2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Bob S. Ellzey, LFACHE

ACKNOWLEDGEMENTS

TORCH Management Services, Inc. (“TORCH”) would like to thank Brian Lady, Chief Executive Officer, and the Board of Directors of Concho County Hospital (”CCH”) for inviting TORCH to conduct a Community Health Needs Assessment (CHNA) of their service area. Thanks are also extended to Kandy Saucedo for her efforts in coordinating the six focus groups scheduled over two days.

Special thanks are also offered to each of the participants who volunteered their time to share their observations of the health status of Concho and Menard County. Each participant contributed greatly to this assessment by sharing their insights, experiences, and diverse perspectives. The individual perspectives expressed by diverse participants are an essential component to this assessment.

Community Health Needs Assessment for:

Concho County Hospital

CHNA: **2022**

Site Visit: **July 20 – 21, 2022**

Conducted by: **Bob Ellzey, LFACHE**
Senior Consultant
TORCH Management Services, Inc.

Contact: **bobellzey@gmail.com**

TABLE OF CONTENTS

Executive Summary

This document is a Community Health Needs Assessment … not a hospital needs assessment. The findings in this assessment include many diverse factors other than medical services, such as social determinants of health, that contribute to community health. Social determinants of health include factors such as public services, education, jobs and employment, faith community, crime, transportation, etc.

Diverse constituents from the bi-county shared their insights into the primary health needs and access to care for those living in Concho and Menard County. Public health data specific to Concho and Menard County is used as an additional source of information for this assessment.

This assessment has been prepared for Concho County Hospital to help guide their efforts to better serve the health needs of those living and working in in their service area. Intentional efforts were made to identify issues and unmet local needs that impact the health and wellbeing of the community.

Concho and Menard Counties both rank in the mid-range in the comparative rankings of Texas counties for health outcomes and factors related to health. There is a need for an increased number of physicians and practitioners in both counties. This assessment points out certain health and lifestyle benefits of living in this rural environment, as well as opportunities to improve upon other social determinants of health.

This CHNA recognizes the sound leadership provided by the hospital board of directors, administrative team, and medical staff. As other rural counties are losing their hospitals or raising hospital district taxes, CCH has reduced their district tax and developed an ambitious plan for future growth.

Based upon comments by participants and supported by public health data, the following issues are recommended as needs and opportunities that would contribute to improved community health in Concho and Menard County:

Recommendations

- Social and Environmental Factors
  - Water
  - Housing
  - Employment
  - Health Insurance Access
  - Education
- Mental Health
- Drug and Alcohol Abuse
- Communication and Awareness of Locally Available Health Services
- Access to Primary Care Practitioners
- Access to Specialty Physicians
- Community Collaboration to Address Ongoing Social Determinants of Health

Detailed discussion of each of these recommendations can be found under the section "Key Findings from Community Interviews and Data Sources" and the section following entitled "Recommendations."

Most recommendations in this assessment extend far beyond the scope and services of Concho County Hospital. Community health involves much more than the hospital, clinic, or any other single entity. The source of many of these health issues is tied to complex issues that can best be met through the combined efforts of multiple and diverse community services, groups, and organizations. An effort is made in this assessment to identify various local resources that can serve together as collaborative partners to improve the overall health and wellbeing of those living and working in Concho and Menard County.

This CHNA attempts to identify and present opportunities to improve health without compromising local factors valued by these communities.

OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT

A Community Health Needs Assessment ("CHNA") provides a systematic approach to determining the health status, behaviors, and needs of a population within a defined area based upon recorded data, a community health survey, and personal interviews. The information gathered is useful to formulate strategies to improve health, well-being, and quality of life to those living within the community.

CHNA's became a requirement of the IRS in 2014 for all 501 (c) (3) organizations that operate one or more hospital facilities. The CHNA for these organizations must be updated every three years. Other hospitals, including governmental hospital districts, have voluntarily adopted the practice because a properly conducted CHNA provides meaningful information to hospitals as they seek to meet the diverse and unmet health needs of the communities they serve. The purpose of a CHNA is to identify and develop an action plan to meet the unmet or underserved health needs of a community regardless of financial impact to the hospital.

This CHNA was conducted for Concho County Hospital for the years 2022-2025. The objective is to gain a comprehensive view of the diverse needs of the community, recognize what needs are being met, identify gaps in services where community needs are not being met, and identify available resources to better meet these needs. An action plan addressing the needs identified in this CHNA is required as a final step to completing this assessment. Recommendations are offered at the conclusion of this CHNA to guide the hospital in developing an action plan.

A key component of the CHNA process is the intentional effort to meet with diverse individuals and groups who comprise the demographic population living in the service area. Healthcare organizations cannot effectively know what the needs are nor how well they are meeting those needs without intentional efforts to listen to those living in the communities they serve. Feedback gained from these groups, combined with other public and internal data, enable the hospital to identify gaps and strengthen its strategic efforts to better meet the needs of the community.

Another objective of this CHNA is to identify partnership opportunities with other local agencies and organizations that will benefit the community in ways greater than any one of the organizations can accomplish alone. Too many times well meaning service organizations achieve limited success because they operate as silos. The Association for Community Health Improvement ("ACHI") has pointed out that the combined efforts of these separate organizations working in partnership for common objectives can bring greater value in improving health for all citizens, from child to senior adult.

Three primary sources of information were gathered to prepare this CHNA: Community Health Survey; Public Data Sources; and face-to-face interviews with diverse community constituents.

Community Health Survey

The Community Health Survey developed for this study gathers information from community constituents to provide a comprehensive, timely, and diverse overview of their viewpoints on the heatlh status and behaviors of area residents.

Public Data

Vital statistics and other local demographic data is gathered from public sources and incorporated into this assessment. Comparisons of this data are made, where applicable to state and national benchmarks. This data is useful in developing this assessment and for discussion with focus groups.

Community Health Focus Groups

To gain perspective from community residents and local organizations, 38 people representing diverse consitutency groups from within the service area met together in 6 separate focus group sessions to offer input on the health status and needs of Concho and Menard County. These focus groups included individuals or representatives of:

- Concho County public officials and employees
- City of Eden public officials
- Residents of Eden
- Residents of Paint Rock
- Residents of Menard
- Publisher of the Eden Echo Newspaper
- Banker
- Eden Detention Center Warden
- Concho County Hospital Board of Directors
- Concho County Hospital management team
- Concho County Hospital medical practitioners
- Menard County public officials
- City of Menard public officials
- Boys and Girls Club of Menard
- Hope House of Menard Food Pantry
- Representatives from Eden CISD
- Random citizens approached in restaurants and convenience stores

The focus groups were well attended by knowledgeable and engaged representatives of various sectors of the population, including race, ethnicity, gender, income, education, employment and profession. All participants were well informed to locally-available community resources and programs, and shared a genuine interest in improving the health and wellbeing in Concho and Menard County. Residents representing the most prevalent racial and ethnic population of the county were included in the focus groups and feedback for this CHNA. In addition, some residents within the City and service

area were randomly asked about for their perceptions of the local hospital and access to to healthcare. All participants actively contributed to the content found in this assessment.

Data Sources

Data referenced in this report is gathered from the most recent publicly available reports that provide health statistics for the county and city. Health data referenced for this assessment was selected for its applicability to community health, not for financial or operational benefit to the hospital.

OVERVIEW OF CONCHO AND MENARD COUNTY

Concho County and Menard County are both located in central Texas straddling parts of the Edwards plateau. The Concho and Colorado Rivers both flow through Concho County, while the San Saba River cuts through Menard County. Concho County derives its name from the many mussel shells found in the area, evidence that this area was once covered with sea water.

Both counties were once home to large herds of buffalo and native American Indians. The Concho River near the town of Paint Rock is known for its ancient pictographs painted by Indians thousands of years ago.

Concho and Menard counties both provided main thorough fares for the famous cattle drives in the 1800's. The area provided abundant range and water sources for cattle and drivers as they pushed northward. Fort McKavett served as a calvary post for the U.S. Army in the 1800's, closing in 1883.

Major sources for the economy in both counties dating back into the 1800's have always been agricultural farming and livestock. While both of these sectors remain today, oil and gas production was added to the mix in the early 1900's. Concho County could once boast of being the largest sheep-producing county in Texas.

The citizens of Concho and Menard County are hearty, independent people who are accustomed to taking care of themselves, their neighbors, and local matters without being overly dependent on external programs. The local culture seems to value open spaces and independence over instant access to the latest modern conveniences that urban populations seem to demand. It is an accepted way of life to travel longer distances for major shopping, professional services, and physician specialists.

Sources:

Standifer, Mary. Texas State Historical Association: Handbook of Texas. Concho County

Smyrl, Vivian Elizabeth. Texas State Historical Association: Handbook of Texas. Menard County

PROFILE OF CONCHO COUNTY HOSPITAL

Our Mission:

We Are Committed to Improving the Health and Wellness of the People in the Communities We Serve.

Concho County Hospital is designated as a Critical Access Hospital offering 16 Inpatient acute care beds, Swing Bed, a 24-hour Emergency Department, and a full range of ancillary services to support its inpatient and outpatient service lines. The Emergency Department is designated by the state as a Level IV Trauma Center. CCH also owns and operates 1 primary care clinic located in Eden.

Concho County Hospital is publicly owned and operated by the Concho County Hospital District. The hospital is governed by a 7-person elected board of directors and is supported by a property tax rate of .145 / 000 valuation. This tax rate is down from .207 / 000 valuation in 2021, a decreased rate of 30%.

Boundaries of the Concho County Hospital District encompass all of Concho County. Though Menard County lies outside the hospital district, Menard County lies within the CCH service area. Menard County lost its hospital to closure in 1989 and relies largely on CCH for hospital and healthcare services. CCH asked that Menard County be included in this Community Health Needs Assessment since the county lies within the CCH service area.

Service Lines

- 24-Hour Level IV Trauma Center
- Acute Medical Inpatient
- Outpatient Services
- Laboratory
- Diagnostic Radiology/Imaging
- Swing Bed
- Physical Therapy
- Sleep Program
- Pharmacy – IP and OP
- Wellness Center

Rural Health Clinic

- Concho County Rural Health Clinic

Medical Providers

Nneka Crystal Papillion, M.D.	Family Medicine and OB/Gyn
Tracy Ann Penn, PA	Physician Assistant

Nearest Area Hospitals

Shannon Medical Center	San Angelo	403 Beds	46 miles
San Angelo Community Medical Ctr	San Angelo	171 Bed	46 miles
Heart of Texas Memorial Hospital	Brady	25 Bed CAH	34 miles
Ballinger Memorial Hospital	Ballinger	25 Bed CAH	38 miles
Kimble Hospital	Junction	15 Bed CAH	52 miles
Brownwood Regional Medical Ctr	Brownwood	194 Beds	75 miles
Schleicher County Medical Center	Eldorado	14 Bed CAH	72 miles

COMMUNITY CONTRIBUTION OF CONCHO COUNTY HOSPITAL AND CLINIC

Concho County Hospital has a rich history of caring, commitment, and medical advancement in this remote medically underserved region. CCH serves as an essential medical and emergency care provider for residents living within its two-county service area, as well as many who travel through this region on three busy U.S highways.

