



Rice Medical Center
Community Health Needs Assessment
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Executive Summary

A Community Health Needs Assessment (Assessment) was conducted for Rice Medical Center (Hospital) from March 20 - 22, 2018, through focus groups that included a number of community members from Eagle Lake and Colorado 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 statement of the Rice Medical Center is: *Providing quality health services at reasonable cost to those we serve in our communities.* Its' vision is: *Rice Medical Center is the health provder of choice and continues to achieve highest levels of customer satisfaction. Rice Medical Center continues to add value back to its communities by remaining financially sound and supporting economic development.* By empowering its' staff, listening to members of the community, and understanding the community demographics, the Hospital can gain information on health status, and on where the gaps in healthcare delivery currently exist. Further, it solidifies the Hospital's role in the community as a partner in improving the overall health status, and in areas beyond health, such as in education and economic development. The Hospital identifies its' primary market area as the boundaries of the District within Colorado County.

In addition to Rice Medical Center having a close proximity to the Houston Medical Center and its' regional facilities in Ft. Bend County, other hospitals in the area include:

Columbus Community Hospital

- Not for Profit
- 40 beds

El Campo Memorial Hospital

- Not for Profit
- 49 beds

Yoakum Community Hospital

- Not-for-profit/Corporate
- 25 beds

Lavaca Medical Center

- Hospital District
- 25 beds

The Association for Community Health Improvement (ACHI) points out that this assessment process provides help in understanding where the needs are, and where and how to spend the

available health care dollars in a community. ACHI also describes the importance of the Hospital working together as a partner with other local organizations (Schools, Churches, Businesses, other Healthcare entities, etc.) to improve the health of all citizens, from the child to the senior adult.

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

1. Business and local industry representatives
2. Chamber of Commerce Director
3. Junior High Principal
4. Church leaders
5. Elected officials, including the Mayor and a City Council member
6. Hospital District Board members
7. Hospital Volunteers
8. Retired citizens and young adults

The list of questions asked of each group is on page 16 in the Appendix. The focus groups and interviews were held primarily at the Hospital, with the final focus group held at the Lions' Club meeting. The participants included individuals of varying ages and races, with a variety of backgrounds. A focus group was also held with the Hospital Department Managers, another with members of the Medical Staff, and a meeting was held with the Chief Executive Officer and members of the Executive Team. 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 were shared with the Chief Executive Officer of the Hospital. The findings were very broad, but common themes were discovered throughout the interviews and from those interviews, a prioritized listing of the most important issues has been developed.

While opportunities for improvement were offered, it is important to point out that positive comments were also made. Overall, the community appreciates having a local facility where services are provided without patients having to travel out of town. Many participants commented on the leadership of Mr. Jim Janek, and the positive changes that have occurred during his tenure. Additionally, other compliments were offered for these areas:

1. Hospital and Clinic
2. Specialty clinics
3. Physical Therapy
4. Nursing staff, friendly and caring
5. Emergency Department
6. Walk In Clinic
7. Employee Volunteer group
8. Telemedicine

Finally, the majority of participants indicated they have used or will use the Hospital or Clinic when needed. Some use a provider from outside the community, due to convenience or long-term relationships with those providers. Some habitually go elsewhere due to concern about confidentiality issues, or lack of knowledge of specific services by specialty physicians.

Community Demographics

The population of Eagle Lake, Texas, in 2017, according to <https://surburbanstats.org>, was 3,639. Colorado County showed a population of 20,874 in 2017. There were 1,220 households in Eagle Lake, with an average household size of 2.8. Colorado County showed 7,624 households, with an average size of 2.0. The City of Eagle Lake land area is 2.72 square miles, with a population density of 1,324 people per square mile. Colorado County land area is 963.0 square miles, with a population density of 22.0 people per square mile.

The median income for a household in Eagle Lake was \$43,300, and \$46,922 in Colorado County, compared to \$56,565 for the Texas average. The median age was 34.0 years in Eagle Lake, and 44.3 in Colorado County, compared to 35.0 years for Texas.

