El Campo Memorial Hospital

COMMUNITY HEALTH NEEDS ASSESSMENT

April 29 – May 1, 2019

Prepared by:
Dave Clark

TORCH MANAGEMENT SERVICES, INC.

TORCH Management Services, Inc. (“TORCH”) appreciates Nathan Tudor, FACHE, Chief Executive Officer, of El Campo Memorial Hospital (“ECMH” 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 Donna Mikeska of the hospital for 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 Palacios, Texas and the secondary market including Wharton County, Edna, Jackson County, Matagorda County, and Eagle Lake, Colorado County.

El Campo Memorial Hospital
Community Health Needs Assessment
Conducted: April 29 - May 1, 2019
Dave Clark, TORCH Management Services, Inc.

CONTENTS

GENERAL OVERVIEW

A Community Health Needs Assessment ("CHNA") was conducted for El Campo Memorial Hospital on April 29 – May 01, 2019. The value of the 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 to conduct a Community Health Needs Assessment, it is an extremely valuable tool for fulfilling its role in the community. An old adage goes, "You can't provide the right kind of services when you haven't asked the customers you serve what they like or not." By listening to members of the community and reviewing demographic data, the Hospital can gain information on health status and where gaps in healthcare delivery currently exist. Further, 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 the needs are, and where and how to spend the available health care dollars 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.

ABOUT THIS ASSESSMENT

INTRODUCTION

A Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of our population. Subsequently, this information may be used to formulate strategies to improve health and quality of life in our community. There are three components that are essential in rendering a complete picture of the health of Wharton County with particular attention to southern Matagorda County and Palacios, Texas: (1) the community health survey [primary quantitative data]; (2) existing data [secondary quantitative data]; and (3) focus group data [primary qualitative data].

Community Health Survey

The Community Health Survey developed for this study gives us a complete and timely view of the health status and behaviors of area residents. All administration of the

surveys, data selection and data analysis was conducted by TORCH Management Services, Inc. with Dave Clark providing services.

Existing Data

Existing vital statistics and other data are incorporated into this assessment. Comparisons are also made, where available, to state and national benchmarks. Furthermore, wherever possible, health promotion goals outlined in Healthy People 2020 are included.

Community Health Focus Groups

To gain perspective from community members and local organizations, eleven formal focus groups were conducted which included community health professionals, county/city governmental officials, educators, and general business leaders, public citizens, and community non-profits. One on one meetings were conducted by the facilitator with some of these community representatives. The groups were well attended, enthusiastic, well-informed to community programs, and interested in the well-being of the community. All were very impressive and engaged in the process.

Data Source

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

A HISTORY LESSON[1]

Texas Gulf Coast Region

Texas's Gulf Coast stretches for hundreds of miles, from the Louisiana border to Brownsville on the Rio Grande and inland about 60 miles with 21 counties. There are many small towns along the gulf coast, but mainly a tourist venue exists along the beach areas that are inhabitable along the coast. Galveston Island was first settled by Jao de la Porta, along with his brother Morin in 1816. Joa de la Porta was born in Portugal of Jewish parentage and later became a Jewish Texan trader. In 1818, Jean Laffite appointed Jao supercargo for the Karankawa Indian trade. When Laffite left Galveston Island in 1820, Jao became a full-time trader.

On September 8, 1900, the greatest natural disaster to ever strike the United States occurred at Galveston, Texas. In the early evening hours of September 8, the Galveston hurricane of 1900 came ashore, bringing with it a great storm surge that inundated most of Galveston Island and the city of Galveston. As a result, much of the city was destroyed and at least 6,000 people were killed in a few hours time.

Wharton County[2]

Early History

Wharton County was established after Texas statehood and the Mexican War in 1846 from parts of Matagorda, Jackson, and Colorado counties, taking their best and most fertile land. The act that formed the county provided for its immediate organization and a county seat to be named Wharton and located on the northeast bank of the Colorado River in the east central portion of the county within one of the leagues granted to William Kincheloe.

Because of sugar cane production, Wharton, Fort Bend, Brazoria, and Matagorda counties came to be known as the "Texas sugar bowl." Completion of the Buffalo Bayou, Brazos and Colorado Railway extension across the northwest corner of the county by 1860 improved commodity prices, though roads to the railroad line remained poor. Some consumer goods were brought by riverboat up the Colorado River from Matagorda, but most came overland from Richmond or Matagorda.

Residents of Wharton County cast only two votes against secession, and many soon joined the Confederate war effort as part of Terry's Texas Rangers, the Home Guards, or the Wharton Rifles. Three Home Guard posts were established in 1861 at Egypt, Wharton, and Waterville, as part of the Twenty-second Brigade, which included Fayette, Colorado, Wharton, and Matagorda counties. The camp in Wharton was named Camp Buchel in honor of Col. Augustus Buchel, C.S.A., and was in the First Military District, Sub-district Three.

Recent

Jewish immigrants, arriving as early as the 1850s, established additional businesses and began the Congregation Shearith Israel (Texas), the only synagogue in a three-county area.[4] Other settlers in the community included Swiss, German, Mexican, and Czech immigrants and descendants of plantation slaves.

Early crops included potatoes, cotton, corn, rice, and sugar cane, and commercial enterprises included cattle, molasses, and sugar. At different times the community had a cotton oil mill, a sugar cane factory, gristmills, cotton gins, a milk processing plant and dairy, an ice plant, and numerous other industries. Oil and sulfur production in the outlying areas contribute to the town's economy. The population of Wharton was about 200 in the early 1880s.

Climate

The climate in this area is characterized by hot, humid summers and generally mild to cool winters. According to the Köppen Climate Classification system, Wharton has a humid subtropical climate, abbreviated "Cfa" on climate maps.

Cities, Towns and Populated Places

* Boling-Iago * Louise * East Bernard * Wharton (County Seat) * El Campo * Newgulf * Hungerford * Bonus * Burr * Danevang * Dinsmore * Egypt * Elm Grove * Glen Flora * Hahn * Hillje * Jones Creek * Lane City * Lissie * Mackay * Magnet * Newgulf * New Taiton * Pierce * Sand Ridge * Spanish Camp *

Ghost Towns

* Don-Tol * Dorman * Nedra * Nottawa * Peach Creek * Plainview * Preston * Round Mott * Sandies * Taiton * Waterville *

El Campo[3]

Old business District along Monseratte Street

In 1882 a railroad camp was located where El Campo now stands. The camp was first named "Prairie Switch" and then "Pearl of the Prairie" but was later changed by the Mexican Cowboys to "El Campo" which means "the camp." Ranching was the main industry, and thousands of cattle were shipped annually. At that time El Campo was surrounded by four large ranches; to the north was the Brown Ranch; to the south was the Texas Land and Cattle Company, to the west was the Herder Ranch, and to the east was the Pierce Ranch.

El Campo was incorporated in 1905. The municipal government was composed of a mayor and five aldermen. Mr. Mack Webb was elected mayor, with a salary of $10.00 per month. W. G. McDonald was the first city attorney; W. E. Franz, the first city secretary. Members of the first council were H. G. Beard, E. L. Correll and W. W. Duson.

Soon after the establishment of a formal government, came adequate police protection and a volunteer fire department. Utility services were expanded. The City of El Campo has been the result of a steady and continual growth by citizens who came and saw the great possibilities that El Campo has to offer.

According to the United States Census Bureau, the city has a total area of 7.5 square miles (19.3 km²), all of it land. Education in the city of El Campo is provided by the El Campo Independent School District and a number of private schools. The Colorado Valley Transit Authority operates bus services within El Campo and to Wharton. El Campo is accessible by road by Texas State Highway 71 and U.S. Route 59.[4]

Notable People

- Dallas-based radio minister Charles Swindoll was born in El Campo (as mentioned on his broadcast of 16 May 2012).
- Medal of Honor recipient Raul (Roy) Benavidez was raised in El Campo from the age of 7.
- Author of the *Legendary Texians* and *Historic Towns of Texas* book series Joe Tom Davis lives in El Campo.
- NFL Player Joey Hunt of the Seattle Seahawks
- MLS Player Memo Rodriguez of the Houston Dynamo was born in Wharton and raised in El Campo.

HOSPITAL BIOGRAPHY[5]

Wharton County Hospital History

The first hospital in Wharton County was established in El Campo by Dr. A.L. Lincecum in 1912 in his home. A few years later he moved to the Mack Webb building, and sometime later closed the hospital and gave the equipment to the Caney Valley Hospital in Wharton.

Plans for a county hospital were proposed in 1937 in El Campo, and the Nightingale Hospital was formally opened on December 10, 1939. It closed on March 31, 1979. In its place, a completely new 60 bed facility was opened on March 31, 1979, the El Campo Memorial Hospital, a hospital authority institution.

A non-profit foundation was formed in 1952 which led to the Gulf Coast Medical Center Hospital of Wharton. This sixty-five bed facility was opened on North Fulton Street in January, 1961.

In 1937, the Caney Valley Hospital of Wharton, became a corporation and enlarged. In 1958 there was more remodeling and enlargement. In 1960, it became Caney Valley Memorial Hospital, a non-profit organization. In 1967, a new seventy-five bed Caney Valley Memorial Hospital was opened on North Richmond Road.

The Gulf Coast Medical Center Hospital increased to ninety-five beds and in April, 1980, completed a merger with Caney Valley Memorial Hospital. Now the Board of Directors of the Gulf Coast Medical Foundation governs the two units as a modern, general hospital of 160 beds. In the early '80s, the hospital was sold to Hospital Corporation of America. The hospital ownership changed hands at least one more time before being purchased by Tuft.

After the Gulf Coast Medical Center in Wharton closed in 2016, Oak Bend Medical Center worked for months to establish a hospital in the same building to bring emergency and medical services back to the rural community.

El Campo Memorial Hospital

El Campo Memorial Hospital, located at 303 Sandy Corner Road, El Campo, Texas, in Wharton County, Texas, is located approximately fifty miles from Sugar Land, Texas and Victoria, Texas.

El Campo Memorial Hospital (“ECMH” or “the hospital”), located in the city of El Campo in the western part of Wharton County Texas, primarily serves the El Campo area. ECMH also serves other residents of Wharton County and residents of Colorado, Jackson and Matagorda counties.

El Campo Memorial Hospital (ECMH) and its predecessor have been providing the highest quality medical care in El Campo for over 68 years, and at the current location since 1979.The hospital is accredited by state and federal regulations (Medicare/Medicaid).

The hospital’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 and surgical services for inpatient, outpatient and emergency room patients which includes a twenty-four-hour emergency department.

ECMH Mission

El Campo Memorial Hospital is a community-oriented health care system dedicated to providing the highest standard of care for you and your family.

ECMH Vision

A community recognized for outstanding health and wellness.

ECMH Values

Dignity: We treat everyone with dignity and respect.

Honesty: We believe our actions and words are guided by honesty and integrity.

Access: We believe that access to health services is fundamental to each person.

Excellence: We pursue the highest levels of quality service and continuously seek to improve our processes.

Innovation: We strive to utilize the most effective technology of collaboration with other health providers and community service agencies that will allow us to offer the highest quality and most cost effective health care services.

Wellness Education: We believe and are fully committed to the fact that wellness and education are foundations of improvement of the health status of the population.

Licensed for forty-nine beds, ECMH currently staffs and operates twenty-five beds. Several of the patient rooms had been converted into offices. ECMH currently has expansion plans to be completed over a five year period. This plan includes a replacement hospital on the front of the existing plant with plans to work with an interested third party to utilize the existing hospital. The hospital clinic will expand and remodel.

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 Wharton County a Medically Underserved Area (MUA) and a Health Physician Shortage Area (HPSA) for Dental and Mental Health capacity. The location of the hospital is not currently designated as a HPSA within the area of primary care. 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 particular 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.

Hospital Services

Emergency Department

- Level IV Trauma Designation
- Life Flight Helipad
- EMS provided by City
- Facility meets the “Basic Trauma Facility Criteria”

Cardiology/Respiratory Services

Respiratory Therapy

- Provide Mechanical Ventilation (conventional and non-invasive)
- Provision of general and acute respiratory therapy modalities
- Pulmonary Function Studies
- Exercise testing
- Sleep studies

Cardio-Pulmonary

- Diagnostic testing of the heart, lungs and brain
- 24-hour Holter Monitoring
- Treadmill Stress testing
- EKG/EEG testing
- Stress tests
- Impedance Cardiography (ICG)

In-Patient and Out-Patient Kidney Dialysis Treatment

- Provided In Coordination with El Campo Memorial Hospital and El Campo Dialysis and Kidney Center El Campo Memorial Hospital
- Provides a full range of inpatient services that included: Hemodialysis and Peritoneal Dialysis.

Imaging Services

- Bone Density Services
- CT Scanning

- Mammography
- MRI
- Nuclear Medicine
- Ultrasound
- General Radiology Services

Radiological MD Support: West Houston Radiology Associates

Mid Coast Medical Clinic

- Certified Rural Health Clinic since 1996

Hours of Operation (El Campo Location):

Scheduled Appointments:
Monday-Thursday, 8:30 AM to 5:00 PM
Fridays, 8:30 AM to 4:00 PM

Same Day Appointments:
Saturday, 9:00 AM to 12:00 PM

Extended Hours Walk-In Clinic:
Monday - Friday, 7:00 AM to 9:00 AM
Monday - Thursday, 5:00 PM to 6:30 PM
Fridays, 7:00 AM to 9:00 AM

Call (979) 543-5510 for appointment scheduling

MD Providers:

Family Practice

- Gene Burns, MD
- Tom Baccam, DO
- Carlos Dugue, MD
- Brooke Radley Dorotik, MD
- Nathan P. Nguyen
- Teih LeBan

Internal Medicine

- Thai Huynh, MD

Orthopaedic Surgery

- Paul Lifland, MD

Gynecologist

- Robert Ogdee, MD

Physician Assistants

- Dana Foster, M.ED, PA-C
- Ashley Koudela, MPAS, PA-C
- Kayla Cerny, MPAS, PA-C
- Clay Zboril, MPAS, PA-C
- Kathy Enright, PA

Laboratory (CLIA Certified)

- Hematology
- Chemistry
- Microbiology
- Blood Bank
- Serology

- Blood Gases
- Urinalysis
- Perform Drug of Abuse Testing

Pathology Services provided through Baylor College of Medicine, Houston

Therapy Services

Therapy Locations:

- El Campo located in Sutherlands Parking Lot
- Palacios Community Medical Center
- Wharton, Texas
- Bay City, Texas

Acute/Chronic Pain Syndromes

- Neck/Back Pain
- Muscle spasms
- General weakness
- Sports injuries
- Joint sprains/strains
- Balance problems
- Vertigo (dizziness)
- Ambulation problems
- Sort tissue injury
- Joint contracture
- Edema/swelling disorders
- Wound care
- Burns
- Stoke
- Parkinson disease
- Amputation
- Total joint replacement
- School based therapy

- *Wellness programs:*
  - *Diabetes*
  - High cholesterol
  - Osteoporosis
  - Osteoarthritis
  - Strength/endurance
  - High blood pressure

- *Occupational Therapy:*
  - Inpatient acute care
  - Outpatient therapy
  - Home health
  - Long term care

- *Speech Therapy:*
  - Speech/Language deficit evaluations
  - Articulation disorders
  - Fluency (stuttering)
  - Voice problems
  - Dysarthria
  - Apraxia
  - Aphasia

- *Cognitive*
  - Cognitive evaluation
  - Memory deficits
  - Problem solving deficits
  - Organizational difficulties
  - Safety awareness
  - Orientation
  - Processing problems

- *Swallowing*
  - Swallowing/choking problems
  - Bedside swallow evaluation
  - Modified barium swallow study
  - Swallow therapy
  - Swallowing strategies/precautions

Other Key Hospital Services

- Swing bed/Rehabilitation
- ICU
- Surgery

Area Hospital Information

Houston Health Facilities: All noted by all focus group participants dependent on health histories, family histories and prejudice. All our considered world-famous health systems with multiple campuses regionally, internationally with multi-specialty facilities, research and a variety of patient care services. Houston Methodist Hospital serves Mexico, South America and Saudi Arabia with a minimum of 7 hospitals.