All constituents who participated in this CHNA expressed confidence in the hospital and providers. None expressed any personal concerns they would have in using or recommending the hospital. The Emergency Department and Clinic are viewed as essential to the health, safety, and well-being of those living and working in the region.

CCH is the only locally licensed outpatient pharmacy serving Concho and Menard Counties. The local pharmacy access and home delivery services within the bi-county area was repeatedly mentioned as a valued community benefit provided by CCH.

CCH employs approximately 62 full time equivalent employees and generated an annual payroll of $3.3 million in 2021. In addition to the economic value these jobs generate for the City of Eden and Concho County, the presence of this hospital and medical services is a key asset to commercial and residential growth in the bi-county region. It was stated that without CCH to serve inmates in the federal prison located in Eden, the prison, which is a large employer, would not be located in Concho County.

In 2021, CCH provided service to:

- 660 Combined Inpatient, Observation, and Swing Bed Patients (Discharges)
- 3,582 ER Patients (Registrations)
- 1,344 Outpatients (Registrations)

Hospital and clinic services provided by the hospital are open and accessible to all who present for care without discrimination for income, race, ethnicity, or any other qualifying factors. This claim was quickly affirmed by the diverse constituents who participated in the focus groups and those who were randomly polled in town.

CCH is an integral part of the communities it serves and is a frequent participant at community events. Employees take great pride in living in the service area and working for the local hospital that provides care for their families and neighbors. Each employee is committed to going over and above to help wherever they are needed.

CCH strives to optimize and continually improve services, quality, facilities, technology, and cost-effectiveness for every member of the community and service area. CCH maintains a friendly, personable environment because working in a rural hospital, employees likely know or have a personal relationship with patients in their care.

Economic Impact of Operations Concho County Hospital

(Using Actual CCH numbers)

Employment

Direct Impact fte's 62
Multiplier 1.34
Secondary Impact fte's 21
Total Impact 83

Wages, Salaries, and Benefits

Direct Impact $3.3 million
Multiplier 1.19
Secondary Impact $630,000
Total Impact $3.93 million

Average retail sales impact (.25 WSB): $83,000

SOURCE: National Center for Rural Health Works. Research Study. October 2016. Data from National Center, Oklahoma Office of Rural Health, and IMPLAN. http://ruralhealthworks.org/wp-content/uploads/2018/04/CAH-Study-FINAL-101116.pdf

Local Impact of Construction Activities of a Rural Hospital

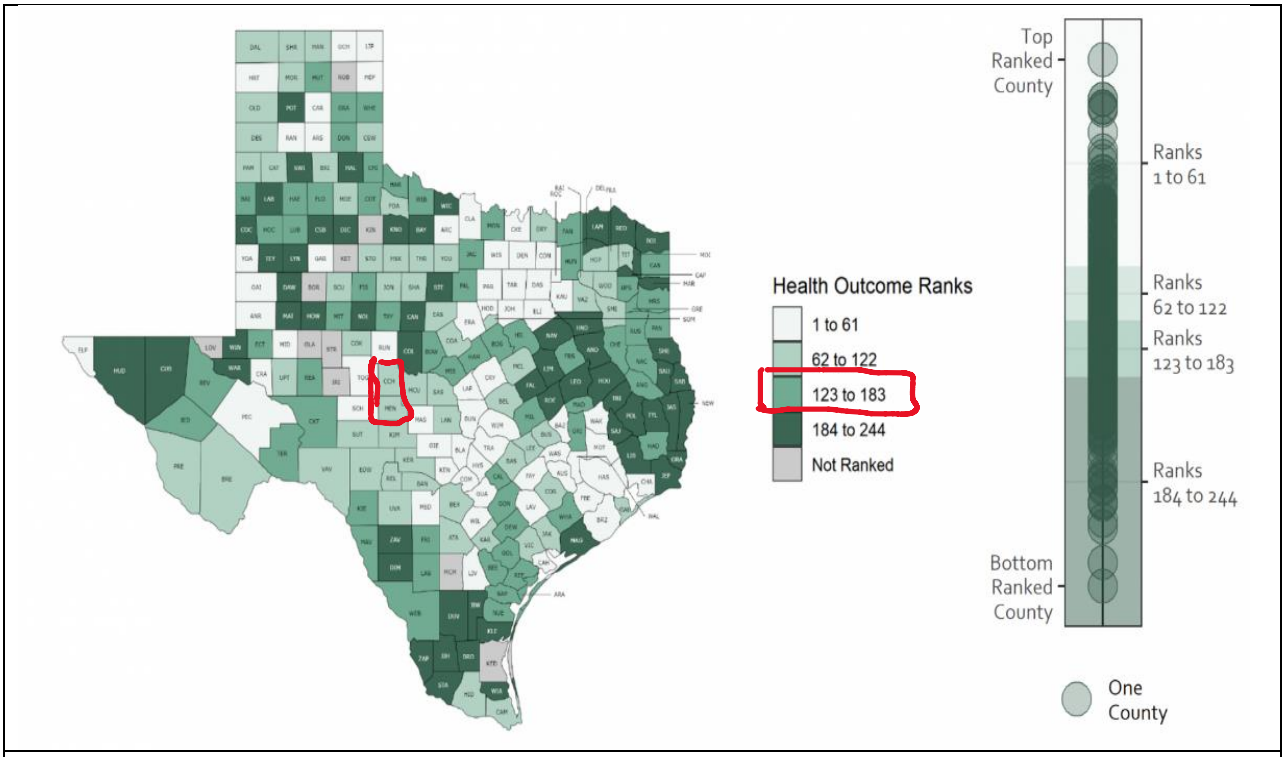
(based on research average, not CCH actual)

		Employment Impact			
Construction ($ millions)	Average Employment	Multiplier	Secondary Impact	Total Jobs Impact	
$1	9	1.23	2	11	
		WSB Impact			
Construction ($ million)s	Average Employment	Multiplier	Secondary Impact	Total Impact	Retail Sales Impact
$1	$332,551	1.25	$80,638	$403,189	$100,797

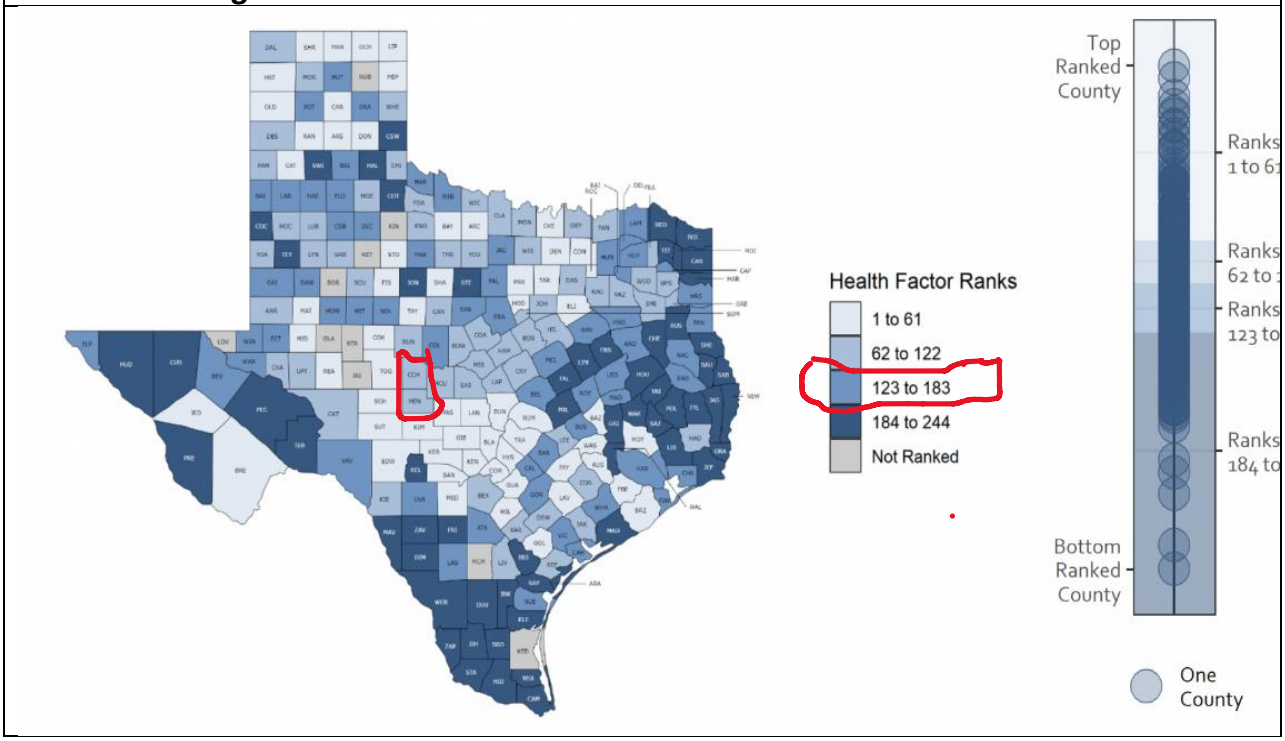
SOURCE: *National Center for Rural Health Works. Research Study. October 2016.* IMPLAN data [www.implan.com]. http://ruralhealthworks.org/wp-content/uploads/2018/04/CAH-Study-FINAL-101116.pdf

