

Golden Plains Community Hospital



Community Health Needs Assessment

August-September 2023

TORCH Management Services, Inc. (“TORCH”) appreciates Don Bates, Ed.D., MBA, BS, Chief Executive Officer, of Golden Plains Community Hospital (“GPCH” or the “Hospital”) for giving TORCH the opportunity to conduct, and for providing assistance throughout, the compilation of the Community Health Needs Assessment.

I would like to extend special appreciation to Carly Black, CEAP, GPCH Executive Assistant of Golden Plains Community Hospital for her assistance in setting up the CHNA and scheduling the participants for the focus groups and her warm hospitality to our team and all the focus group participants.

TORCH also appreciates the time and effort the focus group participants made to provide their thoughts and insights concerning the health needs of Borger, Texas, Hutchison County, and its secondary market including a 50-mile radius of Borger.

Golden Plains Community Hospital
Community Health Needs Assessment Conducted: August – September, 2023
Mike Easley, MPA, TORCH Management Services, Inc.

Table of Contents

CONTENTS

General Overview.....	4
Executive Summary and Recommendations.....	6
History of Hutchison County.....	9
Hospital Biography.....	15
Golden Plains Community Hospital Today.....	19
Area Hospitals.....	23
Hutchison County Demographics.....	25
Health Indicators.....	27
Healthcare Workforce.....	31
Priorities and Recommendations Identified by Focus Groups.....	34
A. Access to Care.....	34
B. Lifestyle issues.....	36
C. Communication.....	36
D. Miscellaneous.....	37
Appendices	
Appendix 1: Focus Group Questions.....	38
Appendix 2: Focus Group Responses.....	39
Major Data Sources.....	42

TABLES. Miscellaneous

Table 1. Facilities Operated by Golden Plains Community Hospital.....	19
Table 2. Healthcare Facilities in Borger not affiliated with the Hospital.....	22
Table 3. Hutchison County Demographics.....	25
Table 4. Population Trends.....	26
Table 5. Health Outcomes Measures.....	28
Table 6. Health Factor Measures.....	29
Table 7. Healthcare Workforce.....	31
Table 8. HPSA Designations for Hutchinson County.....	33

MAPS

Map 1. Hutchison County.....	9
Map 2. Texas Panhandle.....	23
Map 3. Texas 2023 County Health Outcomes.....	27
Map 4. Texas 2023 County Health Factor Rankings.....	28
Map 5. Incidence Rates for Texas by County, All Cancer Sites.....	30
Map 6. Sulphur Dioxide Attainment Areas.....	30

General Overview

A Community Health Needs Assessment (“CHNA”) was conducted for Golden Plains Community Hospital (Hereinafter “Hospital”) in August – September 2023. The value of the Assessment is that it helps the Hospital and the community better understand the needs of the communities they serve, with the goal of improving the overall health of the local citizens.

By listening to members of the community and reviewing demographic data, the Hospital and community gain information on health status and where gaps in healthcare delivery currently exist. Furthermore, it solidifies the Hospital’s role in the community as a partner in improving overall health status, as well as in areas beyond health, such as education and economic development.

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

A Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of the population. This information may be used to formulate strategies to improve health and quality of life in our community. There are two components that are essential in rendering a complete picture of the health of Hutchison County with particular attention to Borger: (1) the community health survey of existing data (secondary data); and (2) focus group data (primary data).

(1) Community Health Survey of Existing Data

The Community Health Survey developed for this study gives us a complete and timely view of the health status and behaviors of area residents. Existing vital statistics and other data are incorporated into this assessment. Comparisons are also made, where available, to state and national benchmarks.

The data information remained uniform in county reporting from prior years to this report. The report has the most recent state reports for the county health statistics.

(2) Community Health Focus Groups

To gain perspective from community members and local organizations, formal focus groups and individual interviews were conducted which included community health professionals, county/city governmental officials, educators, business leaders, public citizens, and community non-profits. The Focus Groups were well attended, enthusiastic,

well-informed about community programs, and interested in the well-being of the community. All participants were very impressive and engaged in the process.

DRAFT

Executive Summary and Recommendations

The Mission Statement of the Golden Plains Community Hospital is:

“To provide quality compassionate care to promote the physical and emotional well-being of all citizens of Hutchison and surrounding counties.”

The Vision Statement of Golden Plains Community Hospital is:

“To continue to provide innovative healthcare and technology to encompass the needs of all patients.”

The values of Golden Plains Community Hospital included:

“Integrity
Compassion
Accountability
Reputable
Ethical”

Golden Plains Community Hospital strives to uphold ethical principles of:

Beneficence...we should do good and prevent or avoid doing harm.

Autonomy...persons are free to make decisions regarding their own lives.

Justice...all persons are to be treated fairly and equally.

Fidelity...persons have an obligation to be faithful, truthful, and to keep promises.

Spiritual Care...should be available for all persons to request.

The Hospital identifies its' primary market area as Hutchinson County. The secondary market extends to all surrounding counties, with a radius of approximately 50 miles from Borger.

This Assessment included focus groups with representatives from the following:

1. Locally elected officials
2. Newspaper publisher
3. Local Community leaders
4. Business owners
5. Educators
6. Managers of non-profit organizations
7. Members of the medical staff
8. Hospital staff

The list of questions asked of each group is in the Appendix 1. The focus groups were made up of individuals of varying ages and races, with a variety of backgrounds.

A focus group was also held with the Hospital Department Managers and discussions were held with the CEO and members of the medical staff.

While opportunities for improvement were suggested, it is important to point out that most comments and observations were positive. The community appreciates having a local facility where services are provided that allow patients to stay in town. Additionally, other comments included later in the report.

Most participants indicated they have used or will use the Hospital or Clinics when needed. Some choose to go elsewhere, for a few reasons. The main reasons given that someone would go outside Hutchison County for healthcare is either to access Veteran Administration (VA) services or because they can combine a trip to Amarillo with shopping and going to restaurants.

Recommendations are repeated here for ease of reference.

Recommendation 1 (page 35): The Borger Behavioral Health Center should help coordinate care for adolescents returning from residential care in Amarillo with local physicians so that medications are available until follow-up appointments can be completed in Amarillo.

Recommendation 2 (page 35): The Borger Behavioral Health Center should consider telemedicine to help bridge the geographic divide so residents of Hutchison County can more easily access mental health professionals in urban locations.

Recommendation 3 (page 35): The GPCH Specialty Clinic should coordinate with the WIC Clinic operated by South Plains Community Action Agency to improve access, address cultural challenges, and improve opportunities for breastfeeding education.

Recommendation 4 (page 36): The addition of specialists and other services will have to be evaluated. In a rural setting it often is not possible to provide all the services available in an urban setting because there is not the volume to support them. The Hospital and community will have to evaluate these requests and consider those that are economically viable.

Recommendation 5 (page 36): Hutchinson County should invite the Texas Department of Health to come into the community to provide education to the residents about choices to improve decisions made about lifestyle issues.