Specific economic measures of Colorado County are indicated below:

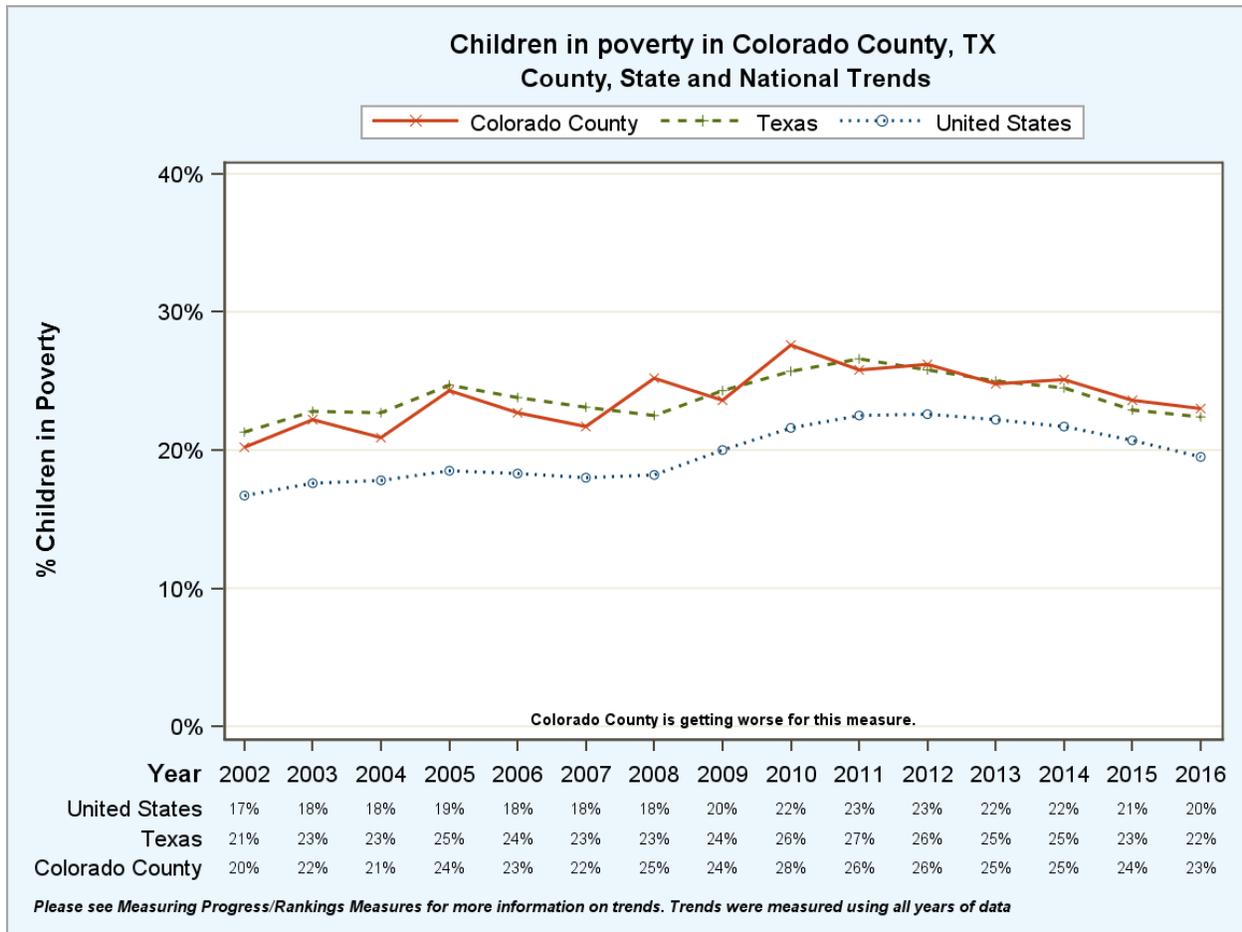
Figure 1

Measure	County	Texas
Unemployment (12/2017)	3.4%	3.7%
Uninsured Adults 2017	23.0%	26.0%
Uninsured Children 2017	12.0%	10.0%
Living in Poverty 2016, all ages	29.1%	15.6%
Children in Poverty 2017	23.0%	22.0%
Children eligible for free lunch program 2017	74.0%	59.0%

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

The following graph, (Figure 2), from County Health Rankings, shows the trend line for children living in poverty. The percentage for Colorado County increased from 2002 to 2010, but has declined since that time, while the state and national levels have a similar pattern. County Health Rankings indicates that poverty can result in an increase in the risk of mortality and in prevalence of medical conditions and diseases. The Hospital cannot address poverty on its own, but as a community member, can partner with other groups on this important issue.