Comparison of Population Health Outcomes and Factors

Health Outcomes



Health Rankings



Comparison of Health Outcomes and Factors

2022 County Health Rankings (244 counties reporting)

	Concho	Menard	Texas	Top US
HEALTH OUTCOMES *(State Rank)*	**Middle Range**	**Middle Range**		
Length of Life *(State Rank)*				
Life Expectancy	82.6	76.5	78.4	80.6
Poor Physical Health Days	4.6	4.3	3.6	3.4
Poor Mental Health Days	4.6	3.8	3.9	4.0
Diabetes Prevalence	13%	14%	12%	8%
HEALTH FACTORS (State Rank)	**Middle Range**	**Middle Range**		
Health Behaviors				
Food Insecurity	13%	17%	14%	9%
Alcohol Impaired Deaths (per 100k)	7%	20%	25%	10%
Sexually Transmitted Infections (per 100k)	122	281	445	162
HIV Prevalence (per 100k) * ▪ Including prison population ▪ Without prison population	 836 -0-	-0-	402	38
Teen Births (per 1,000)	26	Not available	29	11
Adult Obesity	37%	38%	34%	30%
Physical Inactivity	35%	34%	27%	23%
Adult Smoking	19%	18%	15%	15%
Clinical Care				
Uninsured Adults	24%	31%	24%	7%
Uninsured Children	16%	23%	13%	3%
Primary Care Physicians	2730:1	2140:1	1630:1	1010:1
Dentists	2830:1	2120:1	1660:1	1210:1
Mental Health Providers	2830:1	0	760:1	250:1
Mammogram Screening	45%	32%	39%	52%
Flu Vaccinations	46%	31%	46%	55%
Social and Economic Factors				
Median Household Income	$47,400	$41.500	$66,000	$75,000
Children in Poverty	21%	35%	19%	9%
Children Eligible for Free Lunch	69%	72%	60%	21%
Suicides (per 100k)	Not available	Not available	13	11
Firearm Fatalities (per 100k)	Not available	Not available	13	8
Injury Deaths (per 100k)	Not available	103	60	61
Violent Crime (per 100k)	12	257	430	63
Physical Environment (Rank)				
Severe Housing Problems	13%	11%	9%	17%

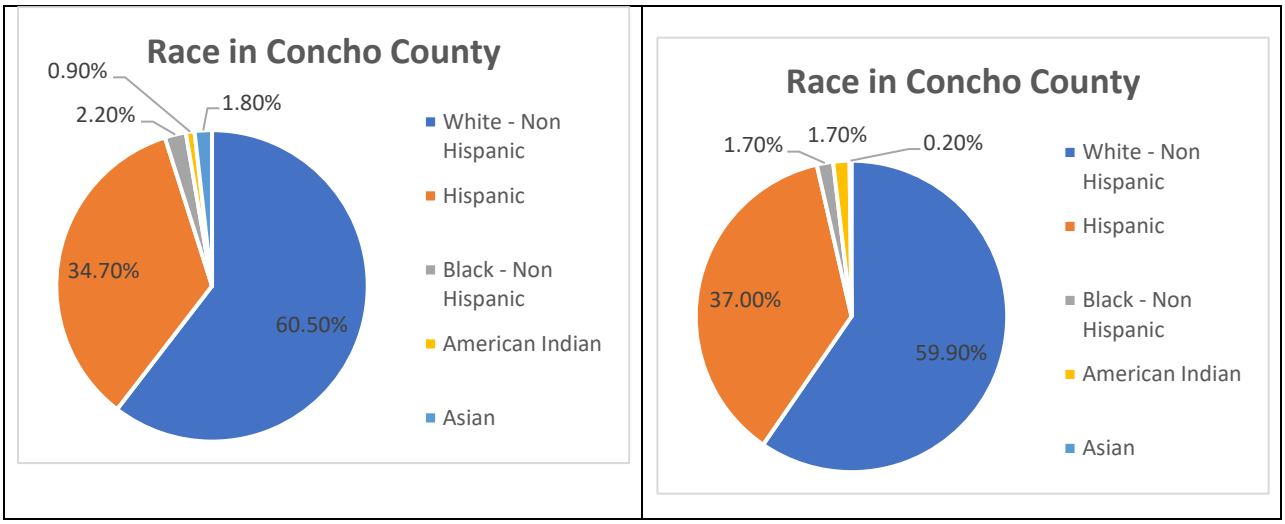
Air Pollution Particulate (micr/m3)	7.6	7.7	9.0	5.9

Source: County Health Rankings and Roadmaps

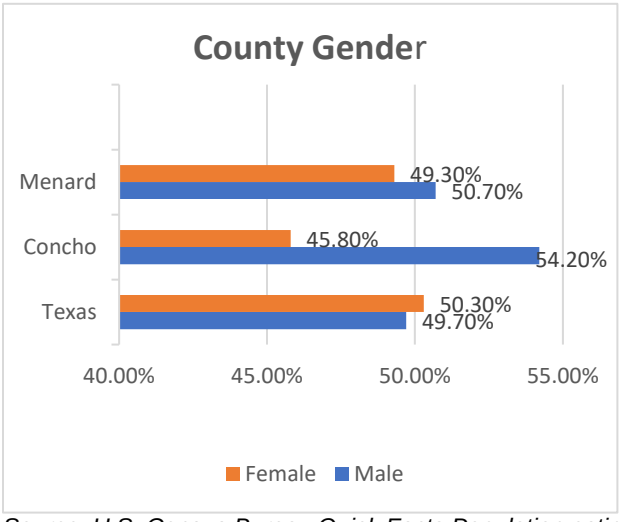
County Demographic Information

Population	2000	2010	2021	Percent Change (2000-2021)
Concho County	3,966	4,087	3,341	-16%
Menard County	2,360	2,242	1,982	-16%
Texas	20.39M	25.21M	29.15M	43%

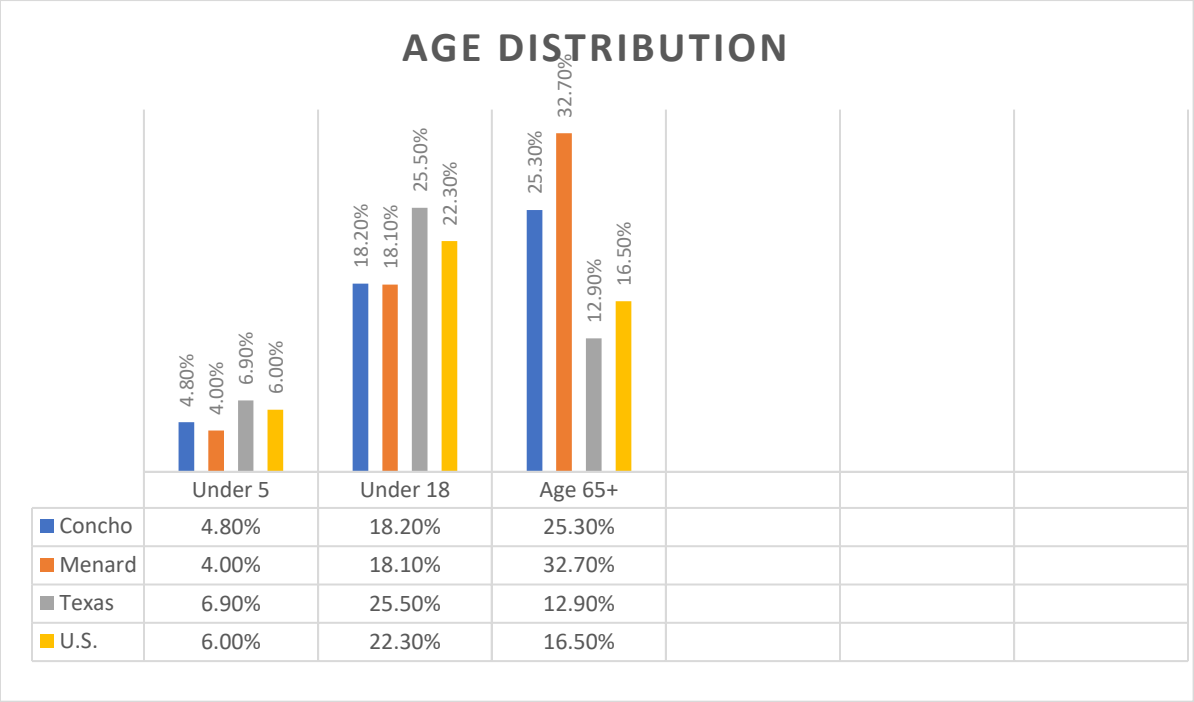
Source: U.S. Census Bureau Quick Facts Population estimates 2020.



Source U.S. Census Bureau Quick Facts Population estimates 2019



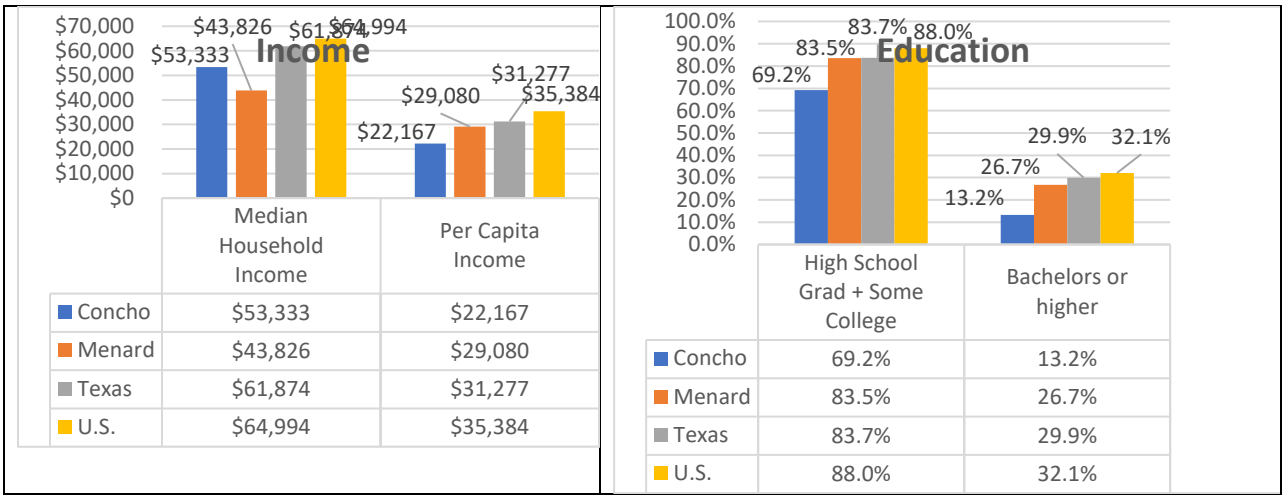
Source: U.S. Census Bureau Quick Facts Population estimates 2019



	Under 5	Under 18	Age 65+			
Concho	4.80%	18.20%	25.30%			
Menard	4.00%	18.10%	32.70%			
Texas	6.90%	25.50%	12.90%			
U.S.	6.00%	22.30%	16.50%			