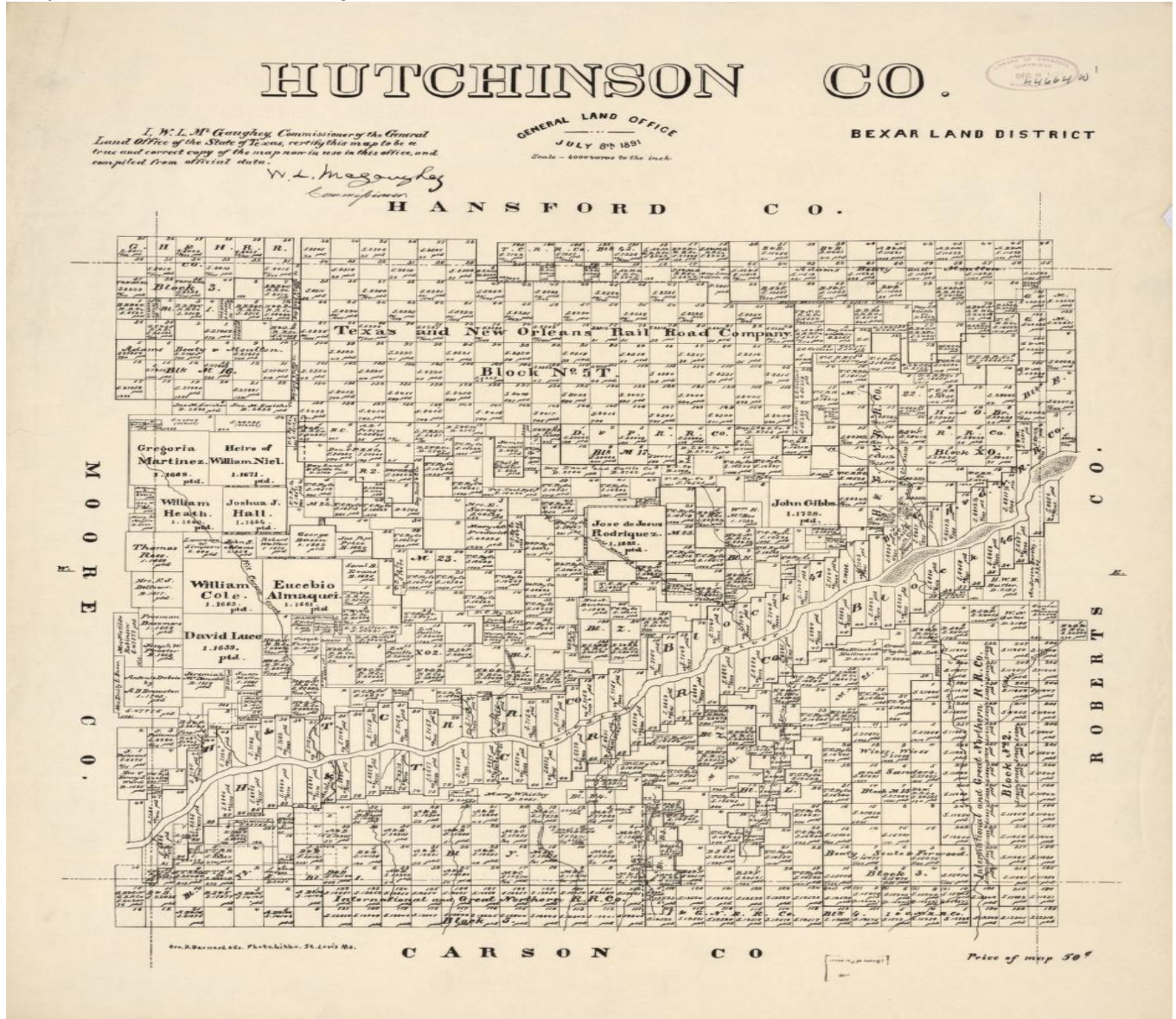
Recommendation 6 (page 37): The Hospital should pursue ways to tell its story to the community. Suggestions for doing this included provide a monthly newsletter or a regular ad or column in the newspaper. Another suggestion was to improve the web site.

Recommendation 7 (page 37): The Hospital should continuously evaluate opportunities to foster coordination of services in the community and provide leadership to community-based organizations seeking to improve the quality of life for residents of Hutchinson County.

DRAFT

History of Hutchinson County¹

Map 1. Hutchinson County²



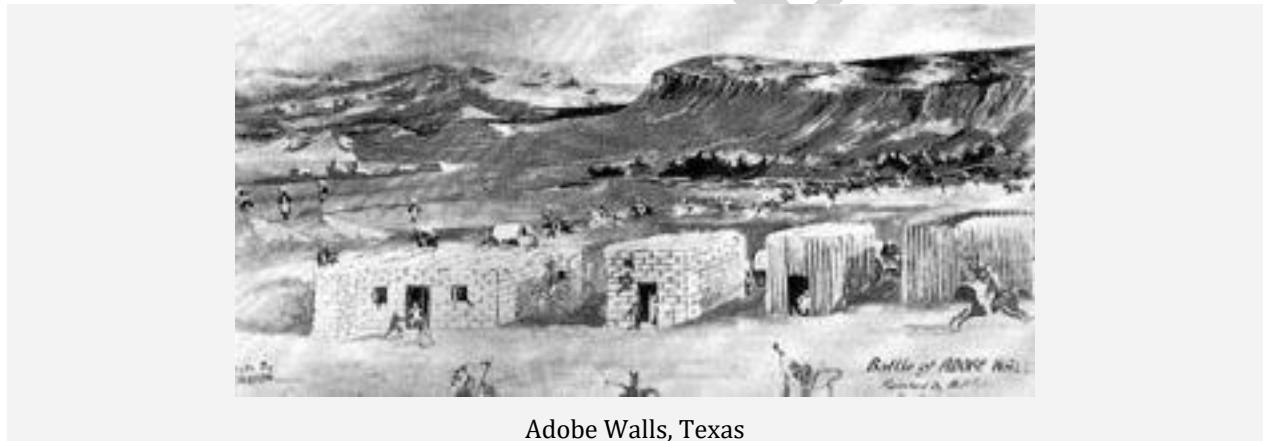
Located in the north-central section of the Texas Panhandle, Hutchinson County, comprises 871 square miles of plains and broken terrain along the Canadian River.

Long before white settlers came to the area, now very dry by most appearances, the area was once fed by many springs, especially along the Canadian River. The water table has declined drastically in the last half-century, causing most of these old springs to dry up. Once, where they flowed abundantly and the area was lush with cottonwood, willow, salt cedar, and hackberry trees, as well as grapevines and plum thickets. Numerous sawmills

cut many of the cottonwoods in the early 1900s. Though the trees returned, they never came back in their former size and numbers.



Canadian River, Hutchinson County. Courtesy National Park Service



Adobe Walls, Texas

After hostilities with the Indians in the area had ceased, cattlemen began to arrive in what would become Hutchinson County. The first ranch was the Quarter Circle T Ranch, established by a Kansas man named Thomas Sherman Bugbee in November 1876. It was located along the banks of the Canadian River, where water was plentiful. His daughter, Ruby, was the first white child born in Hutchinson County.

Though Hutchinson County had been established in 1876 by the Texas Legislature, it was not organized until 1901. In the spring of that year, area residents began the process, and the first elections were held on April 25. On May 13, the county was officially organized with the riverside town of Plemons as its county seat.

For the next four decades, ranching dominated the county's economy, while crop cultivation slowly made gradual headway. However, Hutchinson County slumbered as a sparsely populated ranching and agricultural center until the discovery of the vast Panhandle oilfield in the early 1920s.

The first gas well in the Texas Panhandle was completed in nearby Potter County in September 1918. Before long, an all-out oil boom was bursting throughout the Panhandle.



Numerous townsites and oil camps sprang up almost overnight, including Sanford, Fritch, Phillips, Stinnett, Signal Hill, Electric City, and Dial. The largest and wildest of these boomtowns was Borger, Texas.

With the boom, railroads finally came to the county in 1924. First was the Chicago, Rock Island, and Gulf Railroad, built northeast from Amarillo across the western part of the county. The Panhandle and Santa Fe Railroad extended a spur line from Panhandle to Borger and Phillips two years later. With the railroads came more people. Hutchinson County mushroomed from 721 residents in 1920 to 14,848 in 1930.

The area where Borger would be laid out was investigated in January 1926, and just a few months later, the townsite of Borger was laid out and lots sold. Within 90 days of its founding, the new city of Borger was flooded with thousands of people — between 35,000 and 50,000. Most of its residents lived in tents and shacks.



Hutchinson County Courthouse in Stinnett, Texas by Kathy Alexander.