Figure 2



www.countyhealthrankings.org

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

The following chart, (figure 3), with information from Health Facts Profiles, produced by the Texas Department of State Health Services, shows the percentage of residents living below the poverty level, and the percentage of children living below the poverty level in 2013. It also shows percentages of residents without health insurance.

Figure 3

County residents below Federal Poverty Level, all ages	16.9%
County residents below Federal Poverty Level, Under 17 years of age	24.8%
<u>County residents without health insurance, Ages 0-64years</u>	26.3%
<u>County residents without health insurance, Ages 0-17 years</u>	16.2%

Health Facts Profile, TDSHS,2013;

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

- High School or greater: 81.8%
- Bachelor's degree or greater: 18.4%

Further, www.countyhealthrankings.org reports that 93% of ninth graders graduate in four years, and 51% of adults have some amount of college.

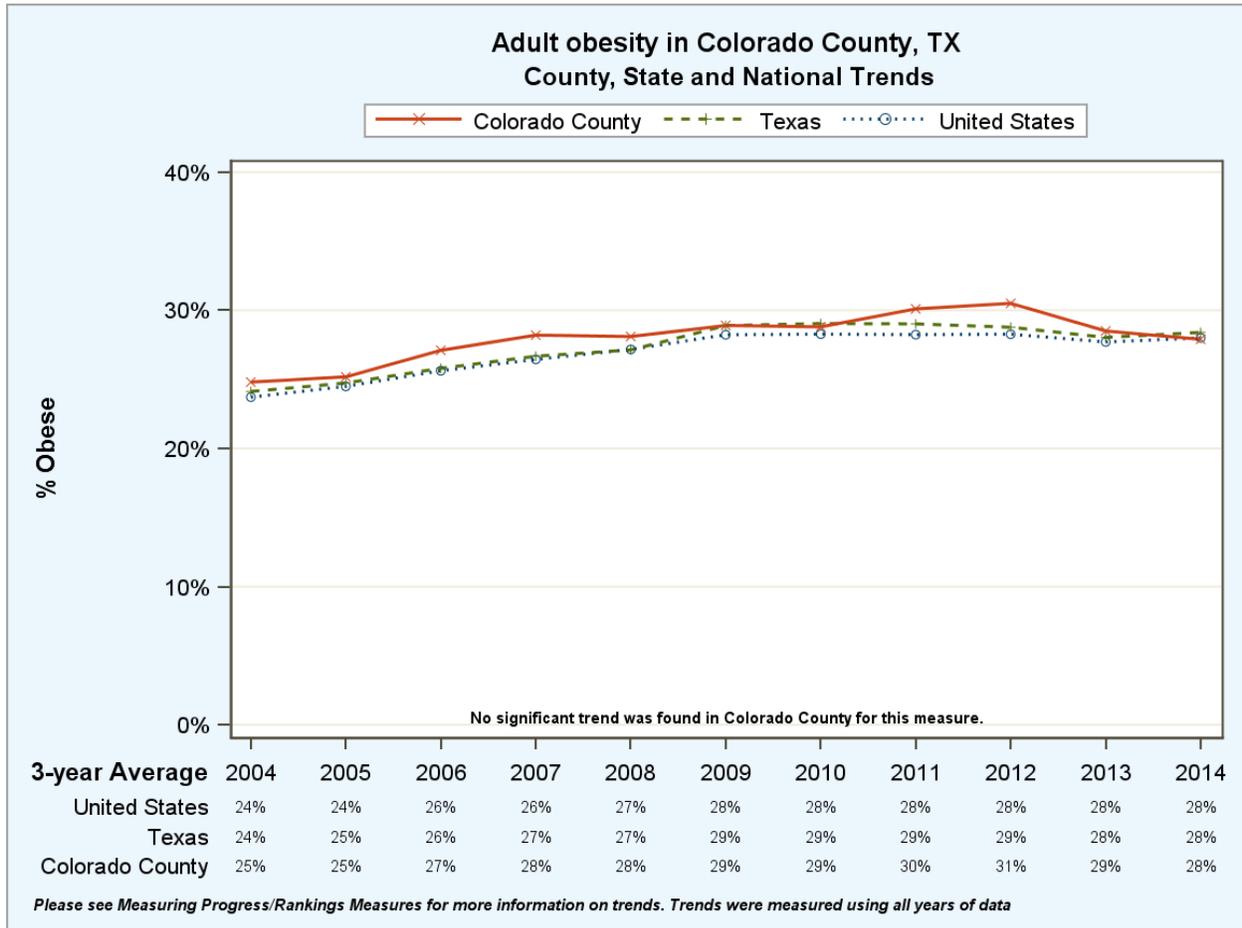
Colorado County is a Health Professional Shortage Area (HPSA) for Mental Health and Primary Care Providers, with Rice Medical Associates Rural Health Clinic serving a specific population for Primary, Mental, and Dental health. Colorado County is also a Medically Underserved Area (MUA), as designated by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