Source: U.S. Census Bureau Quick Facts Population estimates 2019

Social and Economic Factors



Source: Income: U.S. Census Bureau. Census.gov/quickfacts/fact/table/TX

Cost Burdened Households

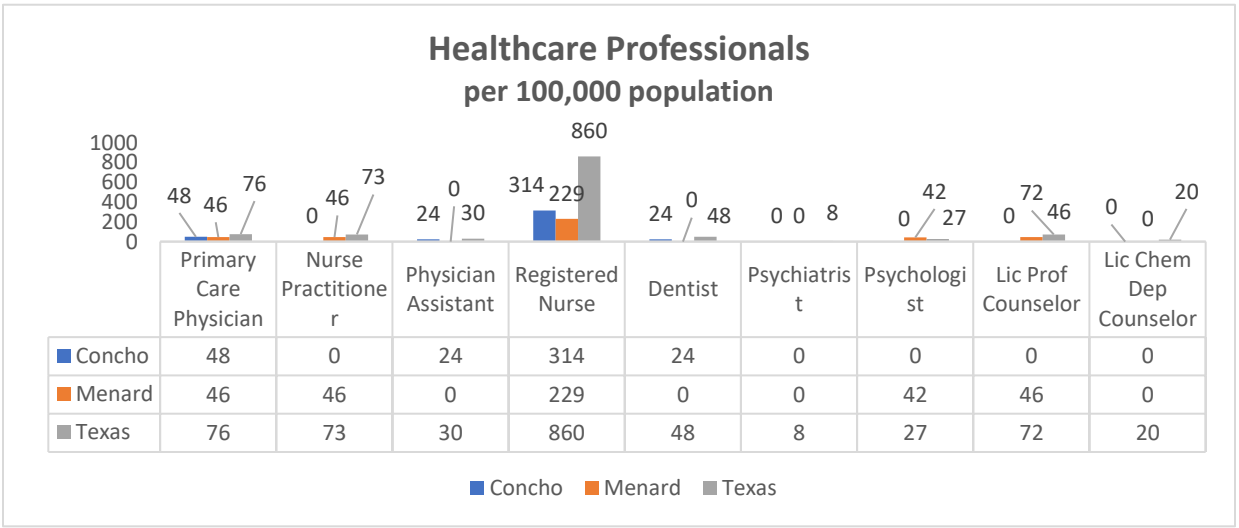
	Concho	Menard	Texas
Cost Burdened Households (Housing costs exceed 30% income)	14.6%	21.6%	29.5%
Substandard Housing	16.3%	25.1%	31.7%

Source: Cares HQ. SparkMap.org. Texas. Housing and Families. Data Source: US Census Bureau, American Community Survey. 2015-19.

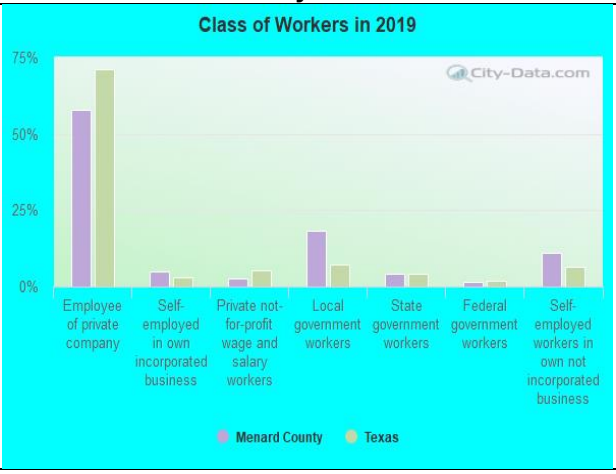
2019 Medicaid Population

	Concho County	Menard County	Texas
Medicaid % Under 18	75.7%	48.2%	38.2%

Source: Datacenter.kidscount.org. https://datacenter.kidscount.org/data/tables/8528-medicaid-enrollment-0-18#detailed/5/6562,6678/false/1729,37,871,870,573,869,36,868/any/17213,17214

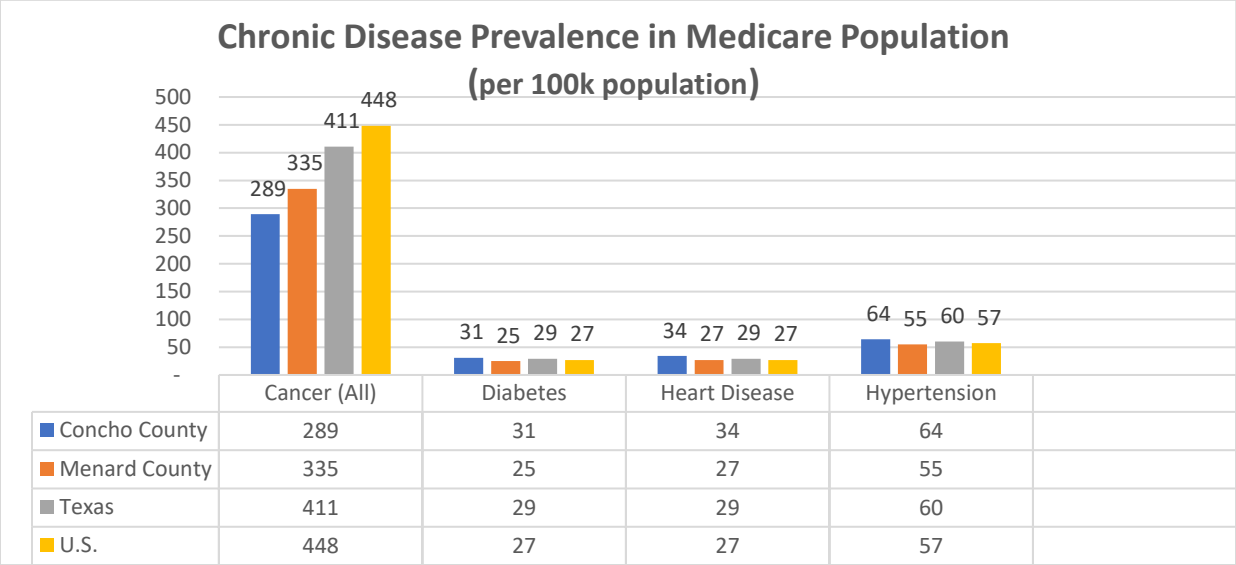


Source: Texas Primary Care Consortium

Concho County Worker Profile	Menard County Worker Profile
	

Source: City-data.com. Concho County, Texas. 2019 *City-data.com. Menard County, Texas 2019*

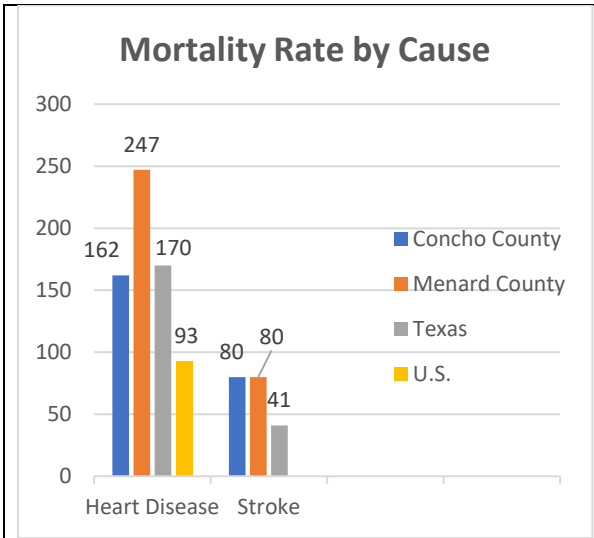
Chronic Disease Prevalence, Mortality, and Other Health Data



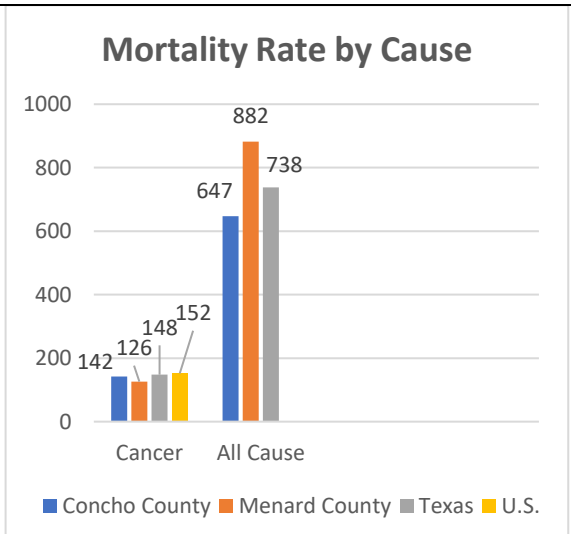
	Cancer (All)	Diabetes	Heart Disease	Hypertension
Concho County	289	31	34	64
Menard County	335	25	27	55
Texas	411	29	29	60
U.S.	448	27	27	57

CARES Engagement Network. CHNA Report. Health Outcomes

- *Depression: Data Source: Centers for Medicare and Medicaid Services, CMS Geographic Variation Public Use File . 2018.*
- *Diabetes: Data Source: Centers for Medicare and Medicaid Services, CMS Geographic Variation Public Use File . 2018.*
- *Heart Disease: Data Source: Centers for Medicare and Medicaid Services, CMS Geographic Variation Public Use File . 2018.*
- *Hypertension: Data Source: Centers for Medicare and Medicaid Services, CMS Geographic Variation Public Use File . 2018.*
- *Data Source: Centers for Medicare and Medicaid Services, CMS Geographic Variation Public Use File . 2018.*



Source: Texas Department of State Health Services. CDC Heart Disease and Stroke Map. https://www.dshs.texas.gov/heart/MapWidget.aspx



Source: Texas Primary Care Consortium. https://www.txprimarycareconsortium.org

Top Causes of Emergency Department Utilization

Concho County	Menard County	Texas
• Urinary Tract Infection, site not specified	• Other Chest Pain	• Urinary Tract Infection, site not specified
• Chest Pain, Unspecified	• Urinary Tract Infection, site not specified	• Acute Upper Respiratory Infection, Unspecified
• Other Chest Pain	• Noninfective gastroenteritis and colitis, unspecified	• Other Chest Pain

Source: Texas Primary Care Consortium

Health Factors

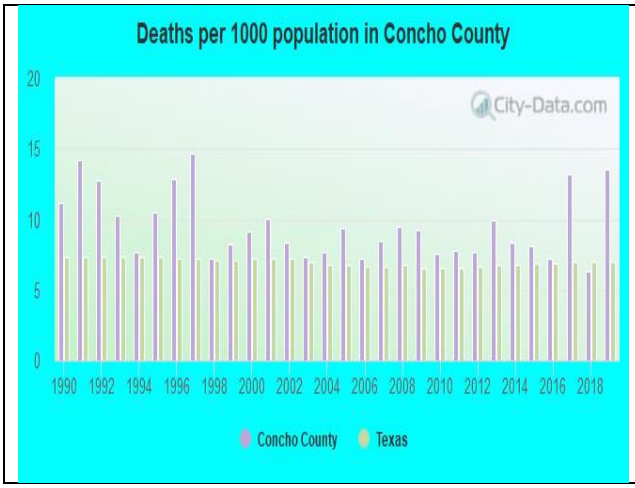
	Concho County	Menard County	Texas
Diabetes	10.9%	7.9%	10.9%
Obesity	33.6%	29.1%	33.6%