- Houston Methodist Hospital serving Mexico, South America and Saudi Arabia with a minimum of 7 hospitals.
- Baylor St. Luke's Medical Center serving the Houston Area with eight regional hospitals.
- Memorial Hermann Health System serving South East Texas and the Houston area with over 16 facilities.
- Time by car to Houston area is approximately two hours.

Other hospitals within a 40 mile radius include:

- Gulf Coast Medical Center (Wharton, Wharton County) is licensed for 161 beds and is privately owned. While still licensed as a hospital, this medical center currently operates as a walk-in emergency and transfer center.
- Jackson County Hospital District (Edna, Jackson County) is licensed for twenty-five beds.
- Matagorda Regional Medical Center (Bay City, Matagorda County) is licensed for fifty-eight beds and is organized as a hospital district.
- Rice Medical Center (Eagle Lake, Colorado County) is licensed for twenty-five beds and is a critical access hospital.

Note: Palacios Community Medical Center and Clinic are currently in a newly agreed hospital management agreement which has become a new market emphasis.

Area Hospital Experience[6]

National Survey of Patient Experience in Hospitals. Palacios Community Medical Center is not included in this survey because of the small numbers conundrum – that is, PCMC's numbers are so small as to be statically insignificant, and therefore not reported by CMS. However, this data provides a regional baseline of healthcare outcomes based on the patient's perspective. This is only noted due to the recent affiliation with El Campo Memorial Hospital and PCMC.

The Percent of Patients Surveyed Who Said Their Hospital Room and Bathroom Were Always Clean

Looking at *Room and Bathroom Always Clean* for Hospital Experience we find that El Campo Memorial Hospital ranks the highest with a value of 80.0% Room and Bathroom Always Clean. The next highest values are for: Memorial Medical Center (79.0%), Matagorda Regional Medical Center (78.0%), Citizens Medical Center (75.0%), and Sweeny Community Hospital (72.0%). The difference between the highest value (El Campo Memorial Hospital) and the next highest (Memorial Medical Center) is that the Room and Bathroom Always Clean is about only slightly larger.

The Percent of Patients Surveyed Who Said the Area Around the Hospital Room Was Always Quiet

Looking at *Always Quiet at Night* for Hospital Experience we find that Sweeny Community Hospital ranks the highest with a value of 77.0% Always Quiet at Night. The next highest values are for: Citizens Medical Center (72.0%), El Campo Memorial Hospital (71.0%), OakBend Medical Center (formerly Gulf Coast Medical Center) (71.0%), and Memorial Medical Center (67.0%). The difference between the highest value (Sweeny Community Hospital) and the next highest (Citizens Medical Center) is that the Always Quiet at Night is about is 6.9% larger.

The Percent of Patients Who Said That They Always Received Help When They Need It

Looking at Always Received Help When Needed for Hospital Experience we find that El Campo Memorial Hospital ranks the highest with a value of 77.0%. The next highest values are for: Sweeny Community Hospital (76.0%), Memorial Medical Center (70.0%), Matagorda Regional Medical Center (69.0%), and Citizens Medical Center (65.0%). The difference between the highest value (El Campo Memorial Hospital) and the next highest (Sweeny Community Hospital) is that the Always Received Help When Needed measures only slightly larger.

The Percent of Patients Who Reported That Their Pain Was Always Well Controlled

Looking at *Pain Always Well Controlled* for Hospital Experience we find that OakBend Medical Center ranks the highest with a value of 82.0% Pain Always Well Controlled. The next highest values are for: El Campo Memorial Hospital (76.0%), Matagorda Regional Medical Center (73.0%), Citizens Medical Center (69.0%), and Memorial Medical Center (66.0%). The difference between the highest value (OakBend Medical Center) and the next highest (El Campo Memorial Hospital) is that the Pain Always Well Controlled measures 7.9% larger.

The Percent of Patients Who Said That the Nurses Always Communicated Well With Them

Looking at *Nurses Always Communicated Well* for Hospital Experience we find that El Campo Memorial Hospital ranks the highest with a value of 86.0% Nurses Always Communicated Well. The next highest values are for: Sweeny Community Hospital (81.0%), Memorial Medical Center (80.0%), Matagorda Regional Medical Center (79.0%), and Citizens Medical Center (78.0%). The difference between the highest value (El Campo Memorial Hospital) and the next highest (Sweeny Community Hospital) is that the Nurses Always Communicated Well is 6.2% larger.

The Patients Who Said That the Doctors Always Communicated Well With Them

Looking at *Doctors Always Communicated Well* for Hospital Experience we find that Memorial Medical Center ranks the highest with a value of 88.0% Doctors Always Communicated Well. The next highest values are for: El Campo Memorial Hospital (86.0%), OakBend Medical Center (86.0%), Citizens Medical Center (84.0%), and Matagorda Regional Medical Center (79.0%). The difference between the highest value (Memorial Medical Center) and the next highest (El Campo Memorial Hospital) is that the Doctors Always Communicated Well measures only slightly larger.

Area hospitals are rated based on a scale from 1 to 10 (where 10 is the best)

Looking at *Hospital Rating* for Hospital Experience we find that El Campo Memorial Hospital ranks the highest with a value of 76.0% Hospital Rating. The next highest values are for: Citizens Medical Center (71.0%), Matagorda Regional Medical Center (68.0%), Sweeny Community Hospital (60.0%), and Memorial Medical Center (58.0%). The difference between the highest value (El Campo Memorial Hospital) and the next highest (Citizens Medical Center) is that the Hospital Rating is about 7.0% larger.

The Patient Experience shows the Percent of Patients Who Would Definitely Recommend the Hospital to Others

Looking at *Would Recommend Hospital* for Hospital Experience we find that Citizens Medical Center ranks the highest with a value of 75.0% Would Recommend Hospital. The next highest values are for: Memorial Medical Center (73.0%), El Campo Memorial Hospital (71.0%), Matagorda Regional Medical Center (66.0%), and OakBend Medical Center (60.0%). The difference between the highest value (Citizens Medical Center) and the next highest (Memorial Medical Center) is that the Would Recommend Hospital measures only about 2.7% larger.

Discharges

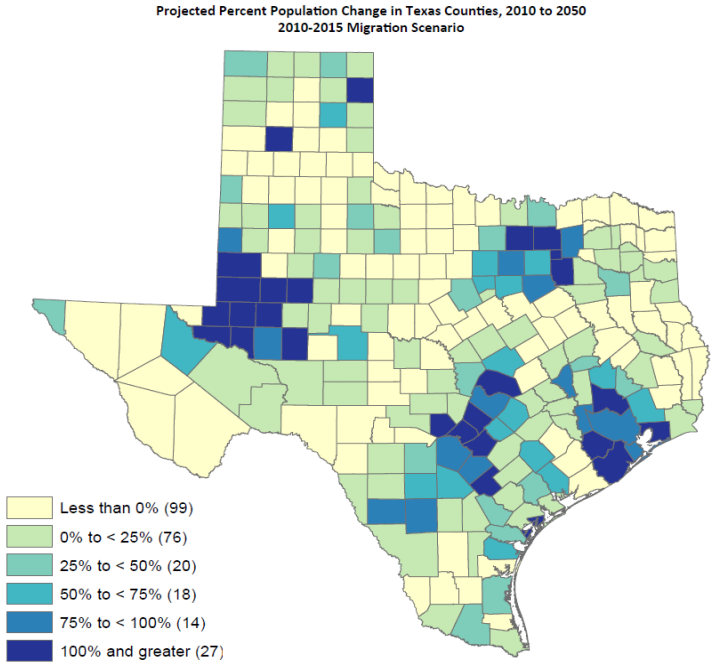
Looking at Discharges for Area Hospital Info we find that Citizens Medical Center (Victoria, Texas) ranks the highest with a value of 5,358 Discharges. The next highest values are for: OakBend Medical Center (1,482), Matagorda Regional Medical Center (964), El Campo Memorial Hospital (719), and Memorial Medical Center (0). The difference between the highest value (Citizens Medical Center) and the next highest (OakBend Medical Center: Wharton, Texas) is that the Discharges is about is approximately 3.6 times bigger.

Average Level of Illness

The average level of illness of patients treated at each hospital using the Medicare Case Mix Index (CMI), we find that Citizens Medical Center ranks the highest with a value of 1.45 CMI. The next highest values are for: OakBend Medical Center (1.19), Matagorda Regional Medical Center (1.13), El Campo Memorial Hospital (1.10), and Memorial Medical Center (0.00).

WHARTON COUNTY PROFILE[7]

Statistics will be provided for the County of Wharton with an emphasis to single out El Campo, Texas to gain a more specific target of needs. Although County statistics involve El Campo and other smaller communities, the general premise is that, based on population targets, El Campo health issues may still be similar to Wharton County.



COUNTY POPULATION (Census Bureau, 2010)	
County Population	
Estimate 2018:	41,619
Estimate 2017:	41,916
Estimate 2016:	41,668
Estimate 2015:	41,426
Estimate 2014:	41,124
Estimate 2013:	41,142
Estimate 2012:	41,149
Estimate 2011:	41,289
Census 2010:	41,280
Census 2000:	41,188
Population of Places in Wharton County	
Wharton:	8,769
El Campo:	11,751
GENERAL INFORMATION	
County Size in Square Miles (Census Bureau and EPA)	
Land Area:	1,086.2
Water Area:	8.2

Total Area:	1,094.4
Population Density Per Square Mile	
2010:	38.01
Urban and Rural Population of the County, 2010 (Census Bureau)	
Percent Urban:	50.10
Percent Rural:	49.90
DEMOGRAPHICS	
Ethnicity - 2017 (Census Bureau)	
Percent Hispanic:	42.0%
Race - 2017 (Census Bureau)	
Percent White Alone:	83.8%
Percent African American Alone:	13.8%
Percent American Indian and Alaska Native Alone:	0.8%
Percent Asian Alone:	0.6%
Percent Native Hawaiian and Other Pacific Islander Alone:	0.1%
Percent Multi-Racial:	1.0%
Race and Ethnicity - 2017 (Census Bureau)	
Percent Not Hispanic White Alone:	43.9%
Percent Not Hispanic Black Alone:	12.8%
Age - 2017 (Census Bureau)	
17 and Under:	25.8%
65 and Older:	17.1%
85 and Older:	2.2%
Median Age:	37.4
Income	
Per Capita Income - 2017 (BEA):	$40,535
Total Personal Income - 2017 (BEA):	$1,701,191,000
Median Household Income - 2017 (Census Bureau):	$46,194
Poverty - 2017 (Census Bureau)	
Percent of Population in Poverty:	16.0%
Percent of Population under 18 in Poverty:	24.8%
Educational Attainment (Census Bureau, 2012-2016 American Community Survey 5-Year Estimate)	
Percent high school graduate and higher:	78.0%
Percent bachelor's degree or higher:	14.5%
Pay (BLS)	
Average Annual Pay - 2017:	$37,553
Average Annual Pay - 2016:	$36,106
Average Annual Pay - 2015:	$36,623
Average Annual Pay - 2014:	$37,130
Average Annual Pay - 2013:	$35,499
Annual Unemployment Rate, Not Adjusted (Texas Workforce Commission)	
Unemployment Rate - 2018:	3.7
Unemployment Rate - 2017:	4.5

Unemployment Rate - 2016:	5.0
Unemployment Rate - 2015:	4.4
Unemployment Rate - 2014:	4.7

COUNTY FINANCES (Texas Comptroller of Public Accounts)

Property Taxes - 2017

Total County Tax Rate:	$0.475000
Total Market Value:	$5,692,922,100
Total Appraised Value Available for County Taxation:	$3,570,693,703
Total Actual Levy:	$16,953,078

El Campo, TX Economic and Demographic Data[8]

Population (2018 Est.)	11,629
Population in Households	11,492
Population in Families	9,705
Population in Group Qrtrs	137
Population Density (pop. per square mile)	1,199
Diversity Index[a]	70
Median Household Income	$53,262
Average Household Income	$72,484
Per Capita Income	$25,942
Total Housing Units	4,586 (100%)
Owner Occupied HU	2,482 (54.1%)
Renter Occupied HU	1,650 (36.0%)
Vacant Housing Units	454 (9.9%)
Median Home Value	$141,218
Average Home Value	$180,802
Total Households	4,132
Average Household Size	2.78
Family Households	2,912
Average Family Size	3

NOTES

Demographics are point estimates for July 1st of the current year and each for the forecast years.

[a] The Diversity Index is a scale of 0 to 100 that represents the likelihood that two persons, chosen at random from the same area, belong to different race or ethnic groups. If an area's entire population belongs to one race AND one ethnic group, then the area has zero diversity. An area's diversity index increases to 100 when the population is evenly divided into two or more race/ethnic groups.

El Campo Population[9]

According to the most recent demographics data available from the Census Bureau released in December of 2018, El Campo has an estimated population of 11,645. From 2010 to 2017 the population is estimated to have remained stagnant. The median age is 34.9. Comparing the median age of men versus women we find that it is basically equal. The male population is about 8.5% smaller than the female population.

Looking at the breakdown of racial groups in the area, El Campo has the largest proportion of people under 20 years old at 32.5%. It also has the largest Hispanic or Latino population in the area (the area includes Wharton, The Woodlands, Ganado, and Louise).

The Average Size of a Typical Family

The average family size in El Campo is 3.6 people, and 71% of people in El Campo are in a family. The city with the highest percent of people who are in a family in the area is Louise with at 76%. 68% of families are led by a husband and wife. 22% of families are led by a female alone, while 11% are led by men alone. The area with the highest percent of people in a husband and wife family in the area is Louise with 80%.