In the beginning, the courthouse was temporarily housed in an office building in downtown Stinnett. But plans were immediately made to build a new one. Designed by Amarillo architect William C. Townes and built by local contractor C. S. Lambie & Company, the Spanish renaissance revival-style building was built of brick and concrete in 1927. It features cut-stone ornamentation, a 3-bay primary facade with a grand entry bay, a raised basement with end entries, metal sash windows, and second-floor windows with round-arch stone lintels. Friezes at the east and west entrances of the courthouse depict the petroleum, farm, and cattle industries, historically the three principal commercial enterprises in the area.

In the same year that Borger was born, a special election was held on September 18, 1926, to move the county seat. Stinnett won the election over Plemons. Hutchinson County's population mushroomed from 721 in 1920 to 14,848 in 1930 due to the oil boom.

In this picture, Borger is 90 days old.



In 1927, Phillips started up its first petroleum refinery three miles northeast of Borger, Texas. The refinery was designed to produce gasoline as an automotive fuel, as well as other products. The company opened its first service station to sell gasoline in Wichita, Kansas, on November 19, 1927. As the company developed, so did the town of Phillips, which would later have a peak population of some 4,200 people.

In 1929, J.M. Huber came to Borger, where he established an Ink Plant and a Carbon Black Plant. Carbon black was a principal ingredient in the ink that was processed at the adjacent plant. Within a decade, there were 33 plants processing carbon black in the area, giving Borger the name Blacktown.

The decade of the 1930s was a mixture of boom and depression for Hutchinson County. The nation was going through the Great Depression and the great storms of the Dust Bowl had begun. These hard times drove many a settler away from the area. However, there was also much work to be found in the oil fields and plants. In the end, these circumstances ended the boom, devastated farms, and caused petroleum prices to drop.

However, Hutchinson County didn't suffer nearly as much as the rest of the nation. Many migrants, fleeing from their devastated farms, found jobs in the oilfields and plants. In the meantime, mainly due to an expansion of winter-wheat production, the number of farms in the county increased during the 1930s to reach 183 by 1940, at which time the population of the county had grown to 19,069.



Carbon Black Plant in Bunavista, Texas by Kathy Alexander.

World War II saw a resurgence in the carbon black industry and the establishment at Bunavista, west of Borger, of a carbon black plant by the U.S. Government. Over the following decades, numerous more plants would move into Hutchinson County, primarily in or near Borger. The county's population rose to 31,580 by 1950 and peaked just five years later at 35,685. In 1958, Government air pollution standards required that filters be installed at the carbon black plants, and the black clouds so characteristic of Borger in the early days ceased to exist.

Tourism and recreation were enhanced in 1965 with the completion of Sanford Dam, which impounded Lake Meredith on the Canadian River. Located about ten miles west of Borger, the lake once extended into Moore and Potter counties. A. A. Meredith, former Borger city manager, devised the project, which was built and financed by the federal government under the jurisdiction of the Bureau of Reclamation and is owned and operated by the Canadian River Municipal Water Authority.

Construction of Sanford Dam began on March 11, 1962, and was completed in 1965. In the beginning, Lake Meredith supplied water to eleven West Texas cities and became a popular recreational area.

In April 1973, the lake reached its record high capacity of almost 102 feet deep. Beginning in about 1999; however, drought has plagued the Texas Panhandle, and lake levels dropped year after year. In 2011, withdrawals from Lake Meredith for drinking water ceased, and the Harbor Marina and docks were closed and removed. In 2013, the lake reached its all-time low of 27.14 feet or just or 1.3% capacity. Today, that number has tremendously improved to 75.42 feet (May 2019).

Though the lake is nowhere near what it once was, it still provides opportunities for hiking, swimming, boating, and camping amongst the scenic buttes, pinnacles, and red-brown, wind-eroded coves.



Lake Meredith was down some 78 feet from its peak in 1973 in this photo from 2013 by Kathy Weiser-Alexander

As oil production declined throughout the years, so did the population. As of the 2010 census, its population was Borger. Borger remains its largest city at about just a little over 13,000 people. Stinnett remains the County Seat and is home to about 1,900. Other communities include Fritch and Sanford.

Hospital Biography³

The Early Years

Golden Plains Community Hospital has a diverse and colorful history - one to match the county and city in which it resides.



Borger's first two-story city/county hospital was built in the mid-1920s on the corner of Sixth and Weatherly. It had eighteen rooms, several large wards, an operating room, an X-ray room, a kitchen, a dining room, and doctors' and nurses' living quarters. The new hospital was opened prematurely on December 8, 1927, when a dynamite blast destroyed a half-block of businesses and people were injured by the flames. This building was eventually converted into an apartment building.

Healthcare in the 1930s Borger

The name of the county hospital was changed to North Plains Hospital while city and county officials were drafting plans for a new facility. The Borger Chamber of Commerce led the drive to locate the land, which later was donated to the county by Mr. and Mrs. J.F. Weatherly.

In 1937, the residents of Hutchinson County voted a \$65,000 bond issue into play to establish a 25-bed North Plains Hospital. Local merchants and service clubs purchased most of the original furniture and equipment for the new hospital. It was constructed by C.S. Lambie at 200 S. McGee in Borger, Texas at a cost of \$58,000.

Orvis Dean Box was the first baby to be born in the new hospital on October 26, 1937.

Moving Into the 1940s and 1950s

In 1941, there was a housing shortage in Borger, so in February of that year, the nurses' home adjacent to the hospital was added at a cost of \$17,900. In 1943, two wings were added to the hospital at a cost of \$71,300 and in 1947, the two-story center wing was built at a cost of \$148,683 plus \$23,900 for a central heating system.



In 1958, the hospital, which served over 50,000 county residents, boasted 25 maternity beds, 40 surgery beds, and 25 miscellaneous beds. Over 100 people were on-staff, and 15 physicians served the community. In the late 1950s, the hospital again underwent renovation.

On February 1, 1984, North Plains Hospital was sold to American Medical International (AMI). AMI planned on spending \$5 million on the renovation of the facility above and beyond its purchase cost of \$6 million. According to the June 21, 1984, edition of the Amarillo Globe-News, "AMI took over the hospital until May 18 after a referendum on Jan. 21 showed 79 percent of the voters approved the sale of the county-owned facility."

After taking over the facility, AMI conducted a contest among county residents to rename the hospital. Diana Cline of Borger won the contest in May 1984 with the name, Golden Plains Community Hospital (GPCH).

In 1986, AMI sold GPCH to Gateway Systems and undertook operations until September 27, 1988, when the hospital's doors closed due to Gateway's financial difficulties. Local citizens took up the cause and held public meetings to discuss the need for a community hospital as well as alternatives. The committee worked diligently to inform the public about the option of bringing the Hutchinson County Hospital District into being.



On July 8, 1989, Hutchinson County voters passed the Hospital District issue with a five-to-one margin. After Hutchinson County Hospital District (The District) became a reality on September 5, 1989, Hutchinson County Commissioners appointed the first Board of Directors: Jerry Waggoner, President; Jack King, Vice-President; Mark Mayberry, Secretary; Dr. Dane Welch, member; Dr. Ed Quirós, member; Tambre Lumpkin, member; and Deborah Summers, member. The hospital officially opened its doors for business on November 13, 1989.

The District purchased the hospital building for \$2.5 million from Irving Trust Bank in New York City, which had obtained the building from the Gateway Systems foreclosure. Brim & Associates was chosen as the management firm for the hospital to oversee the operation of the hospital. The firm managed GPCH until 1995. The hospital was then managed by its own administrative team.

In 1996, Hutchinson County Hospital District took over the operation of the Women's and Children's Clinic, which had previously been a project of the Texas Department of Health. In 1997, the District built the Fritch Medical Clinic in the nearby city of Fritch, Texas.

The old nurses' residence was torn down in 2000 and a new 6,000-square-foot building, Golden Plains Medical Plaza at 202 S. McGee, was constructed. Two physicians conduct their practices in one suite of the building and Golden Plains Walk-In Clinic, which is both urgent care and primary care, operates in the other suite.