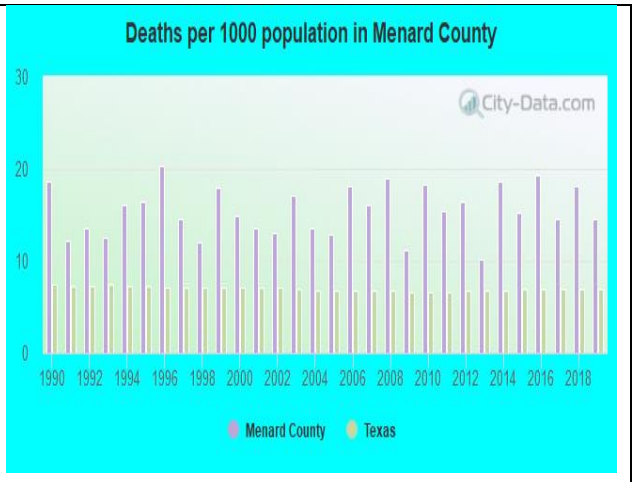
Source: Texas Primary Care Consortium

Health Behaviors

	Concho County	Menard County	Texas
Excess Alcohol Consumption	16%	14%	20%
Physical Inactivity	24%	24%	24%
Smoking	19%	20%	16%

Source: Texas Primary Care Consortium





Source: http://www.city-data.com/county/Concho_County-TX.html

http://www.city-data.com/county/Menard_County-TX.html

COMMON CHALLENGES FACED BY RURAL HOSPITALS

Rural hospitals in Texas and the U.S. are increasingly threatened with survival. A 2019 study by Texas A&M University reported that 41% of rural hospitals operate at negative financial margins, with more than 20% of those facing closure. Since 2010, 130 rural hospitals have closed nationally, including 26 in Texas. Texas leads the nation in rural hospital closures, with that number expected to continue to go up in Texas and the U.S. (Bolin, Watzak, Dickey)

The average person living in rural America is growing increasingly older and sicker as younger people move to urban areas for better jobs and wages. Rural hospitals struggle to maintain a workforce of doctors, professional providers, and other trained staff to provide care to the community. Over 60% of hospital revenue in rural communities is from Medicare and Medicaid which most often fails to cover the cost of providing services. Many of the remaining population are largely uninsured or underinsured.

Three common factors threaten all rural hospitals: 1. Lack of primary care physicians, advanced practice providers (APP's), nurses and other specialized staff; 2. Outmigration to larger urban or regional hospitals; 3. Lack of financial resources to maintain technology and facilities necessary to keep up with medical practice standards of care. With the population of rural communities becoming increasingly older, this creates real hardships on those living in these areas.

In Texas, 170 of 254 counties are rural. More than 3 million people, comprising almost 20% of the state's population, live in rural Texas. Another report by Texas A&M Rural and Community Health Institute (ARCHI) and the Episcopal Health Foundation entitled, "What's Next? Practical Suggestions for Rural Communities," stated that 35 Texas counties have no physician; 58 counties have no general surgeon; 147 counties have no obstetrician/gynecologist; and 185 counties have no psychiatrist. (Hancock, Sasser)

So how does Concho County stack up in these comparisons? Concho County faces the same challenges of all rural counties listed above. Declining population, loss of local employers, low per capita and household income, and high uninsured population make it difficult to attract or sustain local healthcare professionals. CCH offers local access to primary medical care through its rural health clinic located in Eden. A team of dedicated providers and staff continue to sustain its acute care hospital and Emergency Department, but each year becomes more challenging with declining reimbursements.

Physicians and Advanced Practice Providers (APP): The number of physicians, advanced practice providers, and other professional health workers per population in Concho and Menard County is below the state average (see above table).

Community Networks: Rural communities must begin thinking beyond the local hospital as the centerpiece of community health or trying to adopt urban health care solutions to work in rural Texas. Communities must begin thinking of "healthcare" more broadly than merely "hospital." Rural hospitals must become actively engaged with their

community greater than ever before in seeking innovative ways to sustain operations and fulfill their mission to improve health and wellbeing.

Community health involves much more than the presence of a hospital or any single medical provider. For many years local rural hospitals tried to operate as a "one stop shop" for all things considered health. The cost of staffing, equipping, compliance and other factors necessary to sustain this comprehensive range of low volume services is financially unsustainable.

Rural hospitals are beginning to see benefit in establishing collaborative networks involving other area health providers, social and service resource groups, public services, faith communities, and others to collectively meet local health needs. This is much more effective to truly improve the wholistic health and well-being of a community. Health issues are rarely single dimensional. They typically include intertwined wholistic factors involving body, mind, social, and spiritual components. Efforts to improve community health are much more effective through collaborative networks. (Hancock, Sasser)

Health and well-being involve much more than the absence of illness and disease. Collaborative networks of local community groups and service providers can be more effective in improving the health and well-being of a community than waiting for an adverse event to occur that causes a hospital admission.

Many dangerous public safety events that police respond to are related to health, and social events that develop over periods of time, long before problems escalate to threatening behavior. There is growing support that improving social factors that impacts health and wellbeing of a community can lead to reduced crime and violence. Police and Sheriff departments are now actively seeking ways to interact with other social services to create safer communities.

Concho County is fortunate to have collegial and positive informal networking relationships already in place among various civic, business, charitable, faith, private, and other public organizations within the two counties. This places CCH in an advantageous position to establish collaborative networks working together to improve health and well-being.

Information Technology and Data Access: Access to sound, analytical data needed for hospital leadership to make informed strategic decisions has historically been a weakness for rural community hospitals. This is much improved today through the electronic health record and internet access to multiple sources of data analytics. This enables hospitals today to make better, safer, more informed decisions than in the past.

CCH utilizes Healthland Centriq as its electronic health record system. Centriq is commonly used in small rural hospitals and enables the hospital to adequately manage its core electronic health record functions that are required by CMS.

Governance: Stability of a local hospital board that is focused on governance while empowering an accountable senior leadership team is and has always been a key factor in achieving ongoing success. One of the top long-term success indicators for rural hospital survival is effective board governance led by capable and engaged community board members. Conversely, hospitals that are led by boards focused on personal agendas or micro-managing rather than policy and accountability are the ones most likely to fail. Indeed, this was the direct case of one Texas hospital that permanently closed in 2019. (Toney, Becker)

CCH is a public hospital district governed by a seven-person elected board of directors. These directors serve voluntarily to ensure that the hospital is operated by competent and accountable leadership so that the health and wellness needs of Concho County are well served. The hospital governance and leadership team has earned the continued support of their constituency who utilize the local services for their personal health needs. The community recognizes the challenges faced by the hospital and greatly supports the essential services, health, and economic benefits the hospital provides to those living, working, and travelling in the county.

LOOKING FORWARD: BEYOND COVID-19

There is no doubt that COVID-19 and the years 2020 - 2021 will be looked back upon as a major transformational period in healthcare, all of America and the entire world. The foundations of these transformations have been evolving for at least the last decade but have now escalated into full force. As the United States eventually comes through this pandemic, many of the innovations and alternate methods of delivering healthcare and other services will remain permanent. Many of these changes, though challenging during transition, will bring added value to healthcare access and delivery.

Following is a summary of some innovative practices using new ideas or more developed methods that have potential to improve access and quality of care to rural communities.

Technology: Telehealth and other digital technology to support virtual and remote patient care is rapidly becoming accepted as the new norm. Advanced uses of telehealth are expanding exponentially. New digital applications are being introduced almost daily to provide face-to-face virtual patient care visits. Numerous healthcare apps for chronic care conditions are available to be downloaded onto personal devices such as watches and phones, monitored 24/7 by your provider. Many of these are beginning to interface with the patient's personal medical record. (Harrison)

This technology can present a range of new options and opportunities for rural communities. Technology is being effectively used to bring primary and specialty medical consultations to small rural communities that cannot attract or support physicians. In communities that have basic primary care coverage, diagnostic equipment can be placed in the local clinic or hospital that will transmit results to a specialist located elsewhere.

Technology and alternate care models will continue reducing demand for hospital beds as patients are able to be treated at home, outpatient centers, or other non-hospital sites.

Prevention and Reduction of Social Disparities: Health delivery in the U.S. is slowly shifting from sick care to healthcare. Healthcare in the U.S. has historically been built around an episodic model where people seek access to care only after an adverse event happens. Delivery now is shifting toward a focus on prevention by maintaining health and wellbeing. It has been estimated that approximately 60% of health conditions in the U.S. are determined by behavioral lifestyle and environmental factors, 30% by genetics, and approximately 10% to 20% to actual medical conditions.

It has been determined that the greatest single determinant of health in the U.S. is the zip code in which a person lives. Focusing on social determinants of health leads to the formation of community networks involving medical providers including the hospital, school district, city, county and state services, social and mental health services, faith communities, and others. These community networks work collaboratively to reduce the

incidence of illness, disease, accidents, violence, drugs, malnutrition, and other factors that impact health. (O'Neill Hayes, Tara and Rosie Delk)

Integrate Mental Health with Primary Care: The national shortage of mental health providers and services is multiple times worse in rural populations than urban across Texas and the U.S. This is true for Concho and Menard County which shows the availability of local mental health providers to be much worse than the Texas state average for counties.

There is a movement to use primary care practitioners to detect mental health issues in patients during routine medical exams, hopefully before harmful events occur. Telehealth is now being used to effectively expand the reach of mental health professionals into rural populations. It is further believed that the reduction of social disparities through the collaborative efforts of community networks discussed above can lead to improved mental health in rural areas. (Carpenter-Song, Snell-Rood)

Accelerated Innovation: The speed at which new innovations in healthcare delivery is being introduced will continue at an even faster rate. Besides new technology and community networks mentioned above, new models for healthcare delivery are being introduced almost daily. CVS, Walgreen, and Walmart are all beginning to offer primary care services. Amazon has created a healthcare division that they claim will revolutionize the delivery of healthcare the same way they have redefined retail purchasing. Innovative methods of providing home visits to check on patients following discharge from the hospital or Emergency Department are becoming common.

Consumer Centric: The role of the consumer has become a significant driver of changes in health delivery over the past decade and will only become more dominant. In the past doctors mostly determined the care plan of action and patients mostly followed their doctor's recommendations. Today, through internet access to information, satisfaction surveys, new technologies, etc., consumers are more aware of options and expressing their opinions for new courses of action. This trend will continue.

Consolidation of Healthcare Providers: The consolidation of healthcare providers and systems is expected to continue in the future. The current COVID-19 pandemic has shown that large systems have a stronger supply chain and access to other resources, deeper cash reserves, greater flexibility with staff, more adaptable facilities, greater clout with payor sources, and other tangible benefits. (Toney, Becker)

Hospital Alternative Delivery Models and Options: Community health is in a current state of transition. Despite best efforts, many rural communities will not be able to sustain their hospital into the future. There are viable alternatives for communities that are threatened with losing their hospital to consider.