Single People by Never Married, Divorced, and Widowed

27% of people in El Campo have never been married, 7% have been widowed and 10% have been divorced. The divorce rate is fairly equal to the rest of Texas. 32% of Texans have never been married.

31% of single men are between the ages of 18-24, and 27% of single females are in the same age group. 17% of single men are between the ages of 50-60, and 16% of single females are in the same age group.

El Campo Texas Citizenship

11.4% of people in El Campo were born in another country. The US average is 13.4%, and the Texas average is 17%. 2% of those foreign-born have become naturalized citizens. 96% of non-citizens are over 18 while the median age is 46. 87.2% are born in Mexico, with most other foreign-born people come from elsewhere in the Americas.

Most Common Occupations in El Campo (2016)[10]

Males

- Production (8%)
- Metal workers and plastic workers (6.9%)
- Driver/sales workers and truck drivers (6.9%)
- Electrical equipment mechanics, installation, repair, including supervisors (5.7%)
- Other sales (5.7%)
- Laborers and material movers, hand (4.8%)
- Agricultural workers, including supervisors (3.7%)

Females

- Teachers, preschool-middle school (7.2%)
- Cashiers (6.1%)
- Other office and administrative support (5.8%)
- Other sales (5.7%)
- Bookkeeping, accounting, and auditing clerks (5.4%)
- Nursing, psychiatric, and home health aides (5.2%)
- Secretaries and administrative assistants (4.7%)

Crime[11]

Crime rates are approximate and based on the FBI Uniform Crime Report.

- Annually in El Campo there are 32 crimes per 1,000 people, which is 18% higher than the national average of 27 crimes per 1,000 people.
- El Campo is safer than 29% of the cities in the United States.
- In El Campo you have a 1 in 31 chance of becoming a victim of any crime.
- The number of total year over year crimes in El Campo has increased by 11%.

Education in El Campo[9]

- High school or GED: 33.2%
- Some college or Associates degree: 28.3%
- Bachelor's degree or higher: 13.4%
- Less than high school: 25.1%

Some Demographic Comparisons[10]

Estimated median household income (2016):

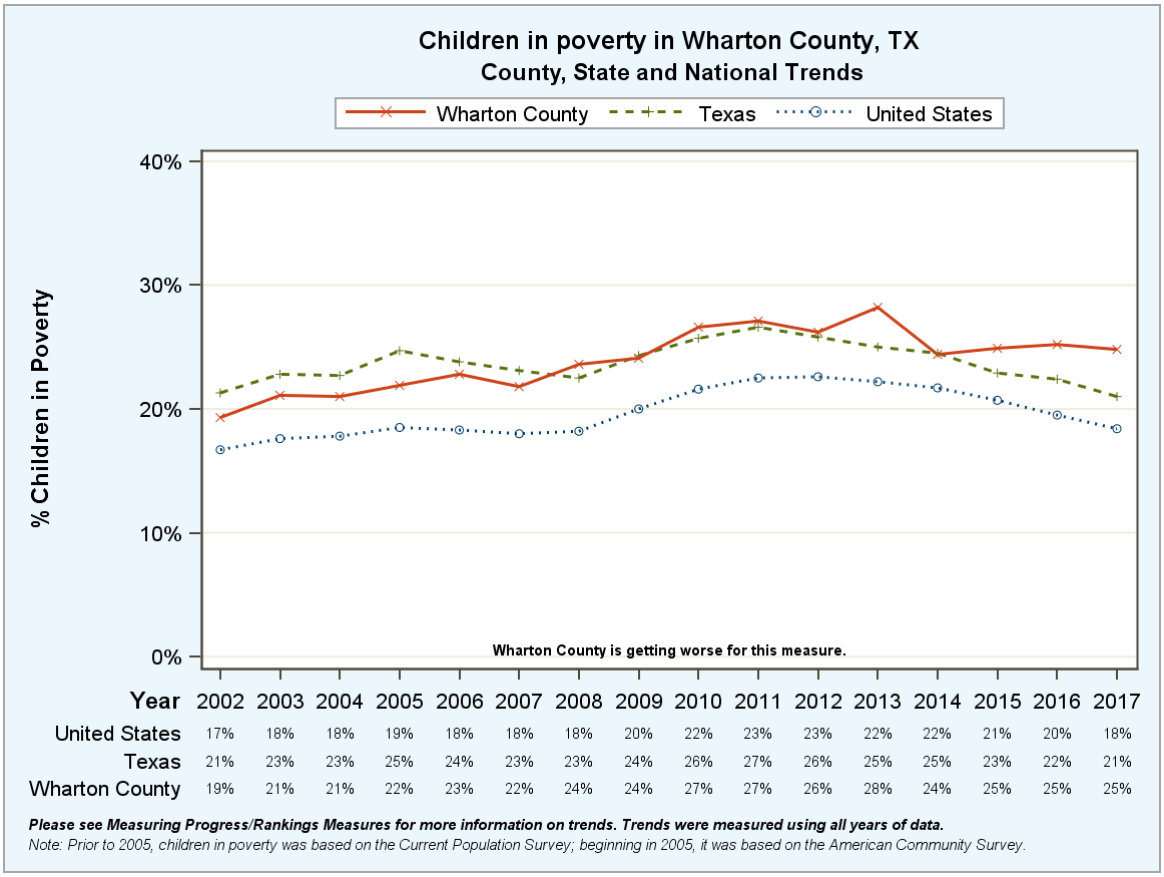
El Campo: $46,952
Wharton County: $46,194
Texas: $56,565

2019 estimated unemployment[12; see note]*:*

El Campo: 3.8%
Wharton County: 3.5%
Texas: 4.4%

Percentage of residents living in poverty (2016)[13]*:*

El Campo: 21.3% (9.2% for White Non-Hispanic residents, 50.7% for Black residents 24.2% for Hispanic or Latino residents, 56.1% for American Indian residents, 9.3% for Other Race residents)
Wharton County: 16.6%
Texas: 15.6% (8.3% for White Non-Hispanic residents, 32.4% for Black residents, 20.2% for Hispanic or Latino residents, 50.0% for American Indian residents, 15.8% for two or more races residents)
US: 12.3%



Year	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
United States	17%	18%	18%	19%	18%	18%	18%	20%	22%	23%	23%	22%	22%	21%	20%	18%
Texas	21%	23%	23%	25%	24%	23%	23%	24%	26%	27%	26%	25%	25%	23%	22%	21%
Wharton County	19%	21%	21%	22%	23%	22%	24%	24%	27%	27%	26%	28%	24%	25%	25%	25%

Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data.
Note: Prior to 2005, children in poverty was based on the Current Population Survey; beginning in 2005, it was based on the American Community Survey.

Children in Poverty

Wharton County: 25%
Texas: 21%
Top US counties: 11%

Children in Single Parent Households

Wharton County: 38%
Texas: 33%
Top US counties: 20%

El Campo Texas Mothers and Babies[9]

The following information is highlighted due to the interest in maternal/child services in the new hospital.

In the 12 month period examined in the 2018 American Community Survey, of women aged 15 to 50 years old, 5.6% gave birth. 11% of those births were by teen mothers aged 15-19. 34% of those births were by unmarried mothers, 68% of whom were between the ages of 20-34, and 32% were aged 15-19.

2015 Statistics for Wharton County from the Texas Department of Health Services shows 3.5% of mothers were adolescent, 56.1% were unmarried mothers, and 7.6% of babies were born with low birth weight. 65.8% received prenatal care in the first trimester. [7]

1 out of 3 babies are born to unwed mothers, and while they may not all be single mothers, it is a fact which often corresponds to adult and child poverty.

Rate of women aged 15 to 50 years old who have given birth

In the 12 month period examined in the 2018 American Community Survey, of women aged 15 to 50 years old, 5.6% gave birth. 11% of those births were by teen mothers aged 15-19. 34% of those births were by unmarried mothers, 68% of whom were between the ages of 20-34, and 32% were aged 15-19.

El Campo Mothers by Age	
Age 15 - 19	11%
Age 20 - 24	5%
Age 25 - 29	18%
Age 30 - 34	66%

Teen Birthrate, Unwed Mothers and Poverty

The teen birthrate in El Campo is highest in the county and very high when compared to state and national rates. Although unwed mothers are not always teen mothers, a significant portion are (34%). Unwed mothers may not always be single mothers, but oftentimes are. Given that very few (if any) of these mothers receive public assistance, as well as the correlation between single mother households and poverty, the hospital must consider how maternity and child services can be effectively managed and reimbursed. *Note: Because the overall number of births is fairly low for the county, these rates can vary from year to year, but the overall trends remain worse for rural counties.*

% of Unwed Mothers on Public Assistance	
El Campo	0%
Wharton County	0%
Texas	1%
United States	2%

Teen Birthrate	
El Campo	11%
Wharton County	2%
Texas	6%
United States	4%

Unwed Mothers as % of All Births	
El Campo	34%
Wharton County	53%
Texas	34%
United States	55%

Unwed Mothers by Age Group			
	15-19 yrs/old	**20-34 yrs/old**	**35-50 yrs/old**
El Campo	34%	69%	0%
Wharton County	4%	33%	63%
Texas	14%	77%	10%
United States	10%	78%	12%

Unwed Mother Births by Poverty Level			
	Below Poverty Level	**100%-199% of Poverty Level**	**200% or more of Poverty Level**
El Campo	80%	0%	20%
Wharton County	78%	22%	0%
Texas	48%	25%	27%
United States	48%	24%	28%

Unwed Mother Births by Race			
	Black	**Hispanic**	**White**
El Campo	100%	33%	25%
Wharton County	100%	48%	33%
Texas	58%	39%	31%
United States	66%	43%	29%

Note: Other races such as Asian, Native American, Hawaiian are not included in this table because there were no births by these races for the county during 2015 – 2016.

Unwed Mother Education Level		
	Less Than High School	**High School or Above**
El Campo	45.5%	54.5%
Wharton County	20.2%	79.8%
Texas	24.1%	75.9%
United States	22.0%	78.0%

El Campo Texas Health Insurance

This section healthcare data based on the most recent 2017 data from the Census Bureau which was released in December of 2018 and tracks healthcare in the United States.[10] [14]

Adults without health insurance coverage:

Wharton County: 26%
Texas: 23%
Top U.S.: 6%

Children without health insurance coverage:

Wharton County: 12%
Texas: 10%
Top U.S.: 3%

The Percentage of People Who Had Some Form of Health Care Insurance Coverage in the Area

El Campo indicates it has 81.7% health insurance coverage which is the 4th highest of all the places in the area (includes Iago, Hungerford, Wharton, Ganado, Boling-Newgulf, Louise and The Woodlands). The city with the highest health insurance coverage in the area is Louise with an insured of 86.5%. El Campo reveals it has a 3.4% change in health insurance coverage between 2015-2016.

Percent of People with Health Insurance Coverage	
El Campo	81.7%
Wharton County	79.6%
Texas	80.7%
United States	88.3%

The Proportion of People Who are Covered by More than One Health Insurance Carrier

This occurs when, for instance, a person might have Medicare as well as a private policy. 13% of those in El Campo with health insurance have two coverage types.

Percent of People with More Than One Carrier	
El Campo	13%
Wharton (City)	14%
Texas	13%
United States	16%

The Percentage of Men and Women with Coverage

82% of men have health care insurance coverage which is the third highest of all other places in the area. Boling-Newgulf has the highest number of men with health care insurance coverage in the area with coverage of 89%. 81% of women in El Campo have health care insurance coverage. Hungerford leads coverage of women at 100%. Overall, Wharton County, like other rural counties across the country, has health insurance coverage below national rates.

Percentage of Men and Women with Coverage		
	Men	**Women**
El Campo	82%	81%
Wharton (City)	79%	80%
Texas	80%	82%
United States	87%	89%

The Percentage of People Who Do Not Have Health Insurance

By income, the highest percentage of people who do not have health insurance are those earning between $25,000 – $50,000 at 28%. Insurance coverage between 2015-2016 declined for all of those making below $100,000.

Percent of People with No Health Insurance by Income					
	Under $25k	$25k - $50k	$50k - $75k	$75k - $100k	Over $100k
El Campo	20%	28%	16%	11%	8%
Wharton (City)	13%	20%	32%	16%	13%
Texas	29%	28%	21%	15%	8%
United States	19%	17%	13%	9%	5%

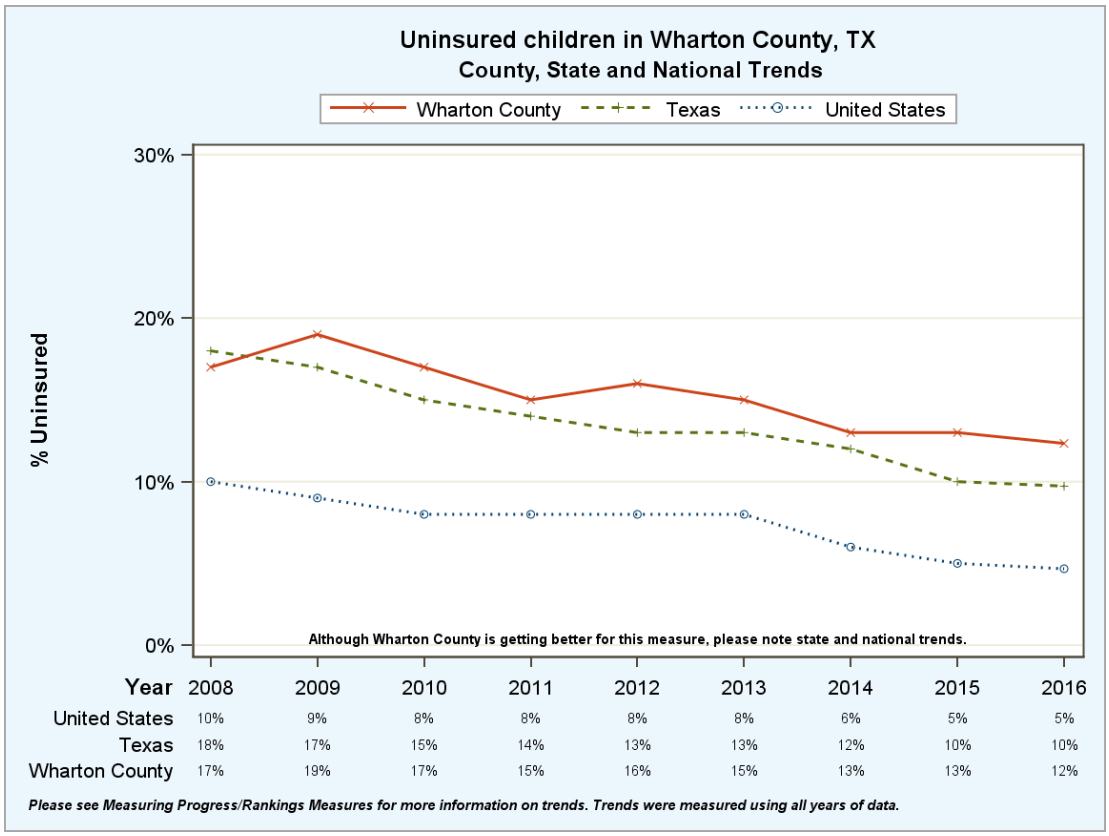
People in the Area Who Do Not Have Health Insurance by Race/Children

When combined with demographic racial data the overall rates of uninsured Minorities are higher overall than that of White residents, even though the percentage number may be higher. For example, though 51% of uninsured residents are White that represents a smaller proportion of White residents who are without health insurance than Black residents.