In October of 2007, Critical Access Healthcare, LLC (CAH), acquired ownership of Golden Plains Community Hospital (GPCH) operations. The Hutchinson County District (HCHD), partnered with CAH for the operational responsibilities of managing the hospital. The District continued to assess taxes and pay for indigent care for the citizens of Hutchinson County. CAH gave a commitment to the Hospital District to raise the money to build a new hospital to replace the original hospital, portions of which were built in the 1940s, 1960s, and 1970s.



On October 24, 2011, a new state-of-the-art hospital was opened at the hospital's current location, 100 Medical Drive in Borger. The building is owned by Hutchison County Hospital District ("HCHD") and financed with USDA revenue bonds.

Critical Access Healthcare operated GPCH through a lease agreement with HCHD.

On January 1, 2023, Golden Plains Community Hospital became a not-for-profit entity and transitioned away from the former owner/operator model with CAH. The Hospital is now locally owned and managed by HCHD, although it retains a relationship with CAH as a consulting management company.

Golden Plains Community Hospital Today

In contrast to the grim prognosis faced by many of the nation’s critical access hospitals, the Golden Plains Community Hospital heads to the future with confidence, thriving as a model of fiscal fitness, financial health, and extraordinary service. And that means exceptional comfort and better health for Borger residents.

Today, Golden Plains Community Hospital is a regional healthcare hub, providing the comprehensive care of respected healthcare practitioners working in superbly equipped settings. That includes the services of specialists—the Borger Specialty Clinic offers general surgery, obstetrics, and orthopedics.

Golden Plains is a 25 bed Critical Access Hospital. It received this designation Dec. 1, 2005. From 2007 to Jan. 2023 the hospital building was owned by the Hutchinson County Hospital District but leased and operated by Critical Access Healthcare.

Effective Jan. 1, 2023, the lease was terminated with Critical Access Healthcare so that the Hospital is now owned and operated by the Hutchison County Hospital District. The Hospital operates the following facilities and Rural Health Clinics.

Table 1. Facilities Operated by Golden Plains Community Hospital

Name	Facility Type	Location	Medicare Number
Golden Plains Community Hospital	Critical Access Hospital	Borger, Texas	45-1369
Golden Plains Community Hospital	Swing bed	Borger, Texas	45Z369
Golden Plains Specialty Clinic	Specialty Clinic	Borger, Texas	OA3362
Fritch Medical Clinic	Rural Health Clinic	Fritch, Texas	458778
Stinnett Medical Clinic	Rural Health Clinic	Stinnett, Texas	673489
Golden Plains Walk-In Clinic	Rural Health Clinic	Borger, Texas	673476
Golden Plains Rural Health Clinic	Rural Health Clinic	Borger, Texas	673498



Golden Plains Community Hospital is a modern state-of-the-art facility. It includes:



- 25 Hospital beds including:
 - 15 medical/surgical beds,
 - 7 obstetrical beds
 - 3 ICU beds
- Two surgery suites,
- An endoscopy suite,
- A day surgery center,
- Full-service laboratory studies including:
 - Chemistry
 - Coagulation
 - Urinalysis
 - Immunohematology
 - Serology
 - Pathology
 - Hematology
- Radiology including:
 - 64-slice CT Scanner,
 - Ultrasound,
 - Digital mammography,
 - Digital fluoroscopy,
 - MRI,

- Bone density services.
- Rehab Services including
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy
- Wound Management,
- Level IV trauma designated Emergency Department,
- Swing Beds including:
 - Physical therapy
 - Antibiotic Therapy
 - Occupation Therapy
 - Respiratory Therapy
- Separate Specialty Clinic that houses:
 - OB/GYN clinic
 - Borger General Surgery
- Rural Health Clinics located in
 - Borger,
 - Fritch
 - Stinnett.

Fritch Medical Clinic - Fritch, TX - Opened in 1997



Other clinics in Borger not affiliated with the Hospital include:

Table 2. Healthcare Facilities in Borger not affiliated with the Hospital.

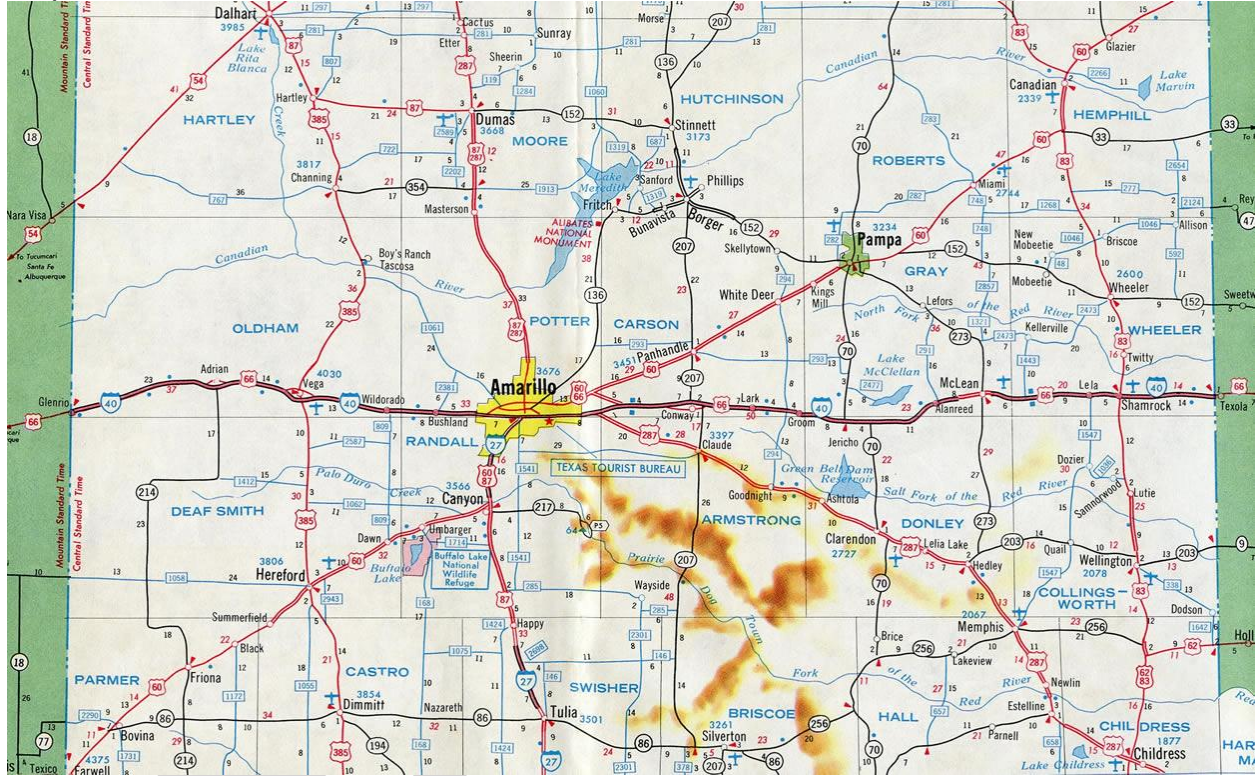
Name of Clinic	Address	Hours of Operation
Hamid Clinic	503 West 1 st Street, Suite B, Borger, TX	unknown
Cates Care	503 West 1st Street, Suite A, Borger, TX	Mon. – Thurs. 8 am – 4:30 pm
Northwest Physician’s Group	104 N. Bryan Street, Borger	Mon. – Thurs. 8 am – 5 pm Fri. 8-12
South Plains Community Action WIC	200 N. McGee, Borger, TX	Mon. – Thurs. 7 am – 6 pm
Borger Behavioral Health Center	412 N. Main Borger TX	Mon. – Fri. 8 am – 5 pm. 24 hours crisis hotline

DRAFT

Area Hospitals

The panhandle region in Texas comprises the northernmost twenty-six counties of the 'Lone Star State'. The region borders New Mexico state to the west and Oklahoma state to the north and east. The panhandle covers nearly 10 percent of land area and 1.7 percent of the population of Texas.