- CHART Model: "Community Health Access and Rural Transformation"

- CHART represents a new CMS model introduced in 2021 for healthcare delivery and reimbursement aimed at addressing disparities that exist among rural hospitals and communities.
- CMS is providing funding for rural communities to build systems of care through a Community Transformation Track and is enabling providers to participate in value-based payment models where they are paid for quality and outcomes, instead of volume, through an Accountable Care Organizations (ACO) Transformation Track. The Model aims to:

    - Increase financial stability for rural providers through the use of new ways of reimbursing providers that provide up-front investments and predictable, capitated payments that pay for quality and patient outcomes.
    - Remove regulatory burden by providing waivers that increase operational and regulatory flexibility for rural providers; and
    - Enhance beneficiaries' access to health care services by ensuring rural providers remain financially sustainable for years to come and can offer additional services such as those that address social determinants of health including food and housing.

    To achieve these goals, the CHART Model will test whether upfront investments, predictable capitated payments, and operational and regulatory flexibilities will enable rural health care providers to improve access to high quality care while reducing health care costs.

    Source: Centers for Medicare & Medicaid Services. CMS.gov. CHART Model. https://innovation.cms.gov/innovation-models/chart-model

- Rural Emergency Hospital (REH) – A Rural Emergency Hospital has no licensed inpatient beds but maintains an emergency department with radiology, lab, telehealth and a few patient rooms for observation and short stay occupancy not to exceed an annual average of 24 hours per patient. Reimbursement is paid at the Medicare OPPS rate plus 5%, plus an additional monthly facility payment. (Department of Health and Human Services. National Advisory Committee on Rural Health and Human Services)
- Clinic Model - Maintaining an urgent care clinic with radiology, lab, and reliable access to local Emergency Medical Services (EMS). (Bolin, Dickey, Watzak)

KEY FINDINGS FROM COMMUNITY INTERVIEWS AND DATA SOURCES

This section provides an account of feedback, perceptions, and other key findings received directly from community constituents related to access and availability of local healthcare services. It includes comments about services that are currently available or lacking but needed. Community focus groups were asked to comment about other categories of community health: Social and Physical Environment; Chronic Illness and Disease; Mental Health and Drug Abuse; and Lifestyle Behaviors. This section includes ideas from the general public on opportunities to improve community health and their perception of top priorities.

I. Most Recurring Responses from Community Focus Group Participants Pertaining to Local Healthcare Issues and Opportunities.

- **Access to local primary healthcare services**
  - Generally good access to primary care services for all regardless of income or ability to pay
  - Lack of urgent care (no appointment, walk-in) access to see a practitioner when needed in a primary care clinic *[#1 issue most commonly cited in Concho County]*
    a. Typical time said to schedule an appointment is 2-3 days in Eden
    b. Walk-in access available in Menard with Frontera Healthcare

- **Most critical health services essential to living in the bi-counties?**
  - ER / Level IV Trauma Center
  - Ambulance / Air Transportation
  - Physician Clinic (Dr. Papillion repeatedly cited as a key asset)
  - Hospital Swing Bed
  - Physical Rehab Services – Outpatient and Swing Bed
  - Outpatient Pharmacy – CCH is the only pharmacy in Concho County and provides home delivery within the bi-county area
  - Lab
  - Radiology

- **What medical specialty services that are NOT currently available do you consider most needed in the community**
  - Mental Health – Psychiatry and Psychology *[#1 most commonly cited in both counties]*
  - Drug and Alcohol Rehab
  - Cardiology
  - Pediatrics
  - Pulmonology
  - Psychiatry
  - Pain Management

- **Unhealthy aspects of living in Concho and Menard County?**
  - Housing *[#1 need most commonly cited in both counties]*
  - Employment and other social economic factors

- **Awareness of services available through Concho County Hospital**
  - Somewhat aware but needs improvement
  - Good awareness of ER but less awareness of other service lines

- **Social and Physical Environment**
  - Healthy
    - Local access to healthy foods and nutrition
    - Quiet, peaceful lifestyle, open spaces
    - Neighbors knowing and helping one another
    - Schools
  - Unhealthy
    - Housing [#1 issue commonly cited}
    - Social economics – Employment opportunities
    - Water quality and consistency in Eden – *[public improvement works are well-along in process]*
    - Pandemic related stress and mental health disorders
    - Improved (since the last CHNA in 2019)
    - Lack of public parks, trails, and exercise facilities
      - ✓ Public transportation (Concho Valley Transit provides good service to the region)

- **Most Prevalent Chronic Illness & Disease Issues**
  - Diabetes
  - Pulmonary

- **Mental Health and Substance Abuse**
  - Mental health – Lack of access for counseling services
  - Substance Abuse – Lack of rehab services or facilities

- **Lifestyle Behaviors**
  - Lack of public parks, trails, or facilities for exercise

- **Other opportunities to improve health identified as important**
  - *Fitness Center in Eden available to the public*
  - *Educational awareness of mental health issues and support resources*

- **Top priority issues listed by community focus groups**
  - Housing
  - Water Quality (City plan for improvement is actively in process)
  - Mental Health
  - Drug Abuse
  - Urgent Care Access (non-appointment walk-in)

- Fitness Center
- Community Health Education
    - Drugs and Pharmaceuticals
    - Parenting
    - Chronic Disease Self-Management

II. Comparative Data for Health Factors and Outcomes for Concho and Menard Counties

Concho and Menard Counties both rank comparably in the middle quartile for health outcomes and health factors among 244 Texas counties reporting health data.

- ***Health Outcomes*** - The overall rankings in health outcomes represent how healthy counties are within the state. The outcome ranks are based on two types of measures: how long people live and how healthy people feel while alive. Both Concho and Menard County rank in the middle range of Texas counties for health outcomes.

    - *Negative Health Outcomes Outliers*
        - *Life Expectancy*
            - Menard County life expectancy is a full 6 years less than in Concho County and almost 2 years below Texas average.
            - *Poor physical and mental health days* - Unfavorable to both Texas and U.S.
            - *Diabetes Prevalence* – Both counties slightly higher than Texas and U.S.
            - *Mortality Menard County* – Mortality from heart disease, stroke, and all cause is much higher in Menard County than Texas and U.S. Concho County is comparable to State
            - *Mortality Concho County* – Concho County exceeds State and U.S. for stroke mortality, but compares favorably for heart disease and all cause
    - *Positive Health Outcomes Outliers*
        - *Life Expectancy*
            - Concho County life expectancy exceeds averages for both Texas and the U.S.

- ***Health Factors*** - The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors. Concho and Menard Counties both rank in the mid-range for health factors among counties in Texas.

    - Positive Health Factors

- *Mammograms* - Concho County exceeds state average
- *Flu Vaccinations* – Concho County equivalent to state average
- *Violent Crime* – Concho County highly favorable to Texas and U.S.
- *Alcohol Impaired Driving Deaths* – Both counties favorable to Texas
- *Sexually Transmitted Infections* – Concho and Menard counties both favorable to Texas when the prison population is excluded.
- *Teen Births* – Favorable for Concho County. Unavailable for Menard
- *Violent Crime* – Concho County favorable to both Texas and U.S.

- *Negative Health Factor Outliers*
  - *Food insecurity* - Menard County is higher than Texas and U.S.
  - *Physical inactivity* - Significantly higher in both Concho and Menard Counties than Texas and U.S.
  - *Adult smoking* - Percentage in both counties exceeds both Texas and U.S.
  - *Adult Obesity* – Exceed state and U.S. percentages in both counties
  - *Uninsured adults* - Menard County greatly exceeds Texas and U.S.
  - *Uninsured children* - Exceed Texas and the U.S. in both Concho and Menard Counties. Menard County greatly exceeds.
  - *Healthcare Professionals in the County* – A large shortage of health practitioners and workers of every primary specialty exists in both Concho and Menard Counties
  - *Mammogram screening* – Menard County below state and U.S. averages in both counties
  - *Flu Vaccinations* – Menard County below state and U.S. averages in both counties
  - *Income and Poverty* – Number of low-income residents and children in poverty exceeds averages for Texas and U.S. counties.
  - *Access to Exercise Opportunities* – Unfavorable comparison in both counties
  - *Violent Crime* – Menard County unfavorable to Texas
  - *Suicide* – Rate unknown for Concho and Menard Counties. Recommend further research as this rate is growing in Texas.
  - *Income* – Median and per capita income is significantly lower in both counties than state and U.S.
  - *Education* – Concho County ranks significantly below Texas and U.S. in high school graduation and some college
  - *Medicaid % Under 18* – A large difference exists in the number of Medicaid qualified children and youth in Concho and Menard Counties. Worth exploring opportunities.

III. Local Area Resources Identified for Collaborative Community Health Network

The counties of Concho and Menard are both remote and distantly located from larger communities that offer greater resources. Both counties are served by dedicated local services and organizations that individually contribute to the general health and well-being of the communities they serve. There is opportunity for each to have a greater impact through joint collaborative efforts. Below is a partial list of organizations identified to consider collaborative opportunities on how they might have a greater impact through coordinated efforts.

- Concho County Hospital and Clinic
- Eden Consolidated Independent School District
- Menard Independent School District
- Churches and other faith communities
- City and County Governments
- Texas A&M AgriLife Extension Offices in Concho and Menard Counties
- Boys and Girls Club of Menard County
- Hope House of Menard Food Pantry
- Concho Valley Community Action Agency
- Head Start
- Frontera Healthcare Network Menard
- Concho Valley Transit
- Community Resource Coordination Group (CRCG)
- Other local service organizations as identified

Recommendations

The following recommendations for community health improvement are based upon a combination of recurring feedback from community focus group participants and validated with public data pertaining to community health.

In most cases these recommendations for improving community health involve more than Concho County Hospital alone. The hospital, nor any single entity, possess the resources, scope, or ability to address these recommendations alone. Effective action will be achieved only through the collaborative efforts of other organizations working together with the hospital.

Recommendations

- Social and Environmental
  - Water
  - Housing
  - Employment
  - Health Insurance Access
  - Education
- Mental Health
- Drug and Alcohol Abuse
- Communication and Awareness of Locally Available Health Services
- Access to Primary Care Practitioners
- Access to Specialty Physicians
- Community Collaboration to Address Ongoing Social Determinants of Health

RECOMMENDATION: Social and Environmental Factors

❖ ***It is recommended that collaborative community efforts be made to address housing, water quality, employment, health insurance access, education and other social determinants that impact the economic health and physical wellbeing of Eden.***

The following social issues, with the exception of education, were highlighted repeatedly as significant concerns by participants in each community focus group. The inclusion of education is in response to data published by the U.S. Census Bureau for 2021. It is noted that each of these issues is already being addressed in various ways by public and civic groups.