Not seen below but of interest is that Ganado has the highest rate of children without health insurance at 17%. This county and the state of Texas have poor rates of insured children.

People Without Health Insurance by Race					
	Black	**Hispanic**	**White**	**Native American**	**Asian**
El Campo	5%	44%	51%	1%	0%
Wharton (City)	15%	37%	48%	0%	0%
Texas	7%	41%	50%	0%	2%
United States	12%	29%	54%	1%	4%

Percent of Children with No Health Insurance	
El Campo	6.2%
Wharton (City)	8.8%
Texas	10.9%
United States	5.9%



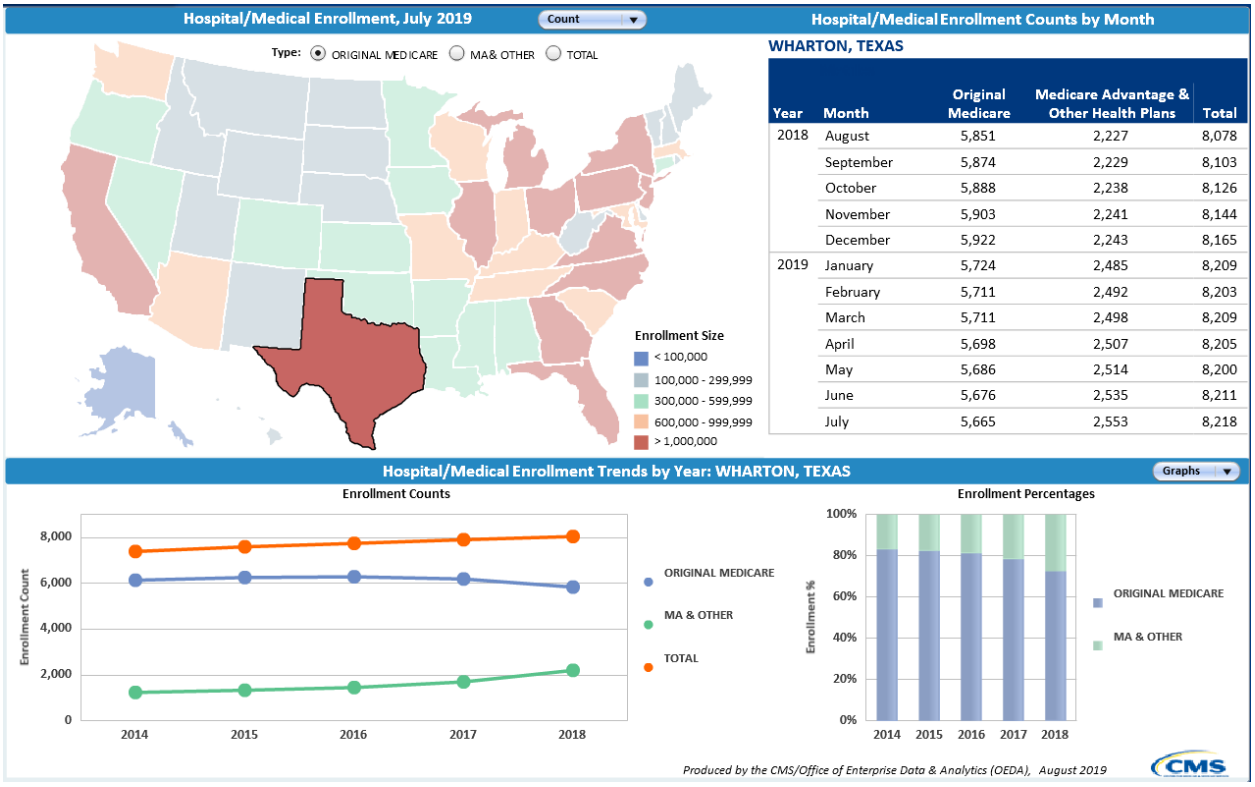
Medicare/Medicaid in Wharton County

Medicaid

11% of El Campo residents are covered by Medicaid. Those states that expanded Medicaid by 2016 experience lower rates of cardiovascular deaths.[15] Additionally, Medicaid expansion also correlates with a reduction in racial disparities in cancer care, reducing the gap in the early diagnosis of cancer.[16] Texas is one of 14 states that did not expand Medicaid in 2016. Though politically volatile, the Affordable Care Act has resulted in a drop in the rates of the uninsured, especially children.

Medicare Snapshot

24% of El Campo residents are covered by Medicare. Medicare Advantage Plans are not a positive incentive for a Critical Access Hospital in its Annual Financial Cost Report. It is considered a "Commercial Insurance" and works as a 'disadvantage' to the Hospital Cost Report. A Critical Access Hospital thrives with high basic Medicare & Medicaid patient services. Rates remain basically stable.[17]



Other Health Data

Texas Health Ranking[18]

Wharton County: #163 (of 244 rated Texas Counties) which is indicative of length of life and quality of life. In 2016 Wharton County ranked #172. A higher rating represents a poorer rating. Ten Texas counties have no data.

Other Health Outcomes rankings:

- Length of Life: #116 of 244
- Quality of Life: #205 of 244
- Health Behaviors: #147 of 244
- Clinical Care: #129 of 244
- Social and Economic Factors: #126 of 244
- Physical Environment: #120 of 244

Food Environment[10]

Number of grocery stores:
Wharton County: 8 (1.96 per 10,000 people)
Texas: 1.47 per 10,000 people

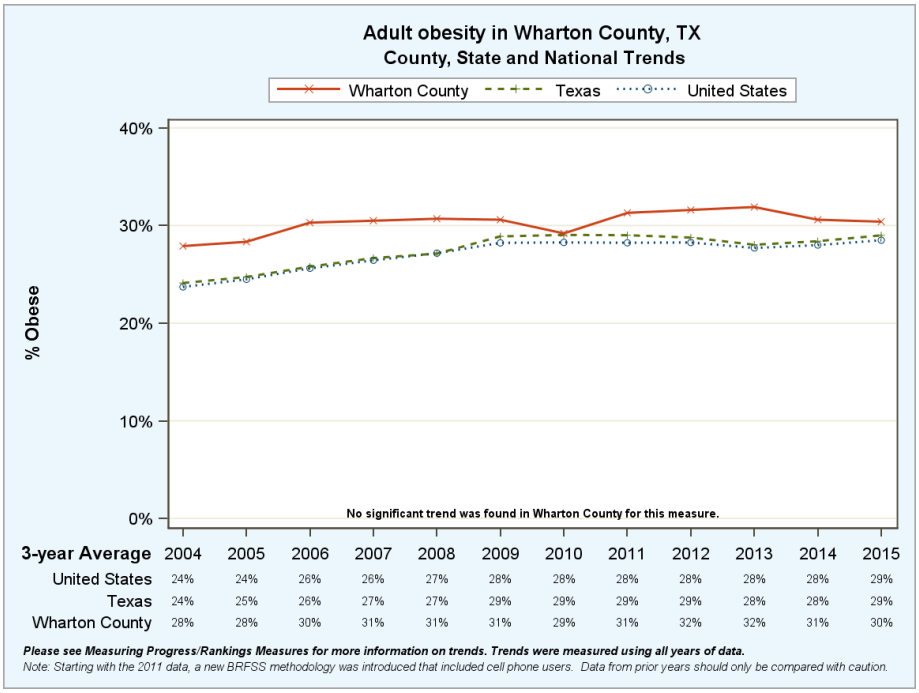
Number of convenience stores (with gas):
Wharton County: 30 (7.37 per 10,000 people)
Texas: 3.95 per 10,000 pop.

Number of full-service restaurants:
Wharton County: 23 (5.65 per 10,000 people)
Texas: 3.95 per 10,000 pop.

Adult diabetes rate:
Wharton County: 10.3%
Texas: 8.9%

Adult obesity rate:
Wharton County: 30.5%
Texas: 26.6%

Low-income preschool obesity rate:
Wharton County: 19.6%
Texas: 15.7%



3-year Average	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
United States	24%	24%	26%	26%	27%	28%	28%	28%	28%	28%	28%	29%
Texas	24%	25%	26%	27%	27%	29%	29%	29%	29%	28%	28%	29%
Wharton County	28%	28%	30%	31%	31%	31%	29%	31%	32%	32%	31%	30%

Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data.
Note: Starting with the 2011 data, a new BRFSS methodology was introduced that included cell phone users. Data from prior years should only be compared with caution.

Obesity among every age demographic is a devastating problem for Wharton County, the state, and the nation. Health systems will continue to see the accompanying health issues.

The *county* rates for Adult Diabetes, Adult Obesity Rate, and Low-income pre-school obesity rate are comparable to other rural communities throughout Texas, if not higher. These three issues contribute significantly to the cost of health care and the overall health of the community. All three were brought up in the Focus Groups as participants discussed major health issues in the community. Exercise and education are being utilized in many areas to address this issue, both for adults and children. There has to be a willingness on the part of the community to address obesity and diabetes in order for the health providers to have an impact. The following are national statistics:

- Obesity correlates to level of education. Adults without a high school degree or equivalent had the highest self-reported obesity (35.6%), followed by high school graduates (32.9%), adults with some college (31.9%) and college graduates (22.7%).
- Young adults were half as likely to have obesity as middle-aged adults. Adults aged 18-24 years had the lowest self-reported obesity (16.5%) compared to adults aged 45-54 years who had the highest prevalence (35.8%).[19]

Mental Health	*Wharton Co.*	*Texas*	*Top U.S.*
Poor or Fair Health Days (%)	22%	18%	12%
Poor Physical Health Days/Month	4.0	3.5	3.0
Poor Mental Health Days/Month	3.8	3.4	3.1
Health Behaviors	Wharton Co.	Texas	*Top U.S.*
Physical Inactivity	25%	23%	20%
Access to Exercise	70%	81%	91%
Adult Smoking	16%	14%	14%
Sexual Health	*Wharton Co.*	*Texas*	*Top U.S.*
Teen Births (per 1,000 females)	49	41	15
Sexually Transmitted Infections (per 1,000)	37.6	52.0	14.5

High teen birth rates reflect a need for better sex education *before* and *during* sexual maturation. There is no easy answer to this issue and no single entity responsible. Partnerships with schools and health organizations are encouraged.

Clinical Care	*Wharton Co.*	*Texas*	*Top U.S.*
Patients per Primary Care Physicians	2,460:1	1,670:1	1,030:1
Mental Health Providers	2,620:1	960:1	310:1
Preventable Hospital Stays (per 1,000 Medicare enrollees)	54.3	49.6	27.6
Mammography Screening	32%	58%	71%
Flu Vaccinations	37%	43%	52%

The low rate of mammography screening reflects the types of services that often get neglected in rural communities. A recent paper published by the Texas Department of State Health Services indicates the rural-urban disparity concerning older, overweight cancer survivors, with rural communities seeing poorer health outcomes often due to limited transportation, education, income, and healthcare access.[7]

Most common underlying causes of death in Wharton County, Texas in 1999 - 2014[10]:

- Atherosclerotic heart disease (489)
- Acute myocardial infarction, unspecified (369)
- Bronchus or lung, unspecified - Malignant neoplasms (357)
- Chronic obstructive pulmonary disease, unspecified (211)
- Stroke, not specified as hemorrhage or infarction (201)
- Unspecified dementia (195)
- Congestive heart failure (162)
- Unspecified diabetes mellitus, without complications (161)
- Septicemia, unspecified (150)
- Pneumonia, unspecified (146)

Health Status of the Rural Community

A National Overview of Our Problems [20]

An Economy Based on Self-Employment and Small Businesses

Rural people and rural communities are faced with many of the same health care issues and challenges confronting the rest of the nation: exploding health care costs, large numbers of uninsured and underinsured, and an overextended health care infrastructure. However, there are numerous unique health care issues facing rural people and rural places.

The rural economy is unique in its composition, making issues of uninsurance and underinsurance more prominent. Since the late 1990s, rural areas have witnessed a significant decline in manufacturing jobs and a rise in service sector employment, losing jobs with higher rates of employer-sponsored health insurance while gaining jobs with much lower rates of employer-sponsored coverage. The lack of employer-sponsored health insurance is particularly acute for low-skilled jobs, which are more common in rural areas.

The rural economy is largely based on self-employment and small businesses. Since 1969, the number of self-employed workers in rural areas has grown by over 240%. With an economy dominated by small businesses and self-employment, rural people are generally less insured, more underinsured, and more dependent on the individual insurance market. There are twice as many underinsured in rural as in urban areas, and the challenges faced by the underinsured are

ultimately similar to those of the uninsured.

Any health care reform provision that relies exclusively on maintaining the current employer-sponsored health insurance system will not be as relevant for rural areas because of lower rates of employer-sponsored insurance and the composition of the rural economy.

In many rural communities across Texas the health care delivery systems are on life-support or nonexistent leaving too many Texans vulnerable with limited or no access to care. Currently, 170 of the 254 counties in Texas are rural with nearly 20% of the state's population – or more than 3 million people – still residing in what can be considered "rural" areas. Statistically, rural Texans tend to be older, poorer, and less healthy than their urban and suburban counterparts, according to a report, "What's Next? Practical Suggestions for Rural Communities," conducted by the Texas A&M Rural and Community Health Institute (ARCHI) and the Episcopal Health Foundation.

The report is instructive in detailing health care challenges in rural communities. Consider that:

- 35 counties have no physician.
- 80 counties have five or fewer physicians.
- 58 Texas counties are without a general surgeon.
- 147 Texas counties have no obstetrician/gynecologist.
- 185 Texas counties have no psychiatrist.

Exacerbating the issue, more than 20 hospitals in Texas' rural areas have closed in recent years, while 60% of the 164 remaining hospitals are at-risk of closing, according to ARCHI. Financial issues, a lack of patients and a lack of leadership are noted in the report as factors leading to the demise of these hospitals. Since June 2019, three Texas Hospitals have closed in Hamlin, Grand Saline and Chillicothe, Texas. Texas leads all other states in rural hospital closures.