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

1. Adult Diabetes rate: 12.0% (10.0% in Texas)
2. Adult Obesity rate: 28.0% (28.0% in Texas)
3. Low-income pre-school obesity rate: 14.6% (15.7% in Texas)

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

Figure 4



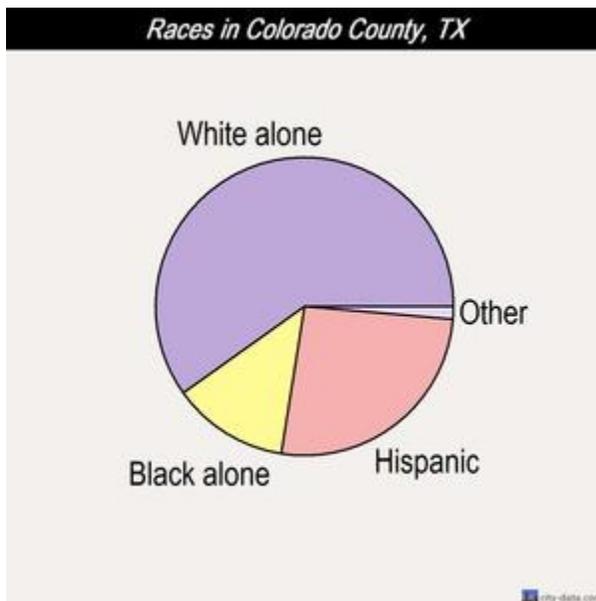
www.countyhealthrankings.org

Obesity is an area of concern, both in adults and in children, as it can lead to Diabetes, Coronary Artery Disease, Circulatory Disease, and many other chronic conditions, as well as premature death. According to the Texas Diabetes Council, in 2015, 11.4 % of Adults in Texas who are age 18 and above had been diagnosed with Diabetes (approximately 2.0 million people). The prevalence of Prediabetes in Texas in 2015 was 7.5%. The Council reports that while there is no significant difference between males and females in the prevalence of Diabetes, the rate increases with age, impacting the elderly.

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

Of significance to Rice Medical Center, the Diabetes rate among African Americans and Hispanics is higher than among other ethnic groups. Additionally, the incidence of hypertension tends to run high among Hispanics. The U.S. Census (www.quickfacts.census.gov) reported in 2016 that the population in Colorado County of White (non-Hispanic or Latino) citizens was 56.8%. The African American population in Colorado County was 13.3%. By ethnicity, 28.9% of the population in Colorado County is of Hispanic or Latino origin. See figure 5 for another source of information on population. Although the sources are not exactly the same, and are from different years, the percentages are comparable.

Figure 5



Read more: http://www.city-data.com/county/Colorado_County-TX.html#ixzz5BXG8q75C

Races in Colorado County, Texas:

- **White Non-Hispanic Alone** (56.9%)
- **Hispanic or Latino** (28.7%)
- **Black Non-Hispanic Alone** (14.0%)

Additional chronic diseases being treated in Eagle Lake and Colorado County include Cardiovascular and Respiratory illnesses, along with Congestive Heart Failure, Hypertension, and other diseases. According to County Health Rankings, www.countyhealthrankings.org, Colorado County ranks number 125 of 242 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, Colorado County ranks number 68 of 242 Texas Counties.