➢ Water Quality – The City of Eden is well underway with efforts to replace aging water lines, cooling tower, and other public infrastructure resources critical to health and wellbeing of the community population. Regardless of these efforts, water quality was repeatedly cited in each of the meetings with community focus

groups. Water outages and public advisories to boil drinking water are reported as frequent occurrences.

- Housing – The need for more and improved housing was cited in each community focus group held in Eden. The lack of adequate housing was said to be a major barrier to attracting doctors, other healthcare professionals, and prospective business and industry to locate in Eden or Concho County. Though substandard housing is not identified as a critical need listed in public data sources, all participants agreed available housing was limiting the community's ability to grow and expand employment opportunities. Housing and employment directly impact health and wellbeing. According to recent U.S. Census bureau reports it appears no new housing permits have been issued in several years.

  Concho County Hospital has purchased sizeable acreage with intent to build new housing to be available to healthcare professionals. This is critical, according to hospital leaders, to its ability to maintain professional healthcare staff to support the hospital and maintain local healthcare services for the county.

- Employment Creation – Employment opportunities are the lifeblood of any community. The availability of local goods and services creates jobs which raises the standard of living, health, and wellbeing of those living in the area.

- Health Insurance Access – The percentage of adult and children population in Menard County without health insurance is significantly higher than the State of Texas, and Texas is significantly higher than the U.S. The percentage of Concho County adults without health insurance is comparable with the state while children exceed state average.

  76% of Concho County residents under the age of 18 are registered with Medicaid, while only 48% of child and adolescent Menard County residents are registered with Medicaid. State average is 38%. This seems to be a large disparity considering the comparable low-income status of both counties. It appears that a need and opportunity exists to qualify more under 18 population for Medicaid in Menard County to provide greater public insurance access to local health services. This would benefit patients living in the area as well as reimbursement for the CCH Rural Health Clinic.

- Education – High School graduation rates among those living in Concho County are shown to be 69.1% in 2021 by both the U.S. Census Bureau and County Health Rankings. This is significantly below the Texas state average of 84.4%. Those living in Concho County with "some college" education is also shown to be less than half of the state average. Menard County is equivalent to the state average. Higher education is a recognized indicator of improved population health in communities.

Texas Education Agency (TEA) reports that both Concho and Menard County public schools graduated 100% of its high school classes during each of the past 5-years ending in 2021. One *speculative* explanation offered by the author of this CHNA is that a large number of graduates move away from the county after high school, leaving a higher percentage of residents identified in the census as not completing high school. This is recommended for further review and clarification

Action Items for Consideration:

- City of Eden continue its forward progress that is underway to completion in upgrading its public water delivery services
- City of Eden, Concho County, and area business and community leaders work collaboratively to assess local housing needs and develop a plan for improvement that will help to retain local workforce and attract new business and workers.
- Commendable applause is extended to the Concho County Hospital Board of Directors and Leadership for its vision and plans to build housing to support the continued delivery of local healthcare.
- Meet with leaders of local school districts to validate data and identify factors that lead to lower graduation rates and pursuit of higher education as reported in the recent U.S. census. Identify local opportunities that might lead to greater retention or return of residents who have completed high school and higher education.
- Consider efforts and identify opportunities to increase Medicaid enrollment in Menard County. This would help to increase the number of those with Medicaid insurance and provide reimbursement benefit to the CCH Rural Health Clinic and hospital.

RECOMMENDATION: Mental Health and Drug Abuse Issues

- ***It is recommended that issues contributing to mental health behavioral disorders and drug abuse be identified and addressed along with improving access to mental health services.***

Mental health and drug abuse ranks as a priority health need in Concho and Menard County according to public health data and feedback from community focus groups. The number of mental health providers in both Concho and Menard counties ranks far below other Texas counties and poor mental health days exceeds the state average.

Issues of mental health are complex and typically linked to environmental factors beyond the scope of the hospital, medical providers, or any single organization. Mental health is a community issue and would be a good task for individuals from the community to collaboratively review the problem, attempt to identify underlying causes, and offer recommendations.

The root causes or results of mental health issues are often linked to social issues like unemployment, poverty, nutrition, drug abuse, family disfunction, education, housing, and other factors. Mental health, regardless of causes, impacts the physical health and wellbeing of individuals. Mental health is a wholistic issue involving mind, body, social, and spirit. Addressing one aspect without addressing others is incomplete; best progress can be made when a consortium of multiple stakeholders, such as the hospital, city, county, school district, faith community, civic groups, MHMR and others, work together toward a common goal.

Drug abuse, though a separate disorder from mental health behaviors, is often related and is identified as a problem in Concho and Menard Counties. Local resources to assist with drug rehabilitation are lacking in both counties.

A need exists for both improved awareness of and local access to mental health counseling services and drug rehabilitation in Concho and Menard Counties. While there is a shortage of mental health providers across the State of Texas, the shortage in both Concho and Menard Counties is even much worse.

MHMR Services of Concho Valley is the state funded MHMR that covers Concho County plus six other regional counties. Offices are maintained in San Angelo, over 40 miles away, with no office for services or access provided locally in Concho County.

Menard County lies within the 19-county MHMR region served by Hill Country Mental Health and Development Disabilities. No local office for services or access is maintained in Menard County. Frontera Healthcare Network Menard is a Federally Qualified Health Center and provides limited licensed professional counselor services in the city of Menard.

Telehealth is being used effectively in counties across Texas to expand access to psychiatry, licensed professional counseling, and other mental health services. Consultative services can be accessed locally by patients while linked to remote providers. Expansion of telehealth should be considered as an option for expanding local access to mental health.

Action Ideas for Consideration:

- Engage collaborative discussion among diverse local and regional stakeholders to identify core contributors to mental health behavior and drug abuse, prioritize issues, identify available resources, and develop a community plan of action. Participants should include local health professionals, school leaders, city/county/sheriff officials, MHMR, faith leaders, leaders from civic and youth organizations, etc.
- Identify grant funds that might be available to support local efforts.

- Utilize practitioners at the CCH Rural Health Clinic to identify patients with mental health issues and treat if able within their primary scope of practice or refer for specialty follow-up.
- Visit with MHMR Services of Concho County and Hill Country Mental Health & Development Disabilities Centers about using their state-provided funds to improve access in these counties which are located in their service region. A need exists for these Centers to increase awareness of services available and place an office in these counties to improve local access to mental health services.
- Advocate for increased state funding for MHMR or other mental health services.
- Explore telehealth as a viable source to offer local access to psychiatry and other professional counseling services.

<u>RECOMMENDATION:</u> Communication and Awareness of Locally Available Health Services Provided through CCH

- **It is recommended that efforts be made by Concho County Hospital to communicate more effectively with the public to create awareness of local health services provided through the hospital and clinic.**

  The need for more effective communication between CCH and surrounding communities within its service area was often cited by focus group participants. Despite efforts, segments of the population lack awareness of local availability of hospital, clinical, education, and other health services. Following are suggestions offered directly by focus group participants:

  - Swing Bed was cited as a service that provides great benefit to those needing extended care and rehabilitation. Improved efforts to inform the public of this service line was recommended.
  - Newspaper circulation is declining but still recognized as an effective source for communication in rural counties.
  - Social media platforms were suggested as contemporary sources for hospital messaging and communication to reach more widespread and diverse population sectors. Twitter, Tik Tok, and Facebook were mentioned as good sources to target different age groups.
  - A periodic newsletter to the public informing of hospital events, service lines, providers, achievements, and other activities was recommended.
  - Pamphlet listing hospital services to place in strategic places
  - Speaking engagements presented by hospital leaders and providers to civic, community, and churches on specific health topics were recommended. Box lunches or other refreshments often attract audiences.
  - “Ask the Doctor” is a program concept that is being offered in some rural communities. The idea is to create an open venue for consumers to “ask the doctor” any question on health topics and the doctor will respond. Forums could

include online chat, civic club, church, social media, local radio (if available), auditorium, etc. An excellent creative idea.
- Posting links to contemporary health topics from reputable sources on the hospital website.

RECOMMENDATION: Access to Primary Care Practitioners

❖ ***It is recommended that efforts continue to increase the number of physicians and practitioners to improve local access to primary care***

Data sources indicate that the number of physicians, other healthcare practitioners, and allied health professionals per capita is far below state and national averages.

The standard length of time to get an appointment to see a primary care practitioner was consistently stated to be about 3 days. The CCH rural health clinic maintains openings to see 3 or 4 non-appointment walk-ins each day. The clinic is limited in seeing more walk-in patients due to having only one physician and one PA-C. The alternative to the clinic is the 24-hour Emergency Department or travel out of town, neither which is optimal for non-emergent illness. Participants in each focus group stated the need for same-day access to the clinic for non-emergent situations.

Action Ideas for Consideration:

- Continue efforts already underway to increase the number of primary care practitioners to serve the area.
    - Family Practice, Advanced Practice Providers, Pediatrics, Psychiatry were identified as current needs
- Consider ways in which telehealth might be used for primary care consults

RECOMMENDATION: Access to Specialist Physicians

❖ **It is recommended to seek ways to improve local access to physician specialty consultations at Concho County Hospital or Clinic.**

Heart disease, respiratory issues such as COPD, and diabetes are prevalent in Concho and Menard Counties. This issue was repeatedly stated and is supported by data but was not presented with the same urgency as other issues. People are accustomed to driving an hour or more for non-emergent services.

Action Ideas for Consideration:

- Explore opportunities to get a cardiologist, pulmonologist, and nephrology to maintain a part-time satellite office in Eden for scheduled appointments. Telehealth can be an option for consideration as well to improve local access.

<u>RECOMMENDATION</u>: Community Collaboration to Address Social Determinants of Health

- ***It is recommended that efforts be made to establish organized collaboration among various community organizations to address social determinants of health***

  Concho and Menard Counties are both served by numerous public and private organizations that individually promote physical, social, mental, and spiritual well-being. However, like most communities, these organizations operate mostly independent from one another with little interaction or planning with other organizations. While each of these organizations operate with limited resources and a defined scope of service, it is believed that a greater impact could be achieved through collaborative planning and efforts. A partial list of area organizations and resources is listed in the section above and following.

  - The Community Resource Coordination Group (CRCG) is a state funded organization organized to coordinate health outreach efforts involving multiple organizations. Each CRCG is assigned a defined service area comprising multiple counties. Concho County falls within the service area of San Angelo and Menard County within the area served by Junction.

  - Frontera Healthcare Network Menard is a Federally Qualified Health Center based in Menard that provides local clinic and outreach services in area communities and school districts.