A Modern Healthcare investigation[21] also found that some rural hospitals were closed due to fraudulently "billing insurers for extremely high volumes of lab tests that may not have been performed for their patients or even in their facilities." A Texas hospital cited in the probe reported "extremely high outpatient lab charges in 2015 and 2016: $213.6 million and $372.2 million, respectively. Outpatient labs accounted for 62% of the hospital's total charges in 2015 and 86% in 2016." However, lack of experienced CEO's and experienced/educated governing boards add to this risk. Other factors include inappropriate program spending, lack of an adequate taxing base, excessive use of operating expenses and declining use of hospital services.

A Stressed Health Care Delivery System

The health care infrastructure in much of rural America is a web of small hospitals, clinics, and nursing homes (frequently attached to the hospital) often experiencing significant financial stress. Many rural hospitals have financial margins too narrow or too low to support investments in critical plant and technological upgrades. Medicaid and Medicare reimbursement rates remain generally below actual costs of services provided, thus stressing providers that depend on

reimbursements from public programs.

The financial stress on the rural health care system is in large measure an expression of public policy. It is estimated that Medicaid and Medicare account for 60% of rural hospital revenues; both programs are subject to legislative and administrative decisions and state and federal budgets that may result in declining hospital revenues. It is also estimated that nearly half of those classified as underinsured are facing collection or other legal action for their medical debts, causing a domino effect of financial stress for rural families and health care providers and facilities.

Health Care Provider and Workforce Shortage

More than a third of rural Americans live in Health Professional Shortage Areas (Wharton County) and nearly 82% of rural counties are classified as Medically Underserved Areas (Wharton County). Most rural areas in the nation have a shortage of practicing physicians, dentists, pharmacists, registered nurses, and ancillary medical personnel. Any trends in this regard are not improving. All of these workforce shortages exist despite the fact that, in general, rural people have greater medical care needs than do non-rural people. A lack of family physicians that care for families from birth to death in every medical aspect, the so-called "medical home," leads to a lack of preventive care that results in more serious (and more expensive) medical problems down the road. Health care reform legislation will need to address the promotion of rural medical practices, incentives to practice in rural areas, and recruitment and education of all forms of rural health care professionals. New methods of financing health care must not contribute to a worsening of the rural health care shortage by providing even more economic disincentives to rural, primary-care professionals.

An Aging Rural Population

Many rural areas of the United States are experiencing significant demographic shifts, chief among them an aging population. In 2007, approximately 15% of rural residents were 65 years of age or older, 25% greater than the nation as a whole. The nation's population of those 65 or older is predicted to double by 2030, reaching 20% of the nation's total population, and the fastest age cohort in rural America are residents 85 and older. An increasing aging population leads to greater incidences of chronic diseases and disability, taxing an already stressed rural health care system. An aging population also brings with it numerous social and community issues. Large portions of rural seniors live at home alone, without a spouse or family caretaker to provide or obtain necessary health care services. While seniors have nearly universal care coverage due to Medicare, there are certainly issues related to rural seniors that should be addressed in health care reform legislation. Examples include: providing health care services in community settings that allow rural seniors to remain in their communities (through rural health clinics and critical access hospitals); addressing rural health care worker shortages; enhancing Medicare funding of telemedicine and other health care information technology in more health care facilities frequented by rural seniors; strengthening long-term services and support.

A Sicker, More At-risk Population

The Center on an Aging Society at Georgetown University summarizes the health status as this: "The rural population is consistently less well-off than the urban population with respect to health." More rural people have arthritis, asthma, heart disease, diabetes, hypertension and mental disorders than urban residents. The differences are not always large, but they are consistent-the proportion of rural residents with nearly every chronic disease or condition is larger.

The Kaiser Commission on Medicaid and the Uninsured found that despite an older population and higher rates of disability in rural areas–which *should require* higher health care needs–rural residents actually receive comparable or less care in many measures, suggesting rural residents many not be receiving adequate care.

Despite an array of health care differentials between urban and rural people, there is evidence that the ultimate health status of rural people has much to do with health insurance and the type of health insurance coverage. There is evidence that rural people with employer-provided health insurance obtained more and less costly health care services than those with privately purchased health insurance. Insurance that provided better coverage at a lower cost, therefore, resulted in more-and presumably regular and better-health care services. Unfortunately, most rural health care people lack such coverage.

Need for Preventive Care, Health and Wellness Resources

A growing body of research documenting problems in nutrition and activity in rural areas have found that rural residents generally fare worse that their urban counterparts in regards to obesity, which is opposite to the situation that existed prior to 1980. No one explanation appears satisfactory for why problems with nutrition, activity and weight are so prominent in rural America. In spite of this uncertainty, it is critical to consider some of the most widely discussed factors, most of which concern the environment of modern rural living: the relative lack of nutritious food in many rural food systems; challenges to and decreases in physical activity, especially among rural children; fewer people employed in agriculture and other physically rigorous occupations; strong social networks may actually reinforce unhealthy eating and sedentary behaviors; and a deficit in health education in rural areas are all factors leading to a worsening health situations in rural areas. Perhaps the most important factors working against rural areas in regards to obesity and general health relate to demographics. Rural residents are older, less educated and poorer than urban residents. All of these demographics increase the risk for obesity.

Increasing Dependence on Technology

Medical providers are increasingly employing health information technology to improve patient safety, quality of care, and efficiencies. However, adoption of health information technology has remained slow in rural areas. For example, a consortium of rural health research centers has shown that while 95% of critical access hospitals have computerized their administrative and billing functions, only 21% employ forms of electronic health records. 80% of critical access hospitals use tele-radiology, yet only 24% employ tele-pharmacy services. Based on pending

changes from the State Pharmacy Board and legislative changes, rural hospitals averaging a certain in-patient census may be utilizing the use of tele-pharmacy more frequently with pharmacy drug orders by providers.

Several barriers exist in rural areas to the expansion of health care information technology. Broadband and high-level telecommunications technology coverage in rural areas is a significant barrier. Without a national commitment to provide accessible and affordable broadband and high-level telecommunications technology in all rural areas, rural use of health information technology will likely remain limited. Capital resources are also constrained for rural health care providers. Often rural providers have to choose between medical equipment, building improvements, and technology resources. Rural areas have difficulty in recruiting and retaining information technology professionals, particularly in small hospitals, clinics, and physician practices. The Agency for Healthcare Research and Quality has indentified physician resistance to health information technology as a barrier to rural use. Many rural physicians believe more technology will negatively affect productivity and workflow, and additional reliance on technology is often financially impractical for small offices and providers.

Effective Emergency Medical Services

Emergency medical services (EMS) are often the first-line medical and health care providers in rural areas. For many of the demographic and health care system issues outlined here, EMS have had placed on them growing demands and health care responsibilities. At the same time, many rural EMS providers are underfunded and face workforce and volunteer shortages. Billing and collections pose significant barriers plus new EMS mandates by Medicaid and other insurance carriers.

The National Conference of State Legislatures has outlined other issues facing EMS. Many EMS providers have inadequate communications infrastructure and are thus often isolated from the rest of the health care delivery. A major example is the lack of access EMS providers has to medical records and medical history, something health information could potentially resolve if EMS providers were able to obtain the resource to connect with other rural providers. Major health facilities owning their own EMS services are now equipping ambulances with EMR units for medical record synchronization of the ambulance and the Emergency Department.

Another identified EMS issue is the lack of integration of EMS into the rural health care system. An integrated system will provide more efficient patient referrals, a reduction in costs, improvement of medical services, and a broader primary care and public health model in rural areas. Of course, integration has its challenges in rural areas, chiefly communication over wide geographic areas and EMS reliance on volunteers.

How Does El Campo Stand Among The Others?

We must think beyond asking “how do we save the local hospital?” or “how do we translocate urban health care solutions to rural Texas?” Each of the facts facing rural communities poses ongoing threats to healthcare in El Campo. With the continued direction and stability of a local hospital board and hospital district board, El Campo has the years of experience, stability and

consistency in governing leadership. Over the years, these boards have remained educated and have taken advantage of state education conferences offered through TORCH and Texas Hospital Association regarding governance of hospitals. One of the top long-term success indicators for rural hospital survivals is board governance with capable and engaged board members. With the new relationship of Palacios Community Medical Center and the new senior management, an immediate “turn in the fork of the road” was made to avoid a near hospital crisis. For many years PCMC has experienced a history of significant turmoil in maintaining a functional hospital system. With the new relationship and emphasis of Swing Bed management there is the hope that a historical turn of events can occur resulting in the stability of healthcare services in lower Wharton County and El Campo Memorial Hospital and Clinics.

Rural hospitals must re-imagine their roles within the community. For too many years, the local rural hospital was “just the place at the edge of town where old people go when they get sick and if you are really sick you need to just keep on going.” Hospitals had little concept of connecting with community leaders and area health systems and working as a community team in finding solutions to local health concerns. In far too many Texas hospitals is the absence of sound and analytic data with seasoned leadership to help direct sound decisions, and it just may be that too many small hospitals were built in the 1950’s where every small town had a town “doc” and small hospital. The positive note is that El Campo remains the “stable hospital” in the county with the continued hospital issues in Wharton, Texas. The biggest threat will always remain the out-migration of services to larger costal facilities. It is less desirable to travel for a growing elderly and low income population due to the financial hardships, availability of affordable lodging and weather.

El Campo Health Status

This section of the assessment reviews the health status of El Campo residents. As in the previous sections, comparisons are provided with the State of Texas, Wharton (the most immediate threat) and the United States. This assessment of health outcomes, health factors, and mental health indicators of the residents that make up the community will enable the hospital to identify priority health issues related to the health status of its residents. Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to Healthy People 2020, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work, and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community.

For a community the size of El Campo, the issue of competing hospital & clinic services has to be examined as to function, need, and viability, not only for the immediate El Campo community but the county. If other health services do choose to enter to the market and not utilize available hospital patient services such as Physical Therapy, Clinic System, Lab, Radiology, and in-patient admissions, the only conclusion that can be drawn is that the motive is not for the welfare of the community hospital (El Campo). The same is true for supporting local pharmacies and dental services. Every patient not utilizing a local hospital service and

instructed to obtain health services in other communities or otherwise is not only a disservice to that patient but one less dollar in the local hospital system. More will be addressed later in this document in “One Stop Shopping.” The focus of the rural community is to always guard the continued existence of a local hospital because of the negative impacts for the overall community. That does mandate the local Hospital system be accountable for good care and service. There is no question with the instability of hospital services that it jeopardizes the utilization of all county health care facilities.

Healthy people are among a community’s most essential resources. Numerous factors have a significant impact on an individual’s health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. Studies by the American Society of Internal Medicine conclude that up to 70% of an individual’s health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities, and premature death. The interrelationship among lifestyle/behavior, personal health attitude, and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

- Smoking: lung cancer, cardiovascular disease, emphysema, chronic bronchitis
- Alcohol/drug abuse: cirrhosis of liver, motor vehicle crashes, unintentional injuries, malnutrition, suicide, homicide, mental illness
- Poor nutrition: obesity: digestive disease, depression
- Driving at excessive speeds: trauma, motor vehicle crashes,
- Lack of exercise: cardiovascular disease, depression,
- Overstressed: mental illness, alcohol/drug abuse, cardiovascular disease

We must think beyond asking “how do we save the local hospital” or “how do we translocate urban health care solutions to rural Texas?” Each of the facts facing rural communities poses ongoing threats to healthcare in El Campo. With the new relationship of Palacios Community Medical Center and El Campo Memorial Hospital, an immediate “turn in the fork of the road” was made to avoid a near hospital crisis. PCMC has experienced a history of significant turmoil of maintaining a functional hospital system for many years.

As a result of the Statistical Data, the following general conclusions can be made.

Identification and Prioritization of Health Needs

General Observations

(RED represents Needs to be addressed by Hospital)

(Green to be addressed by Hospital and Community)

In reviewing the hospital's past Community Health Needs Assessment and responses to those assessments, this report will attempt to correlate past reports and comment on opportunities to refine action plans through an organization suggestion. A second set of Needs will be listed in the section "Community Health Focus Group"" stated later in the report. The following is recommended:

One of the historical paradigms of hospital health system management is that the hospital works independently from city/county government and non-profit agencies/programs until it needs a program or fulfills a need of the hospital through a program requirement. Until then the local agencies in the community and hospital continue to work in isolated "silos" of function. The hospital is a vital ingredient of a successful community through its large employee base and the mere function of services. However, hospital systems "rarely sit at the same table" in solving community health issues that underlie poor health habits or diseases such as: poverty, mental health, disease management, poor housing, obesity issues with adults/children, and high county statistics such as cancer, heart disease, diabetes and teen pregnancy. Hospitals view themselves as the "tail-end" of disease management in trying to "respond medically to a health issue" through Emergency Departments and Clinics. In reviewing the Community Health Needs Assessment Implementation for 2016, 2017, and 2018, the hospital has done an admirable job at responding to its issues through programs in the Community Resources Council. However, it appears a comprehensive community health plan is lacking. The community finds itself "circling" the same issues year after year, responding admirably but not dampening poor city and county health statistics. Examples include:

Transportation: Indeed, this is a problem for patients being able to travel to physician appointments locally and regionally for care and treatment. It is not an uncommon problem with a private or transportation entity. To deal with government funded programs such as Colorado Valley Transit (CVT) is difficult at best due to available vehicles, patient appointment schedules, etc. I am certain ECMH has studied various alternatives but two are provided here: ***1)*** *Level of difficulty for hospital: High*; the hospital might consider scheduling "local only" patients who require dialysis, clinic visits, and ancillary services during the early morning and using specific hospital/clinic transportation. The hospital would do everything possible to accommodate patients in morning services. As the old adage goes, "it takes the hospital and patient (who can be difficult) to manage this process." ***2)*** *Level of difficulty for hospital: Moderate Difficulty*; the hospital would study the "clinic/ancillary cancelled services" and the impact on revenue for funding its own van. There are several examples across the state, such as Fisher County, where the clinic cancellations were excessive. With the purchase of a used van, clinic volumes increased significantly to offset any van expenses.

Language Barrier: Ongoing culture barriers were identified, noting plans and solutions, by the prior assessment plan. Due to the high Hispanic population (42% of residents), ECMH could consider a Spanish language version of the hospital web site or relevant informational topics in Spanish. ECMH has made a consistent effort with hospital brochures and other resource information.

Continue to Attend Ministerial Alliance: Vital part of public and private communication avenues.

Marketing: Strong plan with some consideration of targeted home and business mailings to announce high importance news such as new physicians, clinics, etc.

Education: A strong component of a Wellness Council for multi-agency sweep on patients' understanding of all government funding programs and local social and medical support.

Financial Outreach programs: As noted above. Most patients are entering multiple agency services where approval into one program could gain access to other programs, saving multiple appointments by patients into various agencies. Transportation and childcare issues are always prevalent in the success of patient participation. Consider more home visits by key agency/hospital social services personnel to gain program approval and participation.