Map 2. Texas Panhandle Area



Other Hospitals operating in the area include:⁴

Moore County Hospital District. (42 Miles)

Dumas, Texas 79029

CMS Certification Number: 451386

Critical Access Hospital

19 beds

Operated by Hospital District

Hansford County Hospital District (41 Miles)

Spearmen, TX 79081

CMS Certification Number: 451344

Critical Access Hospital
14 beds
Operated by Hospital District

Pampa Regional Medical Center (28 Miles)

Pampa, TX 79065
CMS Certification Number: 450099
Critical Access Hospital
25 beds
Operated by Not-for-profit corporation.

Hemphill County Hospital (75 Miles)

Canadian, TX 79014
CMS Certification Number: 45057
Short term acute care
15 beds
Operated by Hospital District

Coon Memorial Hospital (80 Miles)

Dalhart, TX 79022
CMS Certification Number: 451331
Critical Access Hospital
21 beds
Operated by Hospital District

Parkview Hospital (70 Miles)

Wheeler, TX 79096
CMS Certification Number: 451334
Critical Access Hospital
16 beds
Operated by Hospital District

BSA Hospital (50 Miles)

Amarillo, TX 79106
CMS Certification Number: 450231
Short term, acute care hospital
381 beds
Operated by Proprietary Corporation

Northwest Texas Healthcare System (50 Miles)

Amarillo, TX 79106
CMS Certification Number: 450209
Short term, acute care hospital
444 beds
Operated by Proprietary Corporation

Hutchison County Demographics

The table below compares Hutchison County demographics to the state of Texas.

Population density per square mile of Hutchison is much less than the population density of the state. This gives the county a much more rural feel but has big implications for the tax base because less residents generally means less commerce and lower tax valuations.

Percent of populations in poverty for Hutchison County (12.6%) is slightly greater than the State (10.94%)

Population 65 years and older (17.9%) is significantly greater than the State (13.4%). This has a lot of implications for the health care delivery system as older residents are usually greater users of health care and virtually all residents over age 65 have Medicare. This is especially significant because Golden Plains Community Hospital has been designated as a Critical Access Hospital.

Median household income is also significantly lower (\$57,288) than the State average (\$67,321).

Table 3. Hutchinson County Demographics

	Hutchison County	Texas
Size in Square Miles	895	286,597
Population	20,495	30,029,543
Population density per square mile	22.23	105.2
Percent of Population in Poverty	12.6%	10.94
Uninsured Population under age 65	18.1%	18.0
Population by age and sex		
Under age 5 years	5.8%	6.3%
Under age 18 years	24.6%	24.8%
65 years and older	17.9%	13.4%
Females	49.1	50.0%
Median Household income	\$57,288	\$67,321

Table 4 shows a troubling trend in population changes. It indicates from 1960 to 2020 the population of Hutchison County has decreased by 39.9%. During the same time the population of the Panhandle Region increased by 23.3% or 83,073. At the same time the population of Texas increased by 204.4%.

Table 4. Population Trends

Population Trends						
	Hutchison County		*Panhandle Region		Texas	
	Population	Change	Population	Change	Population	Change
TOTAL	-13,742	-39.9%	+83,073	+23.3%	+19,565,751	+204.2%
2020	20,677	-6.65%	438,622	+2.48%	29,145,428	+15.9%
2010	22,150	-7.15	427,927	+6.22%	25,145,561	+20.6%
2000	23,857	-7.77	402,862	+8.30%	20,851,820	+22.8%
1990	25,869	-1.65	371,956	+8.30%	16,986,510.	+19.2%
1980	26,304	+7.61	377,124	+10.9%	14,255,513.	+19.1%
1970	24,443	-28.9	339,921	-4.39%	11,198,655.	+27.6%
1960	34,419		355,549		9,579,677	

* The Texas Panhandle consists of the northwesternmost 26 counties in Texas: Armstrong, Briscoe, Carson, Castro, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, and Wheeler. These counties make up the Panhandle Regional Planning Commission.

Climate in Hutchinson County, Texas⁵

Hutchinson, TX County has a humid subtropical climate with hot and humid summers and mild winters. Average temperatures during the summer months range from 79-96 degrees Fahrenheit, while average temperatures in the winter range from 42-60 degrees. Precipitation is evenly distributed throughout the year, with an average of around 21 inches annually. The area receives plenty of sunshine throughout the year, and it does become quite hot during the summer months. There are occasional strong thunderstorms during the summer months due to its proximity to the Gulf Coast.

Hutchinson County, Texas gets 21 inches of rain, on average, per year. Texas averages 27 inches of rain per year. The US average is 38 inches of rain per year.

Hutchinson County averages 19 inches of snow per year. Texas is a very large diverse state. The average snowfall for Texas is 0.1 inches per year. The US average is 28 inches of snow per year.

On average, there are 261 sunny days per year in Hutchinson County. The Texas average number of days where the sky is clear is 135. The US average is 205 sunny days.

Hutchinson County gets precipitation, on average, 64 days per year. Precipitation is rain, snow, sleet, or hail that falls to the ground. In order for precipitation to be counted there must be at least .01 inches to measure.

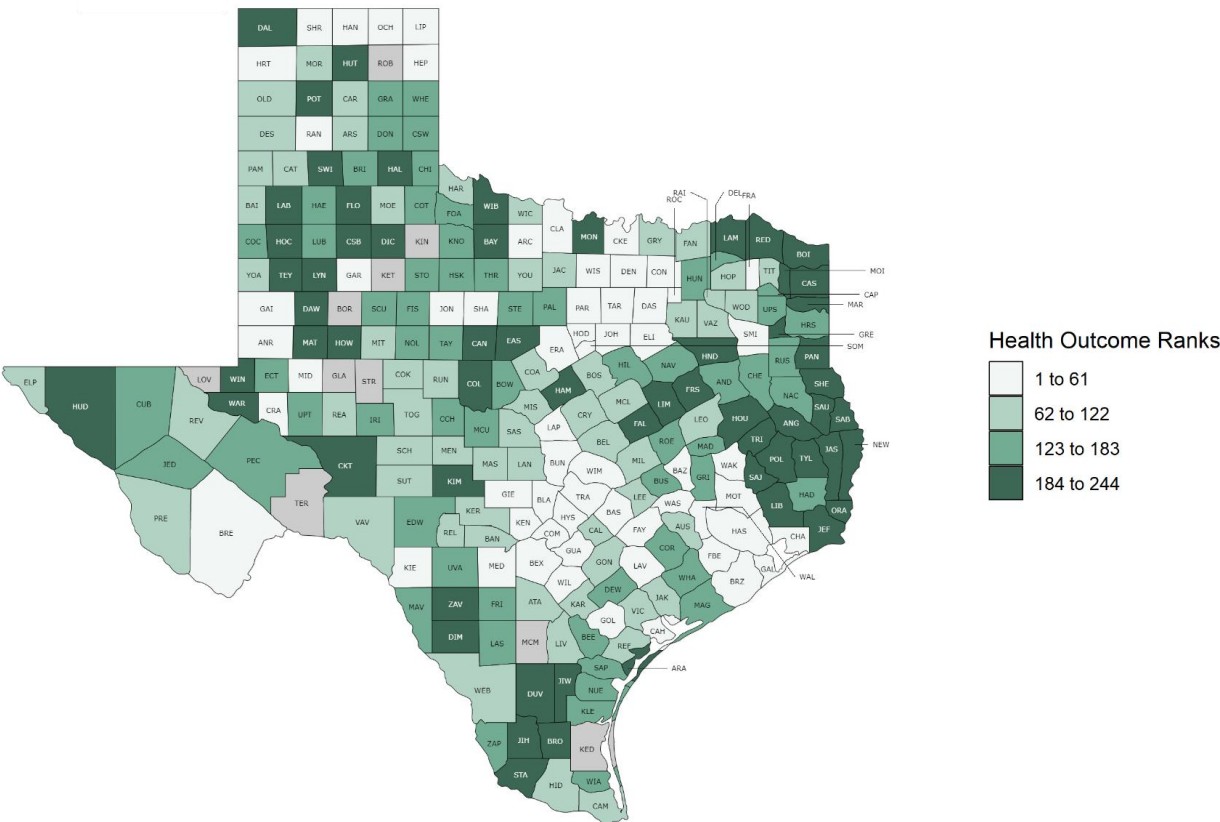
Health Indicators⁶

County Health Rankings & Roadmaps (CHR&R) brings actionable data, evidence, guidance, and stories to leaders and residents so people and communities can be healthier. The University of Wisconsin Population Health Institute created CHR&R for communities across the nation, with funding from the Robert Wood Johnson Foundation.

