parents on how to talk with their children, especially teens, about sexual issues and abstinence. In addition, members of focus groups suggested continuing to partner with the school district and other organizations to educate children and teens about sexual issues and abstinence. Currently, CCH nursing staff attend health fairs around the county and offer information addressing this issue.

Alcohol and Substance Abuse

Residents of Crosbyton felt that Crosbyton has an alcohol and substance abuse problem similar to other communities. The abuse of prescription medicines has become more common. Patients, particularly on pain medications, pressure their doctors to authorize refills on their medications even though their current medical condition does not warrant the use of prescription drugs. In addition, children often find it easier to take their relatives prescription drugs than to purchase illegal drugs. This presents a problem to both the children and the people for whom the drugs were prescribed.

Mental Health Needs

Several residents felt the community needed mental healthcare providers for both children and adults. The most common mental health issues mentioned were anxiety, depression and bipolar depression. The residents felt they did not have adequate access to services or knew where to go for services.

Recommendations

Increasing Specialists and Services and Physician Availability

Specialists and medical services

Residents stated they would like to see more specialists in Crosbyton or more availability of certain specialists and medical services, such as dialysis services. If these specialists and services were present in Crosbyton, residents would stay in the area rather than travel to Lubbock. A number of residents expressing a need for specialists for geriatric care suggests CCH should consider bringing certain specialists to the Crosbyton area as visiting providers. Residents would also like to see the hospital recruit another physician to the area to alleviate the backlog at the clinic. As with many rural and community hospitals, patient census and the projected visit levels in these specific areas of specialty must be considerations for each of the specialty services mentioned as a provision for education in this area.

Transportation

Some residents suggested a shuttle dedicated to transporting Crosbyton residents to and from their medical appointments in Lubbock. While SPARTAN transportation offers dedicated routes and demand response services and CCH has made an effort to inform those in need about these services, CCH might also investigate the feasibility of a medical transport shuttle. It should be noted for purposes of the community knowledge, this service would be considered community outreach and community service, as patient transportation is not reimbursable from Medicare or any third-party insurer. As noted in “Reliable Transportation” above, the community has a transportation option (SPARTAN) available to them to meet this need, although some feel it is inefficient.

Education

A common thread in many of the community’s need is education. Community education should certainly focus on what services the hospital offers, but also what services the hospital is not able to offer, either by design and payment mechanisms of being a rural hospital or because it is too costly for the hospital to offer such services. The below are specific areas noted in outreach to the community where the hospital may concentrate education efforts.

Chronic Diseases and Healthy Lifestyles

CCH makes an effort in educating its community on chronic disease and health lifestyles and has done so for many years. Some Crosbyton residents were aware of CCH’s efforts in educating the community through the flu shot clinics, health fairs, screening and presentations. They suggested expanding on what CCH currently offers primarily to elderly residents and low income, African American and Hispanic/Latino households.

Financial Assistance

Some residents were not aware of the financial assistance CCH offers to the community through its charity and indigent care programs. CCH currently employs a staff member dedicated to administrating the charity and indigent care programs. While CCH has distributed literature throughout the community, it needs to promote the programs more.

Use and access of the Emergency Room Department

Due to the lack of physician availability, some residents admit they, family members or friends use the Emergency Room Department (“ER”) for non-emergency reasons. Generally, residents who use the ER

for non-emergency purposes stated they were uninsured or underinsured. CCH can include education of the proper use and access of the ER with the chronic disease, healthy lifestyle and financial assistance education.

Teen pregnancy

While CCH has attended health fairs around the county, CCH needs to continue its efforts to locate organizations willing and able to allow presentations and ongoing support on sex education for the children and/or presentation for adults on how to teach sex education to their children.

Alcohol and Substance Abuse

Some residents would like to see the hospital make an attempt to educate the community on alcohol and substance abuse. Residents suggested conducting seminars or presentations directed at various groups around the community. The hospital certainly has the awareness of the need for this type of education and contributes to the education and treatment of alcohol and substance abuse, as applicable, through patient care.

Mental Health

Several residents felt the community needed mental healthcare providers for both children and adults. The residents felt they did not have adequate access to services or knew where to go for services. CCH should explore opportunities to provide the community with counseling services or provide informational material on where to obtain such services.