Emergency Room: As noted in your plan there are considerable attempts to educate the public as to services (for example, how to enter safe alternatives of care such as the Wellmed Clinics). National trends denote decreases in rural community emergency services with available Monday – Sunday Clinic operating times.

One Stop Shopping: The hospital has placed considerable efforts to educate the public. The only suggestion might be a more significant "marketing tag" with the web site and all public brochures as a major central theme, especially with a new replacement hospital with maternal-child services.

Teen Pregnancy: The hospital has placed significant efforts toward educating the public regarding Teen Pregnancy. The school clinic should be its greatest weapon of education. The statistics regarding El Campo and Wharton County teen births and unmarried mothers regarding poverty, finances, and income class are above all state and national averages. This requires a multi-agency response through a Wellness Council model.

Physician and Specialty Staff Recruitment: Well defined plan established.

Drug and Alcohol: A multi-agency response through a Wellness Council model.

Therefore, this report recommends a city-wide Wellness Council that responds to the Community Health Needs Assessment. Even though the CHNA is a mandated report by the hospital every three years, the report must include hospital programs and its response to community health needs through new programs, facility, clinic, physicians, personnel, and so forth. However, most hospital CHNAs do not respond to the health needs of the community in a collaborative way to decrease such issues as teen pregnancy, alcohol and drug abuse, mental

health, hunger, obesity, and disease management such as heart disease, cancer, etc. This council can easily have an Executive Committee along with working committees assigned to individual community issues. Agencies such as the School District, Hospital, community non-profits, city and county representatives, health department, and so forth will represent a core response to community health needs. The hospital foundation could be one vehicle to consider for implementation. There should be some process to guarantee the public that sound medical and healthcare principles and plans are within current medical practice standards.

Demographic Trend Data: Demographic projections of population growth in El Campo, Texas were reviewed. Growth trends for vulnerable population groups were included in the review. The population trend for this county will continue to be stable unless unexpected industry locates to this immediate area. The need for more industry is a stated concern from all community focus group participants. The representative of the Economic Development Committee and Mayor discussed several initiatives being evaluated for the community. Some of those noted were the following:

- RV Parks increasing
- Newly announced Southwest International Gateway Business Park with Rail Support with a forecast of over 1000 new jobs
- Improvement of tourism/events
- Formosa plant
- Nuclear plant
- Plastic piping plant

It was noted that the hospital CEO should be on the Economic Development Committee representing one of the top employers in the community because of the business questions regarding healthcare services and the importance of healthcare for any significant business. Large RV parks have relationships with the hospital clinic, emergency room, home visits by MD/Nurse Practitioner/Physician Assistant. Additionally, for industries (present or future) would be the continued development and support of providing DOT physical exams and work-injury program through its therapy programs.

Other Healthcare Resources: Data and information on the supply of hospital professionals, home health agencies, pharmacy and dental services along with mental health services were reviewed. As with many Texas rural communities, the supply of qualified healthcare and community health officials are in crisis. This could be primarily a result of the close proximity of healthcare programs in larger coastal cities. El campo should not be viewed as any other rural community where attracting contending professional and physician staff is difficult. There is a trend for older health care professionals to slow down in a more relaxed area with close access to an urban center for entertainment, transportation, shopping, and a less hectic life style. The attraction of young professionals will be a challenge due to the lack of jobs for the other non-healthcare spouse. Even though the hospital has a well defined plan, it is healthy to re-state that a community must help choose their physicians with the selection process. This need requires a concentrated effort of community leaders, pastors, and school officials to work in harmony to attract health professionals to the community. In light of the expansion into maternal-child services, this effort will be of paramount importance. Hospitals have a long history of “selecting

physicians and announcing to the community hoping the community will like them and spend thousands of dollars in marketing if clinic visits are not positive."

Family and Maternal Health: Indicators of family composition, domestic abuse data, and maternal health were reviewed. Providing maternal child services is less feasible across rural communities due to the high costs and risks associated with maternal child services and poor reimbursement. A continued program of providing primary maternal services with El Campo at the Palacios Clinic could be better developed to keep the pregnant mother until the third trimester with the return of the mother and child to El Campo and Palacios for continued baby and maternal care (post delivery). The new replacement hospital is addressing new Maternal-Child services with the need of increased physician staff to accommodate the service including two pediatricians and a pediatric nurse practitioner. The statistical review of Teen Births by race, education, and financial classification should be reviewed on pages 21-23 for detailed statistics. This additional service will mean the hospital will have to successfully expand Medicaid maternity services, expansion of GYN services and surgery by a very aggressive plan to capture single moms in the community through indigent/Medicaid screening programs. El Campo leads the county in unwed mothers below the poverty level at 80% of births, which is nearly double the state and national levels. Additionally, the percentage of children without health insurance is 10.9%, higher than the Texas rate of 8.8%. The El Campo birth rate is 11% while Wharton's rate is 3% and Texas is 6% with the US Birth Rate at 4%. This would be a good opportunity to establish a Women's Center platform to include specific Physical Therapy for pre-delivery high risk mothers and post delivery problems associated with age and female health problems addressed by specific women's physical therapy modalities.

Survey of the Poor and Extremely Poor: It is important to assert the community-wide health needs of vulnerable populations in El Campo. With this perspective at the forefront, the needs assessment has made every effort to use data to identify needs of community-level importance which, in many instances, can only be addressed through cooperative, collective community action including senior citizens, churches, and school. It was noted that the rates of uninsured and children in poverty are higher than state and national averages. This is an alarming statistic. This population group remains the #1 target for healthcare providers due to the lack of compliance usually due to lack of funds, educational resources, and transportation. The hospital should solidify the partnership with the school clinic to ensure all Medicaid children are captured at such events as school registration and school clinic visits. A Medicaid screener could be present at school registration meetings to register any possible Medicaid qualifying student or upon registration at any new clinic visits. Every opportunity to capture Medicaid patients should be a priority especially any type of pregnancy. According to the statistics for El Campo and the County:

- Children without health insurance in El Campo is the highest in the county.
- For families under $25K, El Campo is the highest in the county.
- 11% of residents in El Campo are Medicaid.
- El Campo is above the state, national, and county level for poverty at 21.3 %.
- Of the total births by unmarried mothers 68% were between the ages of 20-34

Analysis of the data leads to the following summary list of identified needs for El Campo, Texas. These listed are not only hospital needs but community health needs. These needs represent the analysis of the health data and not the focus groups.

1. **Needs of children and seniors**. Increase capacity to address health needs of growing numbers of children and seniors through physical activity, sex education programs and nutritional support relating to the poverty levels. Such proactive ideas could include afternoon school programs at the YMCA and any other Community Action Groups. The City Community Assessment Needs Study specifically addresses the expansion of its Park System to enhance walking trails and exercise opportunities for seniors and kids. The city has an excellent system of parks and community support through the Rotary Club. This support is a model example of non-profits and community programs working together. A specific opportunity relating to low income children with high obesity rates should be directed to assisting low-income family children to participate in sports by "adopting" kids to pay for scholarships for registration costs and uniform costs. Typically, this high risk disease group cannot afford team sports outside of the school system.

2. **Recruit and Retain Core Health Professionals**. Continue to maintain a healthy way to retain and recruit core health professionals. Consider a means to minimize competition or duplication of other local/regional health providers not associated with El Campo Memorial Hospital to utilize or consolidate into the hospital network. The community should be guarded to "outside" companies or agencies that locate to El campo will erode the present hospital financial and clinic foundations.

3. **Community Health Programs and Emphasis of Hospital Clinical Services:**

   - Heart disease, cancer, mental health and cerebral-vascular disease screening programs should be strengthened through community-wide, multiple-agency approach and the Mid-Coast Clinics through the Annual Wellness Programs and Clinic Electronic Medical Record templates.

   - Cancer detection screening programs through dermatology, mammography, PAP and PSA screening clinics should be held on some regular basis such as quarterly or bi-annually in coordination with the Mid-Coast Clinic System. Mammography Screening remains below average among state and national averages.

   - COPD programs and screening should be conducted yearly through area annual clinic patient visits to meet quality care mandates. Portable Pulmonary Function Screening Programs can be done in any business center to identify base-line pulmonary disease such as asthma or chronic obstructive pulmonary disease.

   - Complications arising from diabetes. Area clinic patients should be screened at least annually (quarterly is better) with focused diabetic lab tests (A1C) as well as a scheduled bi-annual diabetic screening clinic along with foot wound evaluations in the clinic. This was the most common comment made by participants.

- Influenza and pneumonia immunization/vaccination programs should be a part of the quality measures of the Clinic Electronic Medical record systems with emphasis on school registration events and anticipated flu seasons. This should be coordinated with the health department representative, schools, senior citizen organizations, and any social and civic clubs. The health clinics and pharmacy in the county should collaborate to minimize the incidence of flu, Respiratory Syncytial Virus (RSV) and pneumonia. The School Clinic remains a viable vehicle available for the community.

4. **Develop capacity and access to quality behavioral health services:**

   - A local mental health initiative appears absent (e.g. classes and instructor development). A county task force of law enforcement, school, and health professionals (Emergency Department Staff/EMS) should be considered to collaborate with the regional Network of Care for Mental Health Services to manage the network of care between communities. This should continue to be a major emphasis going forward for the community health planning, as should reducing cost and other barriers to quality behavioral health services through prevention and treatment with depression screens. This was a consistent topic brought up in the majority of focus group meetings. Mental Health First Aid for Students and Adults should be a major task force initiative for the Justice System, School, and Hospital.

5. **Increase access and capacity for the poor and other vulnerable groups by**:

   - Reducing cost and other barriers to quality behavioral health services through prevention and treatment with depression screens in clinic(s) and through the Electronic Medical Records for quality care management.

   - Continuing to provide smoking and tobacco cessation classes as it ranks #3 of top causes of death. This could be in coordination with the hospital with portable pulmonary function screening in the community.

   - Continuing to provide prevention and treatment of alcohol and drug abuse classes with the area Veterans programs and working with school programs to extend student classes to include parents (noted in prior hospital CHNA Plan of Action).

6. **Preventative outreach to the poor and extremely poor**. Increase community capacity to reach the poor, extremely poor, and other vulnerable groups with preventative actions to:

   - Reduce obesity through community classes as Wharton County obesity rate (30.5%) exceeds the state rate (26.6%).

   - Reduce cost and other barriers to medical care and treatment through cash or discounted programs and sliding scales.

   - Improve case management and routine preventative screenings in a clinic or Emergency Room Setting (Current Emergency Room and Clinic volume indicates time to accomplish screens)

- Continue to provide educational classes to promote healthy living and wellness as noted with the high level of poverty with children.

7. **Food, housing, and neighborhood security**. Increase the security of poor and extremely poor individuals and households by:
    - Increasing access to nutritious foods through WIC, Summer Meal Programs for Children and the Supplemental Nutrition Assistance Program, etc. A program should specifically feed seniors on the weekends where food programs are not available. This should be a coordinated event with the senior citizens organization.
    - Study a means of increasing affordable housing in safe neighborhood environments.
8. **Investment in community health needs**. Develop collaborative community efforts to increase investment in community health needs through a Community Wellness Council. Consider solutions for expanding quality coverage of the uninsured, coordinating funding and organizational and agency strategic planning, developing proposals or campaigns, and other collaborative community building approaches to the Prioritization of Community Health Needs.
9. **Conduct community health classes (drug, alcohol, diabetes, obesity, heart)** with high risk groups with a Mid-level provider, RN and Pharmacist. It was suggested that health fairs and other educational or screening services should be off-site, in order to draw more people into the activities. It was suggested that businesses or community meeting places would be appropriate locations to reach many of the residents. As to be noted, the hospital of today needs to be “out there” and instead of demanding all services to be held at the hospital. To only focus services at a local Senior Citizens Center is not effective.

Community Healthcare Needs Focus Group

This Section addresses the comments of the Nine Focus Groups.

The purpose of the Community Healthcare Needs Assessment is to identify the healthcare needs of the community, regardless of the ability of the hospital (ECMH in this case) to meet these needs. Information about the primary needs of community healthcare needs for El Campo, Texas (which will have an over-all positive effect on Wharton County) was obtained through interviews in organized focus groups. These participants represented an excellent cross culture of this rural community in the coastal area. Individuals in Focus Groups consisted of members of various, races, income levels, education levels, government, schools, banking, churches, law enforcement services, healthcare and general businesses with varying household statuses.

Participants of the nine focus groups included the following participants:

- Administrator (Municipality)
- Community citizens
- Newspaper Publisher
- Retired Business Man/Farm, Ranch
- First State Bank Representative
- Business Owner: Green Leaf Nursery
- Retired Volunteer
- State Farm Agent
- KULP Radio
- Chamber of Commerce Representative
- Physicians (2)
- Education
- EMS Director
- Nurse Practitioner/Faculty WCJC
- DSHS Public Health Program Representative
- DSHS Program Representative
- Counselor: Turning Leaf Counseling
- Wharton County Representative
- Wharton County Sherriff
- Economic Development Director
- School Superintendent and Administrative Faculty
- El Campo Foundation Members
- El Campo Board Members
- Mayor

Priorities Identified in Interviews

Much of the information presented from the Focus Groups is based on perceptions of the members of the community, most of whom have significant involvement in the community and have had some experience with El Campo Memorial Hospital & Clinics and its services and staff. Even if a comment made was only perception and not based on actual experience, perception is reality to those individuals and needs to be considered.

Additionally, information shared in Focus Groups or direct conversations is often what gets repeated within the community and therefore becomes the basis for what people believe about the community & Hospital/Clinics. When all participants were asked to grade the hospital on a scale of 1-10 (5 being average and 10 being the best), the average personal rating was 7-8. When asked how they sense the community grades the hospital, the rating was 5-6. When asked to rate the physicians, the average personal rating was 8. When asked how they sense the community grades the physicians the rating was 4-5.

In addressing the CHNA, it is to be noted the hospital was the entity requesting the CHNA. This issue is noted because in many cases the public's perception is that the "*hospital is the health*

system" and is solely responsible for addressing all health needs. This is false. The hospital is one component responsible for community health services. There is no question that hospitals play a major role in the delivery of healthcare in any community, but the responsibility of community health services is shared by multiple agencies, non-profits, state health departments, churches, and social health programs.

It is also to be noted in this public document that the hospital and community have much work to be done in improving the health outcomes in the County. There is a poor tendency to isolate the health issues in El Campo, Texas from the rest of Wharton County. However, due to the population, ethnic diversity, income, housing, etc., it is unlikely that significant differences in outcome occur between the County and city of El Campo. The hospital and board have worked hard to position the health system for the future.

As a review of the health ratings:

Wharton County: #163 (of 254 Texas Counties) which is indicative of length of life and quality of life. In 2016 Wharton County ranked #172. A higher rating represents a poorer rating. Ten Texas counties have no data.