According to the study, Hutchison County ranked:

- 200 of 254 Texas Counties in Health Outcomes and
- 84 of 254 Texas Counties in Health Factors.

Map 3. Texas County 2023 Health Outcomes



The green map above shows Texas’s Health Outcome rankings by county. The map is divided into four quartiles with less color intensity indicating better health outcomes.

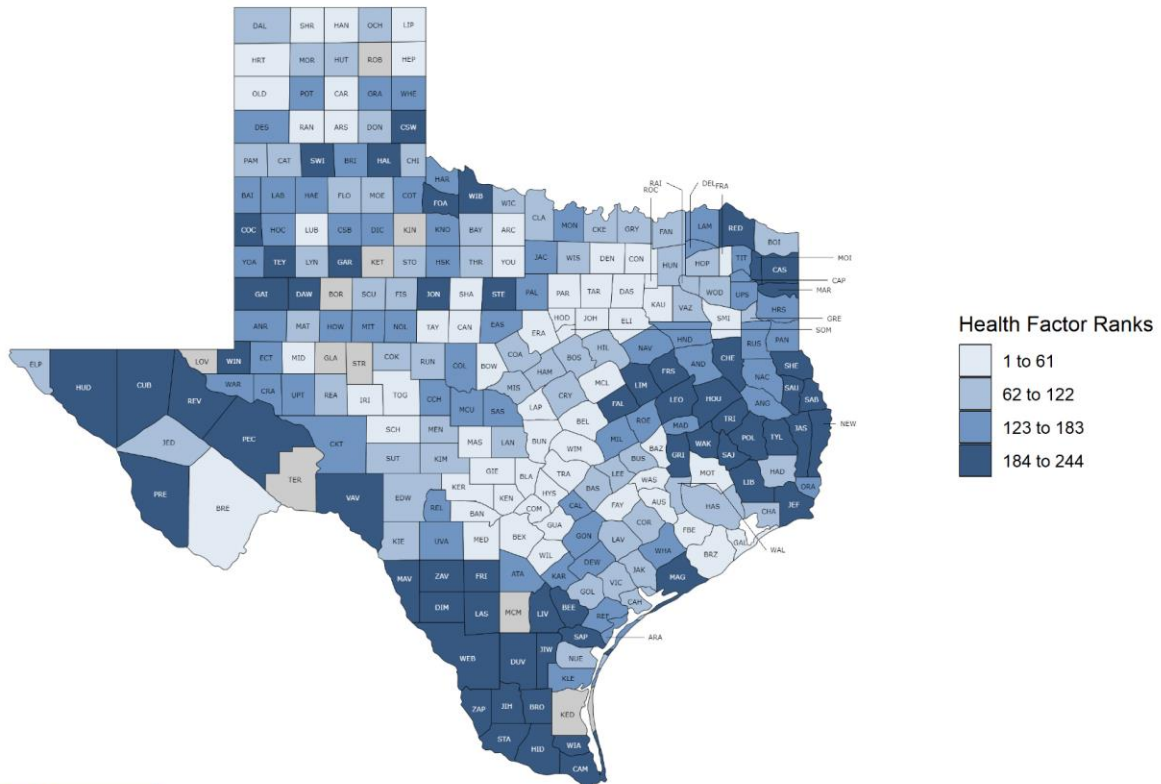
Length and quality of life were measured to understand the health outcomes among counties in Texas. Counties are ordered by the health outcome rank, with a top-ranked county (rank = 1) having the best health outcome score. Although these ranks are good for sparking conversations, they do not show differences in health within counties or describe the magnitude of difference in community health experienced between ranks.

Table 5. Health Outcome Measures

Health Outcome Measures – Quality of Life		Hutchinson County	Texas	United States
Length of Life	Years of potential life lost before age 75 per 100,000 population	11,100	7,000	7,300
Quality of Life	Uninsured population	20%	20%	10%
	Percentage of adults reporting fair or poor health	17%	16%	12%
	Average number of physically unhealthy days reported in past 30 days	3.7	2.9	3.0
	Average number of mentally unhealthy days reported in past 30 days	5.0	4.2	4.4
	Percentage of live births with low birthweight (< 2,500 grams).	9%	8%	8%

Map 4. Texas County 2023 Health Factor Rankings

2023 Health Factors - Texas



County Health Rankings & Roadmaps
Building a Culture of Health, County by County

Counties are ordered by the Health Factor Rank, with a top- ranked county (rank = 1)

having the best health factor score. The background colors correspond to the map legend. The measure for assessing the Health Factors are:

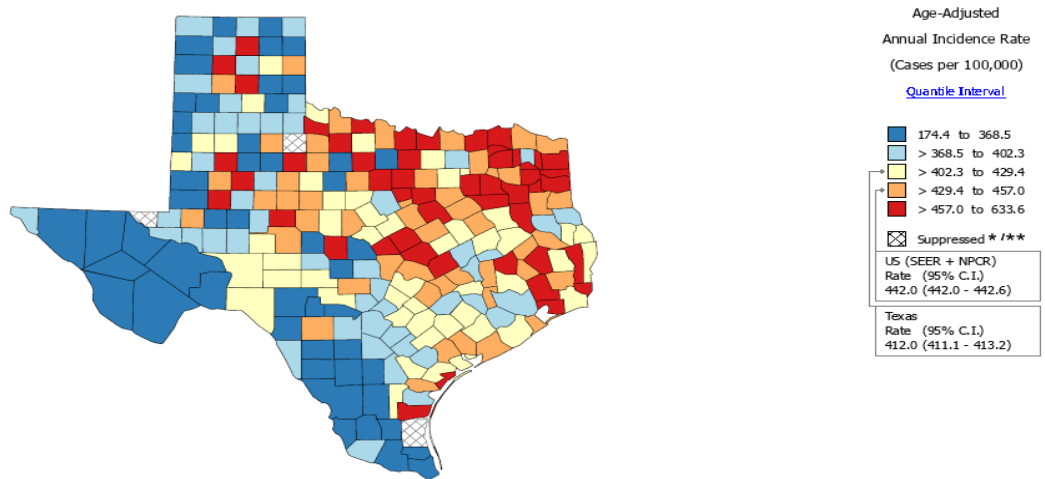
Table 6. Health Factor Measures

Health Factors Measures	Hutchinson County	Texas	United States
Health Behaviors			
Percentage of adults who are current smokers (age-adjusted).	19%	16%	15%
Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m ² (age-adjusted).	37%	34%	32%
Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	6.9	6.1	7.8
Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).	26%	27%	26%
Percentage of population with adequate access to locations for physical activity.	63%	80%	80%
Percentage of adults reporting binge or heavy drinking (age-adjusted).	21%	20%	20%
Percentage of driving deaths with alcohol involvement.	27%	25%	27%
Clinical Care			
Percentage of population under age 65 without health insurance.	20%	21%	11%
Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	3,068	4,255	3,767
Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	33%	39%	43%
Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	44%	46%	48%
Social and Economic Factors			
Percentage of adults ages 25 and over with a high school diploma or equivalent.	86%	84%	89%
Percentage of adults ages 25-44 with some post-secondary education.	61%	63%	67%
Percentage of population ages 16 and older unemployed but seeking work.	6.0	7.6%	8.1%
Percentage of people under age 18 in poverty.	18%	19%	16%
Percentage of children that live in a household headed by a single parent.	25%	26%	25%
Number of deaths due to injury per 100,000 population.	88	60	76
Physical Environment			
Average daily density of fine particulate matter in micrograms per cubic meter (PM _{2.5}).	5.9	9.0	7.5
Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	9%	17%	17%
Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	23%	39%	37%

It was reported the Hutchinson County is in a Red Zone for Cancer. As shown in the map below, Hutchinson County is at the highest tier for cancer cases with an incidence level greater than 465.4 cases per 100,000 population.