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

Figure 6

Health Behaviors	Colorado County	Top US*	Texas
Physical Inactivity	25%	20%	24%
Access to Exercise	57%	91%	81%
Teen Births**	40	15	41
Excessive drinking	17%	13%	19%
Alcohol-impaired driving deaths	12%	13%	28%
Adult smoking	15%	14%	14%
Adult obesity	28%	26%	28%

*Best performers in US

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

www.countyhealthrankings.org

The Hospital can use the information from County Health Rankings to view a variety of measures, including those above, and compare Colorado 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 reviewing the information in this assessment, it is important to remember that many of the comments made are based on perception. Most of the participants have had at least some experience with the Hospital. Even if a comment was only perception and not based on experience, it is reality to that individual and needs to be considered.

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

1. Medical Staff
 - a. Add/expand specialty clinics
 - i. Expand access to Dermatology
 - ii. Add another option for Orthopedics
 - iii. Establish ENT clinic
 - iv. Add or expand other specialty clinics as feasible
 - b. Increase services/providers for Mental Health issues
 - i. Continue to expand tele-psych services
 - ii. Partner with other organizations to address these needs
 - c. Extend clinic hours as feasible
2. Service needs
 - a. Major health issues
 - i. Diabetes and Obesity

- ii. Cardiology/hypertension
 - iii. Health needs of the elderly
 - iv. Mental health
 - v. Dementia/Alzheimer's Disease
 - vi. Cancer
 - vii. Access affected by poverty
 - 1. Uninsured/underinsured
 - 2. Public transportation
- 3. Community outreach
 - a. Nutrition issues, obesity, exercise
 - b. Healthy living/preventive health for all ages
 - c. Offer classes in community as well as on site
 - i. Schools, community centers, churches, neighborhoods
 - d. Partner with community organizations on major issues and topics
 - i. School system, State/regional public health, City/County offices
- 4. Communication needs
 - a. Continue to promote providers and services available at the Hospital
 - i. Increase promotion of Fast Track, Physical Therapy, Telemedicine, Swing Bed, and other programs
 - ii. Increase promotion of specialty clinics
 - iii. Utilize variety of means to communicate
 - 1. Billboards, social media, newspaper, community presentations
 - 2. Newspaper editor is involved in community, could be helpful to the Hospital
 - b. Use web site and Face Book page to communicate with community
 - i. Use social media as an asset (not user friendly now)
 - c. Publicize the new Emergency Room group to show efforts to improve access and quality
- 5. Facility needs
 - a. Touch up interior and exterior as feasible
 - b. Provide additional space for Physical Therapy
 - c. Refurbish Fast Track area
 - d. Provide space for families or patients to sit comfortably
 - e. Provide a private counseling room for Doctors to brief families

Medical Staff

Many participants in the focus groups spoke highly of the physicians and mid-level providers in the Clinic, as well as the specialists who see patients in Eagle Lake. The Hospital is very fortunate to have a committed group of physicians and mid-level providers who not only take excellent care of their patients, but are also very visible in the community. There were almost no complaints regarding having to wait for clinic appointments, or to be seen in Fast Track or the Emergency Room. The vast majority of participants indicated satisfaction with being seen in a reasonable amount of time.

There were a few suggestions about additional specialists, particularly in Dermatology, Orthopedics, Oncology, Mental Health, Dialysis, and ENT. Some were not aware of the level

of specialty clinics being offered, or which specialists are visiting the community. Some participants also expressed that because the specialists come infrequently, it can be difficult to get an appointment with them. This seemed to be one of the reasons that people choose to go out of town for specialty care, even with specialists available. Participants also pointed out that additional specialists and/or additional appointment times would be helpful in reducing travel time for patients, many of whom are elderly.

In general, comments about the Emergency Room were positive, and compliments were given to the Hospital for the establishment of the Fast Track. There were suggestions that the Fast Track could be promoted more so that community members know of its' existence.

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

Service Needs

While there was an overall appreciation for the Hospital from most participants, there was also a concern for addressing chronic diseases in Eagle Lake, including Diabetes, Heart, Cancer, and Mental Health. As noted earlier, the rate of Diabetes in Colorado County is 12.0%, and Obesity in Adults is 28.0%. These two conditions can lead to many other issues related to the Heart and Vascular systems, as well as other major health issues. The health needs of an aging population were discussed in several groups, specifically relating to chronic diseases. According to the Centers for Disease Control, one in two adults has a chronic disease, and one in four has two or more. 86% of health care dollars are spent on treating chronic diseases.