Other Health Outcomes rankings:

- Length of Life: #116 of 244
- Quality of Life: #205 of 244
- Health Behaviors: #147 of 244
- Clinical Care: #129 of 244
- Social and Economic Factors: #126 of 244
- Physical Environment: #120 of 244

The following topics were most often repeated by a significant number of participants, and are listed as priorities for the Hospital Board and Administration to consider as future planning is being developed. Some of these issues have been noted in previous CHNA reports. Most of these issues are not particular to El Campo or Wharton County. In fact, most of these issues are endemic to American communities. The Hospital Board and Administration should look outside of its borders to discover effective models from which to build action plans.

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. If an individual can afford to purchase a health insurance policy and chooses not to, he or she must pay a fee called the individual shared responsibility payment. The Internal Revenue Service collects this fee when taxpayers file their annual tax return. This fee increases with each year the individual or family does not have health insurance and the significant portion of this fee for most families is the fee imposed per adult and child in the household.

The current US administration is in the process of either discontinuing or reorganizing the entire plan or major parts of this plan and penalties imposed by the IRS. However, it still does nothing to address the overall issues with premiums, available plans, deductibles, physician availability, etc. In addition, the retired school teachers of Texas now have a low reimbursement insurance

product and a supplemental Medicare Advantage Plan which is a direct threat for reimbursement of Critical Access Hospitals and Provider Based Rural Health Clinics. The current biggest financial threat to rural hospitals in Texas is the Blue Cross/Blue Shield products with poor hospital reimbursement fees.

Almost every member of low income households who did not qualify for Medicaid, charity care, or indigent programs prior to 2016 and who purchased health insurance in 2014 to comply with the PPACA found they could not afford the monthly insurance premiums even when purchasing insurance through the Marketplace. In addition, they stated while they had the health insurance coverage, either the deductibles or co-pays were so high they could not take advantage of the insurance, i.e. they did not seek medical treatment.

Furthermore, they could not find healthcare providers who accepted their insurance plan or found it extremely difficult to get pre-authorizations for services. In essence, they were forced either to buy insurance they essentially could not use or pay the individual shared responsibility payment fee for not having insurance.

Let's review previous statistics in this document:

Adults without health insurance coverage:
Wharton County: 26%
Texas: 23%
Top U.S.: 6%

Children without health insurance coverage:
Wharton County: 12%
Texas: 10%
Top U.S.: 3%

The Percentage of People Who Had Some Form of Health Care Insurance Coverage in the Area

El Campo indicates it has 81.7% health insurance coverage which is the 4th highest of all the places in the area (includes Iago, Hungerford, Wharton, Ganado, Boling-Newgulf, Louise and The Woodlands). The city with the highest health insurance coverage in the area is Louise with an insured of 86.5%. El Campo reveals it has a 3.4% change in health insurance coverage between 2015-2016.

Percent of People with Health Insurance Coverage	
El Campo	81.7%
Wharton County	79.6%
Texas	80.7%
United States	88.3%

The Proportion of People Who are Covered by More than One Health Insurance Carrier

This occurs when, for instance, a person might have Medicare as well as a private policy. 13% of those in El Campo with health insurance have two coverage types.

Percent of People with More Than One Carrier	
El Campo	13%
Wharton (City)	14%
Texas	13%
United States	16%

The Percentage of Men and Women with Coverage

82% of men have health care insurance coverage which is the third highest of all other places in the area. Boling-Newgulf has the highest number of men with health care insurance coverage in the area with coverage of 89%. 81% of women in El Campo have health care insurance coverage. Hungerford leads coverage of women at 100%. Overall, Wharton County, like other rural counties across the country, has health insurance coverage below national rates.

Percentage of Men and Women with Coverage		
	Men	**Women**
El Campo	82%	81%
Wharton (City)	79%	80%
Texas	80%	82%
United States	87%	89%

The Percentage of People Who Do Not Have Health Insurance

By income, the highest percentage of people who do not have health insurance are those earning between $25,000 – $50,000 at 28%. Insurance coverage between 2015-2016 declined for all of those making below $100,000.

Percent of People with No Health Insurance by Income					
	Under $25k	$25k - $50k	$50k - $75k	$75k - $100k	Over $100k
El Campo	20%	28%	16%	11%	8%
Wharton (City)	13%	20%	32%	16%	13%
Texas	29%	28%	21%	15%	8%
United States	19%	17%	13%	9%	5%

People in the Area Who Do Not Have Health Insurance by Race/Children

When combined with demographic racial data the overall rates of uninsured Minorities are higher overall than that of White residents, even though the percentage number may be higher. For example, though 51% of uninsured residents are White that represents a smaller proportion of White residents who are without health insurance than Black residents.

Not seen below but of interest is that Ganado has the highest rate of children without health insurance at 17%. This county and the state of Texas have poor rates of insured children.

Percent of Children with No Health Insurance	
El Campo	6.2%
Wharton (City)	8.8%
Texas	10.9%
United States	5.9%

People Without Health Insurance by Race					
	Black	**Hispanic**	**White**	**Native American**	**Asian**
El Campo	5%	44%	51%	1%	0%
Wharton (City)	15%	37%	48%	0%	0%
Texas	7%	41%	50%	0%	2%
United States	12%	29%	54%	1%	4%

The insurance market remains a significant threat to the future of local rural hospitals and El Campo, Texas is not an exception. From conversations with the hospital leadership, every possible avenue is being investigated as to plans to continue to offer cash discounts, sliding scales and even offer boutique payment plans to offer citizens every possible alternative for payment of hospital service. Additionally, the hospital is making every effort to provide the public processes to better understand the patient billings and navigate through the mirage of insurance billing language. This represents a National Health Crisis for Texans and this community. At the same time, hospitals are incurring declining reimbursement rates, resistant health insurance partners, lack of state participation with national programs, complicated billing and collecting systems and lack of experienced hospital personnel in rural areas.

Other Health Insurance Issues

Some members of the community mentioned that the differences between insurance policies offered through their employer or the Marketplace were so complicated or confusing that they chose not to obtain coverage. Others stated they "fell through the cracks" when starting a new job because of the probation period before they could get insurance through their employer, and they could not afford to purchase short term insurance during this period or afford the COBRA payments from their previous employer.

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. Many of these residents were unaware that ECMH offered a cash discount to all patients.

Chronic Diseases and Healthy Living

The most common chronic diseases also coincided with the state's most common diseases and those stated in the Focus Groups. Those mentioned included:

- Diabetes (child and adult) as the number 1 noted health concern
- Obesity (child and adult)
- Hypertension
- Cardiovascular disease and stroke
- Cancer
- Kidney disease
- Arthritis
- Allergies
- Dementia

Many individuals suffer from more than one of these diseases. A Community Wellness Council model will need to continue to offer several health fairs and health screenings throughout the year as well as education presentations through the Wellness Initiative. Most people interviewed said they were unaware of health fairs, screenings, and educational presentations by the hospital unless one is a senior citizen. When discussing this item, many acknowledged that time is an issue, would see that many seniors did not have transportation, or did not feel they would benefit. Many expressed a desire to see more education presentations, and in contrast, there were also those residents who might not attend health screenings or education or were not interested in hearing more about health education.

As with every community, some participants do not seek care for illnesses or chronic diseases until hospitalization is required. The reasons for not seeking care include the inability to afford routine healthcare visits or medications, the inability to take time off from work, and the lack of transportation. One of the greatest challenges for health providers is to provide incentives for participation other than "it will help your overall health and risks." Even though this seems to be overall American laziness to attend free and educational seminars or screens, it is not until a crisis evolves that people change personal behavior patterns. Large business avenues such as the local grocery store, senior citizens and public programs (such as athletic events or church events) represent "out of the box" thinking for health screening and educational programs. As a note, all this contributes to re-hospitalizations and costs to the health system and continued crisis with issues such as diabetes, obesity, cancer and heart disease. The latest available statistics demonstrate ECMH Preventable Hospital Stays:

Clinical Care	Wharton Co.	Texas	Top U.S.
Preventable Hospital Stays (per 1,000 Medicare enrollees)	54.3	49.6	27.6

The "One Stop Shopping" Bias

ECMH has made considerable strides in combating this situation but it still persisted in focus groups. The successful implementation of a new replacement facility might be a historical turn of events of public perception of its hospital.

If a patient needs a particular medical service not available in El Campo, Texas they travel to Houston for that service. Once they leave the area they tend not to come back for other healthcare services at ECMH. This includes routine medical services, skilled nursing/rehabilitation, surgery, diagnostic, and imaging services. Many reasons exist for this bias. Some feel it is easier to have all of the healthcare needs met in one general location. Others felt if healthcare services in Wharton County could not meet one particular need, they would receive better overall healthcare for all needs in the cities offering more services. Several stated they would feel more comfortable going to Houston because they perceived those doctors had more experience in treating certain conditions than providers in Wharton County despite the reality that ECMH has an overwhelming representation of qualified and respected specialists. All participants expressed a desire to stay home for healthcare needs because of convenience as well as the support of family, friends, and church.

The hospital administrative and professional staff has noted that they do lose a certain amount of the local patient population to the larger tertiary healthcare systems in the Houston Medical Systems most commonly discussed. This transition of patients to some of the larger healthcare systems may be due to the "one-stop shopping" bias. It may even potentially result from marketing and professional staff communication between the respective healthcare system practitioners and patients while receiving care at those system facilities. It is also likely that some transition of patients to the larger healthcare systems is due to patients from the local communities being unaware that ECMH offers many of the same services as the larger healthcare systems. The hospital and the community should continue its efforts to provide this

insight to the local patient population. ECMH can serve many needs of patients in primary care, and it can also serve as high-quality post-tertiary care during the transition stages of recovery in areas of swing-bed and therapy services. The lack of direct and focused specific marketing was expressed in all groups. The participants suggested themes such as “this is my hospital” testimonies from local and respected citizens or “ECMH Saved My Life.” All focus group participants commented they were unaware of specific programs provided by the hospital and foundation. Most participants were unaware that services for GYN, surgery, cardiac, dialysis, orthopedic services, and higher level surgical interventions were available except for an occasional “visiting doctor.”

Working Effectively Across Organizations and Sectors

The current leadership of ECMH should continue collaborative efforts and networking across tertiary hospital system in larger cities. Turf and competition often take a front seat when it relates to cooperation to solve specific problems. Here and across the country many practitioners and policymakers are coming to the conclusion that collaboration as it usually looks *is not sufficient*. Again, there is no magic bullet. Unfortunately, without a robust evidence base like that for many clinical interventions, “best practices” is too often code for “things other communities are doing that are getting good press.” This being stated, certain principles and practices do appear to make a real difference. Several of these principles have been bundled and adopted in communities across the country as a “collective impact approach” to solving complex, adaptive problems that do not have a clear and straightforward technical solution. Whether or not collective impact as a “branded” approach is of interest, its core principles are all worth a serious look. Some of these principles are being incorporated with intentionality into Community Health Improvement Plans and processes.

With the alignment of Palacios Community Medical Center, the goal is to improve community health services in El Campo and minimize any unnecessary transfers for services that could be accomplished locally or within the Mid Coast Medical System. At the same time the goals of improving swing bed utilization is a positive revenue stream for a Critical Access Hospital.

Mental Health Needs

“Complex Problems Requiring Complex Solutions: Mental Illness and Substance Use.”

Few focus group participants focused on the issues of mental health within the community. This represents a major community “disconnect” of one of the national and state healthcare needs and mandates. As with the public discussion of how mental health affects individuals and families, this issue was not a widely discussed item due to the seeming lack of emphasis placed on mental health in this community.

We know in healthcare this is a major health issue facing all communities and currently being discussed as the Top #1 Health Issue among Texans. When we effectively attack mental health issues, we attack a wide variety of health concerns. This set of interrelated issues includes mild to severe mental illness including depression and post-traumatic stress disorder (PTSD), problem drinking, and problem drug use including prescribed medications. These issues present the health system with vast and unresolved problems and are tied to the following: **1)** Physical activity is a lever of some kind – a contributor to or an effective intervention for – a number of

other important health issues like depression, overweight and obesity, and chronic physical illness and disability; **2)** Unhealthy eating contributes in different ways to a number of health issues, notably overweight and obesity, diabetes, heart disease, and stroke. Hunger is one of the single greatest threats to the well-being of low-income seniors. Hunger remains a serious problem for children as well, particularly during summer and winter breaks when food is not available through school breakfasts, lunches, and after-school programs. Better marketing of summer food programs, particularly through social media, would help connect more families to existing and underutilized programs serving children. The senior population is growing disproportionately quickly compared to other age groups and will place increasingly significant demands on local health care and social service systems. The local response must go beyond "do a lot more of what we're doing now." A completely different approach to senior well-being is needed if this large segment of the county population is to thrive with a high quality of life and not simply survive until an advanced age; **3)** While an unplanned pregnancy – extremely common in all counties – is quite often a wanted pregnancy, it is rarely a well-prepared-for pregnancy. This issue is not nearly so high-profile as is teen pregnancy. But reducing unplanned pregnancy yields improvements in birth outcomes, maternal health and well-being, the prevalence of adverse childhood experiences, and a host of other health and social issues; **4)** Child abuse, family violence, and street violence are common in Wharton County and do serious harm to health and well-being. That remains the case whether one is the direct victim of violence or is only exposed to it in the home or the neighborhood, and the harm may begin immediately and continue until death.

This issue is of high importance to health service education and programs as hunger, obesity, physical exercise, drug overuse, senior care and family violence all become county health priorities affecting multiple agencies and disease management. These programs should be provided to school officials, churches, emergency department and law enforcement to train First Responders (Law enforcement & EMS) in Adult and Youth Mental Health First Aid courses as minimum education requirements. Law enforcement should be trained in mental health first aid responders as noted in many law enforcement agencies across the state.

In the summer of 2015, Methodist Healthcare Ministries of South Texas, Inc. engaged the Meadows Mental Health Policy Institute (MMHPI) to review the performance of Harris County behavioral health systems. The Meadows Foundation has provided other similar services in Texas. In most all cases, the rural outlying communities were largely ignored which makes networking law enforcement, Emergency Department Services, and Primary Care Providers difficult to work without a standardized set of protocols to identify and help resolve these areas in Matagorda County. These patients, by default, will be delivered to the hospital emergency room.

Noted in the majority of Focus Groups was the development and promotion of additional local counseling services.

As noted by every professional health focus group participant a major need for El Campo is additional family counselors. Currently there is a Licensed Professional Counselor (LPC) one day a week in the community, which is woefully inadequate. This represents a major need for the community.