Map 5. Incidence Rates for Texas by County, All Cancer Sites

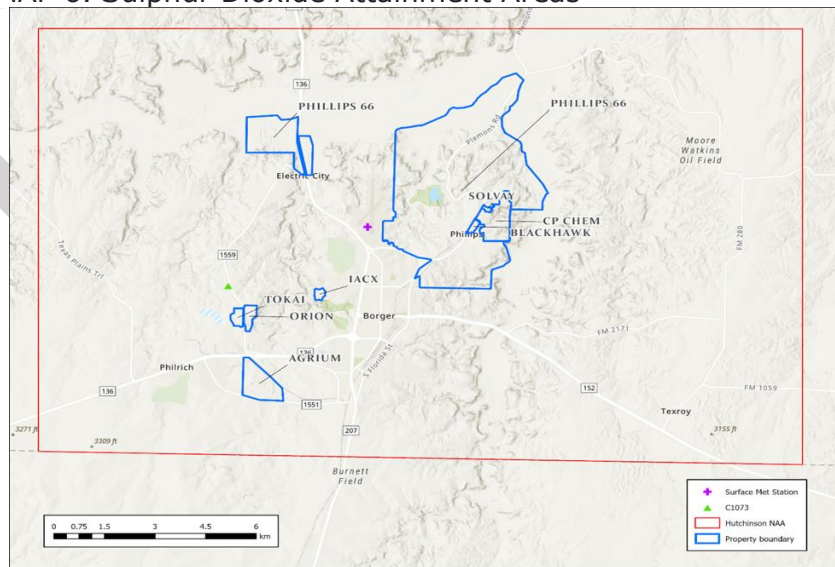
**Incidence Rates[†] for Texas by County
All Cancer Sites, 2016 - 2020
All Races (includes Hispanic), Both Sexes, All Ages**



Notes:
[State Cancer Registries](#) may provide more current or more local data.
 Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).
[†] Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The [US Population Data](#) File is used for SEER and NPCR incidence rates.
 Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see [malignant.html](#).
 * Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period.
 Data for the United States does not include data from Puerto Rico.

Portions of Hutchinson County do not meet the 2010 Sulfur Dioxide (SO₂) National Ambient Air Quality Standard (NAAQS). TCEQ has developed a plan to demonstrate how the area will meet the SO₂ standard by 2030.

MAP 6. Sulphur Dioxide Attainment Areas



Healthcare Workforce



Health Care Providers⁷

Health care provider data in Table 6 is from the Health Professions Resource Center (HPRC) in the Center for Health Statistics at the Texas Department of State Health Services. All data are from September 2020, except for nursing data which are from September 2019.

The workforce for Hutchinson County as well as the State of Texas and the United States are shown in the Table below. Except for Licensed Vocational Nurses and EMS personnel, Hutchinson County, like most rural counties, has a smaller health care labor pool than the State of Texas and the United States.

Table 7. Healthcare Workforce

Healthcare Providers	Hutchinson County	Texas	Unites States
Number of residents per Primary Care physician	4,140:1	1,640:1	1,310:1
Number of residents per Dentists	2,050:1	1,610:1	1,380:1
Number of residents per Mental Health Providers	20,500:1	690:1	340:1
Number of residents per Registered Nurses	272:1	116:1	115:1
Number of residents per Licensed Vocational Nurses	211:1	342:1	441:1
Number of residents per EMS Personnel	396:1	461:1	350:1
Number of residents per Physical Therapists	5,349:1	1,669:1	670:1
Number of residents per Veterinarians	5,612:1	3,881:1	2,568:1

There are many factors contributing to the national workforce shortage, including:

- **Lack of educators and schooling:** School enrollment hasn't kept up with projected demand. There is a need for more school instructors. Without enough teachers, thousands of people interested in joining the healthcare workforce are unable to do so without degrees.
- **High turnover:** For years, turnover has climbed at a steady rate. In some cases, graduates quickly enter the workforce and find that the profession is not what they anticipated and they leave. In other scenarios, professionals may work for a while, experience burnout, and leave the profession.
- **An aging workforce:** The rate of retirement for is growing rapidly.

Health Professional Shortage Area (HPSA)

The Health Professional Shortage Area is a designation determined by the Secretary of Department of Health and Human Services to have a shortage of health care professionals. Shortages of three professions are recognized by this program: primary medical care, dental, and mental or behavioral health professions.

As shown in the gable below, Hutchinson County is designated a HPSA for Primary Care and Mental Health Care.

The shortage designation process helps target and distribute limited resources to the areas that need the most assistance with increasing the supply, capacity, and distribution of health professionals. A HPSA designation may help a community attract new primary care, mental health, and dental health workers, as certain incentive programs are available in designated shortage areas.

Priority for these programs is often based on the HPSA Score, which ranges from 0 - 25 for Primary Care and Mental Health, and 0 - 26 for Dental Health.

Table 8. HPSA Designations for Hutchinson County

Type Designation	HPSA ID	HPSA Type	HPSA Score	Last Updated
Primary Care	1489084978	Geographic	12	9/9/2021
Mental Health	7482489809	Geographic	18	8/3/2021

DRAFT

Priorities Identified by Focus Groups and Recommendations

All members of the Focus Groups were familiar with the Hospital, and its clinics. Comments were generally very favorable. None of the suggestions had a sense of urgency.

Positive suggestions and observations included:

- Continue the Hospital sponsored annual health fairs.
- Continue Lunch and Learn for older citizens.
- Continue to participate in Texas Tech job fairs.
- The existence of the Local Area Emergency Planning Committee (LEPC) has been a big help.
- The Hospital has a very robust medical staff.
- Health Care has strong community support.
- The community has lots of activities and events.
- The Hospital has very nice facilities.
- The community has a very diverse, young population.
- The manufacturing plants have improved employee safety and reduced emissions.
- The Hospital has a good presence in the community and good participation in community events.
- The Hospital culture promotes good patient care.
- There are nearby recreational facilities for boating, hiking, and fishing.

The following observations and suggestions were presented by the Focus Groups. They are provided here for consideration by the Hospital District Board and Administration.

1. Access to Healthcare

- A. There were consistent comments about the lack of access to mental health services, especially for adolescents. The scenario where adolescents receive residential crisis intervention in Amarillo and are discharged back to the community with a seven-day supply of medications and follow-up visits weeks or months in the future was mentioned often.

Hutchinson County is designated as a Mental Health Professional Shortage Area as are 251 of Texas 254 Counties. Only 3 counties in Texas have partial Mental Health HPSA designations. None of Texas' 254 counties have no HPSA Mental Health designation. This lack of workforce makes accessing mental health services a statewide issue.

On the positive side, several comments were made about the Behavioral health services available for older adults in Hutchison County through the Lighthouse program provided by the hospital. Community awareness and use of the program was reported as good.

Mention was also made that there are grief support groups available through local churches. Mental health services are now offered at Phillips College for students.

There is Angela's Mission Against Youth Suicide who had a fun run 9/16/2023.

Peer support specialists are available through the County United Way.

There is the Red Ribbon Campaign to discourage drug abuse.

The existence of the Opportunity Center was mentioned as a service that provides food, fun and fellowship for Senior Citizens.

Recommendation 1: The Borger Behavioral Health Center should help coordinate care for adolescents returning from residential care in Amarillo with local physicians so that medications are available until follow-up appointments can be completed in Amarillo.