  - Hope House operates a food pantry in Menard as a ministry of Menard First United Methodist Church

  - Texas A&M AgriLife Extension Agency is a good (and often underutilized) resource to provide consumer health education to families, communities, and organizations. AgriLife Extension Agencies maintain active locations in both Concho and Menard Counties.

  - Concho Valley Transit was cited as a valued resource for transportation to medical appointments and other destinations.

  - Boys and Girls Club of Menard County provides a safe environment for youth, maintaining programs that build character and encourage youth to make good choices and achieve their full potential.

  - Churches in the counties minister to people from all walks of life who have physical, social, mental, and spiritual needs.

  - School districts maintain various programs to help students with various social determinants that impact health and education.

- County Services and Sheriff's Office both exert extensive resources dealing with people with diverse social needs that impact health and wellbeing of the county.

- Cities contribute greatly in maintaining public health through water, sanitation, safety, EMS, and other services it provides.

Action Ideas for Consideration:

- Contact the area CRCG's in San Angelo and Junction to identify area needs and explore opportunities for collaborative ventures involving area resources.

- Establish informal collaborative networks among local groups to identify health issues that involve the collective use of multiple resources that no single community entity can accomplish alone.

- Utilize a collaborative approach to prioritize the needs presented in this community health needs assessment and develop a coordinated plan of action.

- Seek opportunities with the school districts to identify ways the hospital and clinics can work together to improve health and wellbeing among students, parents, teachers, and others.

- Identify public and private grant opportunities that can be applied for to pursue community health improvement projects

    - Promote community health by providing topical education on issues like diabetes, hypertension, COPD, nutrition, obesity, smoking cessation, drug interaction and usage, household management, child rearing, and other topics. Local providers, agencies, and organizations can work together in planning and providing these topics.

    - Provide community health fairs involving area providers and organizations to offer screenings, health education, and greater awareness of local resources available.

    - *Gardens on the* Go is an easy and innovative concept to improve community access to affordable vegetables and fruit while also achieving cost savings and goodwill for the hospital. The idea is for the hospital to purchase full-box quantities of vegetables and fruit from its contract food service distributor, retain what it needs for its patient and cafeteria use, and sell the remainder to the public at a price to recover its purchase price with no profit margin. Approximately 20 pieces of assorted vegetables and fruits can be bagged and sold for $5. It is common for local civic organizations and churches to purchase quantity shipments from the

hospital and distribute as a civic project. The cost savings to the hospital results from paying lower cost full case pricing without spoilage for its internal use, and benefit without profiting on the distribution to others. *(It is recommended that legal advice be received prior to starting to ensure the charitable distribution program does not violate any IRS tax laws.)*

SUMMARY

Concho County Hospital is a vital and essential resource for healthcare services serving the populations of Concho and Menard Counties. CCH is a good steward as it stretches to extend its resources far beyond the statutory boundaries of the hospital district to serve all who present for care regardless of their address or income.

CCH is guided by a dedicated board of directors, leadership team, medical staff, and employees. Measurable improvement has been made in expanding access to services since the last CHNA was conducted in 2019. The hospital has taken steps to improve access to primary clinical care, recruit a new Family Practice physician full-time to the community, and reduce wait times in the Emergency Department. Transportation for medical services has been improved through Concho Valley Transit. The hospital's primary care clinics are available to provide more chronic care education. Sound fiscal leadership has enabled the hospital board of directors to decrease the district tax rate by 30% while other counties are either raising rates or closing their hospital.

This is a Community Health Needs Assessment … not a hospital needs assessment. The primary issues impacting the health and wellbeing of Concho and Menard County as presented by community focus groups indeed are community issues, not merely hospital issues. CCH can provide leadership and resources to lead improvement efforts, but sustained improvement will take the combined efforts of others in the community working together.

The citizens of Concho County reflect a proud "can do" attitude in solving problems, looking after each other, and providing for themselves and community. This "can do" and cooperative culture provides a good framework for the community to come together to seek ways to bring tangible improvement to the issues identified in this assessment.

Next Steps:

- *Present this CHNA to the hospital Board of Directors and hospital leadership team.*
- *Share this CHNA with all focus group participants who contributed to this assessment.*
- *Post this CHNA on the hospital website for public access. Sharing this assessment with the community is required and often creates synergy leading to combined strategic efforts of individuals and groups.*
- *Prioritize the recommendations of this CHNA based upon urgency, impact, and available resources.*
- *Invite collaborative partners from other service providers to join in reviewing and responding to recommendations*

- *Prepare an action plan and timeline to address these recommendations. Action plan ideas are included for your help and consideration.*

Thank you for inviting TORCH Management Services, Inc. to conduct this Community Health Needs Assessment on behalf of the hospital and community. A special thanks is extended to all of the participants who took their time to meet and contribute to this assessment. The recommendations in this report are a direct result of their input combined with public data and are intended to serve as a platform to promote concerted efforts, identify solutions, and overcome obstacles leading to improved community health for all who live and work in Concho County.

END OF REPORT

FOCUS GROUP QUESTIONS

Community Health Needs Assessment

***From your perspective*:**

- How would you describe the current access and availability of health services in this area?
- What do you consider to be the most critical health needs in your county?
    - How well are these needs being met by the hospital and other providers or resources in the area?
- What service lines provided by your local hospital do you consider to be most critical to this community?
    - What would the impact be if those services were not available?
- What service lines that are NOT available do you think are most needed in the community?
- What physician specialties that are NOT available locally do you consider to be most needed?
- What medical services are local residents most likely to travel out of town to receive?
- How much confidence do you (and the community) have in the services provided by this hospital?
    - On a scale of 1 to 10 (10 being highest) how would you and/or the community rank the hospital for the services provided?
    - What hospital service lines do you consider to be high quality?
    - What hospital service lines do you think need improvement?

Community Health

- When I speak of “community health” or “healthy community,” what is the first thing that comes to your mind?
- What do you consider to be “healthy” or “unhealthy” about your community?

- In describing health and wellbeing, *what aspects other than* illness and disease do you consider?

- "Other" Categories of Community Health

    - Social and Physical Environment (*Nutrition, Housing, Transportation, Violence, Domestic Abuse, etc*.)
        - What are the 2 biggest issues in this category?
        - What area resources are available?

    - Chronic Illness and Disease (*Diabetes, Hypertension, COPD, CHF, etc*.)
        - What are the 2 biggest issues in this category?
        - What area resources are available?

    - Mental Health and Substance Abuse
        - What are the 2 biggest issues in this category?
        - What area resources are available?

    - Lifestyle Behaviors (*Teen pregnancy, STI's, Obesity, Smoking, Exercise, Recreation, etc.)*
        - What are the 2 biggest issues in this category?
        - What area resources are available?

- How aware do you think people in your community are of the availability of services for the above issues?

- Of every issue or need expressed today, what would you say are the "Top 3" priority issues?

MAJOR DATA SOURCES

AHA Case Studies. Jan. 1, 2016. https://www.aha.org/case-studies/2016-01-01-texas-health-harris-methodist-hospital-azle-healthy-education-and

Bolin, Jane and Bree Watzak and Nancy Dickey, for The Conversation. Texas A&M Today. "Rural Hospital Closings Reach Crisis Stage, Leaving Millions Without Nearby Health Care." September 30, 2019. https://today.tamu.edu/2019/09/30/rural-hospital-closings/

Cares Engagement Network. A National Data Reporting Platform for Communities. CHNA Report. Data Indicators. https://engagementnetwork.org/assessment/chna_report/

Carpenter-Song, Ph.D., Elizabeth, and Claire Snell-Rood, Ph.D. "The Changing Context of Rural America: A Call to Examine the Impact of Social Change on Mental Health and Mental Health Care." Psychiatric Services 68:5, May 2017. https://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.201600024#:~:text=The%20Changing%20Context%20of%20Rural%20America%3A%20A%20Call,States%20have%20affected%20the%20experience%20and%20meaning%20of

Centers for Medicare & Medicaid Services. CMS.gov. CHART Model. https://innovation.cms.gov/innovation-models/chart-model

City-Data.com. http://www.city-data.com/county/Concho_County-TX.html

City-Data.com. http://www.city-data.com/county/Menard_County-TX.html

County Health Rankings & Roadmaps. Concho County Texas. 2020. https://www.countyhealthrankings.org/app/texas/2020/compare/snapshot

County Health Rankings & Roadmaps. Menard County Texas. 2020. https://www.countyhealthrankings.org/app/texas/2020/compare/snapshot

Department of Health and Human Services. National Advisory Committee on Rural Health and Human Services. October 2021. https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/publications/2021-rural-emergency-hospital-policy-brief.pdf

Hancock, Katie, Texas A&M University Health Science Center; Brian Sasser, Episcopal Health Foundation. "Texas Communities Facing Rural Hospital Closures. Texas A&M Rural and Community Health Institute. May 23, 2017. https://architexas.org/news/rural-hospital.html

Harrison, Marc. Psychiatric Services 68:5, May 2017. Harvard Business Review. https://hbr.org/2020/07/what-one-health-care-ceo-is-learning-from-the-pandemic

Knoema. https://knoema.com/USMEEN2018/texas-medicaid-enrollment-by-county

Standifer, Mary. Texas State Historical Association: Handbook of Texas. Concho County. www.tshaonline.org/handbook/entries/concho-county

Smyrl, Vivian Elizabeth. Texas State Historical Association: Handbook of Texas. Menard County. www.tshaonline.org/handbook/entries/menard-county

National Center for Rural Health Works. Research Study. October 2016. IMPLAN data. http://ruralhealthworks.org/wp-content/uploads/2018/04/CAH-Study-FINAL-101116.pdf.

National Center for Rural Health Works. Research Study. October 2016. Data from National Center, Oklahoma Office of Rural Health, and IMPLAN. http://ruralhealthworks.org/wp-content/uploads/2018/04/CAH-Study-FINAL-101116.pdf. www.implan.com

O'Neill Hayes, Tara and Rosie Delk. Sept. 4, 2018. American Action Forum. https://www.americanactionforum.org/research/understanding-the-social-determinants-of-health/

Texas Education Agency. 2021. https://tea.texas.gov/texas-schools/accountability/academic-accountability

Texas Primary Care Consortium. 2020. https://www.txprimarycareconsortium.org/tx/Concho

Texas Primary Care Consortium. 2020. https://www.txprimarycareconsortium.org/tx/Menard

Toney, Mark E. and Richard B. Becker, M.D. "Rural and Community Hospitals – Disappearing Before Our Eyes.": Rural Health Voices. National Rural Health Association. Friday July 31, 2020. https://www.ruralhealthweb.org/blogs/ruralhealthvoices

U.S. Census Bureau Quick Facts. Concho County Population estimates 2021. www.census.gov/quickfacts

U.S. Census Bureau Quick Facts. Menard County Population estimates 2021. www.census.gov/quickfacts