The issue of Mental Health needs was expressed in several focus groups. It was agreed that the availability of tele-psych services is helpful, but that there is still a great need among children and adults for follow-up counseling services. A representative of the County EMS system spoke of the challenges to transporting patients who require hospitalization, with a severe shortage of beds across the state.

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

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

Finally, suggestions were made to consider setting up a Federally Qualified Health Clinic, and to consider whether or not it would make sense to in-source the Physical Therapy department.

Community Outreach

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

Many participants encouraged the Hospital to seek opportunities to partner with community organizations, such as the city, county, businesses, churches, and schools. Partnership efforts could include education and screening, and access to active lifestyle options for all ages, as well as tackling the major issues facing the community, such as mental health.

Communication Needs

Several participants spoke of the Hospital's presence in the community, including medical staff as well as hospital staff, expressing an appreciation for the organization and its' people showing an interest in the community. The Health Fairs that have been offered, speakers being provided at civic and other organizations, and other means of communicating signify the desire of the Hospital to educate and inform the community. While there is already a lot being done to communicate with the community, there is still always the chance that someone will miss the information, so continuing to offer as much information as possible, through a variety of means, is important.

Suggestions from the focus groups included increasing publicity on the newer programs, such as the Fast Track option in the Emergency Room, the use of telemedicine, the Geri-psych program, and the new CT unit. Others mentioned included the Physical Therapy program, which received many accolades. Others suggested offering talks on the various types of insurance available, and suggestions for making the right choice. Additionally, educating people on the importance of the Hospital in the life of the community.

Facility Needs

It was suggested by several that certain areas, such as the Fast Track room, should be refurbished. Additionally, there was a recommendation to create a private counseling room for families, and to provide a comfortable seating area for patients awaiting transportation. There was also a recommendation that the exterior of the building be touched up.

Summary and Recommendations

In summary, the feedback from the various participants can be very beneficial to the Hospital, as the Board and leadership plan for the future needs of the Hospital. The level of services currently being provided by the Hospital, and particularly the services that have been added in the last few years, 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.

Rice Medical Center is indeed a community-based entity, by virtue of the services it offers, and its current status in the community. Building on what exists today, listening to the community and to the Staff, and seeking innovative ways to deliver care will benefit the community for years to come. The sharing of the findings from this report with members of the community, after approval by the Board, 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. Most hospitals choose to have the report posted to the website. For community members who may not see the website, other means should be considered for dissemination of the findings, as practical.

Recommendations are as follows:

1. Continue to assess the needs for specialty care in the community, adding services if needed and feasible, with a particular focus on ENT, Podiatry, and Orthopedics.
2. Using a partnership approach if feasible, determine ways to further address the Mental Health needs of the community. (It is recognized that the critical shortage of mental health professionals, as well as many other social and financial road blocks, make this a difficult task. The Hospital can provide leadership, but it will require a community effort to accomplish this. The establishment of the Geri-psych program at the Hospital has been a valuable first step).
3. Continue to expand educational offerings in the community, partnering with schools, churches, and other organizations, and using the partnering option to further the efforts to address diabetes and other chronic diseases.
4. Continue to promote services, especially the newer programs now in place.
5. Consider opportunities to update the building as feasible.

Two specific items were brought up in the discussions:

1. Establish a Federally Qualified Health Center
 - a. Availability of additional resources (grants) and ongoing community involvement
2. In-source Physical Therapy
 - a. Reimbursement, patient volumes, related expenses

I want to thank Jim Janek for inviting TMSI, Inc. to conduct this Community Health Needs Assessment. I also offer my thanks to Sanjuana Martinez for support and hospitality while I was at the Hospital. I also appreciate all the individuals who took time to share their insights into the health needs of Eagle Lake and the surrounding area. Rice Medical Center is recognized as a vital part of the community, and shows a strong commitment to its' needs.

Appendix

Focus Group Questions

1. What is healthy about Eagle Lake/Colorado County?
2. What are the major health issues in your community?
3. What are your perceptions of Rice 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
2. www.countyhealthrankings.org
3. www.quickfacts.census.gov
4. www.hrsa.gov
5. www.dshs.state.tx.us/diabetes/
6. www.dshs.state.tx.us/CHS