Recommendation 2: The Borger Behavioral Health Center should consider telemedicine to help bridge the geographic divide so residents of Hutchison County can more easily access mental health professionals in urban locations.

- B. Several Focus Groups participants pointed out the need for improved access to care for young mothers and OB patients. Several commenters talked about cultural challenges and the need for more bilingual staff for OB patients.

Participants talked about the lack of consistent access to pre-natal care and very limited access to breastfeeding resources.

Focus Group participants talked about a significant percent of young mothers who cannot afford healthcare and suffer from a lack of public transportation.

Participants mentioned lack of physician follow-up with his population is a problem.

Recommendation 3: The GPCH Specialty Clinic should coordinate with the WIC Clinic operated by South Plains Community Action Agency to improve access, address cultural challenges, and improve opportunities for breastfeeding education.

- C. There were requests for improved access to several specialists and services. These included:
- Pediatrician

- Ophthalmologist
- Nutritionist
- Dialysis
- More school nurses.
- More clinic capacity (sometimes hard to get an appointment, especially on the same day).
- Telemedicine for Neurologists
- Telemedicine for Cardiologists

Recommendation 4: The addition of specialists and other services will have to be evaluated. In a rural setting it often is not possible to provide all the services available in an urban setting because there is not the volume to support them. The Hospital and community will have to evaluate these requests and consider those that are economically viable.

2. Lifestyle issues

There were several observations about health issues that occur because of Lifestyle issues. These often cannot be directly addressed by the Hospital or any other provider, but they are offered here because they are part of the community milieu. They include:

- Blue collar workforce often does not embrace health lifestyle.
- Vaping in school is up.
- Drug abuse in Hutchinson County is high.

Recommendation 5: Hutchinson County should invite the Texas Department of Health to come into the community to provide education to the residents about choices to improve decisions made about lifestyle issues.

3. Communication

There were several negative observations about the Hospital. The context for making these observations by the Focus Group members was that they are not true and so better communication should be used to dispel them.

- Public perception of the Hospital is not good. It is viewed by some as a “Band-Aid station.”
- Negative reviews of the Hospital on Google are misleading.
- Perception is that the wait time in the ER is long, but the time from when a patient presents to the time to see the practitioner is 26 minutes.
- There are billing problems that create a bad impression of the hospital (late bills, errors in billing, etc.).

- Communication about services available at the Hospital could be better (several people had this comment).

Recommendation 6: The Hospital should pursue ways to tell its story to the community. Suggestions for doing this included provide a monthly newsletter or a regular ad or column in the newspaper. Another suggestion was to improve the web site.

4. Miscellaneous

Focus Group participants had a couple of miscellaneous suggestions for ways to improve access to care. Those comments were:

- The Hospital should expand the use of its van to help patients with transportation issues to get care.
- The Hospital should encourage its staff to get more involved in community activities and boards.

Recommendation 7: The Hospital should continuously evaluate opportunities to foster coordination of services in the community and provide leadership to community-based organizations seeking to improve the quality of life for residents of Hutchinson County.

Appendix 1: Focus Group Questions

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

DRAFT

Appendix 2: Focus Group Responses

- 1) What is healthy about Borger/Hutchison County?
 - A. Behavioral health for older adults through the Lighthouse program is excellent.
 - B. Hospital has very nice facilities
 - C. Community has a very diverse, young population.
 - D. There are nearby recreation facilities (e.g., Lake Meredith) for boating, hiking and fishing.
 - E. The Community has lots of activities and events.
 - F. The existence of the Red Ribbon campaign to discourage drug abuse.
 - G. Mental health services are now offered at Phillips College for students.
 - H. The existence of Angela's Mission Against Youth Suicide (501c3) fun run is 9/16/2023.
 - I. Peer support specialists are available at County United Way
 - J. Community awareness and use of Hospital Lighthouse Program at the hospital is good. The Lighthouse Program is an Intensive Outpatient Program for Older Adults, ages 55 and up with Medicare.
 - K. Several churches offer grief support groups.
 - L. The existence of the Opportunity Center. Opportunities, Inc. is a Senior Citizen Facility that provides food, fun, and fellowship for those who choose to participate. We serve a noon meal from 11:30AM to 12:30PM Monday through Friday.
 - M. Manufacturing plants have improved employee safety and reduced emissions.
 - N. The existence of the Local Area Emergency Planning Committee (LEPC) is big help when an emergency occurs.
 - O. Hospital has a very robust medical staff.
 - P. Health Care has strong community support.

- 2) What are the major health issues in your community?
 - A. Cultural challenges and the need for more bilingual staff, especially for OB patients
 - B. Physicians do not do a good job of following up with patients.
 - C. Extremely limited access to Mental Health services.
 - D. A significant percent of population cannot afford health care.
 - E. No public transportation
 - F. Inconsistent access to pre-natal care
 - G. Very limited access to breastfeeding resources
 - H. Very tough getting hospital personnel.
 - I. Blue collar workforce does not embrace health lifestyle.
 - J. High incidence of Cancer
 - K. Vaping in schools is up.
 - L. Need more school nurses.

- M. We are Red Zone for Cancer. Age adjusted rate for cancer is 465 per 100,000 population (included in the body of the report)
 - N. We are a SO2 containment area (included in the body of the report).
 - O. Drug abuse in Hutchinson County is high.
- 3) What are your perceptions of Golden Plains Community Hospital?
- A. Public perception of the Hospital is not good. Viewed as a “Band-Aid station.”
 - B. Negative Google reviews are misleading.
 - C. Physician follow-up is not good.
 - D. Perception is wait time in ER is long but time from when a patient presents to seeing the practitioner is 26 minutes.
 - E. The hospital culture promotes patient care.
 - F. There are billing problems that create a bad impression of the hospital (late bills, errors in billing)
 - G. The hospital has a good presence in the community and good participation in community events.
- 4) Do you use the hospital? If not, why not?
- A) No, prefer VA for veteran benefits.
 - B) Yes
 - C) Yes, but concerned if there is need for transfer by ambulance. If there are only 2 ambulances in service, they cannot make transfers because they cannot leave the county (there are often only 2 ambulances in service)
 - D) People seek health care in Amarillo because they can combine the trip with shopping.
- 5) What can the hospital do to address health issues in the community?
- A. Continue annual health fairs.
 - B. Continue Lunch and Learn for older citizens.
 - C. Continue to attend Texas Tech job fairs.
 - D. Expand the use of the hospital van to help patients with transportation to care.
 - E. Encourage hospital managers to get more involved in community activities and boards
 - F. Communication about services available at the hospital could be better (several people had this comment).
 - G. Need pediatrician.
 - H. Need ophthalmologist.
 - I. Geri-psych services are available at the hospital but this is not well known.
 - J. Need more telemedicine to provide better access to Neurologists and Cardiologists
 - K. Need to provide better access to existing hospital nutritionist.
 - L. Provide monthly newsletter (maybe quarter page ad in newspaper?)
 - M. Need dialysis.
 - N. Need more clinic capacity (sometimes hard to get an appointment, especially same day)

Major Data Sources

-
- ¹ Brune, Gunnar M.; *Springs of Texas, Volume 1*; Texas A & M University Press, 2002
Hutchinson County Historical Commission; [History of Hutchinson County, Texas](#): 104 years, 1876-1980
- ² Map of Hutchinson County. Texas General Land Office. McGaughey, W.L. Published St. Louis : Geo. D. Barnard & Co., Photolitho., 1891. <http://hdl.loc.gov/loc.gmd/g4033h.la001017>
- ³ Goldenplains.org
- ⁴ American Hospital Directory: AHD.com
- ⁵ Bestplaces.net
- ⁶ University of Wisconsin, Population Institute. Countyhealthrankings.org
- ⁷ Health Professions Resource Center (HPRC) in the Center for Health Statistics at the Texas Department of State Health Services

DRAFT