Male and Female Health Needs

When questioned about the above average comparisons with state, national and county statistics regarding overall health and opportunities to improve family health, several discussion points were prevalent among all focus groups. The points of discussion revolved around the lack of health services for men and women. It was determined in all groups that the availability of PAP screens, Mammography, and HPV testing would be beneficial to improve female health risks. Likewise in men PSA, HPV testing, dermatology skin cancer screening, as well as comprehensive yearly physicals would be helpful. Weight loss programs were discussed but not viewed as a realm of service provided by the hospital. It was discussed that supervised physician weight programs address the obesity issues facing Wharton County and are considered cash-only boutique hospital programs.

A review of these statistics is as follows:

Adult obesity rate:
Wharton County: 30.5%
State: 26.6%

Low-income preschool obesity rate:
Wharton County: 19.6%
State: 15.7%

Alcohol and Substance Abuse

Focus Group participants felt that there exists an alcohol and substance abuse problem similar to that of 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.

Focus groups mentioned the need for education about alcohol and drug abuse. The Drug Abuse School Programs address the issue of how students are educated to alcohol and drug abuse, but rarely did programs educate parents or seniors in the community. There was a consensus that the school and hospital should work closely on drug abuse especially with the opioid epidemic. The hospital has continued to work closely with all entities; however, this should be a community-wide response especially since the hospital is not involved in any alcohol-drug programs. These are typically located in the metropolitan areas.

Pregnant Women/Abusive Relationships/Home Environment

Several focus groups and individual interviews discussed the need of a "safety net" for pregnant women suffering from abusive relationships, broken homes, or parental (usually father) abandonment. Regional resources most well known are the following:

- Crisis Center in Matagorda and Wharton, Texas/24 hour hot-line
- Bay City Women's Pregnancy Center
- Family Violence Center with Texas Health and Human Services plus the Domestic Hotline.

However, to the point of the focus group participants remains the question for El Campo teens and women. Although this report is not meant to provide solutions but ideas to consider, a

community wide response should include this topic and should involve area pastors, counselors, school officials, health department and clinic providers. In all these areas abusive relationships can be identified and must be reported. The Council could include Instructor Training for Fathers from the National Center for Fathering (see fathers.com or fatherscry.org) for fathers to understand their roles as fathers as well as parenting classes for young couples. There are established parenting classes for the secular and non-secular populations.

As stated on page 21 of this report:

Children in Poverty
Wharton County: 25%
Texas: 21%
Top US counties: 11%

Children in Single Parent Households
Wharton County: 38%
Texas: 33%
Top US counties: 20%

School Programs and Hospital Partnership

A positive and smart-thinking program noted by focus group participants was the Hospital/Clinic relationship with the School District through the establishment of a School Clinic with a hospital Nurse Practitioner. This represents “forward thinking” of two of the largest employers and organizations in the county solving mutual issues. Verification of health and school data was reviewed regarding teen pregnancy, narcotics, marijuana, opioid, sex education, and overall drug awareness with a spirited desire to improve mental health, primary care and a collaborative relationship with the hospital.

A teen clinic was specifically discussed with the School Focus Group to better provide targeted care and education particularly to young teen girls. A very positive project is a dedicated Women’s Clinic for teachers and flexible schedules for teachers to access primary and specialty care. This is a major accomplishment for the hospital to partner with the school system with education, professional/student mentorships, drug and sex education, as well as immunizations and vaccination clinics, school physicals, and significant dollars saved for the school system and community health. HPV is the leading cause of cervical cancer in women, and it is the duty of the community to educate and provide HPV vaccinations, especially to young women who, through poor decisions early in life, will battle a now-preventable disease that has enormous impacts on individuals, families, and communities.

Communications

The majority of focus groups felt the hospital could do a better job of being “one” with the community and viewed as a more positive provider. The lack of television and public communications avenues were limited except through Facebook and KULP radio, which was viewed as popular due to directed healthcare radio programs. A positive relationship seems to exist which could lead to targeted broadcasts with such as ideas: “Doctor’s Question and Answer show”, “Saturday Coffee with the Doctor”, Hospital updates, etc. This remains a viable opportunity for rural hospitals due to listener volume and interest in weather and local news.

Representatives of various churches recommended using churches to better inform as well as to improve relations with the Ministerial Alliance. The most popular idea was using very directed and focused messages in direct mail pieces on a quarterly basis, highlighting core services,

changes in services (like Clinic changes), new technology, and a campaign along the lines of "This Is MY Hospital." In challenging community leaders attending the focus groups if they were willing to stand publicly and declare "This Is MY Hospital", the idea was overwhelming popular and well received. The hospital has recognized this need to improve in its planning.

Community Partnerships

Association with the Methodist Healthcare Ministries Wesley Nurse

A successful and highly popular program with the newly affiliated Palacios Community Medical Center has been the Wesley Nurse Program. The Wesley Nurse program spans more than 80 sites throughout South Texas and is Methodist Healthcare Ministries of South Texas, Inc.'s largest geographic outreach program. The professional practice of the Wesley Nurse is not limited to the physical dimension of medical needs; rather, it includes a mind, body, and spirit holistic approach. A key component Wesley Nurses undertake in their communities is health education, health promotion, and facilitation of resources. They assist individuals and communities in achieving improved health and wellness through self-empowerment and access to healthcare resource information.

While the Wesley Nurse program is a component of Methodist Healthcare Ministries' ecumenical outreach and located within churches, it does not teach a set of denominational beliefs. All Wesley Nurse programs are free, and all members of the community are welcome. Programs are offered to groups or on an individual basis.

This program could be a major addition to the overall community response plan regarding all disease management but specifically regarding housing, poverty, women, and teen maternal-child issues.

As a note to the Wesley program: This program has huge value to the community with services not being provided to low income or indigent citizens. This program plays a major role in healthcare in Matagorda County. The hospital should consider a line-item budget expense value to support this program in the absence of any home-health agency.

Emergency Department/Hospital Navigator

An Emergency Department/hospital case management (Navigator) recommendation actually came from Focus Group Participants naming it "someone who could help us navigate the local and regional system". This is a commendable avenue to improve patient outcomes.

There are two models to review: Clinical Navigation Pathway and a Community Wellness Pathway. The need for the hospital to take a role in this project regarding the clinical pathway navigator and wellness council model should be studied by the hospital. Additionally, the Wellness Council will need to assure that community education (along with any education agency) meets usual and accepted medical practice standards. All these members would participate in the Community Wellness Council to ensure communication and a healthy collaboration.

As a note, this model of a Community Wellness Council is rare and remarkable. It is a model to follow across rural Texas in providing a community collaborative in meeting healthcare needs as

noted in a Community Health Needs Assessment as a map. This is a refreshing model for rural Texas.

Wellness Council Model

In rural counties where healthcare services are provided, there is usually a lack of a coordinated effort to identify and respond to issues affecting health for all the population. In most rural communities, the default falls to the local community hospital to "respond and fix anything health related" which is neither within their obligations nor capabilities. Not through a lack of effort, in most cases they do their best with the limited resources but the county health demographics usually remain unchanged. As noted in previous comments, the community maintains a community Resource Center whereby agencies respond to health needs of clients of all ages and needs. A Wellness Council Model can be incorporated into several avenues:

- Hospital Foundation
- Sub-division of the existing Community Resource Center
- Free standing council with state agencies that have direct influence over disease and inter-agency collaboration and networking.

In larger urban areas the effort to collaborate or network healthcare services is usually competitive, political, and self-serving due to competing non-profit organizations, physician or clinic practices, hospital systems, home-health agencies, etc. More often than not these gatherings are politically motivated (someone running for office), self-motivated (the effort to "control" a given product line), or institutionally motivated (goals intermingled into the goals of a community effort), undermining the original purpose. In short, it is seldom that we can accomplish community health goals with demonstrable outcomes with numerous agendas "overriding" the local health needs and required solutions.

In most cases Texas has a poor system for state agencies, local healthcare agencies, community volunteers, and hospitals to "sit at one table." The El Campo Community Resource Center is a system that can move toward the goal of assisting patients such as finding equipment, bill payment, and general needs of families. Additionally, El Campo has components of a Community Wellness model that could address community health needs unlike many throughout Texas. The goal is to gain as much participation and allow as many volunteers to work within their area of gifts/assets to achieve the plan's objective such as mental health first aid, community CPR, diabetic management, hunger, community health garden, exercise programs, etc. It is appropriate that a Wellness Council partners with the primary provider of health and medical services in the community, ECMH. ECMH must not only be provided an active role in the Council's activities, the Council must incorporate the hospital's agenda into its own. Otherwise, the Council runs the risk of undermining the hospital's long-term sustainability.

A critical component in addressing the CHNA would be to maintain "outcome of programs" at the forefront for the successful award of grants for exercise programs, community food garden, etc., and net community progress that might be afforded through the Hospital 501(c)(3) Foundation.

A forward and comprehensive community response is required in addressing the issues in the report in a more definitive outcome methodology. It is important to determine a means of outcome. For example: Of the entire El Campo Police Department, 100% of personnel have completed the mental Health First Aid program as well as the El Campo ISD, El Campo Emergency Department and El Campo EMS. Other such groups could include Clinic Personnel, Ministerial Alliance, Educators, etc. If there are community programs being conducted, the questions can be asked, "What is the outcome of such courses?" "Is it to improve the overall mental health status of the community?" The mere fact that "x" amount of classes have been conducted for Mental Health First Aid misses the mark. The question must always be asked "Did we change anything?"

As a reference, refer to the Texas County Health Rankings on page 28 of this report. Most small communities lack a process to comprehensively respond to community health issues which affect the overall county rankings. A Council model might investigate means to evaluate community health outcomes: https://www.ruralhealthinfo.org/toolkits/community-health-workers)

This model should consider a means to quantify outcomes of their programs and the effect on community health. This would be beneficial for more competitive grant awards through a qualified foundation. Successful grant requests today rely heavily on outcomes.

Additional to the community health awareness block is the actual improvement of patient outcomes. For example in a very similar rural community, Carrizo Springs, Texas, there was a lack of community education in any organized and responsible manner, except the hospital would do a local health fair for seniors. However, agency directors who helped manage the WIC, food stamps, dental care, clinic care, pharmacy, high school truancy program, school pregnancy (Medicaid), 211 program director, senior citizen director, hospital representative and Wesley Nurse programs met as needed to help coordinate care to the most vulnerable in the health system. The rationale is that similar patients frequented the same organizations seeking help. The process generally begins in the local Emergency Department or clinic with patients who are in crisis and need agency referral. These are often the "frequent fliers" of a crisis unit such as the Emergency Room. Therefore, a hospital/clinic directs and summons the appropriate agency to help as needed/required to follow patient outcome. This becomes a collaborative effort within the community for health outcomes. At the end of the day, there is a process to monitor diabetic care for "Mr. Infected Foot" when normally the system loses this patient among agencies because of a lack of follow-through. Additionally, this patient might be proactively asked to come to the clinic each week for monitoring and care even in the face of no reimbursement to the clinic. It outweighs frequent unpaid emergency room fees. In terms of focus group members, "there should be someone that can help us get into the right agency, doctor or clinic." This is a commendable avenue to improve patient outcomes.

As a note, this model of a Wellness Council is rare and remarkable. It is a model to follow across rural Texas in providing a community collaborative in meeting healthcare needs as noted in a Community Health Needs Assessment as a map. This is a refreshing model for rural Texas.

A model continuing to be matured is the Palacios Community Wellness Council. To date, mental health training, a community garden concept, after school exercise program and parenting classes are ongoing with collaborative agencies and health department members.

Other Comments by Focus Group Participants

(Generalized Comments Provided Less than Half of the Groups)

- TexAna provided a full range of health services and the most notable was counseling services but understaffed and overwhelmed.
- “Straightway for Jesus” as a summer alternative for kids.
- A need for a Free Community Garden asset to the community for healthy food alternative.
- Community Spirit was un-matched in Texas.
- Blessings Cup and Salvation Army were viable and critical services for the community.
- Hospital Hospice Room was a very positive effort by the hospital to provide for the hospice experience.
- Ophthalmology and urology clinics would be beneficial for the community due to the high senior population.
- Radio station was an under-utilized marketing tool for the hospital due to high local listeners. Expand its current program.
- Turning Leaf Counseling Services simply needed help in recruitment and space and could meet the current mental health needs of the community.
- DaVita Dialysis was considered a positive service for the area.
- One of the biggest needs was “stability of physicians” in the community
- Drugs, meth, alcohol, marijuana, xanax, vaping among teenagers were posing a clear and present danger to the county.

SUMMARY AND RECOMMENDATIONS

In summary, the feedback from the various participants can be very beneficial to the community and hospital as the future needs of the Hospital are considered. The level of services currently being provided by Mid Coast Clinic with Wharton Junior College, Wharton Clinic, El Campo ISD, Hospital campus and Mid Coast Well Care clinics can be described as very strong, successful, and positive model for the hospital. The hospital has made a significant affiliation agreement with Palacios Community Medical Center/Clinic. This should be a successful investment with the leadership changes at PCMC.

The recommendations of the statistical data and those of the Focus Group participants should provide a roadmap of plan implementation strategies. I would like to commend the hospital for their hard work, commitment to the community and "making a difference" unlike many Texas rural communities that are fighting closures and financial insolvency of similar and larger size. The hospital appears to be in a positive position to help navigate these community issues that directly affect the hospital/clinic. With the adoption of a more community-wide response to Community Health Needs, the hospital takes the lead in Wharton County in resolving ongoing and chronic needs that require a community response instead of a one-entity approach.
It is obvious with new hospital leadership, fresh vision, replacement facility project, and clinic integration into Wharton County and lower Matagorda County is positive, aggressive, and a positive strategy.

The Community Health Needs Assessment does not require the El Campo Memorial Hospital Board of Directors to approve the plan but adopt its findings since it involves multi-agencies. A Plan of Action will need to accommodate this report perhaps with the formation of topic-focused committees or Wellness Council model with professionals related to the assessment needs.
It is suggested that Focus Group Participants are invited to a presentation of the report by Nathan Tudor, CEO.

This community stands high among its peers in their resolve to improve community health issues.

End of Report

Appendix

Focus Group Questions

I. **Introductions of facilitator and group members**
II. **Purpose of Focus meetings**
III. **Questions about hospital and services to spur discussions:**
    - ✓ Do the present hospital services seem adequate
    - ✓ What services or programs worked well and are no longer present
    - ✓ What would you like to see that is different
    - ✓ How would you rate the hospital on a scale of 1-10 with 10 best
    - ✓ What have you heard as good and bad things of hospital
    - ✓ Do you trust going to the hospital
    - ✓ Why do you go elsewhere for services
    - ✓ Do you hear good or bad things about the hospital management and board
    - ✓ Do you think they are involved in community projects
    - ✓ Do you think the present facility is adequate
    - ✓ Do you see the town “not having a hospital”

IV. What is healthy & unhealthy about Matagorda County?

V. What are the major health issues in your community?

VI. What can the hospital do to address the health issues in the community?

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